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

Schedule E)	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 fill	led on Man / Dad / Yayayay	
Full Name of Payee	Date of Public Distribution/Dissemination	
FP1 Strategies	M M / D D / Y Y Y Y	
Mailing Address 3001 Washington Blvd, 7th Floor	09 04 2018 Amount	
City State Zip Code	29578.32	
Arlington VA 22201	Transaction ID: 001 Date of Disbursement or Obligation	
Purpose of Expenditure Media Production Category/ Type 004	08 31 / 2018	
Name of Federal Candidate Support Of	fice Sought: X House District: 22	
Brindisi, Anthony, , ,	President Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought Dia 1247663.19	sbursement For: Primary General Other (specify) Other	
Full Name of Payee FP1 Strategies	Date of Public Distribution/Dissemination	
11 1 Ottatogics	09 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 3001 Washington Blvd, 7th Floor	Amount	
City State Zip Code	17465.00	
Arlington VA 22201	Transaction ID: 002 Date of Disbursement or Obligation	
Purpose of Expenditure Media Production Category/ Type 004	09 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	ffice Sought: X House District: 22	
Brindisi, Anthony, , ,	President Senate State: NY	
	sbursement For: Primary General Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	47043.32	
(b) SUBTOTAL of Unitemized Independent Expenditures		
	7 7 7	
(c) TOTAL Independent Expenditures		
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.		
Crosby, Caleb, , , [Electronically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Congressional Leadership Fund	C C00504530
	O minute
Check if 24-hour report 48-hour report New report Amends	report filed on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Nebo Media	09 04 2018
Mailing Address PO Box 9825	Amount
City State Zip Code	205105.28
Arlington VA 22219	Transaction ID: 003
Purpose of Evpenditure	Date of Disbursement or Obligation
Laiedoly	004 08 7 31 7 2018
Name of Federal Candidate Suppo	ort Office Sought: M House District: 22
Brindisi, Anthony, , ,	Se President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought 1470233.47	Disbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Nasica Tactical	M M / D D / Y Y Y Y
Mailing Address 815A Brazos Street	09 04 2018
Suite 304	Amount
City State Zip Code	23337.50
Austin TX 78701	Transaction ID : 004
Purpose of Expenditure Category/	Date of Disbursement or Obligation
Canvassing Type	004 08 31 2018
Name of Federal Candidate Suppo	ort Office Sought: X House District: 22
Tenney, Claudia, , , Oppos	100
Calendar Year-To-Date	Disbursement For: Primary X General
Per Election for Office Sought 1493570.97	2018 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	228442.78
	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	······· >
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or against committee) any political party committee or its agent.	
	Date 09 06 2018
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	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 filed	d on Mam / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Nasica Tactical	M M / D D / Y Y Y Y
Mailing Address 815A Brazos Street	09 04 2018
Suite 304	Amount
City State Zip Code	23337.50
Austin TX 78701	Transaction ID : 005 Date of Disbursement or Obligation
Purpose of Expenditure Canvassing Category/ Type 004	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offic	e Sought: X House District: 22
Brindisi, Anthony, , ,	President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought Disb 2018	ursement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	ee Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Disb	oursement For: Primary General
Per Election for Office Sought	Other (specify) ▶
(a) CURTOTAL of Itemized Independent Expanditures	
(a) SUBTOTAL of Itemized Independent Expenditures	23337.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	298823.60
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	09 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	