24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48		
IAME 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 Y		
Mailing Address PO Box 9825	10 24 2018 Amount		
City State Zip Code	305314.32		
Arlington VA 22219	Transaction ID: 001 Date of Disbursement or Obligation		
Purpose of Expenditure Media Placement Category/ Type 004	10 19 2018		
Name of Federal Candidate Support Office	e Sought: House District:06		
McGrath, Amy, , ,	President Senate State: KY		
Calendar Year-To-Date Per Election for Office Sought Disbut 2018	other (specify) ►		
Full Name of Payee FP1 Strategies	Date of Public Distribution/Dissemination		
- Transfer	10 24 2018		
Mailing Address 3001 Washington Blvd, 7th Floor	Amount		
City State Zip Code	17170.00		
Arlington VA 22201	Transaction ID: 002 Date of Disbursement or Obligation		
Purpose of Expenditure Media Production Category/ Type 004	10 24 2018		
Name of Federal Candidate Support Office	e Sought: 🗶 House District:06		
McGrath, Amy, , ,	President Senate State: KY		
Calendar Year-To-Date Per Election for Office Sought Disbut 2018	orsement For: Primary		
(a) SUBTOTAL of Itemized Independent Expenditures	322484.32		
(-,	7		
(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	0 25 2018		
Signature			

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

oulcduic L)	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 48-hour report			
Full Name of Payee Date	of Public Distribution/Dissemination		
	10 / 24 / 2018		
Mailing Address 3001 Washington Blvd, 7th Floor Amou	unt		
City State Zip Code	8595.00		
Arlington VA 22201 Trans	saction ID : 003 of Disbursement or Obligation		
Purpose of Expenditure	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 Soug	ht: 🗶 House District:06		
McGrath, Amy, , ,	dent Senate State: KY		
Calendar Year-To-Date Per Election for Office Sought Disburseme 2018	ent For: Primary X General Other (specify) ▶		
	e of Public Distribution/Dissemination		
Mailing Address 3001 Washington Blvd, 7th Floor Amo			
City State Zip Code	8595.00		
	saction ID: 004 e of Disbursement or Obligation		
Purpose of Expenditure Media Production Category/ Type 004	M 10 / 24 / 2018		
Name of Federal Candidate Support Office Soug	ght: 🗶 House District:06		
Barr, Andy, , ,	dent Senate State: KY		
Calendar Year-To-Date Per Election for Office Sought Disburseme 2018	ent For: Primary		
(a) SUBTOTAL of Itemized Independent Expenditures	17190.00		
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7		
(c) TOTAL Independent Expenditures	7 7 7		
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 10	25 2018		
Signature			

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (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	
Full Name of Payee Wright Williams and Associates	Date	of Public Distribution/Dissemination	
Wright, Williams and Associates	Th.	10 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 14900 Avery Ranch Blvd C200		nt	
City State Zip Code		5000.00	
Austin TX 78717		saction ID: 005 of Disbursement or Obligation	
Purpose of Expenditure Canvassing Category		10 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate	X Support Office Sough	nt: 🗶 House District:06	
Barr, Andy, , ,	Oppose Preside		
Calendar Year-To-Date Per Election for Office Sought 322522	Disbursemer 2018	nt For: Primary	
Full Name of Payee Wright, Williams and Associates	Date	of Public Distribution/Dissemination	
Mailing Address 14900 Avery Ranch Blvd C200	Amou	10 24 2018 unt	
City State Zip Co	ode	5000.00	
Austin TX 78717		action ID: 006 of Disbursement or Obligation	
Purpose of Expenditure Canvassing Category		10 / 24 / 2018	
Name of Federal Candidate	Support Office Sough	nt: K House District: 06	
McGrath, Amy, , ,	X Oppose Presid	ent Senate State: KY	
Calendar Year-To-Date Per Election for Office Sought 323022	Disbursemer 2018	nt For: Primary	
(a) SUBTOTAL of Itemized Independent Expenditures	······	10000.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures	······	349674.32	
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 Final Procedure]	iled] Date 10	25 2018	
Orginature			

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