24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (S

	FOR SE OF FORM 24/48
IAME 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 of	on Mam / Dab / Yayayay
Full Name of Payee Nebo Media	Date of Public Distribution/Dissemination
Mailing Address PO Box 9825	09 / 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Walling 7 (dates) PO Box 9825	Amount
City State Zip Code	196704.31
· ······g····	Transaction ID: 001 Date of Disbursement or Obligation
Purpose of Expenditure Media Placement Category/ Type 004	09 / 14 / 9 9 9
Name of Federal Candidate Support Office	Sought: X House District: 25
Hill, Katie, , ,	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought Disburs 2018	sement For: Primary
	Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
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	Sought: House District:
Oppose	President Senate State:
Calcindar roar to Bate	rsement For: Primary General
Per Election for Office Sought	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	196704.31
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	196704.31
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, , , [Electronically Filed] Date 09	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	2010