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

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Congressional Leadership Fund	
	C C00504530
check if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
FlexPoint Media	MIM / DID / YIYIY
Mailing Address PO Box 1051	09 30 2020
TO BOX 1001	Amount
City State Zip Code	386058.00
New Albany OH 43054	Transaction ID : SE.001
Purpose of Expenditure	Date of Disbursement or Obligation
Media placement Category/ Type 004	09 25 / 2020
Name of Federal Candidate Support Office	e Sought: X House District: 03
Lee, Susie, , ,	President Senate State: NV
	ursement For: Primary X General
Per Election for Office Sought 390558.00 2020	Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Cavalry	09 30 / Y Y Y Y Y
Mailing Address 1634 Eye Street NW	
#800	Amount
City State Zip Code	29789.99
Washington DC 20006	Transaction ID : SE.002 Date of Disbursement or Obligation
Purpose of Expenditure Media placement Category/ Category/	Man / Dab / Yayayay
Media placement Type 004	09 25 2020
Name of Federal Candidate Support Office	e Sought: 🗶 House District:03
Lee, Susie, , ,	President Senate State: NV
	ursement For: Primary X General
Per Election for Office Sought 420347.99	
(a) SUBTOTAL of Itemized Independent Expenditures	415847.99
(b) SUBTOTAL of Unitemized Independent Expenditures	
(b) CODITOTAL OF CHIROFIELD INCOPERIORIE EXPERIORIES	
(c) TOTAL Independent Expenditures	
	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	· · · · · · · · · · · · · · · · · · ·
Canalina Calab	
	0 02 2020
Signature	

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

Schedule E)	FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
Congressional Leadership Fund		
	C C00504530	
Check if 24-hour report		
Full Name of Payee	Date of Public Distribution/Dissemination	
McCarthy Hennings Whalen	M M / D D / Y Y Y Y	
Mailing Address 1850 M Street NW	09 30 2020 Amount	
Suite 235	, milean	
City State Zip Code	12932.84	
Washington DC 20036	Transaction ID : SE.003 Date of Disbursement or Obligation	
Purpose of Expenditure Media production Category/ Type 004	09 / 30 / 2020	
Name of Federal Candidate Support Office	e Sought: X House District: 03	
Lee, Susie, , ,	President Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought Disbut 2020	ursement For: Primary X General Other (specify) ▶	
Full Name of Payee	Date of Public Distribution/Dissemination	
	M M / D D / Y Y Y Y	
Mailing Address		
	Amount	
City State Zip Code		
	Date of Disbursement or Obligation	
Purpose of Expenditure Category/ Type	M M M / D D / Y Y Y Y Y	
Name of Federal Candidate Support Offic	e Sought: House District:	
Oppose	President Senate State:	
Calcindar Tour To Bate	ursement For: Primary General	
Per Election for Office Sought	Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	12932.84	
(h) CUDTOTAL of University of Independent Ferror diverse		
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7	
(c) TOTAL Independent Expenditures	428780.83	
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.		
	10 02 2020	
Signature		