

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

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Congressional Leadership Fund		FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> 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;">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>	
Mailing Address PO Box 9825		Amount <table border="1" style="width:100%">10320.00</table>	
City Arlington	State VA	Zip Code 22219	Transaction ID : 001
Purpose of Expenditure Media Production		Category/ Type 004	Date of Disbursement or Obligation <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>
Name of Federal Candidate O'Connor, Danny, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="width:100%">2400472.98</table>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input checked="" type="checkbox"/> Other (specify) ► Special General

Full Name of Payee Majority Strategies		Date of Public Distribution/Dissemination <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>	
Mailing Address 12854 Kenan Drive Suite 145		Amount <table border="1" style="width:100%">6575.00</table>	
City Jacksonville	State FL	Zip Code 32258	Transaction ID : 002
Purpose of Expenditure Doorhangers		Category/ Type 004	Date of Disbursement or Obligation <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>
Name of Federal Candidate Balderson, Troy, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="width:100%">2407047.98</table>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input checked="" type="checkbox"/> Other (specify) ► Special General

(a) SUBTOTAL of Itemized Independent Expenditures.....	<table border="1" style="width:100%">16895.00</table>
(b) SUBTOTAL of Unitemized Independent Expenditures	<table border="1" style="width:100%"> </table>
(c) TOTAL Independent Expenditures.....	<table border="1" style="width:100%"> </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

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M M M	/	D D D	/	Y Y Y Y Y Y									

Full Name of Payee Majority Strategies		Date of Public Distribution/Dissemination <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>26</td> <td></td> <td>2018</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	07		26		2018
M M M	/	D D D	/	Y Y Y Y Y Y									
07		26		2018									
Mailing Address 12854 Kenan Drive Suite 145		Amount <table border="1"> <tr> <td colspan="5">6575.00</td> </tr> </table>		6575.00									
6575.00													
City Jacksonville	State FL	Zip Code 32258	Transaction ID : 003										
Purpose of Expenditure Doorhangers		Category/ Type 004	Date of Disbursement or Obligation <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>27</td> <td></td> <td>2018</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	07		27		2018
M M M	/	D D D	/	Y Y Y Y Y Y									
07		27		2018									
Name of Federal Candidate O'Connor, Danny, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OH										
Calendar Year-To-Date Per Election for Office Sought		<table border="1"> <tr> <td colspan="5">2413622.98</td> </tr> </table> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ► Special General		2413622.98									
2413622.98													

Full Name of Payee		Date of Public Distribution/Dissemination <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y					
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Mailing Address		Amount <table border="1"> <tr> <td colspan="5"></td> </tr> </table>											
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Purpose of Expenditure		Category/ Type											
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____										
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(a) SUBTOTAL of Itemized Independent Expenditures.....	<table border="1"> <tr> <td colspan="5">6575.00</td> </tr> </table>	6575.00				
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(c) TOTAL Independent Expenditures.....	<table border="1"> <tr> <td colspan="5">23470.00</td> </tr> </table>	23470.00				
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Date

M M M	/	D D D	/	Y Y Y Y Y Y
07		27		2018

Signature