

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Congressional Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00504530
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>American Media &amp; Advocacy Group</b> <small>Reported as operating expenditure in period of disbursement</small>	Date of Public Distribution/Dissemination <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>10 / 07 / 2014</b>
Mailing Address 815 Slaters Lane	Amount <span style="margin-left: 20px;">423416.00</span>
City State Zip Code Alexandria VA 22314	<b>Transaction ID : SB.71</b> Date of Disbursement or Obligation <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>09 / 22 / 2014</b>
Purpose of Expenditure TV/media placement	Category/Type <span style="margin-left: 20px;">004</span>
Name of Federal Candidate Pete Gallego	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>23</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">483029.51</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>American Media &amp; Advocacy Group</b> <small>Reported as operating expenditure in period of disbursement</small>	Date of Public Distribution/Dissemination <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>10 / 14 / 2014</b>
Mailing Address 815 Slaters Lane	Amount <span style="margin-left: 20px;">878828.56</span>
City State Zip Code Alexandria VA 22314	<b>Transaction ID : SB.72</b> Date of Disbursement or Obligation <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>09 / 22 / 2014</b>
Purpose of Expenditure TV/media placement	Category/Type <span style="margin-left: 20px;">004</span>
Name of Federal Candidate John Foust	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>10</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VA</u>
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">966578.61</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="margin-left: 20px;">1302244.56</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="margin-left: 20px;"></span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="margin-left: 20px;"></span>

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.

*Caleb Crosby* [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**10 / 23 / 2014**

Signature