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

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Congressional Leadership Fund	
	C C00504530
check if X 24-hour report 48-hour report New report Amends report filed	i on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Nebo Media	M M / D D / Y Y Y Y
Mailing Address PO Box 9825	11 02 2018 Amount
City State Zip Code	213931.76
Arlington VA 22219	Transaction ID: 001 Date of Disbursement or Obligation
Purpose of Expenditure Media Placement  Category/ Type 004	10 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offic	e Sought: X House District: 25
Hill, Katie, , , Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought  Disb 2018	ursement For: Primary <b>X</b> General  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M M M / D D / Y Y Y Y Y
Mailing Address	
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/	M M / D D / Y Y Y Y Y
Type Type	
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Disb	ursement For: Primary General
Per Election for Office Sought	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	213931.76
(b) OUDTOTAL of Helberiand Indiana deat Empediture	
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	040004.70
(c) 10112 1100porton 2/porton	213931.76
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
Crashy Calab	
	11 03 2018
Signature	