

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

 PAGE 1 OF 1  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Congressional Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00504530       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;"><input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on</span> <div style="display: flex; justify-content: flex-end; gap: 10px;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> </div>	

Full Name of Payee <b>In Field Strategies</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: flex-end; gap: 10px;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> </div>		
Mailing Address 970 Seacoast Drive Suite 7			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: flex-end;"> <span style="margin-left: 20px;">28125.00</span> </div>		
City Imperial Beach	State CA	Zip Code 91932	<b>Transaction ID : 001</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: flex-end; gap: 10px;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Canvassing		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<div style="display: flex; justify-content: flex-end; gap: 10px;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate Walters, Mimi, , ,			<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support  <input type="checkbox"/> Oppose         </div> <div>           Office Sought: <input checked="" type="checkbox"/> House District: <u>45</u>  <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u> </div> </div>		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">3363503.52</div> <div>           Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General            2018 <input type="checkbox"/> Other (specify) ▶         </div> </div>		

Full Name of Payee <b>In Field Strategies</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: flex-end; gap: 10px;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> </div>		
Mailing Address 970 Seacoast Drive Suite 7			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: flex-end;"> <span style="margin-left: 20px;">28125.00</span> </div>		
City Imperial Beach	State CA	Zip Code 91932	<b>Transaction ID : 002</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: flex-end; gap: 10px;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Canvassing		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<div style="display: flex; justify-content: flex-end; gap: 10px;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate Porter, Katie, , ,			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input checked="" type="checkbox"/> House District: <u>45</u>  <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u> </div> </div>		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">3391628.52</div> <div>           Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General            2018 <input type="checkbox"/> Other (specify) ▶         </div> </div>		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">56250.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">56250.00</div>

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

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M M M / D D D / Y Y Y Y Y Y

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Signature