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

Schedule E)				PAGE 1 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Congressional Leadership Fund				C C00504530
				0
Check if 24-hour report 48-hour report	X New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee			Date	of Public Distribution/Dissemination
Ascent Media, LLC			[10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7600 E. Eastman Avenue			Amo	unt
Suite 405				
City	State CO	Zip Code 80231	Tran	3750.00 saction ID : 001
Denver		80231		of Disbursement or Obligation
Purpose of Expenditure Media Production		Category/ Type 004	$\exists \mid \llbracket$	10 09 7 2018
Name of Federal Candidate		Support	Office Soug	ht: X House District: 04
McAdams, Ben, , ,		X Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	7	3750.00	Disburseme 2018	ont For:
Full Name of Payee			Date	of Public Distribution/Dissemination
Ascent Media, LLC				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7600 E. Eastman Avenue				
Suite 405			Amo	unt
City	State	Zip Code		3750.00
Denver	СО	80231		saction ID: 002 of Disbursement or Obligation
Purpose of Expenditure Media Production		Category/ Type 004	$\exists \mid [$	10 09 7 2018
Name of Federal Candidate		✗ Support	Office Soug	ht: K House District: 04
Love, Mia, , ,		Oppose	Presid	dent Senate State: UT
Calendar Year-To-Date Per Election for Office Sought	7 7	7500.00	Disburseme 2018	ent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditure	S		•	7500.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		· •	1717171
(c) TOTAL Independent Expenditures			· • [
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized	•		•
Crosby, Caleb, , ,	[Electron	ically Filed] Date	e 10	12 2018
Signature				

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

Schedule E)	IVI EXI END	ITOTILO		PAGE 2 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEO	C IDENTIFICATION NUMBER ▼
Congressional Leadership Fund			C	C00504530
Check if 24-hour report X 48-hour report	X New rep	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Ascent Media, LLC			M = M	
Mailing Address 7600 E. Eastman Avenue			10	10 2018
Suite 405			Amount	
City	State	Zip Code		1500.00
Denver	СО	80231		on ID: 003 isbursement or Obligation
Purpose of Expenditure Media Production		Category/ Type 004	10	/ 10 / 2018
Name of Federal Candidate		Support	Office Sought:	✗ House District:04
McAdams, Ben, , ,		X Oppose	President	Senate State: UT
Calendar Year-To-Date Per Election for Office Sought	7	9000.00	Disbursement Fo 2018 Other	r: Primary X General (specify) ▶
Full Name of Payee				ublic Distribution/Dissemination
Ascent Media, LLC			M M M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7600 E. Eastman Avenue				
Suite 405			Amount	
City	State	Zip Code		1500.00
Denver	СО	80231	Transactio Date of D	n ID : 004 isbursement or Obligation
Purpose of Expenditure Media Production		Category/ Type 004	10	/ 10 / 2018
Name of Federal Candidate		x Support	Office Sought:	★ House District:04
Love, Mia, , ,		Oppose	President	Senate State: UT
Calendar Year-To-Date Per Election for Office Sought	7 7	10500.00	Disbursement Fo	r: Primary General (specify)
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		•	3000.00
(b) SUBTOTAL of Unitemized Independent Expendent	ditures			7 7
(c) TOTAL Independent Expenditures			· •	7 7 7
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorized			
Crosby, Caleb, , ,	[Electron	ically Filed] Date		2 2018
Signature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	EXI ENDI	TOTILO		PAGE 3 OF 4 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	X New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee			Date	of Public Distribution/Dissemination
Nebo Media				10 10 2018
Mailing Address PO Box 9825			Amou	unt
City	State	Zip Code	— L.	169670.15
Arlington	VA	22219		saction ID : 005 of Disbursement or Obligation
Purpose of Expenditure Media Placement		Category/ Type 004		10 05 2018
Name of Federal Candidate		Support	Office Sough	ht: X House District:04
McAdams, Ben, , ,		X Oppose	Presid	dent Senate State: UT
Calendar Year-To-Date Per Election for Office Sought		180170.15	Disbursemer 2018	nt For: Primary x General Other (specify) ▶
Full Name of Payee			Date	of Public Distribution/Dissemination
Nebo Media			[10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 9825			Amou	unt
City	State	Zip Code		169670.16
Arlington	VA	22219		action ID: 006 of Disbursement or Obligation
Purpose of Expenditure Media Placement		Category/ Type 004		10 05 7 2018
Name of Federal Candidate		x Support	Office Sough	ht: X House District: 04
Love, Mia, , ,		Oppose	Presid	dent Senate State: UT
Calendar Year-To-Date Per Election for Office Sought		349840.31	Disbursemer 2018	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures.				339340.31
				7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Crosby, Caleb, , ,	[Electroni	ically Filed] Date	10	12 / 2018

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	EXI END	TOTILO		PAGE 4 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Congressional Leadership Fund				C C00504530
Check if 24-hour report X 48-hour report	New repo	ort Amends repo		M / D = D / Y = Y = Y = Y
Full Name of Payee			Date of	of Public Distribution/Dissemination
Nebo Media			М	10 10 2018
Mailing Address PO Box 9825			Amour	nt
City	State	Zip Code	$-\Gamma$	41507.89
Arlington	VA	22219		action ID: 007 of Disbursement or Obligation
Purpose of Expenditure Media Placement		Category/ Type 004		10 10 / 2018
Name of Federal Candidate		Support	Office Sough	t: X House District: 04
McAdams, Ben, , ,		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, ,	391348.20	Disbursement 2018 Of	t For:
Full Name of Payee			Date of	of Public Distribution/Dissemination
Nebo Media			М	10 10 2018
Mailing Address PO Box 9825			Amou	nt
City	State	Zip Code		41507.89
Arlington	VA	22219		oction ID: 008 of Disbursement or Obligation
Purpose of Expenditure Media Placement		Category/ Type 004	М	10 10 2018
Name of Federal Candidate		x Support	Office Sough	t: Nouse District: 04
Love, Mia, , ,		Oppose	Preside	ent Senate State: UT
Calendar Year-To-Date Per Election for Office Sought	7 7	432856.09	Disbursemen 2018 O	t For:
(a) SUBTOTAL of Itemized Independent Expenditures	S			83015.78
				7 7
(b) SUBTOTAL of Unitemized Independent Expenditu	ires		· •	49-1-49-1-49-1-49-1-49-1-49-1-49-1-49-1
(c) TOTAL Independent Expenditures			•	432856.09
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Crosby, Caleb, , , Signature	[Electron	ically Filed] Date	10	12 / 2018
•				