## 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 Mam / Dad / Yayayay
Full Name of Payee Nebo Media	Date of Public Distribution/Dissemination
Nebo Media	09
Mailing Address PO Box 9825	Amount
City State Zip Code	432585.00
Arlington VA 22219	Transaction ID: 001 Date of Disbursement or Obligation
Purpose of Expenditure Media Placement  Category/ Type  004	09 / 21 / 2018
Name of Federal Candidate Support Office	e Sought: X House District: 03
Phillips, Dean, , ,	President Senate State: MN
Calendar Year-To-Date Per Election for Office Sought  Disb 2048859.58  Disb	ursement For: Primary <b>X</b> 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	
Sign Sign Zip Gode	
Purpose of Expenditure	Date of Disbursement or Obligation
Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Calcinati Total To Bato	ursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	432585.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	432585.00
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 27 2018
Signature	