24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

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 on		
Full Name of Payee	Date of Public Distribution/Dissemination	
Nebo Media	M M / D D / Y Y Y Y Y	
Mailing Address PO Box 9825	09 14 2018 Amount	
City State Zip Code	309559.69	
Arlington VA 22219	Transaction ID: 001 Date of Disbursement or Obligation	
Purpose of Expenditure Media Placement Category/ Type 004	09	
Name of Federal Candidate Support Office	e Sought: X House District: 10	
Harder, Josh, , ,	President Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought Disbute 2018	ursement For: Primary X General Other (specify) ▶	
Full Name of Payee	Date of Public Distribution/Dissemination	
DMM Media	M M / D D / Y Y Y Y	
Mailing Address 1911 N. Fort Meyer Drive, Ste 400	09 14 2018	
To Trivillo Killingyon Dinio, Oto Too	Amount	
City State Zip Code	14890.01	
Arlington VA 22209	Transaction ID : 002 Date of Disbursement or Obligation	
Purpose of Expenditure Category/ Category/	M M / D D / Y Y Y Y Y	
Media Production Type 004	09 12 2018	
Name of Federal Candidate Support Offic	e Sought: 🗶 House District: 10	
Harder, Josh, , ,	President Senate State: CA	
	ursement For: Primary X General	
Per Election for Office Sought 324449.70 2018	Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	324449.70	
(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.		
24.0	09	
Signature		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 2 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	EC IDENTIFICATION NUMBER ▼	
Congressional Leadership Fund	C C00504530	
Check if 24-hour report 48-hour report New report Amends report filed on		
	Public Distribution/Dissemination	
	09 / 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address PO Box 9825 Amount		
City State Zip Code	163143.30	
	ction ID: 003 Disbursement or Obligation	
Purpose of Expenditure Media Placement Category/ Type 004	09	
Name of Federal Candidate Support Office Sought:	✗ House District: 10	
Harder, Josh, , ,	C^	
Calendar Year-To-Date Per Election for Office Sought Disbursement 2018 Oth	For: Primary X General ner (specify) ▶	
	Public Distribution/Dissemination	
Mailing Address		
Amount	i	
City State Zip Code		
	Disbursement or Obligation	
Purpose of Expenditure Category/ Type	M / D D / Y Y Y Y	
Name of Federal Candidate Support Office Sought:	House District:	
Oppose Presiden	nt Senate State:	
Calendar Year-To-Date Per Election for Office Sought Oth	For: Primary General ner (specify) ▶	
	(opoony) ·	
(a) SUBTOTAL of Itemized Independent Expenditures	163143.30	
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7	
(c) TOTAL Independent Expenditures	487593.00	
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.		
[Electronically Filed] Date 09	16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature		