08/19/2018 14 : 49

Image# 201808199119972024 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)	FENDENI EXFEND	IIUNES		PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	C IDENTIFICATION NUMBER ▼
Congressional Leadership Fu	und		С	C00504530
Check if 24-hour report 🗴 48-hou	r report	ort Amends repo	ort filed on	
Full Name of Payee			Date of Pu	ublic Distribution/Dissemination
Nebo Media			M M 8	
Mailing Address PO Box 9825			Amount	
City	State	Zip Code		268650.00
Arlington	VA	22219		on ID : 001 sbursement or Obligation
Purpose of Expenditure Media placement		Category/ Type 004	M M	
Name of Federal Candidate		Support	Office Sought:	★ House District: 45
Porter, Katie, , ,		× Oppose	President	Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	899176.66	Disbursement Fo 2018 Other	r: Primary X General (specify) ▶
Full Name of Payee			Date of P	ublic Distribution/Dissemination
			M M	
Mailing Address			L.	
			Amount	
City	State	Zip Code		
			Data of D	indurant or Obligation
Purpose of Expenditure		Category/ Type		isbursement or Obligation
Name of Federal Candidate				
		Support Oppose	Office Sought:	House District: Senate State:
Calendar Year-To-Date			Disbursement Fo	
Per Election for Office Sought				(specify) ▶
(a) SUBTOTAL of Itemized Independen	t Expenditures			268650.00
(b) SUBTOTAL of Unitemized Independ	lent Expenditures			· · · · · · · · ·
(c) TOTAL Independent Expenditures			•	268650.00
Under penalty of perjury I certify that the with, or at the request or suggestion of, party committee) any political party committee	any candidate or authorized			
Crosby, Caleb, , ,	[F]ectron	ically Filed] Date		9 2018
Signature	Linchon	Date		2010