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

| Schedule E) | FOR SE OF FORM 24/48 | | | |
|---|---|--|--|--|
| NAME OF COMMITTEE (In Full) | FEC IDENTIFICATION NUMBER ▼ | | | |
| Congressional Leadership Fund | C C00504530 | | | |
| | | | | |
| Check if X 24-hour report 48-hour report New report Amends report | t filed on | | | |
| Full Name of Payee Advantage Direct Communications | Date of Public Distribution/Dissemination | | | |
| | 05 01 / 2020 | | | |
| Mailing Address 6609 Willow Park Drive | Amount | | | |
| Suite 100 | Amount | | | |
| City State Zip Code | 6569.43 | | | |
| Naples FL 34109 | Transaction ID : SE.001 Date of Disbursement or Obligation | | | |
| Purpose of Expenditure Phone calls Category/ Type 004 | 05 / DDD / Y Y Y Y Y Y | | | |
| Name of Federal Candidate Support | Office Sought: House District: 25 | | | |
| Garcia, Mike, , , | President Senate State: CA | | | |
| Calendar Year-To-Date | Disbursement For: Primary General | | | |
| | 2020 ✓ Special General | | | |
| Full Name of Payee | Date of Public Distribution/Dissemination | | | |
| Advantage Direct Communications | 05 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | |
| Mailing Address 6609 Willow Park Drive | | | | |
| Suite 100 | Amount | | | |
| City State Zip Code | 6569.42 | | | |
| Naples FL 34109 | Transaction ID : SE.002 Date of Disbursement or Obligation | | | |
| Purpose of Expenditure Phone calls Category/ 004 | M M / D D / Y Y Y Y | | | |
| Type 004 | 05 02 2020 | | | |
| Name of Federal Candidate Support | Office Sought: House District: 25 | | | |
| Smith, Christy, , , | President Senate State: CA | | | |
| | Disbursement For: Primary General | | | |
| Per Election for Office Sought 578201.25 | 2020 | | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | 13138.85 | | | |
| (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 | 05 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | |
| Signature | | | | |

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

| FEC IDENTIFICATION NUMBER ▼ | Sche | edule E) | | | PAGE 2 OF 2 FOR SE OF FORM 24/48 | |
|--|--|--------------------------------|---------------|----------------|-------------------------------------|--|
| Check if X 24-hour report | | | | F | EC IDENTIFICATION NUMBER ▼ | |
| Full Name of Payee Name of Federal Candidate Full Name of Payee Advantage Direct Communications Mailing Address 6609 Willow Park Drive Suite 100 City State Zip Code The State Support Text messages Name of Federal Candidate Smith, Christy State State State Support Smith, Christy Amount Category/ Smith, Christy All Oppose Full Name of Payee Category/ Smith, Christy Amount City State Support Smith, Christy Calendar Year-To-Date Per Election for Office Sought Category/ The State Support Category/ Support Category/ Support Category/ Mailing Address Category/ Name of Federal Candidate Category/ President Senate State: Category/ President Senate State: Category/ Name of Federal Candidate Date of Disbursement or Obligation Category/ President Senate State: Category/ Date of Disbursement or Cobligation Category/ President Senate State: Category/ Oppose President Senate State: Disbursement For: Primary General Other (specify) Ferinary General Other (specify) Ferinary General Category/ Other (specify) Ferinary General Other (specify) Ferinary General Category/ Other (specify) Ferinary General Category/ Other (specify) Ferinary General Other (specify) Ferinary General Category/ Other (specify) Ferinary General Category/ Other (specify) Ferinary General Category/ Cate | Coi | igressional Leadership Fund | | | C C00504530 | |
| Advantage Direct Communications Mailing Address 6699 Willow Park Drive Suite 100 City State Zip Code FL 34109 Purpose of Expenditure Text messages Name of Federal Candidate Sought Should be suited from the Sought Should be suit | | | | | | |
