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

Schedule E)	PAGE 1 OF 2 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
Congressional Leadership Fund	C C00504530	
	M = M / D = D / Y = Y = Y	
	mends report filed on	
Full Name of Payee Big Dog Strategies	Date of Public Distribution/Dissemination	
Mailing Address P.O. Box 217	10 14 7 2020	
Walling Address P.O. Box 217	Amount	
City State Zip Code	54487.61	
Clarence Center NY 14032	Transaction ID : SE.001 Date of Disbursement or Obligation	
Purpose of Expenditure Direct Mail Category/ Type	/ 004 M / D D / Y Y Y Y	
	Support Office Sought: M House District: 02	
Gordon, Jackie, , ,	Oppose President Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought 1602950.54	Disbursement For: Primary	
Full Name of Payee National Media	Date of Public Distribution/Dissemination	
Molling Address	10 14 2020	
Mailing Address 815 Slaters Ln	Amount	
City State Zip Code	59000.00	
Alexandria VA 22314	Transaction ID : SE.002 Date of Disbursement or Obligation	
Purpose of Expenditure Media Placement Category/ Type	/ 004 M / D D / Y Y Y Y	
	Support Office Sought:	
Gordon, Jackie, , ,	Oppose President Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought 1661950.5	Disbursement For: Primary General 2020 Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	113487.61	
(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] Signature	Date 10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
o.g. atta. o		

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

Schedule E)		PAGE 2 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Congressional Leadership Fund		C C00504530
Check if 24-hour report X 48-hour report N Nev	w report Amends report file	ed on Mam / Dab / Yayayay
Full Name of Payee FlexPoint Media		Date of Public Distribution/Dissemination
Mailing Address P.O. Box 1051		10 14 2020 Amount
City State	Zip Code	261313.00
New Albany OH	43054	Transaction ID: SE.003 Date of Disbursement or Obligation
Purpose of Expenditure Media Placement	Category/ Type 004	M M / 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Offi	ce Sought: X House District: 02
Gordon, Jackie, , ,	X Oppose	President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	1923263.54 Disl 202	bursement For: Primary x General Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Mailing Address		M = M / D = D / Y = Y = Y
		Amount
City State	Zip Code	
		Date of Disbursement or Obligation
Purpose of Expenditure	Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate	Support Offi	ce Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Dis	bursement For:
	·	
(a) SUBTOTAL of Itemized Independent Expenditures	·····	261313.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	374800.61
Under penalty of perjury I certify that the independent expendi with, or at the request or suggestion of, any candidate or author party committee) any political party committee or its agent.		
	ectronically Filed] Date	10 16 2020
Signature	_	