

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 1  
FOR SE OF FORM 24/48

|                                                                                                                                                                                                    |                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>Congressional Leadership Fund</b>                                                                                                                                | <b>FEC IDENTIFICATION NUMBER ▼</b><br><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 <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |                                                                                                                                                   |

|                                                         |             |                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                           |  |  |
|---------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Full Name of Payee<br><b>Creative Direct</b>            |             |                                                                                                       | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY<br/>05 / 10 / 2017</div> </div>                                                                                                                                                                                                             |  |  |
| Mailing Address 25 E Main St.                           |             |                                                                                                       | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">23800.00</div>                                                                                                                                                                                                                                                                       |  |  |
| City<br>Richmond                                        | State<br>VA | Zip Code<br>23219                                                                                     | <b>Transaction ID : 001</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY<br/>05 / 08 / 2017</div> </div>                                                                                                                                                                                     |  |  |
| Purpose of Expenditure<br>Direct Mail                   |             | Category/Type<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> |                                                                                                                                                                                                                                                                                                                                                                           |  |  |
| Name of Federal Candidate<br>Quist, Rob, , ,            |             |                                                                                                       | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support<br/> <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input checked="" type="checkbox"/> House    District: 01<br/> <input type="checkbox"/> President    <input type="checkbox"/> Senate    State: MT         </div> </div> |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought |             |                                                                                                       | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ► Special General                                                                                                                                                                                                              |  |  |

2007365.46

|                                                         |       |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                           |  |  |
|---------------------------------------------------------|-------|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Full Name of Payee                                      |       |                                                                                                    | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> </div>                                                                                                                                                                                                                |  |  |
| Mailing Address                                         |       |                                                                                                    | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                                                                                                                                                                               |  |  |
| City                                                    | State | Zip Code                                                                                           | Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> </div>                                                                                                                                                                                                                       |  |  |
| Purpose of Expenditure                                  |       | Category/Type<br><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |                                                                                                                                                                                                                                                                                                                                                           |  |  |
| Name of Federal Candidate                               |       |                                                                                                    | <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support<br/> <input type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House    District: _____<br/> <input type="checkbox"/> President    <input type="checkbox"/> Senate    State: _____         </div> </div> |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought |       |                                                                                                    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ► _____                                                                                                                                                                                                                   |  |  |

|                                                                    |                                                                                           |
|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ►    | <div style="border: 1px solid black; padding: 2px; display: inline-block;">23800.00</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;">23800.00</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

MM / DD / YYYY  
05 / 11 / 2017

Signature