| Mailing Address 6609 Willow Park Drive Suite 100 City State Zip Code Purpose of Expenditure Text messages Calendar Year-To-Date Per Election for Office Sought Name of Federal Candidate State Zip Code Name of Payee Calendar Year-To-Date Purpose of Expenditure Category Type Name of Federal Candidate State: Calendar Year-To-Date Per Election for Office Sought City State Zip Code Name of Federal Candidate State: Calendar Year-To-Date Purpose of Expenditure Category Type Name of Federal Candidate State: Category Type Name of Federal Candidate Support Category Type Category Type Category Type Name of Federal Candidate Support Category Type Date of Disbursement or Obligation Date of Disbursement or Chilgation Category Type Category Type Date of Disbursement or Chilgation Date of Disbursement or Chilgation Type Type Type Type Type Type Type Typ | | | | Date of | Public Distribution/Dissemination | |
| Suite 100 City State Zip Code 1617.42 Transaction ID: \$E.03 Date of Disbursement or Obligation Proces of Expenditure Text messages Name of Federal Candidate Smith, Christy Calendar Year-To-Date Per Election for Office Sought Full Name of Payee City State Zip Code Date of Disbursement or Obligation Full Name of Payee Date of Disbursement or Obligation Full Name of Payee Category/ Text messages Date of Disbursement or Obligation Full Name of Payee Date of Disbursement or Obligation Full Name of Payee Category/ Text messages Date of Disbursement or Obligation Full Name of Payee Date of Disbursement or Obligation Full Name of Payee Category/ Text messages Amount City State Zip Code Date of Disbursement or Obligation Full Name of Federal Candidate Support Office Sought Name of Federal Candidate Support Office Sought Date of Disbursement or Obligation Full Name of Federal Candidate Support Office Sought Date of Disbursement or Obligation Full Name of Federal Candidate Support Office Sought Date of Disbursement or Obligation Full Name of Federal Candidate Support Office Sought Date of Disbursement or Obligation Full Name of Federal Candidate Support Office Sought Date of Disbursement or Obligation Full Name of Federal Candidate Support Office Sought Date of Disbursement or Obligation Full Name of Federal Candidate Support Office Sought Date of Disbursement or Obligation Full Name of Federal Candidate Support Office Sought Date of Disbursement or Obligation Full Name of Federal Candidate Support Office Sought Date of Disbursement or Obligation Full Name of Federal Candidate Support Office Sought Date of Disbursement or Obligation Full Name of Federal Candidate Support Office Sought Date of Disbursement or Obligation Full Name of Federal Candidate Support Office Sought Date of Disbursement or Obligation Full Name of Federal Candidate Support Office Sought Full Name of Federal Candidate Support Office Sought Full Name of Federal Candidate Support Of | | | | | | |
| City State Zip Code Naples FL 34109 Purpose of Expenditure Text messages Category/ Type 004 Name of Federal Candidate Smith, Christy | M | | | | Amount | |
| Naples FL 34109 Furpose of Expenditure Text messages Name of Foderal Candidate Smith, Christy, Calegory/ Type 004 Name of Foderal Candidate Smith, Christy, Calendar Year-To-Date Per Election for Office Sought State Zip Code Name of Federal Candidate State: CA Calendar Year-To-Date Purpose of Expenditure Name of Federal Candidate State Zip Code Date of Public Distribution/Dissemination Tit is a poport Type Date of Disbursement or Obligation Transaction ID: SE.003 Date of Disbursement or Obligation Transaction ID: SE.005 President Senate State: CA Date of Public Distribution/Dissemination Transaction ID: SE.005 Date of Disbursement or Obligation Transaction ID: SE.005 Date of Disbursement or Obligation Transaction ID: SE.005 President Senate State: CA Date of Disbursement or Obligation Transaction ID: SE.005 President Senate State: CA Date of Public Distribution/Dissemination Transaction ID: SE.005 President Senate State: CA Date of Public Distribution/Dissemination Transaction ID: Sc.005 President Senate State: CA Date of Public Distribution/Dissemination Transaction ID: Sc.005 President Senate State: CA Date of Public Distribution/Dissemination Transaction ID: Sc.005 Presid | | | Zin Code | | 1617.42 | |
