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

Schedule E)	FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
Congressional Leadership Fund		
	C C00504530	
Check if 24-hour report		
Full Name of Payee	Date of Public Distribution/Dissemination	
Majority Strategies, LLC	M M / D D / Y Y Y	
Mailing Address 12854 Kenan Drive	10 03 2018 Amount	
Suite 145	Amount	
City State Zip Code	3562.50	
Jacksonville FL 32258	Transaction ID: 001 Date of Disbursement or Obligation	
Purpose of Expenditure Doorhangers Category/ Type 004	10 01 2018	
Name of Federal Candidate Support Office	e Sought: X House District: 19	
Faso, John, , ,	President Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought Disbut 2088366.80 Disbut 2018	ursement For: Primary X General Other (specify) ▶	
Full Name of Payee	Date of Public Distribution/Dissemination	
Majority Strategies, LLC	10 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 12854 Kenan Drive	10 03 2018	
Suite 145	Amount	
City State Zip Code	3562.50	
Jacksonville FL 32258	Transaction ID: 002 Date of Disbursement or Obligation	
Purpose of Expenditure Category/ 004	M M / D D / Y Y Y	
Doorhangers Type 004	10 01 2018	
Name of Federal Candidate Support Office	e Sought: 🗶 House District: 19	
Delgado, Antonio, , ,	President Senate State: NY	
2010	ursement For: Primary	
Per Election for Office Sought 2091929.30 2016	Other (specify) -	
(a) SUBTOTAL of Itemized Independent Expenditures	7125.00	
(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.		
24.0	0 / 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)

	FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
Congressional Leadership Fund	C C00504530	
Check if 24-hour report 48-hour report New report	Amends report filed on M M / D D / Y Y Y Y Y	
Full Name of Payee	Date of Public Distribution/Dissemination	
Nebo Media	10 03 7 2018	
Mailing Address PO Box 9825	Amount	
City State Z	ip Code 174015.94	
	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: 19	
Delgado, Antonio, , ,	▼ Oppose President Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought 2	Disbursement For: Primary 2018 Other (specify) Other (specify)	
Full Name of Payee	Date of Public Distribution/Dissemination	
Mailing Address	Amount	
City State Z	Tip Code	
	Date of Disbursement or Obligation	
Purpose of Expenditure	Category/ Type	
Name of Federal Candidate	Support Office Sought: House District:	
	Oppose President Senate State:	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	174015.94	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	181140.94	
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, , , [Electronical	ally Filed] Date 10 05 2018	
Signature		

PAGE

OF

2