

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

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 FOR SE OF FORM 24/48

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| NAME OF COMMITTEE (In Full)<br><b>Congressional Leadership Fund</b>                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                           | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00504530                                                                                                                                                                                                                                                        |  |  |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;"><input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on</span>                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                           | <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>                                 |  |  |
| Full Name of Payee<br><b>Arena Communications</b>                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                           | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">22</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> |  |  |
| Mailing Address 1780 Sequoia Vista Circle                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                           | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;">23595.00</div>                                                                                                                                                                                                          |  |  |
| City State Zip Code<br>Salt Lake City UT 84104                                                                                                                                                                                                                                                                                                              |  | Transaction ID : 001<br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">14</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div> |                                                                                                                                                                                                                                                                                                          |  |  |
| Purpose of Expenditure<br>Direct mail                                                                                                                                                                                                                                                                                                                       |  | Category/Type<br>004                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                          |  |  |
| Name of Federal Candidate<br>Andrew Romanoff                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose<br>Office Sought: <input checked="" type="checkbox"/> House District: 06<br><input type="checkbox"/> President <input type="checkbox"/> Senate State: CO                                                                  |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                           | <div style="border: 1px solid black; padding: 2px; text-align: right;">47190.00</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2014 <input type="checkbox"/> Other (specify) ▶                                                                  |  |  |
| Full Name of Payee                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                           | Date of Public Distribution/Dissemination                                                                                                                                                                                                                                                                |  |  |
| Mailing Address                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                                           | Amount                                                                                                                                                                                                                                                                                                   |  |  |
| City State Zip Code                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                           | Date of Disbursement or Obligation                                                                                                                                                                                                                                                                       |  |  |
| Purpose of Expenditure                                                                                                                                                                                                                                                                                                                                      |  | Category/Type                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                          |  |  |
| Name of Federal Candidate                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose<br>Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input type="checkbox"/> Senate State: _____                                                                                  |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                           | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                                                                                                                                                                        |  |  |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                           | <div style="border: 1px solid black; padding: 2px; text-align: right;">23595.00</div>                                                                                                                                                                                                                    |  |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                           | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>                                                                                                                                                                                                                           |  |  |
| (c) TOTAL Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                           | <div style="border: 1px solid black; padding: 2px; text-align: right;">23595.00</div>                                                                                                                                                                                                                    |  |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |  |                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                          |  |  |
| Signature <u>Caleb Crosby</u><br><div style="text-align: center;">[Electronically Filed]</div>                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                           | Date <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">10</div> <div style="border: 1px solid black; padding: 2px;">23</div> <div style="border: 1px solid black; padding: 2px;">2014</div> </div>                                         |  |  |