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

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	
Full Name of Payee	Date of Public Distribution/Dissemination
Nebo Media	M = M / D = D / Y = Y = Y
Mailing Address PO Box 9825	10 10 2018 Amount
City State Zip Code	105413.44
Arlington VA 22219	Transaction ID: 001 Date of Disbursement or Obligation
Purpose of Expenditure Media Placement Category/ Type 004	10 05 / 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: 02
Torres-Small, Xochitl, , ,	President Senate State: NM
Calendar Year-To-Date Per Election for Office Sought Disbutant	ursement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Nebo Media	10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 9825	10 10 2018
1 5 257. 6525	Amount
City State Zip Code	76312.50
Arlington VA 22219	Transaction ID: 002 Date of Disbursement or Obligation
Purpose of Expenditure Category/ Category/	M - M / D - D / Y - Y - Y
Media Placement Outgoin 7 Type 004	10 10 2018
Name of Federal Candidate Support Offic	e Sought: 🗶 House District: 02
Torres-Small, Xochitl, , ,	President Senate State: NM
	ursement For: Primary X General
Per Election for Office Sought 181725.94 2018	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	181725.94
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
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.	
2 4.10	10 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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 24-hour report 48-hour report New report Amends report filed on	
Full Name of Payee Prime Media Partners, LLC	Date of Public Distribution/Dissemination
Mailing Address 4201 Wilson Blvd.	10 10 2018 Amount
#110-126	4000000
City State Zip Code Arlington VA 22203	Transaction ID : 003 Date of Disbursement or Obligation
Purpose of Expenditure Media Production Category/ Type	004 10 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Sup	port Office Sought: House District: 02
Torres-Small, Xochitl, , ,	
Calendar Year-To-Date Per Election for Office Sought 198708.00	Disbursement For: Primary ★ General 2018 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure Category/ Type	Date of Disbursement or Obligation
Name of Federal Candidate Sup	port Office Sought: House District:
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	16982.06
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	198708.00
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 Filed] Signature	Date 10 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y