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

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Congressional Leadership Fund	C C00504530
Check if 24-hour report 48-hour report New report Amends report file	ed on Man / Dab / Yayaya
Full Name of Payee FlexPoint Media	Date of Public Distribution/Dissemination
	10 14 2020
Mailing Address P.O. Box 1051	Amount
City State Zip Code	490000.00
New Albany OH 43054	Transaction ID : SE.001 Date of Disbursement or Obligation
Purpose of Expenditure Media Placement Category/ Type 004	10 09 / Y Y Y Y Y
Name of Federal Candidate Support Offi	ce Sought:
Kennedy, Amy, , ,	President Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought Dis. 202	bursement For: Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
	7.11154.11
City State Zip Code	
Purpose of Expenditure Catagory/	Date of Disbursement or Obligation
Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	ice Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	bursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	490000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7
(c) TOTAL Independent Expenditures	490000.00
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 16 2020
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