

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Congressional Leadership Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00504530
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

Full Name of Payee <b>FlexPoint Media</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 23 / 2020</b>
Mailing Address <b>PO Box 1051</b>		Amount <b>180143.75</b>
City <b>New Albany</b>	State <b>OH</b>	Zip Code <b>43054</b>
Purpose of Expenditure <b>Media placement</b>	Category/Type <b>004</b>	Transaction ID : <b>SE.001</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 18 / 2020</b>
Name of Federal Candidate <b>Axne, Cindy, ,</b>		Office Sought: <input checked="" type="checkbox"/> House District: <b>03</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought <b>180143.75</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>FlexPoint Media</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 23 / 2020</b>
Mailing Address <b>PO Box 1051</b>		Amount <b>41357.75</b>
City <b>New Albany</b>	State <b>OH</b>	Zip Code <b>43054</b>
Purpose of Expenditure <b>Media placement</b>	Category/Type <b>004</b>	Transaction ID : <b>SE.002</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 18 / 2020</b>
Name of Federal Candidate <b>Axne, Cindy, ,</b>		Office Sought: <input checked="" type="checkbox"/> House District: <b>03</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought <b>221501.50</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>221501.50</b>
(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]

Date

MM / DD / YYYY  
**09 / 25 / 2020**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Congressional Leadership Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00504530
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

Full Name of Payee <b>Prime Media Partners</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 23 / 2020</b>
Mailing Address 4201 Wilson Blvd. #110-126		Amount <b>12813.00</b>
City Arlington	State VA	Zip Code 22203
Purpose of Expenditure Media production	Category/ Type <b>004</b>	Transaction ID : <b>SE.003</b> Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 22 / 2020</b>
Name of Federal Candidate Axne, Cindy, , ,		Office Sought: <input checked="" type="checkbox"/> House District: <b>03</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought		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
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
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) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>12813.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<b>234314.50</b>

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