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

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Congressional Leadership Fund	
	C C00504530
Check if 24-hour report	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Nebo Media	10 17 2018
Mailing Address PO Box 9825	Amount
City State Zip Code	132756.10
Arlington VA 22219	Transaction ID: 001 Date of Disbursement or Obligation
Purpose of Expenditure Media Placement Category/ Type 004	10 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: X House District: 04
Love, Mia, , , Oppose	President Senate State: UT
Calendar Year-To-Date Per Election for Office Sought Disbut	
	Other (specify)
Full Name of Payee Nebo Media	Date of Public Distribution/Dissemination 10 17 2018
Mailing Address PO Box 9825	10 17 2010
	Amount
City State Zip Code	132756.09
Arlington VA 22219	Transaction ID : 002
Purpose of Expenditure Modic Placement Category/ Out	Date of Disbursement or Obligation
Media Placement Oalegory 004 Type	10 12 2018
Name of Federal Candidate Support Office	e Sought: 🗶 House District: 04
McAdams, Ben, , ,	President Senate State: UT
	ursement For: Primary X General
Per Election for Office Sought 698368.28	
(a) SUBTOTAL of Itemized Independent Expenditures	265512.19
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mount with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	· · · · · · · · · · · · · · · · · · ·
Crosby, Caleb, , ,	M / D D / Y Y Y Y
(77)	0 19 2018

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 2 FOR SE OF FORM 24/48
AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Congressional Leadership Fund	C C00504530
check if 24-hour report X 48-hour report X New report Amends report filed	i on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
Ascent Media LLC	10 17 2018
Mailing Address 7600 E. Eastman Avenue Suite 405	Amount
City State Zip Code	6500.00
Denver CO 80231	Transaction ID : 003 Date of Disbursement or Obligation
Purpose of Expenditure Media Production Category/ Type 004	10 17 2018
Name of Federal Candidate Support Office	e Sought: X House District: 04
McAdams, Ben, , ,	President Senate State: UT
Calendar Year-To-Date Per Election for Office Sought Disbrace 2018	ursement For: Primary General Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
Ascent Media LLC	10 17 2018
Mailing Address 7600 E. Eastman Avenue	Amount
Suite 405	
City State Zip Code	8500.00
Denver CO 80231	Transaction ID : 004 Date of Disbursement or Obligation
Purpose of Expenditure Media Production Category/ Type 004	10 17 2018
Name of Federal Candidate Support Offic	e Sought:
McAdams, Ben, , ,	President Senate State: UT
Calendar Year-To-Date Per Election for Office Sought Disb 2018	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	15000.00
(,	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	4 4
(c) TOTAL Independent Expenditures	280512.19
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.	
[Electronically Filed] Date	10 19 2018
Signature	