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

| 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 |
| Nebo Media | M M / D D / Y Y Y Y |
| Mailing Address PO Box 9825 | 10 02 2018 Amount |
| | |
| City State Zip Code | 273351.38 |
| 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 | e Sought: X House District: 45 |
| Porter, Katie, , , Oppose | President Senate State: CA |
| Calendar Year-To-Date Per Election for Office Sought Disb 2682667.61 | ursement For: Primary X General Other (specify) ▶ |
| Full Name of Payee | Date of Public Distribution/Dissemination |
| | M = M / D = D / Y = Y = Y |
| Mailing Address | |
| | Amount |
| City State Zip Code | |
| | Data of Dishuranment or Obligation |
| Purpose of Expenditure Category/ | Date of Disbursement or Obligation |
| Type | |
| Name of Federal Candidate Support Office | e Sought: House District: |
| Oppose | President Senate State: |
| Calendar Year-To-Date Disb | ursement For: Primary General |
| Per Election for Office Sought | Other (specify) ▶ |
| | |
| (a) SUBTOTAL of Itemized Independent Expenditures | 273351.38 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | |
| (a) TOTAL Independent Funerality was | |
| (c) TOTAL Independent Expenditures | 273351.38 |
| 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, , , | M / D D / Y Y Y Y Y |
| [Electronically Filed] Date | 04 2018 |
| Signature | |