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

Schedule E)	FOR SE OF FORM 24/48
NAME 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 / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Connection Strategy	M M / D D / Y Y Y Y
Mailing Address P.O. Box 2192	05 20 2017
1 .O. BOX 2192	Amount
City State Zip Code	34875.68
Arlington VA 22202	Transaction ID : 001 Date of Disbursement or Obligation
Purpose of Expenditure Phone calls Category/ Type 004	05 19 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
Quist, Rob, , ,	President Senate State: MT
Calcinati Ical Ic Bate	ursement For: Primary General
Per Election for Office Sought 2389774.04 2017	X Other (specify) ► Special General
Full Name of Payee Connection Strategy	Date of Public Distribution/Dissemination
Connection Strategy	05 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. Box 2192	Amount
Old To Code	24075.00
City State Zip Code Arlington VA 22202	34875.68 Transaction ID : 002
	Date of Disbursement or Obligation
Purpose of Expenditure Phone calls Category/ Type 004	05 / 19 / Y Y Y Y Y Y
Name of Federal Candidate Support Offic	e Sought: House District: 01
Gianforte, Greg, , ,	President Senate State: MT
Calendar Year-To-Date Per Election for Office Sought Disb 2017	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	69751.36
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	69751.36
Under penalty of perjury I certify that the independent expenditures reported herein were not mouth, 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.	•
Crosby, Caleb, , , [Electronically Filed] Date	05 21 2017
Signature	2517