## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

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 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y
Full Name of Payee  Nebo Media	Date of Public Distribution/Dissemination
	09
Mailing Address PO Box 9825	Amount
City State Zip Code	174090.18
Arlington VA 22219	Transaction ID : 001 Date of Disbursement or Obligation
Purpose of Expenditure Media Placement  Category/ Type  004	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	Sought: House District: 06
Crow, Jason, , ,	President Senate State: CO
Calendar Year-To-Date Per Election for Office Sought  Disbur 2018	rsement For: Primary   General  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure	Date of Disbursement or Obligation
Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	rsement For: Primary General
Tel Election of Office Sought	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	174090.18
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	174090.18
Under penalty of perjury I certify that the independent expenditures reported herein were not may 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.	•
Crosby, Caleb, , ,  [Electronically Filed] Date 08	o
Signature	