

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

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Leadership Fund			FEC IDENTIFICATION NUMBER ▼ C C00571703		
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 M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee TARGETED VICTORY LLC			Date of Public Distribution/Dissemination 09 / 25 / 2020		
Mailing Address 2311 WILSON BLVD, SUITE 200			Amount 14335.43		
City ARLINGTON	State VA	Zip Code 22201	Transaction ID : SE.1 Date of Disbursement or Obligation 09 / 25 / 2020		
Purpose of Expenditure ONLINE ADVERTISING		Category/ Type 			
Name of Federal Candidate ERNST, JONI, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought		10929679.25	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee MAJORITY STRATEGIES, LLC			Date of Public Distribution/Dissemination 09 / 25 / 2020		
Mailing Address 12854 KENAN DRIVE, SUITE 110			Amount 110337.36		
City JACKSONVILLE	State FL	Zip Code 32258	Transaction ID : SE.2 Date of Disbursement or Obligation 09 / 25 / 2020		
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION		Category/ Type 			
Name of Federal Candidate GREENFIELD, THERESA, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought		10929679.25	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			124672.79		
(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.					
Signature Crosby, Caleb, , ,		[Electronically Filed]		Date 09 / 25 / 2020	

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Full Name of Payee CONNECTION STRATEGY, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2020	
Mailing Address P.O. BOX 1636		Amount 32036.78	
City DRIPPING SPRINGS	State TX	Zip Code 78620	Transaction ID : SE.3
Purpose of Expenditure TEXT MESSAGING	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2020	
Name of Federal Candidate GREENFIELD, THERESA, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought 10929679.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	32036.78
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....▶	156709.57

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

MM	DD	YYYY
09	25	2020

Signature