

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

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Congressional Leadership Fund			FEC IDENTIFICATION NUMBER ▼ C C00504530		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on			MM / DD / YYYY MM / DD / YYYY MM / DD / YYYY		
Full Name of Payee Political Ink, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014		
Mailing Address 1220 19th Street NW Suite 502			Amount 27908.89		
City Washington State DC Zip Code 20036		Transaction ID : 001			
Purpose of Expenditure Direct mail		Category/Type 004		Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014	
Name of Federal Candidate Lynn Jenkins			☒ Support ☐ Oppose Office Sought: ☒ House ☐ Senate District: 02 State: KS ☐ President		
Calendar Year-To-Date Per Election for Office Sought 110969.84			Disbursement For: ☐ Primary ☒ General 2014 ☐ Other (specify) ▶		
Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address			Amount		
City State Zip Code		Date of Disbursement or Obligation MM / DD / YYYY			
Purpose of Expenditure		Category/Type			
Name of Federal Candidate			☐ Support ☐ Oppose Office Sought: ☐ House ☐ Senate District: State: ☐ President		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			27908.89		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			27908.89		
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> [Electronically Filed]			Date MM / DD / YYYY 10 / 25 / 2014		