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

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	M M / D D / Y Y Y Y
Mailing Address PO Box 9825	09 17 2018 Amount
City State Zip Code	101750.00
Arlington VA 22219	Transaction ID: 001 Date of Disbursement or Obligation
Purpose of Expenditure Media Placement Category/ Type 004	09 13 / 2018
Name of Federal Candidate Support Office	e Sought: House District: 01
Bryce, Randy, , ,	President Senate State: WI
Calendar Year-To-Date Per Election for Office Sought Disbut 2018	ursement For: Primary 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	
	Data of Dishumament or Obligation
Purpose of Expenditure Category/	Date of Disbursement or Obligation
Type	
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Disbu	ursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	101750.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	101750.00
(,, , , , , , , , , , , , , , , , , , ,	101750.00
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	• • •
Crosby, Caleb, , ,	M / D D / Y Y Y Y
CT71	9 19 2018
Oignature	