

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

## (Schedule E)

 PAGE 1 OF 1  
 FOR SE OF FORM 24/48

|                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>Congressional Leadership Fund</b>                                                                                                                                                                                                                                                                                    | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00504530         </div> |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">           M M M / D D D / Y Y Y Y Y Y         </div> |                                                                                                                              |

|                                                         |             |                                                                                                    |                                                                                                                                                                                                                                                                                                         |  |  |
|---------------------------------------------------------|-------------|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Full Name of Payee<br><b>Nebo Media</b>                 |             |                                                                                                    | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">09 / 19 / 2018</div> </div>                         |  |  |
| Mailing Address PO Box 9825                             |             |                                                                                                    | Amount<br><div style="border: 1px solid black; padding: 2px; text-align: right;">173513.44</div>                                                                                                                                                                                                        |  |  |
| City<br>Arlington                                       | State<br>VA | Zip Code<br>22219                                                                                  | <b>Transaction ID : 001</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">09 / 14 / 2018</div> </div> |  |  |
| Purpose of Expenditure<br>Media Placement               |             | Category/Type<br><div style="border: 1px solid black; padding: 2px; text-align: center;">004</div> | Name of Federal Candidate<br>Delgado, Antonio, , ,                                                                                                                                                                                                                                                      |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought |             | <div style="border: 1px solid black; padding: 2px; text-align: right;">1697922.74</div>            | Office Sought: <input checked="" type="checkbox"/> House District: 19<br><input type="checkbox"/> President <input type="checkbox"/> Senate State: NY<br>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶   |  |  |

|                                                         |       |                                                                             |                                                                                                                                                                                                                                                                                       |  |  |
|---------------------------------------------------------|-------|-----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Full Name of Payee                                      |       |                                                                             | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;"></div> </div>                     |  |  |
| Mailing Address                                         |       |                                                                             | Amount<br><div style="border: 1px solid black; padding: 2px;"></div>                                                                                                                                                                                                                  |  |  |
| City                                                    | State | Zip Code                                                                    | Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;"></div> </div>                            |  |  |
| Purpose of Expenditure                                  |       | Category/Type<br><div style="border: 1px solid black; padding: 2px;"></div> | Name of Federal Candidate                                                                                                                                                                                                                                                             |  |  |
| Calendar Year-To-Date<br>Per Election for Office Sought |       | <div style="border: 1px solid black; padding: 2px;"></div>                  | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input type="checkbox"/> Senate State: _____<br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ |  |  |

|                                                                    |                                                                                        |
|--------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | <div style="border: 1px solid black; padding: 2px; text-align: right;">173513.44</div> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ | <div style="border: 1px solid black; padding: 2px;"></div>                             |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                   | <div style="border: 1px solid black; padding: 2px; text-align: right;">173513.44</div> |

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

09 / 21 / 2018

Signature