| Purpose of Expenditure Text messages Category/ 19pe | - 1 | | · | | ction ID : SE.003 | |
| Smith, Christy Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Date of Public Distribution/Dissemination Mailing Address Amount City State Zip Code Date of Public Distribution/Dissemination Purpose of Expenditure Category/ Type Name of Federal Candidate Support Office Sought: Date of Disbursement or Obligation Purpose of Expenditure Category/ Type Name of Federal Candidate Support Office Sought: Disbursement or Obligation President Senate State: Disbursement or Obligation President Senate State: Disbursement or Obligation President Senate State: Disbursement For: Primary General Other (specify) ▶ 1617.42 (b) SUBTOTAL of Itemized Independent Expenditures Light Senate State: Disbursement For: Primary General Other (specify) ▶ 1617.42 Under penalty of perjury 1 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. (Croshy, Calch [Electronically Filed] Date Dispursement For: Primary General 1617.42 Date Date Office Sought: Amount Amount Amount Category/ Type Date of Disbursement or Obligation Dispursement For: Primary General 1617.42 | | | | М | M / D D / Y Y Y | |
| Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Disbursement For: Primary General | N | ame of Federal Candidate | Support | Office Sought: | ₩ House District: <u>25</u> | |
| Per Election for Office Sought Full Name of Payee Date of Public Distribution/Dissemination | s | mith, Christy, , , | X Oppose | President | t Senate State: CA | |
| Mailing Address Amount City State Zip Code Date of Disbursement or Obligation Purpose of Expenditure Category/ Type Name of Federal Candidate Support Oppose President Senate State: Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures | | | 579818.67 | 2020 | _ , | |
| Mailing Address Amount City State Zip Code Date of Disbursement or Obligation Purpose of Expenditure Category/ Type Name of Federal Candidate Support Oppose President Senate State: Calendar Year-To-Date Per Election for Office Sought Category/ Type Disbursement For: Primary General Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures | F | ull Name of Payee | · | Date of | Public Distribution/Dissemination | |
| Category/ Name of Federal Candidate Category/ Type | _ | Tolling Addyson | | M | M / D D / Y Y Y Y | |
| Date of Disbursement or Obligation Purpose of Expenditure Category/ Type Name of Federal Candidate Support Office Sought: House District: Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary General Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures (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. [Electronically Filed] Date | IV | alling Address | | Amount | | |
| Purpose of Expenditure Category/ Type | С | ity State | Zip Code | | 7 | |
| Name of Federal Candidate Support Office Sought: House District: Oppose President Senate State: Calendar Year-To-Date Per Election for Office Sought Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures | | | | Date of | Disbursement or Obligation | |
| Oppose President Senate State: Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures | P | urpose of Expenditure | | М | M / D = D / Y = Y = Y | |
| Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures | N | ame of Federal Candidate | Support | Office Sought: | House District: | |
| (a) SUBTOTAL of Itemized Independent Expenditures | L | | Oppose | Presiden | t Senate State: | |
| (a) SUBTOTAL of Itemized Independent Expenditures | L | | | | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | | | | | |
| (c) TOTAL Independent Expenditures | (a) SUBTOTAL of Itemized 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 Date | (b) SUBTOTAL of Unitemized Independent Expenditures | | | | | |
| 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 05 02 1 2020 | (c) | TOTAL Independent Expenditures | | • | 14756.27 | |
| [Electronically Filed] Date 05 02 2020 | 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 | | | | | |
| Dutc 11 12 | | | ically Filed1 | | | |
| | | _ | Date | 00 | 2020 | |