

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

Full Name of Payee Whatman Associates			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2016		
Mailing Address 6650 Stoffer Rd			Amount 151300.00		
City Bellville	State OH	Zip Code 44813	Transaction ID : 001 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2016		
Purpose of Expenditure Canvassing		Category/ Type 004	Name of Federal Candidate Zeldin, Lee, , ,		
Calendar Year-To-Date Per Election for Office Sought		151300.00	Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: NY Disbursement For: ☐ Primary ☒ General 2016 ☐ Other (specify) ▶		

Full Name of Payee Whatman Associates			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2016		
Mailing Address 6650 Stoffer Rd			Amount 151300.00		
City Bellville	State OH	Zip Code 44813	Transaction ID : 002 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 26 / 2016		
Purpose of Expenditure Canvassing		Category/ Type 004	Name of Federal Candidate Throne-Holst, Anna, , ,		
Calendar Year-To-Date Per Election for Office Sought		302600.00	Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: NY Disbursement For: ☐ Primary ☒ General 2016 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	302600.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	302600.00

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, , ,

[Electronically Filed]

Date

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

10 / 03 / 2016

Signature