

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

 PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Congressional Leadership Fund		FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if ☒ 24-hour report ☐ 48-hour report		☒ New report ☐ Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;">M M M</table> / <table border="1" style="display:inline-table; margin:0 5px;">D D D</table> / <table border="1" style="display:inline-table; margin:0 5px;">Y Y Y Y Y Y Y Y</table>	

Full Name of Payee Nebo Media			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;">10</table> / <table border="1" style="display:inline-table; margin:0 5px;">24</table> / <table border="1" style="display:inline-table; margin:0 5px;">2018</table>		
Mailing Address PO Box 9825			Amount <table border="1" style="display:inline-table; margin:0 5px;">265512.19</table>		
City Arlington	State VA	Zip Code 22219	Transaction ID : 001		
Purpose of Expenditure Media Placement		Category/Type 004	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;">10</table> / <table border="1" style="display:inline-table; margin:0 5px;">19</table> / <table border="1" style="display:inline-table; margin:0 5px;">2018</table>		
Name of Federal Candidate McAdams, Ben, , ,			Office Sought: ☒ House District: 04 ☐ President ☐ Senate State: UT		
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="display:inline-table; margin:0 5px;">978880.47</table>			Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

Full Name of Payee			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"></table> / <table border="1" style="display:inline-table; margin:0 5px;"></table> / <table border="1" style="display:inline-table; margin:0 5px;"></table>		
Mailing Address			Amount <table border="1" style="display:inline-table; margin:0 5px;"></table>		
City	State	Zip Code	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"></table> / <table border="1" style="display:inline-table; margin:0 5px;"></table> / <table border="1" style="display:inline-table; margin:0 5px;"></table>		
Purpose of Expenditure		Category/Type			
Name of Federal Candidate			Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <table border="1" style="display:inline-table; margin:0 5px;"></table>			Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="display:inline-table; margin:0 5px;">265512.19</table>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<table border="1" style="display:inline-table; margin:0 5px;"></table>
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="display:inline-table; margin:0 5px;">265512.19</table>

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

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Signature