

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

NAME OF COMMITTEE (In Full) Congressional Leadership Fund
FEC IDENTIFICATION NUMBER C C00504530
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee dmm Media
Mailing Address 1911 N. Fort Myer Drive Suite 400
City Arlington State VA Zip Code 22209
Purpose of Expenditure Media production Category/Type 004
Date of Public Distribution/Dissemination 10 / 25 / 2016
Amount 18281.31
Transaction ID : 001
Date of Disbursement or Obligation 10 / 25 / 2016
Name of Federal Candidate Nelson, Tom, , , Support [] Oppose [X]
Office Sought: [X] House District: 08 [] President [] Senate State: WI
Calendar Year-To-Date Per Election for Office Sought 18281.31
Disbursement For: [] Primary [X] General 2016 [] Other (specify)

Full Name of Payee dmm Media
Mailing Address 1911 N. Fort Myer Drive Suite 400
City Arlington State VA Zip Code 22209
Purpose of Expenditure Media production Category/Type 004
Date of Public Distribution/Dissemination 10 / 25 / 2016
Amount 2925.95
Transaction ID : 002
Date of Disbursement or Obligation 10 / 25 / 2016
Name of Federal Candidate Nelson, Tom, , , Support [] Oppose [X]
Office Sought: [X] House District: 08 [] President [] Senate State: WI
Calendar Year-To-Date Per Election for Office Sought 21207.26
Disbursement For: [] Primary [X] General 2016 [] Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 21207.26
(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.
Signature Crosby, Caleb, , , [Electronically Filed] Date 10 / 26 / 2016

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

NAME OF COMMITTEE (In Full) Congressional Leadership Fund
FEC IDENTIFICATION NUMBER C C00504530
Check if [X] 24-hour report [] 48-hour report [X] New report [] Amends report filed on

Full Name of Payee The Prosper Group Corporation
Mailing Address 435 East Main Street Suite 250
City Greenwood State IN Zip Code 46143
Purpose of Expenditure Media placement Category/Type 004

Date of Public Distribution/Dissemination 10 / 25 / 2016
Amount 31380.00
Transaction ID : 003
Date of Disbursement or Obligation 10 / 25 / 2016

Name of Federal Candidate Nelson, Tom, ,
Support [] Oppose [X]
Calendar Year-To-Date Per Election for Office Sought 52587.26

Office Sought: [X] House District: 08
[] President [] Senate State: WI
Disbursement For: [] Primary [X] General 2016 [] Other (specify)

Full Name of Payee American Media & Advocacy Group
Mailing Address 815 Slaters Lane
City Alexandria State VA Zip Code 22314
Purpose of Expenditure Media placement Category/Type 004

Date of Public Distribution/Dissemination 10 / 25 / 2016
Amount 302680.75
Transaction ID : 004
Date of Disbursement or Obligation 10 / 24 / 2016

Name of Federal Candidate Nelson, Tom, ,
Support [] Oppose [X]
Calendar Year-To-Date Per Election for Office Sought 355268.01

Office Sought: [X] House District: 08
[] President [] Senate State: WI
Disbursement For: [] Primary [X] General 2016 [] Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 334060.75, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures 355268.01

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 10 / 26 / 2016
Signature