

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	

Full Name of Payee Nebo Media		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 11 / 2018	
Mailing Address PO Box 9825		Amount 431330.63	
City Arlington	State VA	Zip Code 22219	Transaction ID : 001
Purpose of Expenditure Media Placement	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 06 / 2018	
Name of Federal Candidate Phillips, Dean, , ,		☐ Support ☒ Oppose Office Sought: ☒ House District: 03 ☐ President ☐ Senate State: MN	
Calendar Year-To-Date Per Election for Office Sought 1187137.16		Disbursement For: ☐ Primary ☒ General 2018 ☐ Other (specify) ▶	

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

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	431330.63
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	431330.63

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

MM / DD / YYYY
09 / 13 / 2018

Signature