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

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 24-hour report 48-hour report New report Amends report file	d on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
DMM Media	M M / D D / Y Y Y Y
Mailing Address 1911 N. Fort Meyer Drive, Ste 400	10 30 2018 Amount
City State Zip Code	17050.54
Arlington VA 22209	Transaction ID : 001 Date of Disbursement or Obligation
Purpose of Expenditure Media Production Category/ Type 004	10 30 / 2018
Name of Federal Candidate Support Office	ce Sought: X House District: 08
Schrier, Kim, , ,	President Senate State: WA
Calendar Year-To-Date Per Election for Office Sought Dist	oursement For: Primary General Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	1
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate Support Office	ce Sought: House District:
Oppose	President Senate State:
Galorida Tod To Balo	bursement For: Primary General
Per Election for Office Sought	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	17050.54
	7 1700.01
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	17050.54
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	