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

Schedule E)	PAGE 1 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Congressional Leadership Fund	C C00504530
Check if X 24-hour report 48-hour report Ne	ew report Amends report filed on Amends report
Full Name of Payee Nebo Media	Date of Public Distribution/Dissemination
	10 / 19 / 2018
Mailing Address PO Box 9825	Amount
City State	Zip Code 20984.75
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 Office Sought: M House District: 07
Spanberger, Abigail, , ,	Oppose President Senate State: VA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary 2004119.42 Other (specify) ▶ General
Full Name of Payee	Date of Public Distribution/Dissemination
FP1 Strategies	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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
Name of Federal Candidate	Support Office Sought: M House District: 07
Spanberger, Abigail, , ,	Oppose President Senate State: VA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary 2006119.42 Other (specify) ☐ General
(-) CURTOTAL of Beneficial Independent Expanditures	
(a) SUBTOTAL of Itemized Independent Expenditures	22984.75
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures)
. , , , , , , , , , , , , , , , , , , ,	ditures reported herein were not made in cooperation, consultation, or concert norized committee or agent of either, or (if the reporting entity is not a political
	lectronically Filed] Date 10 20 2018
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Congressional Leadership Fund	C C00504530
Check if X 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Date	of Public Distribution/Dissemination
	10 19 2018
Mailing Address 2303 14th Street NW Amo	unt
Suite 414	
City State Zip Code	2263.11
Date	saction ID: 003 of Disbursement or Obligation
Purpose of Expenditure GOTV Phones Category/ Type 004	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate X Support Office Soug	ht: X House District: 07
Brat, David, , ,	\/A
Calendar Year-To-Date Per Election for Office Sought Disburseme 2008382.53 Disburseme 2018	ent For: Primary Seneral Other (specify)
	e of Public Distribution/Dissemination
	M M / D D / Y Y Y Y
Mailing Address	
Amo	ount
City State Zip Code	
Date	e of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office Soug	ght: House District:
Oppose Presid	dent Senate State:
Calendar Year-To-Date Disburseme	ent For: Primary General
Per Election for Office Sought	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	2263.11
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	25247.86
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Crosby, Caleb, , , [Electronically Filed] Date 10	20 / 2018
Signature	