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

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Congressional Leadership Fund	
	C C00504530
check if 24-hour report	i on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Prime Media Partners, LLC	M M / D D / Y Y Y Y
Mailing Address 4201 Wilson Blvd.	09 05 2018
#110-126	Amount
City State Zip Code	17369.00
Arlington VA 22203	Transaction ID: 001 Date of Disbursement or Obligation
Purpose of Expenditure Media Production Category/ Type 004	09 05 / 2018
Name of Federal Candidate Support Offic	e Sought: X House District: 19
Delgado, Antonio, , ,	President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought Disb 2018	
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
	Amount
City State Zip Code	155892.19
Arlington VA 22219	Transaction ID: 002 Date of Disbursement or Obligation
Purpose of Expenditure Media Placement Category/ 004	M = M / D = D / Y = Y = Y
Type Type	08 31 2018
	e Sought: House District: 19
Delgado, Antonio, , ,	President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought Disb 2018	ursement For: Primary
<u>-</u>	
(a) SUBTOTAL of Itemized Independent Expenditures	173261.19
(b) SUBTOTAL of Unitemized Independent Expenditures	
(b) CODITION OF CHINCHINGS INCOPERIOR EXPONENTIAL EXPO	7 7
(c) TOTAL Independent Expenditures	
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.	•
Crosby, Caleb, , , [Electronically Filed] Date	09 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	للثنتا لنا ل

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Tron.	SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FICATION NUMBER ▼
Congressional Leadership Fund C C00504	
Check if 24-hour report 48-hour report New report Amends report filed on	D / Y = Y = Y
Majority Strategies, LLC	
Mailing Address 12854 Kenan Drive Amount	5 2018
Suite 145	2222.22
City State Zip Code Jacksonville FL 32258 Transaction ID: 003 Date of Disbursemen	
Purpose of Expenditure Category/ Category/	
Name of Federal Candidate	use District: 19
Faso, John, , , Oppose President Sen	NV
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2018 Other (specify) Other (specify)	Primary Seneral
	ibution/Dissemination
Mailing Address	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 12854 Kenan Drive Amount	
Suite 145	2022.00
City State Zip Code Jacksonville FL 32258 Transaction ID: 004 Date of Disbursement	
Purpose of Expenditure	D / Y Y Y Y
Name of Federal Candidate Support Office Sought:	use District: 19
Delgado, Antonio, , ,	nate State: NY
Calendar Year-To-Date Per Election for Office Sought 1306176.79 Disbursement For: P 2018 Other (specify)	Primary
(a) SUBTOTAL of Itemized Independent Expenditures	5640.00
(b) SUBTOTAL of Unitemized Independent Expenditures	4
(c) TOTAL Independent Expenditures	178901.19
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 09 07	2018