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

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 Y
Full Name of Payee	Date of Public Distribution/Dissemination
DMM Media	09 20 2018
Mailing Address 1911 N. Fort Meyer Drive, Ste 400	09 20 2018
, , , , , , , , , , , , , , , , , , , ,	Amount
City State Zip Code	17368.14
Arlington VA 22209	Transaction ID : 001 Date of Disbursement or Obligation
Purpose of Expenditure Media Production Category/ Type 004	09 20 7 2018
Name of Federal Candidate Support C	Office Sought: House District: 08
Schrier, Kim, , ,	President Senate State: WA
Galoridai Todi To Bato	Disbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date	Disbursement For: Primary General
Per Election for Office Sought	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	17368.14
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	17368.14
Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of exparty committee) any political party committee or its agent.	·
Crosby, Caleb, , , [Electronically Filed] Date	09 22 2018
Signature	