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

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Congressional Leadership Fund	C C00504530
	0 0000 100
Check if 24-hour report 48-hour report New report Amends report	filed on M M / D D / Y Y Y Y Y
Full Name of Payee Nebo Media	Date of Public Distribution/Dissemination
	10 19 / 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	2508.50
Arlington VA 22219	Transaction ID : 001 Date of Disbursement or Obligation
Purpose of Expenditure Media placement Category/ Type 004	10 / 18 / 2018
Name of Federal Candidate Support C	Office Sought: House District: 08
Radinovich, Joe, , ,	President Senate State: MN
Calcildal Ical Io Date	Disbursement For: Primary
Full Name of Payee FP1 Strategies	Date of Public Distribution/Dissemination
	10 19 2018
Mailing Address 3001 Washington Blvd. 7th Floor	Amount
City State Zip Code	2000.00
Arlington VA 22201	Transaction ID : 002 Date of Disbursement or Obligation
Purpose of Expenditure Media production Category/ Type 004	10 / 19 / 2018
	Office Sought: M House District: 08
Radinovich, Joe, , ,	President Senate State: MN
	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	
· · · · · · · · · · · · · · · · · · ·	1000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were nowith, or at the request or suggestion of, any candidate or authorized committee or agent of exparty committee) any political party committee or its agent.	•
Crosby, Caleb, , , [Electronically Filed] Date	10 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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
	G 55557550
Check if 24-hour report 48-hour report New report Amends report file	ed on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Opn Sesame	10 19 2018
Mailing Address 2303 14th Street NW	Amount
Suite 414	, anount
City State Zip Code	2212.98
Washington DC 20005	Transaction ID: 003 Date of Disbursement or Obligation
Purpose of Expenditure GOTV phones Category/ Type 004	10 19 2018
Name of Federal Candidate Support Offi	ce Sought:
Stauber, Pete, , , Oppose	President Senate State: MN
Calendar Year-To-Date Per Election for Office Sought Dis 201	bursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Off	ice Sought: House District:
Oppose	President Senate State:
Calcificat Total To Bato	bursement For: Primary General
Per Election for Office Sought	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	2212.98
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	6721.48
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.	
Crosby, Caleb, , , [Electronically Filed] Date	10 20 2018
Oignature	