

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

PAGE	1	OF	2
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00504530 </div>
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 FlexPoint Media		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 25 / 2020</div> </div>	
Mailing Address PO Box 1051		Amount <div> <div>409312.50</div> </div>	
City New Albany	State OH	Zip Code 43054	Transaction ID : SE.001 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 24 / 2020</div> </div>
Purpose of Expenditure Media placement	Category/ Type	004	
Name of Federal Candidate Kulkarni, Sri Preston, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		<div> <div>533382.50</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee FlexPoint Media		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>09 / 25 / 2020</div> </div>	
Mailing Address PO Box 1051		Amount <div> <div>Amount</div> <div>57047.91</div> </div>	
City New Albany	State OH	Zip Code 43054	Transaction ID : SE.002 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>09 / 25 / 2020</div> </div>
Purpose of Expenditure Media placement	Category/ Type	004	
Name of Federal Candidate Kulkarni, Sri Preston, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>22</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>
Calendar Year-To-Date Per Election for Office Sought		<div> <div>Amount</div> <div>590430.41</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	466360.41
(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 _____

Signature

MM / DD / YYYY

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

 PAGE 2 OF 2
 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: flex; justify-content: space-between; width: 100%;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>	

Full Name of Payee Something Else Strategies			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2020		
Mailing Address 212 Golden Willow Court			Amount 13000.00		
City Easley	State SC	Zip Code 29642	Transaction ID : SE.003		
Purpose of Expenditure Media production		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2020		
Name of Federal Candidate Kulkarni, Sri Preston, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX		
603430.41			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee FlexPoint Media			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 25 / 2020		
Mailing Address PO Box 1051			Amount 14170.00		
City New Albany	State OH	Zip Code 43054	Transaction ID : SE.004		
Purpose of Expenditure Media placement		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 25 / 2020		
Name of Federal Candidate Kulkarni, Sri Preston, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX		
617600.41			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	27170.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	493530.41

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 / 27 / 2020

Signature