## 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
		M M / D D / Y Y Y Y
Check if X 24-hour report 48-hour report New report Amends report filed on		
Full Name of Payee Nebo Media		Date of Public Distribution/Dissemination
Mailing Address PO Box 9825		10 30 7 2018
Mailing Viggiogo PO BOX 3852		Amount
City State	Zip Code	320936.22
Arlington VA	22219	Transaction ID : 001  Date of Disbursement or Obligation
Purpose of Expenditure Media Placement	Category/ Type 004	10 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Off	fice Sought:    House District: 01
Bryce, Randy, , ,	X Oppose	President Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	2707390.90 Dis 202	sbursement For: Primary <b>x</b> General 18 Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
		M = M / D = D / Y = Y = Y
Mailing Address		Amount
City State	Zip Code	
Oily	Zip Code	
Purpose of Expenditure	2-1	Date of Disbursement or Obligation
	Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate	Support Off	ffice Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Dis	sbursement For: Primary General
Tot Election for Chief Godgitt		Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	·····	320936.22
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	7 7 7
(c) TOTAL Independent Expenditures	<b>_</b>	320936.22
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	
	nically Filed] Date	10 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		