

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

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼ C C00504530
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Nebo Media		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 09 / 2018	
Mailing Address PO Box 9825		Amount 361795.74	
City Arlington	State VA	Zip Code 22219	Transaction ID : 001 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 05 / 2018
Purpose of Expenditure Media Placement		Category/Type 004	
Name of Federal Candidate Bryce, Randy, , ,		☐ Support ☒ Oppose	Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		1713433.92	Disbursement For: ☐ Primary ☒ General 2018 ☐ Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address		Amount 	
City	State	Zip Code	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Purpose of Expenditure		Category/Type 	
Name of Federal Candidate		☐ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	361795.74
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	361795.74

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

M M M / D D D / Y Y Y Y Y Y

10 / 11 / 2018

Signature