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

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Congressional Leadership Fund	
	C C00504530
Check if 24-hour report 48-hour report New report Amends report file	ed on Mam / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Opn Sesame	M M / D D / Y Y Y Y
Mailing Address 2303 14th Street NW	10 19 2018 Amount
Suite 414	
City State Zip Code	1404.91
Washington DC 20005	Transaction ID : 001  Date of Disbursement or Obligation
Purpose of Expenditure GOTV Phones  Category/ Type 004	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offi	ice Sought:   House District: 19
Faso, John, , ,	President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought  Dis 2713619.41	bursement For:  Primary
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	
	Amount
City State Zip Code	
Purpose of Expenditure	Date of Disbursement or Obligation
Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Offi	ice Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Dis	sbursement For: Primary General
Per Election for Office Sought	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	1404.91
	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	1404.91
Under penalty of perjury I certify that the independent expenditures reported herein were not r with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	•
Crosby, Caleb, , ,  [Electronically Filed] Date	10 20 2018
Signature	