09/23/2018 18 : 16

Image# 201809239124235855 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)	ENDENT EXPEND	IIUNES	-	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			I	ENTIFICATION NUMBER V
Congressional Leadership Fur	nd		C	C00504530
Check if 24-hour report 🗴 48-hour	report 🗶 New rep	ort Amends repo	ort filed on	D = D / Y = Y = Y = Y
Full Name of Payee Nebo Media			Date of Public	Distribution/Dissemination
Mailing Address PO Box 9825			09 Amount	21 2018
City	State	Zip Code		265258.78
Arlington	VA	22219	Transaction II Date of Disbur	D:001 rsement or Obligation
Purpose of Expenditure Media Placement		Category/ Type 004	M M / 09	D D / Y Y Y Y 14 2018
Name of Federal Candidate		Support	Office Sought:	House District: 45
Porter, Katie, , ,		× Oppose	President	Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		2092925.29	Disbursement For: 2018 Other (spe	Primary X General
Full Name of Payee			Date of Public	Distribution/Dissemination
Mailing Address				
			Amount	
City	State	Zip Code		
			Data of Disbu	rsement or Obligation
Purpose of Expenditure		Category/ Type		
Name of Federal Candidate		Support	Office Sought:	House District:
		Oppose	President	Senate State:
Calendar Year-To-Date			Disbursement For:	Primary General
Per Election for Office Sought			Other (sp	ecify) ►
(a) SUBTOTAL of Itemized Independent	Expenditures		•	265258.78
(b) SUBTOTAL of Unitemized Independent	nt Expenditures		•	
(c) TOTAL Independent Expenditures			•	265258.78
Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	ny candidate or authorized			
Crosby, Caleb, , ,			M = M / D = D	/ Y Y Y Y Y
Signature	[Electron	<i>ically Filed]</i> Date	9 09 23	2018