09/19/2018 21 : 27

Image# 201809199122009921 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)		IIUNES		PAGE 1 OF 1 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBER V	
Congressional Leadership Fu	nd		C	C00504530	
Check if 24-hour report X 48-hour	report X New rep	oort Amends repo	ort filed on	M / D D / Y = Y = Y = Y	
Full Name of Payee			Date of	Public Distribution/Dissemination	
In Field Strategies			M OS		
Mailing Address 970 Seacoast Dr.			Amount		
Suite 7	04-4-	Zia Os da		50050.00	
City	State CA	Zip Code	Transas	56250.00	
Imperial Beach	CA	91932		Disbursement or Obligation	
Purpose of Expenditure Canvassing		Category/ Type 004	M 05		
Name of Federal Candidate		X Support	Office Sought:	¥ House District: 39	
Kim, Young, , ,		Oppose	President		
Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	1803233.74	Disbursement F 2018 Othe	for: Primary X General er (specify) ►	
Full Name of Payee			Date of	Public Distribution/Dissemination	
In Field Strategies			09	M / D D / Y Y Y Y	
Mailing Address 970 Seacoast Dr.			Amount		
Suite 7			, another a		
City	State	Zip Code		56250.00	
Imperial Beach	CA	91932	Transaction ID : 002 Date of Disbursement or Obligation		
Purpose of Expenditure Canvassing		Category/ Type 004	M 09		
Name of Federal Candidate		Support	Office Sought:	¥ House District: <u>39</u>	
Cisneros, Gil, , ,		X Oppose	President		
Calendar Year-To-Date Per Election for Office Sought		1859483.74	Disbursement F 2018		
			Othe	er (specify) ►	
(a) SUBTOTAL of Itemized Independent	Expenditures		••	112500.00	
(b) SUBTOTAL of Unitemized Independe	nt Expenditures		· •		
(c) TOTAL Independent Expenditures			•	112500.00	
Under penalty of perjury I certify that the with, or at the request or suggestion of, party committee) any political party comm	any candidate or authorized				
Crosby, Caleb, , ,	[Floctron	nically Filed]		10 / Y Y Y Y	
Signature	Enclion	Date	9 09	19 2018	