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

Schedu	le E)				PAGE 1 OF 1 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 Na	ame of Payee OO Media				of Public Distribution/Dissemination
				[10 10 2018
Manny	g Address PO Box 9825			Amo	unt
City		State	Zip Code		317727.50
Arling	on VA 22219				saction ID : 001 of Disbursement or Obligation
	se of Expenditure a Placement		Category/ Type 004		10 05 Y 2018
Name	of Federal Candidate		Support	Office Soug	ht: X House District: 01
Purev	ral, Aftab, , ,		X Oppose	Presid	
	calendar Year-To-Date Per Election for Office Sought		2756061.35	Disburseme 2018	ent For: Primary
Full N	ame of Payee			Date	e of Public Distribution/Dissemination
FP1	Strategies				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailin	g Address 3001 Washington Blvd, 7t	h Floor		Amo	punt
City		State	Zip Code	- $ $ $ $ $ $ $ $	13610.00
Arling	yton	VA	22201		saction ID : 002 of Disbursement or Obligation
	se of Expenditure a Production		Category/ Type 004		10 09 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name	of Federal Candidate		Support	Office Soug	ght: X House District: 01
Purev	ral, Aftab, , ,		x Oppose	Presid	dent Senate State: OH
	Calendar Year-To-Date Per Election for Office Sought		2769671.35	Disburseme 2018	ent For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures				· •	
(c) TOTAL Independent Expenditures				· • [331337.50
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.					
Sign	Crosby, Caleb, , ,	[Electron	nically Filed] Date	e 10	12 / 2018
Sign	ature				