

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Congressional Leadership Fund		FEC IDENTIFICATION NUMBER ▼ C C00504530
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee Nebo Media		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 27 / 2018
Mailing Address PO Box 9825		Amount 2000.00
City Arlington	State VA	Zip Code 22219
Purpose of Expenditure Media Production	Category/Type 004	Transaction ID : 001 Date of Disbursement or Obligation MM / DD / YYYY 07 / 27 / 2018
Name of Federal Candidate O'Connor, Danny, , ,		Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought 2415622.98		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input checked="" type="checkbox"/> Other (specify) ▶ Special General

Full Name of Payee Wright, Williams & Associates		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 27 / 2018
Mailing Address 14900 Avery Ranch Blvd. Suite C200		Amount 12500.00
City Austin	State TX	Zip Code 78717
Purpose of Expenditure Groundgame	Category/Type 004	Transaction ID : 002 Date of Disbursement or Obligation MM / DD / YYYY 07 / 27 / 2018
Name of Federal Candidate Balderson, Troy, , ,		Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought 2428122.98		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input checked="" type="checkbox"/> Other (specify) ▶ Special General

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	14500.00
(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.

Crosby, Caleb, , ,

[Electronically Filed]

Date

MM / DD / YYYY
07 / 28 / 2018

Signature

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PAGE	2	OF	2
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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Wright, Williams & Associates		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 27 / 2018	
Mailing Address 14900 Avery Ranch Blvd. Suite C200		Amount 12500.00	
City Austin	State TX	Zip Code 78717	Transaction ID : 003
Purpose of Expenditure Groundgame	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 27 / 2018	
Name of Federal Candidate O'Connor, Danny, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input checked="" type="checkbox"/> Other (specify) ► Special General	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures.....	12500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	27000.00

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.

Crosby, Caleb, , ,

[Electronically Filed]

Date

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07 / 28 / 2018

Signature