## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

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	i on Mam / 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 17 2018 Amount
	Alloun
City State Zip Code	528326.25
Arlington VA 22219	Transaction ID: 001 Date of Disbursement or Obligation
Purpose of Expenditure Media Placement  Category/ Type  004	10 12 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: 09
McCready, Dan, , ,	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbut 2018	ursement For: Primary   ✓ General  Other (specify)   ✓
Full Name of Payee Prime Media Partners, LLC	Date of Public Distribution/Dissemination
Mailing Address	10 17 2018
Mailing Address 4201 Wilson Blvd.	Amount
#110-126	
City State Zip Code	17231.00 Transaction ID : 002
Arlington VA 22203	Date of Disbursement or Obligation
Purpose of Expenditure Media Production  Category/ Type  004	10 17 7 2018
Name of Federal Candidate Support Offic	e Sought:
McCready, Dan, , ,	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disb. 2018	ursement For: Primary X General
1 St. Election for Cities cought	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	545557.25
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	545557.25
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.	
2 4.10	10 19 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	