

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

 PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼ C C00504530
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Nebo Media			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 05 / 2018		
Mailing Address PO Box 9825			Amount 144372.06		
City Arlington	State VA	Zip Code 22219	Transaction ID : 001 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 30 / 2018		
Purpose of Expenditure Media Placement		Category/ Type 004	Name of Federal Candidate Hill, Katie, , ,		
Calendar Year-To-Date Per Election for Office Sought		802167.69	Office Sought: ☒ House District: 25 ☐ President ☐ Senate State: CA Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

Full Name of Payee			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y		
Mailing Address			Amount 		
City	State	Zip Code	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y		
Purpose of Expenditure		Category/ Type	Name of Federal Candidate		
Calendar Year-To-Date Per Election for Office Sought			Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____ Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	144372.06
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	144372.06

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

M M M / D D D / Y Y Y Y Y Y

09 / 07 / 2018

Signature