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

Schedule E)	FOR SE OF FORM 24/48
JAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Congressional Leadership Fund	
	C C00504530
Check if 24-hour report 48-hour report New report Amends report filed	d on Mam / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Political Ink, Inc.	M M / D D / Y Y Y Y
Mailing Address 1220 19th Street NW	10 28 2014 Amount
Suite 502	, and an
City State Zip Code	32953.23
Washington DC 20036	Transaction ID: 001 Date of Disbursement or Obligation
Purpose of Expenditure Direct mail Category/ Type 004	10 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: X House District: 01
Carol Shea-Porter Oppose	President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought Disb	
	Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	
	Amount
City State Zip Code	
Purpose of Expenditure	Date of Disbursement or Obligation
Category/ Type	M = M / D = D / Y = Y = Y = Y
Name of Federal Candidate Support Office	ee Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Dist	oursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	32953.23
	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	20070.00
(b) TOTAL masportatin Experiances	32953.23
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	·
Caleb Crosby	M / D D / Y Y Y Y
CT71 II T71 I7	10 29 2014
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