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 48-hour report New report Amends report filed	d on Mam / Dab / Yayayay
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 17 2018 Amount
	Amount
City State Zip Code	130631.72
Arlington VA 22219	Transaction ID: 001 Date of Disbursement or Obligation
Purpose of Expenditure Media Placement Category/ Type 004	10 12 2018
Name of Federal Candidate Support Offic	e Sought: X House District: 02
Davis, Paul, , ,	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought Disb 2018	ursement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Nebo Media	10 17 2018
Mailing Address PO Box 9825	10 17 2018
1 0 30% 3025	Amount
City State Zip Code	130631.72
Arlington VA 22219	Transaction ID : 002
Purpose of Expenditure Madic Placement Category/ O04	Date of Disbursement or Obligation
Media Placement Oategory 004 Type 004	10 12 2018
Name of Federal Candidate Support Office	e Sought: House District: 02
Watkins, Steve, , ,	President Senate State: KS
	ursement For: Primary X General
Per Election for Office Sought 3588788.43 2018	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	261263.44
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m 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, , , [Electronically Filed] Date	10 19 2018
Signature	

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

Schedule E)		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Congressional Leadership Fund		C C00504530
		O titti iti
Check if 24-hour report X 48-hour report	New report Amends report	filed on M M / D D / Y Y Y Y Y
Full Name of Payee Nebo Media		Date of Public Distribution/Dissemination
Nebo Media		10 17 2018
Mailing Address PO Box 9825		Amount
City State	Zip Code	15240.47
Arlington VA	22219	Transaction ID : 003 Date of Disbursement or Obligation
Purpose of Expenditure Media Placement	Category/ Type 004	10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought:
Davis, Paul, , ,	x Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Nebo Media		10 17 2018
Mailing Address PO Box 9825		Amount
City State Arlington VA	Zip Code	15240.47 Transaction ID : 004
	22219	Date of Disbursement or Obligation
Purpose of Expenditure Media Placement	Category/ Type 004	10 17 2018
Name of Federal Candidate	✗ Support (Office Sought: M House District: 02
Watkins, Steve, , ,	Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General Other (specify) Other (specify)
, , , , , , , , , , , , , , , , , , ,	,	Guier (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		30480.94
(b) SUBTOTAL of Unitemized Independent Expenditures		
		7 7 7
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent experience with, or at the request or suggestion of, any candidate or au party committee) any political party committee or its agent.	•	•
Crosby, Caleb, , ,	Electronically E2-11	M = M / D = D / Y = Y = Y
Signature	Electronically Filed] Date	10 19 2018

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	LIVI EXI ENI	on ones		PAGE 3 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FFC II	DENTIFICATION NUMBER ▼
Congressional Leadership Fund			C	C00504530
Check if 24-hour report 48-hour report	X New re	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee DMM Media			M - M	ic Distribution/Dissemination
Mailing Address 1911 N. Fort Meyer Drive, Ste	400		10 Amount	17 2018
City	State	Zip Code		8606.04
Arlington	VA	22209	Transaction Date of Disb	
Purpose of Expenditure Media Production		Category/ Type 004	10	17 2018
Name of Federal Candidate		Support	Office Sought:	¥ House District: 02
Davis, Paul, , ,		X Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		3627875.41	Disbursement For: 2018 Other (specification)	Primary x General pecify) ▶
Full Name of Payee DMM Media			Date of Publ	ic Distribution/Dissemination
Mailing Address 1911 N. Fort Meyer Drive, Si	re 400		10	17 2018
1011111101110101010101010101010101010101			Amount	
City	State	Zip Code	Transaction	8606.05
Arlington Purpose of Expenditure	VA	22209	Transaction I Date of Disb	ursement or Obligation
Media Production		Category/ Type 004	10	17 2018
Name of Federal Candidate Watkins, Steve, , ,		✗ Support	Office Sought:	House District: 02
wataiis, Steve, , ,		Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		3636481.46	Disbursement For: 2018 Other (s	Primary X General pecify) ▶
/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
(a) SUBTOTAL of Itemized Independent Expendent	aitures		•	17212.09
(b) SUBTOTAL of Unitemized Independent Expo	enditures			
(c) TOTAL Independent Expenditures			· •	4
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	ididate or authorize			
Crosby, Caleb, , ,	[Electro	onically Filed] Date	9 10 / 19	2018

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 4 OF 4 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 = M / D = D / Y = Y = Y
Full Name of Payee DMM Media	Date of Public Distribution/Dissemination
Mailing Address 1911 N. Fort Meyer Drive, Ste 400	10 17 2018 Amount
City. Chata 7in Code	000.05
City State Zip Code Arlington VA 22209	992.85 Transaction ID: 007 Date of Disbursement or Obligation
Purpose of Expenditure Media Production Category/ Type 004	M 10 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: X House District: 02
Watkins, Steve, , ,	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought Disbut 2018	rsement For: Primary General Other (specify) ▶
Full Name of Payee DMM Media	Date of Public Distribution/Dissemination
Mailing Address 1911 N. Fort Meyer Drive, Ste 400	10 17 2018 Amount
City State Zip Code	992.86
Arlington VA 22209	Transaction ID: 008 Date of Disbursement or Obligation
Purpose of Expenditure Media Production Category/ Type 004	10 18 / 2018
Name of Federal Candidate Support Office	e Sought: X House District: 02
Davis, Paul, , ,	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought Disbrace 2018	orsement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	1985.71
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	310942.18
Under penalty of perjury I certify that the independent expenditures reported herein were not may 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.	
(77) 11 77:1 17	0 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y