## 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	ort filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Mentzer Media Services	M M / D D / Y Y Y Y
Mailing Address 210 W. Pennsylvania Ave.	02 14 2018
Suite 250	Amount
City State Zip Code	180890.00
Towson MD 21204	Transaction ID: 001 Date of Disbursement or Obligation
Purpose of Expenditure Media placement  Category/ Type 004	M M / D D / Y Y Y Y
Name of Federal Candidate	Office Sought:
Saccone, Rick, , , Oppose	President Senate State: PA
Calendar Year-To-Date	Disbursement For: Primary General 2018
Per Election for Office Sought 2236694.00	Other (specify) Special General
Full Name of Payee	Date of Public Distribution/Dissemination
Mentzer Media Services	02
Mailing Address 210 W. Pennsylvania Ave.	
Suite 250	Amount
City State Zip Code	180890.00
Towson MD 21204	Transaction ID : 002  Date of Disbursement or Obligation
Purpose of Expenditure  Media placement  Category/	M = M / D = D / Y = Y = Y
Media placement Category 004	02 13 2018
Name of Federal Candidate Support	Office Sought:  House District: 18
Lamb, Conor, , ,	President Senate State: PA
Calendar Year-To-Date	Disbursement For: Primary General
Per Election for Office Sought 2417584.00	2018
(a) SUBTOTAL of Itemized Independent Expenditures	> 361780.00
(b) SUBTOTAL of Unitemized Independent Expenditures	• •
(c) TOTAL Independent Expenditures	
	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Crosby, Caleb, , ,	M = M / D = D / Y = Y = Y
	9 02 15 2018

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	EXI ENDI	TOTILO		PAGE 2 OF 2 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	X New repo	ort Amends repo		M / D D / Y D Y D Y
Full Name of Payee			Date of	of Public Distribution/Dissemination
Mentzer Media Services			M	02 14 2018
Mailing Address 210 W. Pennsylvania Ave.			Amou	nt
Suite 250				
<b>1</b> '		Zip Code	Trans	5827.50
Towson	MD	21204		action ID : 003 of Disbursement or Obligation
Purpose of Expenditure Media production		Category/ Type 004	M	02 13 / Y Y Y Y Y Y 2018
Name of Federal Candidate		<b>x</b> Support	Office Sough	t: K House District: 18
Saccone, Rick, , ,		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		2423411.50	Disbursemen 2018	t For:
Full Name of Payee			Date	of Public Distribution/Dissemination
Mentzer Media Services			TV	02
Mailing Address 210 W. Pennsylvania Ave.			_	02 14 2018
Suite 250			Amou	nt
	State	Zip Code	$-\Gamma$	5827.50
Towson	MD	21204		oction ID: 004 of Disbursement or Obligation
Purpose of Expenditure Media production		Category/ Type 004	The state of the s	02 / 13 / 2018
Name of Federal Candidate		Support	Office Sough	t: X House District: 18
Lamb, Conor, , ,		<b>X</b> Oppose	Preside	ent Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		2429239.00	Disbursemen 2018	t For:
(a) SUBTOTAL of Itemized Independent Expenditures.			• •	11655.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es		· •	7 1 7 1 7
(c) TOTAL Independent Expenditures			•	373435.00
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, , ,	[Electroni	ically Filed] Date	02	15 2018
Gignature				