24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

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 48-hour report New report Amends report filed	d on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Majority Strategies	M M / D D / Y Y Y Y
Mailing Address P.O. Box 679219	10 13 2020 Amount
City State Zip Code	16101.72
Dallas TX 75267	Transaction ID : SE.001 Date of Disbursement or Obligation
Purpose of Expenditure Direct Mail Category/ Type 004	10 09 / Y Y Y Y
Name of Federal Candidate Support Offic	e Sought:
Bice, Stephanie, , , Oppose	President Senate State: OK
Calendar Year-To-Date Per Election for Office Sought Disb 2903413.39 2020	
Full Name of Payer	Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/	M M / D D / Y Y Y Y
Type	
Name of Federal Candidate Support Office	ee Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Disb	pursement For: Primary General
Per Election for Office Sought	Other (specify) >
-	
(a) SUBTOTAL of Itemized Independent Expenditures	16101.72
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
(c) TOTAL Independent Experialities	16101.72
Under penalty of perjury I certify that the independent expenditures reported herein were not m 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.	
Crosby, Caleb, , ,	
[Electronically Filed] Date	10 15 2020
Signature	