## 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		
Full Name of Payee	Date of Public Distribution/Dissemination	
Nebo Media	M M / D D / Y Y Y	
Mailing Address PO Box 9825	09 20 2018 Amount	
City State Zip Code	152625.00	
Arlington VA 22219	Transaction ID: 001 Date of Disbursement or Obligation	
Purpose of Expenditure Media Placement  Category/ Type 004	M M / 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:   House District: 03	
Lee, Susie, , ,	President Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought  Disbut 2018	other (specify) ►	
Full Name of Payee	Date of Public Distribution/Dissemination	
FP1 Strategies	09 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 3001 Washington Blvd, 7th Floor	2010	
<b>3</b> and <b>3</b> an	Amount	
City State Zip Code	17390.00	
Arlington VA 22201	Transaction ID: 002 Date of Disbursement or Obligation	
Purpose of Expenditure Media Production  Category/ 004	M M / D D / Y Y Y	
Type Type	09 20 2018	
	e Sought:   House District: 03	
Lee, Susie, , ,	President Senate State: NV	
2015	ursement For: Primary General	
Per Election for Office Sought 170015.00 2018	Other (specify) -	
(a) SUBTOTAL of Itemized Independent Expenditures	170015.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
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.		
24.0	9 22 2018	
Signature		

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 2 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
Congressional Leadership Fund	C C00504530	
Check if 24-hour report		
	of Public Distribution/Dissemination	
	09 / 20 / Y Y Y Y Y Y Y	
Mailing Address PO Box 9825  Amour	nt	
City State Zip Code	796080.00	
· ······g····	action ID : 003 of Disbursement or Obligation	
Purpose of Expenditure Media Placement  Category/ Type  004	09 19 / 2018	
Name of Federal Candidate Support Office Sought	t: X House District: 03	
Lee, Susie, , ,	NIV/	
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2018 On	t For: Primary <b>X</b> General ther (specify) ▶	
	of Public Distribution/Dissemination	
Mailing Address		
Amour	nt	
City State Zip Code		
	of Disbursement or Obligation	
Purpose of Expenditure  Category/ Type	M	
Name of Federal Candidate Support Office Sough	t: House District:	
Oppose Preside	ent Senate State:	
Calendar Year-To-Date Per Election for Office Sought	t For: Primary General  ther (specify) ▶	
	ther (specify) =	
(a) SUBTOTAL of Itemized Independent Expenditures	796080.00	
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7	
(c) TOTAL Independent Expenditures	966095.00	
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 09	22 / 2018	
Oignatui <del>C</del>		