

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

Full Name of Payee Nebo Media		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2018
Mailing Address PO Box 9825		Amount 273351.38
City Arlington	State VA	Zip Code 22219
Purpose of Expenditure Media Placement	Category/Type 004	Transaction ID : 001 Date of Disbursement or Obligation MM / DD / YYYY 08 / 30 / 2018
Name of Federal Candidate Porter, Katie, ,		Office Sought: ☒ House District: 45 ☐ President ☐ Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 1172528.04		Disbursement For: ☐ Primary ☒ General 2018 ☐ Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate		Office Sought: ☐ House District: ☐ President ☐ Senate State:
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	273351.38
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	273351.38

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

MM / DD / YYYY
09 / 07 / 2018

Signature