

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

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Congressional Leadership Fund		FEC IDENTIFICATION NUMBER ▼ C 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 <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div>	

Full Name of Payee Meridian Pacific		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> 09 / 25 / 2020	
Mailing Address 925 University Ave.		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">8078.85</div>	
City Sacramento	State CA	Zip Code 95825	Transaction ID : SE.001
Purpose of Expenditure Direct mail	Category/ Type 004	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> 09 / 24 / 2020	
Name of Federal Candidate Peterson, Collin, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN
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 Meridian Pacific		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> 09 / 25 / 2020	
Mailing Address 925 University Ave.		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">8078.85</div>	
City Sacramento	State CA	Zip Code 95825	Transaction ID : SE.002
Purpose of Expenditure Direct mail	Category/ Type 004	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> 09 / 24 / 2020	
Name of Federal Candidate Fischbach, Michelle, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN
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.....▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;">16157.70</div>
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>
(c) TOTAL Independent Expenditures.....▶	<div style="display: inline-block; border: 1px solid black; padding: 2px;">16157.70</div>

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

M M M / D D D / Y Y Y Y Y Y

 09 / 27 / 2020

Signature