

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

 PAGE 1 OF 3  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Congressional Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00504530       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Nebo Media</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 07 / 2018</div> </div>	
Mailing Address PO Box 9825		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">265615.00</div>	
City Arlington	State VA	Zip Code 22219	<b>Transaction ID : 001</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 08 / 31 / 2018</div> </div>
Purpose of Expenditure Media Placement		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate Davids, Sharice, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1342639.49</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>FP1 Strategies</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 05 / 2018</div> </div>	
Mailing Address 3001 Washington Blvd, 7th Floor		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">9870.00</div>	
City Arlington	State VA	Zip Code 22201	<b>Transaction ID : 002</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 07 / 2018</div> </div>
Purpose of Expenditure Media Production		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate Davids, Sharice, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">1352509.49</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">275485.00</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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, , ,

Signature

[Electronically Filed]

Date

 MM / DD / YYYY  
 09 / 09 / 2018

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NAME OF COMMITTEE (In Full) <b>Congressional Leadership Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00504530       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>FP1 Strategies</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 07 / 2018</div> </div>	
Mailing Address 3001 Washington Blvd, 7th Floor		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">9820.00</div>	
City Arlington	State VA	Zip Code 22201	<b>Transaction ID : 003</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 07 / 2018</div> </div>
Purpose of Expenditure Media Production		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate Davids, Sharice, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1362329.49</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>FP1 Strategies</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 05 / 2018</div> </div>	
Mailing Address 3001 Washington Blvd, 7th Floor		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">36133.09</div>	
City Arlington	State VA	Zip Code 22201	<b>Transaction ID : 004</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 09 / 07 / 2018</div> </div>
Purpose of Expenditure Media Production		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate Davids, Sharice, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">1398462.58</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">45953.09</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee <b>FP1 Strategies</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 07 / 2018</b>
Mailing Address <b>3001 Washington Blvd, 7th Floor</b>		Amount <b>9870.00</b>
City <b>Arlington</b>	State <b>VA</b>	Zip Code <b>22201</b>
Purpose of Expenditure <b>Media Production</b>	Category/Type <b>004</b>	Transaction ID : <b>005</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 07 / 2018</b>
Name of Federal Candidate <b>Dauids, Sharice, ,</b>		Office Sought: <input checked="" type="checkbox"/> House District: <b>03</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>KS</b>
Calendar Year-To-Date Per Election for Office Sought <b>1408332.58</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input type="checkbox"/> Senate State:
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>9870.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	<b>331308.09</b>

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