## 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
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	Date of Public Distribution/Dissemination
Nebo Media	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 9825	10 17 2018 Amount
City State Zip Code	317727.50
Arlington VA 22219	Transaction ID: 001 Date of Disbursement or Obligation
Purpose of Expenditure Media Placement  Category/ Type  004	10 12 / 2018
Name of Federal Candidate Support Office	e Sought:   House District: 01
Pureval, Aftab, , ,	President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought  Disbut 2018	orsement For: Primary   General  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
FP1 Strategies	M - M / D - D / Y - Y - Y
Mailing Address 3001 Washington Blvd, 7th Floor	10 17 2018
5 3001 Washington Bivu, 7th Floor	Amount
City State Zip Code	17180.00
Arlington VA 22201	Transaction ID : 002
Purpose of Expenditure  Category/	Date of Disbursement or Obligation
Media Production Category 004 Type 004	10 17 2018
Name of Federal Candidate Support Office	e Sought: X House District: 01
Pureval, Aftab, , ,	President Senate State: OH
Calendar Year-To-Date Disbu	ursement For: Primary X General
Per Election for Office Sought 3104578.85 2018	
(a) SUBTOTAL of Itemized Independent Expenditures	334907.50
(a) SOBTOTAL OF ICHTIZED INDEPENDENT EXPONDITURES	334907.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	334907.50
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
24.0	0 19 2018
Signature	