

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Congressional Leadership Fund		FEC IDENTIFICATION NUMBER ▼ C C00504530
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee Nebo Media		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2018
Mailing Address PO Box 9825		Amount 72966.56
City Arlington	State VA	Zip Code 22219
Purpose of Expenditure Media Placement	Category/Type 004	Transaction ID : 001 Date of Disbursement or Obligation MM / DD / YYYY 10 / 12 / 2018
Name of Federal Candidate Delgado, Antonio, , ,		Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought 2598224.93		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Nebo Media		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2018
Mailing Address PO Box 9825		Amount 72966.57
City Arlington	State VA	Zip Code 22219
Purpose of Expenditure Media Placement	Category/Type 004	Transaction ID : 002 Date of Disbursement or Obligation MM / DD / YYYY 10 / 12 / 2018
Name of Federal Candidate Faso, John, , ,		Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY
Calendar Year-To-Date Per Election for Office Sought 2671191.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	145933.13
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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, , ,

Signature

[Electronically Filed]

Date

MM / DD / YYYY
10 / 19 / 2018

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(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼ C C00504530
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee Prime Media Partners, LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 17 / 2018	
Mailing Address 4201 Wilson Blvd. #110-126			Amount 8644.00	
City Arlington	State VA	Zip Code 22203	Transaction ID : 003	
Purpose of Expenditure Media Production		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 17 / 2018	
Name of Federal Candidate Delgado, Antonio, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought		2679835.50	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Prime Media Partners, LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 17 / 2018	
Mailing Address 4201 Wilson Blvd. #110-126			Amount 8644.00	
City Arlington	State VA	Zip Code 22203	Transaction ID : 004	
Purpose of Expenditure Media Production		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 17 / 2018	
Name of Federal Candidate Faso, John, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought		2688479.50	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	17288.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	163221.13

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

M M / D D / Y Y Y Y Y Y
10 / 19 / 2018

Signature