## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	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 New report Amends report filed	d on M=M / D=D / Y=Y=Y=Y
Full Name of Payee	Date of Public Distribution/Dissemination
Nebo Media	10 30 / 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	527887.29
Arlington VA 22219	Transaction ID : 001  Date of Disbursement or Obligation
Purpose of Expenditure Media Placement  Category/ Type  004	10 26 2018
Name of Federal Candidate Support Offic	e Sought: X House District: 01
Feehan, Dan, , ,	President Senate State: MN
Calendar Year-To-Date Per Election for Office Sought  Disb 2018	oursement For: Primary X General  Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
	Amount
City State Zip Code	
Durance of Supervisions	Date of Disbursement or Obligation
Purpose of Expenditure  Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	ce Sought: House District:
Oppose	President Senate State:
Galorida Todi To Bato	pursement For: Primary General
Per Election for Office Sought	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	527887.29
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	527887.29
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.	
24.0	10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	