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

Schedule E) FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	
Congressional Leadership Fund	
	C C00504530
Check if 24-hour report	
Full Name of Payee	Date of Public Distribution/Dissemination
Nebo Media	09 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 9825	Amount
City State Zip Code	324711.56
Arlington VA 22219	Transaction ID : 001 Date of Disbursement or Obligation
Purpose of Expenditure Media Placement Category/ Type	004 09 / 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate S	Support Office Sought: M House District: 02
Davis, Paul, , ,	Oppose President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 2082865.36	Disbursement For: Primary ✓ General 2018 Other (specify) ✓
Full Name of Payee DMM Media	Date of Public Distribution/Dissemination
	09 19 2018
Mailing Address 1911 N. Fort Meyer Drive, Ste 400 Amount	
City State Zip Code	17419.60
Arlington VA 22209	Transaction ID : 002 Date of Disbursement or Obligation
Purpose of Expenditure Media Production Category/ Type	004 09 / 19 / 2018
Name of Federal Candidate	Support Office Sought: M House District: 02
Davis, Paul, , ,	Oppose President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 2100284.96	Disbursement For: Primary 2018 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	342131.16
(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] Signature	Date 09 21 2018
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