

# 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>Arena</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 28 / 2020</b>		
Mailing Address 1260 Stringham Ave. #350			Amount <b>8767.00</b>		
City Salt Lake City	State UT	Zip Code 84106	Transaction ID : SE.001		
Purpose of Expenditure Direct mail		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 21 / 2020</b>		
Name of Federal Candidate Kean, Tom, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <b>07</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>NJ</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 <b>Arena</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 28 / 2020</b>		
Mailing Address 1260 Stringham Ave. #350			Amount <b>8767.00</b>		
City Salt Lake City	State UT	Zip Code 84106	Transaction ID : SE.002		
Purpose of Expenditure Direct mail		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 21 / 2020</b>		
Name of Federal Candidate Malinowski, Tom, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <b>07</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>NJ</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) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>17534.00</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 / 30 / 2020**

Signature

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

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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>Arena</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 28 / 2020</b>	
Mailing Address <b>1260 Stringham Ave.</b> <b>#350</b>		Amount <b>23639.00</b>	
City <b>Salt Lake City</b>	State <b>UT</b>	Zip Code <b>84106</b>	Transaction ID : <b>SE.003</b>
Purpose of Expenditure <b>Direct mail</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 21 / 2020</b>	
Name of Federal Candidate <b>Malinowski, Tom, , ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <b>07</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>NJ</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1210953.09</b>		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		<input type="checkbox"/> Support <input type="checkbox"/> Oppose 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..... ▶	<b>23639.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>41173.00</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	30	2020

Signature