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
	<u> </u>
Check if 24-hour report 48-hour report New report Amends report	filed on MMM / DDD / YTYYY
Full Name of Payee Nebo Media	Date of Public Distribution/Dissemination
inebo iviedia	10 17 2018
Mailing Address PO Box 9825	Amount
City State Zip Code	235102.50
Arlington VA 22219	Transaction ID : 001 Date of Disbursement or Obligation
Purpose of Expenditure Media Placement Category/ Type 004	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought:
Coleman, Linda, , ,	President Senate State: NC
Calcitaat to a bate	Disbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
DMM Media	10 17 2018
Mailing Address 1911 N. Fort Meyer Drive, Ste 400	Amount
City State Zip Code	17151.01
Arlington VA 22209	Transaction ID : 002 Date of Disbursement or Obligation
Purpose of Expenditure Media Production Category/ Type 004	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 02
Coleman, Linda, , ,	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 1219867.38	Disbursement For: Primary 2018 General Other (specify) ▶
	Outer (specify) =
(a) SUBTOTAL of Itemized Independent Expenditures	252253.51
(b) SUBTOTAL of Unitemized Independent Expenditures	•
(c) TOTAL Independent Expenditures	252253.51
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	10 19 2018
Signature	