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 X 24-hour report 48-hour report New report Amends report filed o	on Mam / Dab / Yayayay	
Full Name of Payee Nebo Media	Date of Public Distribution/Dissemination	
	10 19 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	145141.12	
	Transaction ID : 001 Date of Disbursement or Obligation	
Purpose of Expenditure Media Placement Category/ Type 004	10 / 12 / 2018	
Name of Federal Candidate Support Office 9	Sought:	
Porter, Katie, , ,	President Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought Disburs 2018	sement For: Primary	
	Date of Public Distribution/Dissemination	
Nebo Media	10 19 / 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	145141.13	
7411191011	Fransaction ID: 002 Date of Disbursement or Obligation	
Purpose of Expenditure Media Placement Category/ O04	10 12 2018	
Type 004		
Name of Federal Candidate Walters, Mimi, , , Oppose	Sought: House District: 45	
Oppose p	President Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought Disburs 2018	sement For:	
(a) SUBTOTAL of Itemized Independent Expenditures	290282.25	
(b) SUBTOTAL of Unitemized Independent Expenditures	117117110	
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not mad 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	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature		

 $Crosby,\,Caleb,\,,\,,$

Signature

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mage# 201810209126005826 24/48 HOUR REPORT OF INDEPENDE	ENT EXPEN	DITURES			
Schedule E)				PAGE 2 OF 3	
NAME OF COMMITTEE (In Full)				FOR SE OF FORM 24/48	
Congressional Leadership Fund				EC IDENTIFICATION NUMBER ▼	
				C C00504530	
Check if 24-hour report 48-hour report	X New re	eport Amends repo	ort filed on	M / D = D / Y = Y = Y	
Full Name of Payee FP1 Strategies				Public Distribution/Dissemination	
				0 19 2018	
Mailing Address 3001 Washington Blvd, 7th Floo	or		Amount	t	
City	State	Zip Code		8622.50	
Arlington	VA	22201		Transaction ID: 003 Date of Disbursement or Obligation	
Purpose of Expenditure Media Production		Category/ Type 004	М	10 17 2018	
Name of Federal Candidate		x Support	Office Sought:	■ House District: 45	
Walters, Mimi, , ,		Oppose	Presiden	senate State: CA	
Calendar Year-To-Date Per Election for Office Sought		3690533.27	Disbursement 2018 Oth	For: Primary X General err (specify) ▶	
Full Name of Payee FP1 Strategies			Date of	Public Distribution/Dissemination	
Mailing Adduses				10 19 2018	
Mailing Address 3001 Washington Blvd, 7th Fl	oor		Amoun	t	
City	State	Zip Code		8622.50	
Arlington	VA	22201		tion ID: 004 Disbursement or Obligation	
Purpose of Expenditure Media Production		Category/ Type 004		0 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:	₩ House District: 45	
Porter, Katie, , ,		X Oppose	Presider	nt Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought		3699155.77	Disbursement 2018 Oth	For: Primary General ner (specify)	
(a) SUBTOTAL of Itemized Independent Expendi	tures		▶	17245.00	
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•		
(c) TOTAL Independent Expenditures			·· •	7 1 7 1 7	
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any canoparty committee) any political party committee or	didate or authoriz				

[Electronically Filed]

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Date

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	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 48-hour report New report Amends report filed of	on Mam / Dad / Yayayay			
Full Name of Payee	Date of Public Distribution/Dissemination			
Opn Sesame	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	Amount			
SUite 414				
City State Zip Code	4892.59			
g	Transaction ID: 005 Date of Disbursement or Obligation			
Purpose of Expenditure GOTV Phones Category/ Type 004	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	Sought: 🗶 House District: 45			
Walters Mimi	President Senate State: CA			
Calendar Year-To-Date Per Election for Office Sought Disburs 2018	sement For: Primary General Other (specify) ▶			
Full Name of Payee	Date of Public Distribution/Dissemination			
	M = M / D = D / Y = Y = Y			
Mailing Address	Amount			
City State Zip Code				
Purpose of Expenditure Category/ Type	Date of Disbursement or Obligation			
	Sought: House District:			
Oppose	President Senate State:			
Calendar Year-To-Date Per Election for Office Sought	sement For:			
(a) SUBTOTAL of Itemized Independent Expenditures	4892.59			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures	312419.84			
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 Total				
Olynatale				