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

Schedule E)	PAGE 1 OF 1 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	d on Mam / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Nebo Media	10 09 2018
Mailing Address PO Box 9825	10 09 2018 Amount
City State Zip Code	332322.36
City State Zip Code Arlington VA 22219	Transaction ID : 001 Date of Disbursement or Obligation
Purpose of Expenditure Media Placement Category/ Type 004	10 / 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offic	e Sought: House District: 03
Phillips, Dean, , ,	President Senate State: MN
Calendar Year-To-Date Per Election for Office Sought Disb 2727982.56	ursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	
	Amount
City State Zip Code	
Purpose of Expenditure	Date of Disbursement or Obligation
Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate Support Office	ee Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Disb	oursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	22,222
(a) SOBTOTAL OF REINIZED MUCEPHOLIN EXPENDICULES	332322.36
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	332322.36
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	·
Crosby, Caleb, , , [Electronically Filed] Date	10 11 2018
Signature	