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

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 Mam / Dad / 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	08 31 2018 Amount
	,
City State Zip Code	182238.81
Arlington VA 22219	Transaction ID: 001 Date of Disbursement or Obligation
Purpose of Expenditure Media Placement  Category/ Type 004	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought:
Axne, Cindy, , ,	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought  Disbut 2018	ursement For: Primary <b>X</b> General  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
FP1 Strategies	M M / D D / Y Y Y Y
Mailing Address 3001 Washington Blvd, 7th Floor	08 31 2018
5 3001 Washington Biva, 7th Floor	Amount
City State Zip Code	17400.00
Arlington VA 22201	Transaction ID: 002
Purpose of Expenditure  Category/	Date of Disbursement or Obligation
Media Production O04 Type 004	08 31 2018
Name of Federal Candidate Support Office	e Sought: X House District: 03
Axne, Cindy, , ,	President Senate State: IA
Calendar Year-To-Date Disbi	ursement For: Primary X General
Per Election for Office Sought 199638.81 2018	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	199638.81
	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	199638.81
Under penalty of perjury I certify that the independent expenditures reported herein were not mount 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.	
2 4.10	02 2018
Signature	