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 X 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payee Nebo Media	Date of Public Distribution/Dissemination					
	10 31 Y Y 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	384682.60					
Arlington VA 22219	Transaction ID : 001 Date of Disbursement or Obligation					
Purpose of Expenditure Media Placement Category/ Type 004	10 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Name of Federal Candidate Support Office	Sought: Mouse District: 01					
Wallace, Scott, , ,	President Senate State: PA					
Calendar Year-To-Date Per Election for Office Sought Disbur: 2018	sement For: Primary X General Other (specify) ▶					
Full Name of Payee	Date of Public Distribution/Dissemination					
Nebo Media	10 31 2018					
Mailing Address PO Box 9825	Amount					
City State Zip Code	384682.60					
Arlington VA 22219	Transaction ID : 002 Date of Disbursement or Obligation					
Purpose of Expenditure Media Placement Category/ Type 004	10 29 / 2018					
Name of Federal Candidate Support Office	Sought: House District: 01					
Fitzpatrick Brian	President Senate State: PA					
Calendar Year-To-Date Per Election for Office Sought Disbur 2018	sement For: Primary General Other (specify)					
(a) SUBTOTAL of Itemized Independent Expenditures	769365.20					
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures						
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	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Signature						

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

	icadic L)			FOR SE OF	FORM 24/48
	E OF COMMITTEE (In Full)		FEC I	IDENTIFICATION	ON NUMBER ▼
CC	ngressional Leadership Fund		С	C00504530	
Chec	sk if X 24-hour report 48-hour report New report Amends report file		M	/ D = D /	YYYYY
T	Full Name of Payee	Date o	f Pub	lic Distribution	Dissemination
	FP1 Strategies		10 ^M	31	2018
	Mailing Address 3001 Washington Blvd, 7th Floor	Amour	ıt		
	City State Zip Code				8675.00
	Arlington VA 22201			ID: 003 oursement or (
	Purpose of Expenditure Media Production Category/ Type 004		10 ^M	31	2018
Ī	Name of Federal Candidate Support Office	ce Sought	:	X House	District: 01
ı	Wallace, Scott, , ,	Preside	nt	Senate	State: PA
	Calendar Year-To-Date Per Election for Office Sought Dist. 2018	oursement	For:	Primary	x General
L	Fer Election for Office Sought		her (s	specify) 🕨	
	Full Name of Payee FP1 Strategies	_	f Pub	lic Distribution	/Dissemination
-	Mailing Address 3001 Washington Blvd, 7th Floor	┧. ┕	10	31	2018
ı		Amour	nt		
	City State Zip Code				8675.00
	Arlington VA 22201			ID:004 oursement or (Obligation
	Purpose of Expenditure Media Production Category/ Type 004	M	10 ^M	31	2018
	Name of Federal Candidate Support Offic	ce Sought	 ::	X House	District:01
		Preside		Senate	State: PA
	Calendar Year-To-Date Per Election for Office Sought Dist 201			Primary specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expenditures		-7		17350.00
(t) SUBTOTAL of Unitemized Independent Expenditures		-7		
(c) TOTAL Independent Expenditures			7	786715.20
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.					
		11 /	01	/ Y Y 201	8 Y
	Signature				
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