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

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	<u> </u>
Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼
·	C C00504530
Check if 24-hour report	ed on Mam / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Nebo Media	M = M / D = D / Y = Y = Y
Mailing Address PO Box 9825	09 21 2018
	Amount
City State Zip Code	315837.24
Arlington VA 22219	Transaction ID: 001 Date of Disbursement or Obligation
Purpose of Expenditure Media Placement Category/ Type 004	09 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Off	ice Sought:
Davids, Sharice, , , Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought Dis 201	bursement For: Primary General Other (specify) General
Full Name of Payee	Date of Public Distribution/Dissemination
FP1 Strategies	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3001 Washington Blvd, 7th Floor	
	Amount
City State Zip Code	3590.00
Arlington VA 22201	Transaction ID : 002 Date of Disbursement or Obligation
Purpose of Expenditure Media Production Category/ 004	M M / D D / Y Y Y Y
Type Type	09 21 2018
Name of Federal Candidate Support Off	rice Sought: Mouse District: 03
Davids, Sharice, , ,	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought Dis 20	sbursement For: Primary Seneral
Tel Election for Office Sought	Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	319427.24
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	040407.04
(b) TOTAL masperiodit Experiotation	319427.24
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	·
Crosby, Caleb, , ,	M = M / D = D / Y = Y = Y
[Electronically Filed] Date	09 23 2018