10/07/2018 14 : 08

Image# 201810079124393208 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)		IIUNES		PAGE 1 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER V
Congressional Leadership Fu	nd		C	C00504530
Check if 24-hour report X 48-hour	report X New rep	ort Amends repo	ort filed on	
Full Name of Payee Nebo Media			Date of Public	Distribution/Dissemination
Mailing Address PO Box 9825			10	05 2018
0 1 0 D0x 3023			Amount	
City	State	Zip Code		213931.76
Arlington	VA	22219	Transaction I	D:001 Irsement or Obligation
Purpose of Expenditure Media Placement		Category/ Type 004	09 	28 / Y Y Y Y 2018
Name of Federal Candidate		Support	Office Sought:	K House District: 25
Hill, Katie, , ,		× Oppose	President	Senate State: <u>CA</u>
Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	2327865.59	Disbursement For: 2018 Other (sp	Primary X General
Full Name of Payee			Date of Publi	c Distribution/Dissemination
C3 Public Strategies, Inc.			10 M	05 / Y Y Y Y 05 2018
Mailing Address 1800 J St				
			Amount	
City	State	Zip Code		24375.00
Sacramento	CA	95811	Transaction II Date of Disbu	D:002 Irsement or Obligation
Purpose of Expenditure Canvassing		Category/ Type 004	M M 10	/ D D / Y Y Y Y 05 2018
Name of Federal Candidate		X Support	Office Sought:	K House District: 25
Knight, Steve, , ,		Oppose	President	Senate State: CA
Calendar Year-To-Date			Disbursement For:	Primary X General
Per Election for Office Sought		2352240.59	2018 Other (sp	pecify) ►
(a) SUBTOTAL of Itemized Independent	Expenditures		-	238306.76
(b) SUBTOTAL of Unitemized Independe	ent Expenditures		• •	
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the with, or at the request or suggestion of, party committee) any political party comm	any candidate or authorized			
Crosby, Caleb, , ,			M M / D D	/ Y Y Y Y
Signature	[Electron	<i>ically Filed]</i> Date	9 10 07	2018

Image# 201810079124393209 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	edule E)	TUNES		PAGE 2 OF 2 FOR SE OF FORM 24/48
	IE OF COMMITTEE (In Full)		FF	EC IDENTIFICATION NUMBER ▼
Co	ngressional Leadership Fund			C00504530
Cheo	ck if 24-hour report 🗶 48-hour report 🗶 New rep	port Amends repo	ort filed on	M / D D / Y Y Y Y Y Y
Τ	^{Full Name of Payee} C3 Public Strategies, Inc.		Date of F	Public Distribution/Dissemination
	Mailing Address 1800 J St		10 Amount	0 05 2018
	City State	Zip Code		24375.00
	Sacramento CA	95811		tion ID : 003 Disbursement or Obligation
	Purpose of Expenditure Canvassing	Category/ Type 004	10	
	Name of Federal Candidate	Support	Office Sought:	K House District: 25
	Hill, Katie, , ,	X Oppose	President	Senate State: CA
	Calendar Year-To-Date Per Election for Office Sought	2376615.59	Disbursement F 2018 Othe	or: Primary X General er (specify) ►
ſ	Full Name of Payee		Date of	Public Distribution/Dissemination
	Mailing Address		Amount	
	City State	Zip Code		7
			Date of	Disbursement or Obligation
	Purpose of Expenditure	Category/ Type	M	M / D D / Y Y Y Y
	Name of Federal Candidate	Support Oppose	Office Sought:	House District:
	Calendar Year-To-Date		Disbursement F	
	Per Election for Office Sought		Othe	er (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures		•	24375.00
(k) SUBTOTAL of Uniternized Independent Expenditures		••	· · · · · · · · · ·
(0	TOTAL Independent Expenditures			262681.76
w	nder penalty of perjury I certify that the independent expenditures ith, or at the request or suggestion of, any candidate or authorized arty committee) any political party committee or its agent.			
		nically Filed] Date		07 / Y Y Y Y 2018
	Signature			