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

Schedule E)	FOR SE OF FORM 24/48
JAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Congressional Leadership Fund	
	C C00504530
Check if 24-hour report 48-hour report New report Amends report file	d on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Nebo Media	M M / D D / Y Y Y Y
Mailing Address PO Box 9825	10 02 2018
	Amount
City State Zip Code	77330.00
Arlington VA 22219	Transaction ID : 001  Date of Disbursement or Obligation
Purpose of Expenditure Media Placement  Category/ Type 004	09 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offic	ce Sought: X House District: 01
Bryce, Randy, , ,	President Senate State: WI
Calendar Year-To-Date Per Election for Office Sought  Dist 2018	oursement For: Primary General  Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
Nebo Media	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 9825	
	Amount
City State Zip Code	361795.74
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 Y
Type Type	09 28 2018
Name of Federal Candidate Support Office	ce Sought:
Bryce, Randy, , ,	President Senate State: WI
	pursement For: Primary X General
Per Election for Office Sought 1334748.18 201	8 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	439125.74
(4)	100120.74
(b) SUBTOTAL of Unitemized Independent Expenditures	
(a) TOTAL Independent Expenditures	
(c) TOTAL Independent Expenditures	439125.74
Under penalty of perjury I certify that the independent expenditures reported herein were not me 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, , ,	M / D D / Y Y Y Y
[Electronically Filed] Date	10 04 2018
Signature	