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

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	I on May / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Nebo Media	M - M / D - D / Y - Y - Y
Mailing Address PO Box 9825	10 23 2018 Amount
	Amount
City State Zip Code	110041.67
Arlington VA 22219	Transaction ID: 001 Date of Disbursement or Obligation
Purpose of Expenditure Media Placement Category/ Type 004	10 19 2018
Name of Federal Candidate Support Office	e Sought: X House District: 02
Eastman, Kara, , ,	President Senate State: NE
Calendar Year-To-Date Per Election for Office Sought Disbute 2018	ursement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M M / D D / Y Y Y Y
Mailing Address	Amount
	Amount
City State Zip Code	
	Deta of Dishurasment or Obligation
Purpose of Expenditure Category/	Date of Disbursement or Obligation
Type	
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Disb	ursement For: Primary General
Per Election for Office Sought	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	110041.67
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	110041.67
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, , ,	M / D D / Y Y Y Y
[Electronically Filed] Date	24 2018
Signature	