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 24-hour report	on May / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
DMM Media	M - M / D - D / Y - Y - Y
Mailing Address 1911 N. Fort Meyer Drive, Ste 400	10 03 2018 Amount
	Amount
City State Zip Code	8705.22
Arlington VA 22209	Transaction ID: 001 Date of Disbursement or Obligation
Purpose of Expenditure Media Production Category/ Type 004	10 04 7 2018
Name of Federal Candidate Support Offic	e Sought:
Davis, Paul, , ,	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought Disb 2018	ursement For: Primary X General Other (specify) ▶
Full Name of Payee DMM Media	Date of Public Distribution/Dissemination
	10 03 2018
Mailing Address 1911 N. Fort Meyer Drive, Ste 400	Amount
City State Zip Code	8705.22
Arlington VA 22209	Transaction ID: 002 Date of Disbursement or Obligation
Purpose of Expenditure Media Production Category/ Type 004	M = M / D = D / Y = Y = Y
Type Type	10 04 2018
Name of Federal Candidate Support Office	e Sought:
Watkins, Steve, , ,	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought Disb 2639863.10	ursement For: Primary General Other (specify)
<u>-</u>	
(a) SUBTOTAL of Itemized Independent Expenditures	17410.44
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	1 1 7 1 1 7 1 1 7 1
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, , , [Electronically Filed] Date	05 / Y Y 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)	LINDLINI EXPLINE	TIONES		PAGE 2 OF 2 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	. 1		FEC ID	ENTIFICATION NUMBER ▼	
Congressional Leadership Fur	nd		C	C00504530	
Check if 24-hour report X 48-hour	report New rep	port Amends repo	rt filed on	D = D / Y = Y = Y	
Full Name of Payee			Date of Public	Distribution/Dissemination	
Nebo Media			10	03 / 2018	
Mailing Address PO Box 9825			Amount		
City	State	Zip Code		169955.63	
Arlington	VA	22219		Transaction ID : 003 Date of Disbursement or Obligation	
Purpose of Expenditure Media Placement		Category/ Type 004	09	28 / 2018	
Name of Federal Candidate		Support	Office Sought:	House District: 02	
Davis, Paul, , ,		X Oppose	President	Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought	,,,,	2809818.73	Disbursement For: 2018 Other (sp	Primary ✗ General ecify) ▶	
Full Name of Payee			Date of Public	Distribution/Dissemination	
Nebo Media			10	03 / 2018	
Mailing Address PO Box 9825			Amount		
City	State	Zip Code		169955.62	
Arlington	VA	22219	Transaction ID Date of Disbu	0:004 ursement or Obligation	
Purpose of Expenditure Media Placement		Category/ Type 004	09	28 / 2018	
Name of Federal Candidate		x Support	Office Sought:	K House District: 02	
Watkins, Steve, , ,		Oppose	President	Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought		2979774.35	Disbursement For: 2018 Other (sp	Primary ✗ General ecify) ▶	
(a) SUBTOTAL of Itemized Independent	Expenditures			339911.25	
(,)			7	000011.20	
(b) SUBTOTAL of Unitemized Independe	nt Expenditures		•		
(c) TOTAL Independent Expenditures			•	357321.69	
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, , ,	[Electron	nically Filed] Date	10 / 05	2018	