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

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	on M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
McCarthy Hennings Whalen, Inc.	M M / D D / Y Y Y Y
Mailing Address 1850 M Street NW	09 05 2018
Suite 235	Amount
City State Zip Code	12884.62
Washington DC 20036	Transaction ID : 001 Date of Disbursement or Obligation
Purpose of Expenditure Media Production  Category/ Type  004	09 05 / 2018
Name of Federal Candidate Support Office	e Sought:   House District: 03
Phillips, Dean, , ,	President Senate State: MN
Calendar Year-To-Date Per Election for Office Sought  Disbut 2018	orsement For: Primary <b>X</b> General    Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Nebo Media	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 9825	09 05 2018
1 0 300 0020	Amount
City State Zip Code	315291.56
Arlington VA 22219	Transaction ID : 002 Date of Disbursement or Obligation
Purpose of Expenditure  Modic Placement  Category/  Odd	M M / D D / Y Y Y Y Y
Media Placement Type 004	08 31 2018
Name of Federal Candidate Support Office	e Sought: <b>x</b> House District: <u>03</u>
Phillips, Dean, , ,	President Senate State: MN
Calendar Year-To-Date Per Election for Office Sought  Disbut 2018	
Tel Election of Office cought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	328176.18
(b) SUBTOTAL of Unitemized Independent Expenditures	
( )	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not mount with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	· · · · · · · · · · · · · · · · · · ·
Crosby, Caleb, , ,	M / D D / Y = Y = Y
[Electronically Filed] Date Signature	9 07 2018

## 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 48-hour report New report Amends report filed on	M / D D / Y D D /	
	of Public Distribution/Dissemination	
	09	
Mailing Address PO Box 9825  Amount	nt	
City State Zip Code	305034.29	
	action ID: 003 of Disbursement or Obligation	
Purpose of Expenditure	09	
Name of Federal Candidate Support Office Sough	t: K House District:03	
Phillips, Dean, , ,	ent Senate State: MN	
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2018	t For:  Primary <b>X</b> General ther (specify) ▶	
Full Name of Payee Date of	of Public Distribution/Dissemination	
	/ D D / Y Y Y Y	
Mailing Address Amou	nt	
City State Zip Code		
Date	of Disbursement or Obligation	
Purpose of Expenditure  Category/ Type	D D / Y Y Y Y	
Name of Federal Candidate Support Office Sough	t: District:	
Oppose Preside	ent Senate State:	
Calendar Year-To-Date Per Election for Office Sought  Disbursemen	ther (specify) ►	
(a) SUBTOTAL of Itemized Independent Expenditures	305034.29	
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7	
(c) TOTAL Independent Expenditures	633210.47	
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 O9	07 / 2018	