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

NAME OF COMMITTEE (In Full)
Congressional Leadership Fund

FEC IDENTIFICATION NUMBER ▼
C C00504530

Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee
FlexPoint Media

Mailing Address PO Box 1051

City: New Albany | State: OH | Zip Code: 43054

Purpose of Expenditure: Media placement

Category/ Type: 004

Date of Public Distribution/Dissemination: 09 / 23 / 2020

Amount: 62757.37

Transaction ID : SE.001

Date of Disbursement or Obligation: 09 / 18 / 2020

Name of Federal Candidate: Rose, Max, , ,

☐ Support ☒ Oppose

Office Sought: ☒ House ☐ President ☐ Senate District: 11 State: NY

Calendar Year-To-Date Per Election for Office Sought: 1093859.46

Disbursement For: ☐ Primary ☒ General 2020 ☐ Other (specify) ▶

Full Name of Payee

Mailing Address

City | State | Zip Code

Purpose of Expenditure

Category/ Type

Date of Public Distribution/Dissemination

Amount

Date of Disbursement or Obligation

Name of Federal Candidate

☐ Support ☐ Oppose

Office Sought: ☐ House ☐ President ☐ Senate District: State:

Calendar Year-To-Date Per Election for Office Sought

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures ▶ 62757.37

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures ▶ 62757.37

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 / 25 / 2020