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
	M = M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report New report Amends report filed	
Full Name of Payee Nebo Media	Date of Public Distribution/Dissemination
	10 24 7 2018
Mailing Address PO Box 9825	Amount
City State Zip Code	938338.13
Arlington VA 22219	Transaction ID: 001 Date of Disbursement or Obligation
Purpose of Expenditure Media Placement Category/ Type 004	10 19 / 2018
Name of Federal Candidate Support Offic	e Sought: X House District:26
Mucarsel-Powell, Debbie, , ,	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought Disb 2018	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	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y
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) CURTOTAL of Hamilton Independent Funeralityma	
(a) SUBTOTAL of Itemized Independent Expenditures	938338.13
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	938338.13
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.	
	10 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	