10/24/2018 21 : 25

Image# 201810249130855015 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)	ENDITORES	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Congressional Leadership Fund		C C00504530
Check if X 24-hour report 48-hour report X N	lew report Amends report f	filed on
Full Name of Payee Nebo Media		Date of Public Distribution/Dissemination
		10 / D D / Y Y Y Y 2018
Mailing Address PO Box 9825		Amount
City State	Zip Code	319323.10
Arlington VA	22219	Transaction ID : 001 Date of Disbursement or Obligation
Purpose of Expenditure Media Placement	Category/ Type 004	Date of Disbursement of Obligation M M 10 19 2018
Name of Federal Candidate	Support O	Diffice Sought: X House District: 01
Bryce, Randy, , ,	X Oppose	President Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary X General 018 Other (specify) ►
Full Name of Payee		Date of Public Distribution/Dissemination
Mailing Address		
		Amount
City State	Zip Code	
		Date of Disbursement or Obligation
Purpose of Expenditure	Category/ Type	
Name of Federal Candidate	Support O	Diffice Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date	D	Disbursement For: Primary General
Per Election for Office Sought		Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		319323.10
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	······ •	319323.10
Under penalty of perjury I certify that the independent expen with, or at the request or suggestion of, any candidate or aut party committee) any political party committee or its agent.		
Crosby, Caleb, , ,		M = M / D = D / Y = Y = Y = Y
E	Electronically Filed] Date	10 24 2018