

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

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00504530 </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Nebo Media			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 01 / 2018		
Mailing Address PO Box 9825			Amount 342697.00		
City Arlington	State VA	Zip Code 22219	Transaction ID : 001		
Purpose of Expenditure Media placement		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 27 / 2018		
Name of Federal Candidate Balderson, Troy, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OH		
Calendar Year-To-Date Per Election for Office Sought		2803319.98	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input checked="" type="checkbox"/> Other (specify) ► Special General		

Full Name of Payee Nebo Media			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 01 / 2018		
Mailing Address PO Box 9825			Amount 342696.99		
City Arlington	State VA	Zip Code 22219	Transaction ID : 002		
Purpose of Expenditure Media placement		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 27 / 2018		
Name of Federal Candidate O'Connor, Danny, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OH		
Calendar Year-To-Date Per Election for Office Sought		3146016.97	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input checked="" type="checkbox"/> Other (specify) ► Special General		

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	685393.99
(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.

Crosby, Caleb, ,

[Electronically Filed]

Date

MM / DD / YYYY
08 / 02 / 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) Congressional Leadership Fund		FEC IDENTIFICATION NUMBER ▼ C C00504530
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Nebo Media		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 01 / 2018
Mailing Address PO Box 9825		Amount 10390.00
City Arlington	State VA	Zip Code 22219
Purpose of Expenditure Media production	Category/Type 004	Transaction ID : 003 Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2018
Name of Federal Candidate Balderson, Troy, ,		Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought 3156406.97		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input checked="" type="checkbox"/> Other (specify) ▶ Special General

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	10390.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	695783.99

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, , ,

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