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

Schedule E) PAGE 1 OF 1 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	
Congressional Leadership Fund	C C00504530
Check if 24-hour report	
Full Name of Payee Nebo Media	Date of Public Distribution/Dissemination
	09 / 26 / 2018
Mailing Address PO Box 9825	Amount
City State Zip	Code 212857.50
Arlington VA 222	Transaction ID : 001 Date of Disbursement or Obligation
Purpose of Expenditure Media Placement Ca	ategory/ Type 004 09 21 2018
Name of Federal Candidate	Support Office Sought: 🗶 House District: 39
Cisneros, Gil, , ,	Oppose President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 235	Disbursement For: Primary General 2018 Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
DMM Media	09 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1911 N. Fort Meyer Drive, Ste 400 Amount	
City State Zip	Code 17101.35
	209 Transaction ID : 002 Date of Disbursement or Obligation
Purpose of Expenditure Media Production Ca	ategory/ Type 004 09 09 26 2018
Name of Federal Candidate	Support Office Sought: 🗶 House District: 39
Cisneros, Gil, , ,	▼ Oppose President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 236	Disbursement For: Primary X General 2018 Other (specify) ▶
•	
(a) SUBTOTAL of Itemized Independent Expenditures	229958.85
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	229958.85
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 Signature	y Filed] Date 09 28 2018
Oignature	