## 11/01/2018 22 : 14

## Image# 201811019133576701 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	chedule E)	PENDENT EXPEND	IIUNES		PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)					DENTIFICATION NUMBER V
	Congressional Leadership Fu	na		С	C00504530
Ch	eck if 🗶 24-hour report 🗌 48-hour	report X New rep	port Amends repo	ort filed on	
	Full Name of Payee Nebo Media			Date of Publi	c Distribution/Dissemination
	Mailing Address PO Box 9825			10 Amount	31 2018
	City	State	Zip Code		50087.19
	Arlington	VA	22219	Transaction	ID : 001
	Purpose of Expenditure Media Placement		Category/ Type 004	M M	ursement or Obligation
	Name of Federal Candidate		Support	Office Sought:	X House District: 27
	Shalala, Donna, , ,		× Oppose	President	Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought		273123.07	Disbursement For: 2018 Other (sp	Primary X General Decify) ►
	Full Name of Payee			Date of Publi	ic Distribution/Dissemination
	Mailing Address				
				Amount	
	City	State	Zip Code		
	Purpose of Expenditure			Date of Disb	ursement or Obligation
			Category/ Type	M M	/ D D / Y 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			Disbursement For:	Primary General General
<ul> <li>(a) SUBTOTAL of Itemized Independent Expenditures</li></ul>					
	Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	any candidate or authorized			
	Crosby, Caleb, , ,	151. <i>4</i>	ingthe Filed	M M / D D	/ Y Y Y Y Y
	Signature	[Electron	<i>nically Filed]</i> Date	e 11 01	2018