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 M M / D D / Y Y Y Y
Full Name of Payee Nebo Media	Date of Public Distribution/Dissemination
	10 01 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	139803.88
Arlington VA 22219	Transaction ID : 001 Date of Disbursement or Obligation
Purpose of Expenditure Media Placement Category/ Type 004	09 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	Sought:
Davids, Sharice, , ,	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought Disbur 2476704.10 Disbur 2018	rsement For: Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M M / D D / Y Y Y Y
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure	Date of Disbursement or Obligation
Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	rsement For: Primary General
Tel Elocation for Chinese Goodging	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	139803.88
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	139803.88
Under penalty of perjury I certify that the independent expenditures reported herein were not made 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 10	0 03 2018
Signature	