

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

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Congressional Leadership Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00504530
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 <b>Mentzer Media Services</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 28 / 2018</b>
Mailing Address 210 W. Pennsylvania Ave. Suite 250		Amount <b>17765.00</b>
City Towson	State MD	Zip Code 21204
Purpose of Expenditure Media production	Category/ Type <b>004</b>	Transaction ID : 001 Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 27 / 2018</b>
Name of Federal Candidate Lamb, Conor, , ,		Office Sought: <input checked="" type="checkbox"/> House District: <b>18</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>PA</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Special General</b>

Full Name of Payee <b>Creative Direct</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 28 / 2018</b>
Mailing Address 25 E. Main St.		Amount <b>15918.00</b>
City Richmond	State VA	Zip Code 23219
Purpose of Expenditure Direct mail	Category/ Type <b>004</b>	Transaction ID : 002 Date of Disbursement or Obligation MM / DD / YYYY <b>02 / 27 / 2018</b>
Name of Federal Candidate Lamb, Conor, , ,		Office Sought: <input checked="" type="checkbox"/> House District: <b>18</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>PA</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Special General</b>

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>33683.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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  
**03 / 01 / 2018**

Signature

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Full Name of Payee <b>Vanguard Field Strategies</b>		Date of Public Distribution/Dissemination <table border="1"> <tr> <td>M</td><td>M</td><td></td> <td>D</td><td>D</td><td></td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td></td><td></td> </tr> <tr> <td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>		M	M		D	D		Y	Y	Y	Y														
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Signature