## 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
	<u> </u>
Check if 24-hour report	I on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Nebo Media	09 01 / 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	139803.88
Arlington VA 22219	Transaction ID : 001 Date of Disbursement or Obligation
Purpose of Expenditure Media Placement  Category/ Type  004	08 / 030 / 2018
Name of Federal Candidate Support Office	e Sought: X House District: 03
Davids, Sharice, , ,	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought  Disbrace 2018	or o
Full Name of Payee	Date of Public Distribution/Dissemination
	M M / D D / Y Y Y Y
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure	Date of Disbursement or Obligation
Purpose of Expenditure  Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Offic	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	139803.88
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	139803.88
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.	
	09 03 2018
Signature	