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

Schedule E)	PAGE 1 OF 3 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			
Congressional Leadership Fund	C C00504530		
	M = M / D = D / Y = Y = Y		
	ew report Amends report filed on		
Full Name of Payee  Nebo Media	Date of Public Distribution/Dissemination		
	08 / 16 / 2018		
Mailing Address PO Box 9825	Amount		
City State	Zip Code 88605.50		
Arlington VA	22219 Transaction ID : 001 Date of Disbursement or Obligation		
Purpose of Expenditure Media placement	Category/ Type 004 08 08 2018		
Name of Federal Candidate	Support Office Sought:   **Mark House District: 07		
Lance, Leonard, , ,	Oppose President Senate State: NJ		
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ★ General 2018 Other (specify)		
Full Name of Payee Nebo Media	Date of Public Distribution/Dissemination		
	08 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address PO Box 9825	Amount		
City State	Zip Code 88605.50		
Arlington VA	22219 Transaction ID : 002 Date of Disbursement or Obligation		
Purpose of Expenditure Media placement	Category/ Type 004 08 08 2018		
Name of Federal Candidate	Support Office Sought:   M House District: 07		
Malinowski, Tom, , ,	Oppose President Senate State: NJ		
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2018  Other (specify)		
(a) SUBTOTAL of Itemized Independent Expenditures	177211.00		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures	······································		
. , , , , , , , , , , , , , , , , , , ,	ditures reported herein were not made in cooperation, consultation, or concert norized committee or agent of either, or (if the reporting entity is not a political		
Crosby, Caleb, , , [Ea	lectronically Filed] Date 08 18 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		
Check if 24-hour report 48-hour report New report Amends report filed on			
Full Name of Payee	Date of Public Distribution/Dissemination		
Nebo Media	M = M / D = D / Y = Y = Y		
Mailing Address PO Box 9825	08 16 2018 Amount		
City State Zip Code	305223.75		
Arlington VA 22219	Transaction ID: 003 Date of Disbursement or Obligation		
Purpose of Expenditure Media placement  Category/ Type 004	08 / 10 / 2018		
Name of Federal Candidate Support Office	e Sought: X House District: 07		
Lance, Leonard, , ,	President Senate State: NJ		
Calendar Year-To-Date Per Election for Office Sought  Disbut 2018	ursement For: Primary   General  Other (specify) ▶		
Full Name of Payee	Date of Public Distribution/Dissemination		
Nebo Media	M = M / D = D / Y = Y = Y		
Mailing Address PO Box 9825	08 16 2018		
1 5 25% 5525	Amount		
City State Zip Code	305223.75		
Arlington VA 22219	Transaction ID: 004  Date of Disbursement or Obligation		
Purpose of Expenditure  Category/ Category/	M - M / D - D / Y - Y - Y		
Media placement Outegory 004 Type 004	08 10 2018		
Name of Federal Candidate Support Office	e Sought: X House District: 07		
Malinowski, Tom, , ,	President Senate State: NJ		
	ursement For: Primary X General		
Per Election for Office Sought 787658.50	Other (specify)		
(a) SUBTOTAL of Itemized Independent Expenditures	610447.50		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
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.			
2 410	08 18 2018		
Signature			

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	nL3	PAGE 3 OF 3 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼	
Congressional Leadership Fund		C C00504530	
Check if 24-hour report			
Full Name of Payee Prime Media Partners	Da	ate of Public Distribution/Dissemination	
Mailing Address 4201 Wilson Blvd.	Aı	08 16 2018 mount	
#110-126			
City State Zip VA 222		8652.51 ransaction ID : 005	
Purpose of Expenditure Media production  Ca	tegory/ Type 004	ate of Disbursement or Obligation  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate	X Support Office Sc	ought: X House District: 07	
Lance, Leonard, , ,		esident Senate State: NJ	
Calendar Year-To-Date Per Election for Office Sought 796	Disburse 2018	ment For:	
Full Name of Payee	D	ate of Public Distribution/Dissemination	
Prime Media Partners		08 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 4201 Wilson Blvd.	A	mount	
#110-126		<del> </del>	
City State Zip Arlington VA 222		8652.50 ansaction ID : 006	
Purpose of Expenditure Media production  Ca	tegory/ 004	ate of Disbursement or Obligation	
Name of Federal Candidate	Support Office So	bught: House District: 07	
Malinowski, Tom, , ,		esident Senate State: NJ	
Calendar Year-To-Date Per Election for Office Sought	Disburse 2018	ment For:	
(a) SUBTOTAL of Itemized Independent Expenditures		17305.01	
(b) SUBTOTAL of Unitemized Independent Expenditures			
		7 7	
(c) TOTAL Independent Expenditures	······	804963.51	
Under penalty of perjury I certify that the independent expenditures repo with, or at the request or suggestion of, any candidate or authorized com- party committee) any political party committee or its agent.			
Crosby, Caleb, , ,  [Electronically] Signature	Filed] Date 08	18 2018	
Signaturo			