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

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Congressional Leadership Fund	
	C C00504530
check if X 24-hour report 48-hour report New report Amends report filed	I on Man / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Nebo Media	M M / D D / Y Y Y Y
Mailing Address PO Box 9825	10 30 2018
	Amount
City State Zip Code	134392.89
Arlington VA 22219	Transaction ID: 001 Date of Disbursement or Obligation
Purpose of Expenditure Media Placement Category/ Type 004	10 26 / Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: X House District: 22
Brindisi, Anthony, , ,	President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought Disbrace 2018	orsement For: Primary x General Other (specify) ▶
Full Name of Payee Nebo Media	Date of Public Distribution/Dissemination
	10 30 2018
Mailing Address PO Box 9825	Amount
City State Zip Code	134392.90
Arlington VA 22219	Transaction ID: 002 Date of Disbursement or Obligation
Purpose of Expenditure Media Placement Category/ 004	10 26 2018
Type Type	10 20 2010
Name of Federal Candidate Support Office	e Sought: x House District: 22
Tenney, Claudia, , , Oppose	President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought Disb 2018	ursement For:
-	
(a) SUBTOTAL of Itemized Independent Expenditures	268785.79
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, 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	0 31 2018
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	A LINDITOTIES	PAGE 2 OF 2 FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Congressional Leadership Fund		C C00504530
Check if X 24-hour report 48-hour report	New report Amends report	filed on Mam / Dab / Yayayay
Full Name of Payee		Date of Public Distribution/Dissemination
FP1 Strategies		10 30 2018
Mailing Address 3001 Washington Blvd, 7th Floor		Amount
City State	e Zip Code	8645.00
Arlington	22201	Transaction ID: 003 Date of Disbursement or Obligation
Purpose of Expenditure Media Production	Category/ Type 004	10 30 / Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought:
Brindisi, Anthony, , ,	X Oppose	President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary X General 2018 Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
FP1 Strategies		10 30 / 2018
Mailing Address 3001 Washington Blvd, 7th Floor		Amount
City Stat	e Zip Code	8645.00
Arlington	22201	Transaction ID : 004 Date of Disbursement or Obligation
Purpose of Expenditure Media Production	Category/ Type 004	10 30 / 2018
Name of Federal Candidate	x Support	Office Sought: X House District: 22
Tenney, Claudia, , ,	Oppose	President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General 2018 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		17290.00
(b) SUBTOTAL of Unitemized Independent Expenditures		•
(c) TOTAL Independent Expenditures		286075.79
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.		
Crosby, Caleb, , ,	[Electronically Filed] Date	10 31 2018
Signature		