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	
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	10
City State Zip Code	17250.00
Arlington VA 22201	Transaction ID: 001 Date of Disbursement or Obligation
Purpose of Expenditure Media Production Category/ Type 004	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought:
Wallace, Scott, , ,	President Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 1135901.17	Disbursement For: Primary General 2018
	U Other (specify) ►
Full Name of Payee Nebo Media	Date of Public Distribution/Dissemination
Mailing Address PO Box 9825	10 10 2018
PO Box 9825	Amount
City State Zip Code	783720.29
Arlington VA 22219	Transaction ID: 002 Date of Disbursement or Obligation
Purpose of Expenditure Media Placement Category/ 004	M = M / D = D / Y = Y = Y
Type Type	10 05 2018
Name of Federal Candidate Support	Office Sought: House District: 01
Wallace, Scott, , ,	President Senate State: PA
Calendar Year-To-Date Per Election for Office Sought 1919621.46	Disbursement For: Primary General 2018 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	. ▶ 800970.29
(b) SUBTOTAL of Unitemized Independent Expenditures	
(a) COSTOTAL OF CHILOTHECON PROPERTIES EXPONDITUTES MINISTER MANAGEMENT AND ADMINISTRATION OF THE CONTRACT OF	P
(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.	
Crosby, Caleb, , , [Electronically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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	
	10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address PO Box 9825 Amou	unt	
City State Zip Code	177139.02	
· ······g····	saction ID: 003 of Disbursement or Obligation	
Purpose of Expenditure Media Placement Category/ Type 004	10 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate Support Office Sough	ht: X House District: 01	
Wallace, Scott, , ,		
Calendar Year-To-Date Per Election for Office Sought Disbursemer 2018	nt For:	
	of Public Distribution/Dissemination	
Mailing Address	[[]	
Amou	unt	
City State Zip Code	7	
	of Disbursement or Obligation	
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y	
Name of Federal Candidate Support Office Sough	ht: House District:	
Oppose Presid	dent Senate State:	
Calendar Year-To-Date Per Election for Office Sought Disbursement	ent For: Primary General Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	177139.02	
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7 1	
(c) TOTAL Independent Expenditures	978109.31	
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 Signature	12 / 2018	
Olghalale		