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

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 fil
Full Name of Payee	Date of Public Distribution/Dissemination
Nebo Media	M M / D D / Y Y Y Y
Mailing Address PO Box 9825	09 05 2018
1 0 Box 5625	Amount
City State Zip Code	159469.72
Arlington VA 22219	Transaction ID : 001
Purpose of Expenditure	Date of Disbursement or Obligation
Media Placement Category/ Type 004	08 / 30 / 2018
Name of Federal Candidate Support	Office Sought: House District: 02
Eastman, Kara, , , Oppose	President Senate State: NE
Calcillati Total To Bato	Disbursement For: Primary General
	Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	
	Amount
City State Zip Code	
Purpose of Expenditure	Date of Disbursement or Obligation
Category/ Type	
Name of Federal Candidate Support	Office Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date	Disbursement For: Primary General
Per Election for Office Sought	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	159469.72
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	
(c) TOTAL independent Experiolitares	159469.72
Under penalty of perjury I certify that the independent expenditures reported herein were n with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	·
Crosby, Caleb, , ,	M = M / D = D / Y = Y = Y
[Electronically Filed] Date Signature	09 07 2018
- J	