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

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	<u> </u>
Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼
	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
FlexPoint Media	M M / D D / Y Y Y Y
Mailing Address P.O. Box 1051	10 14 2020
	Amount
City State Zip Code	51860.63
New Albany OH 43054	Transaction ID : SE.001 Date of Disbursement or Obligation
Purpose of Expenditure Media Placement Category/ Type 004	10 09 / 2020
Name of Federal Candidate Support Office	e Sought:
Brindisi, Anthony, , ,	President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought Disb 2020	ursement For: Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
FlexPoint Media	10 14 2020
Mailing Address P.O. Box 1051	10 14 2020
- 1.0. Box 1001	Amount
City State Zip Code	724966.00
New Albany OH 43054	Transaction ID : SE.002 Date of Disbursement or Obligation
Purpose of Expenditure Modic Placement Category/ Odd	M M / D D / Y Y Y Y
Media Placement Outgot y Type 004	10 09 2020
Name of Federal Candidate Support Office	ee Sought: House District: 22
Brindisi, Anthony, , ,	President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought Dist 202	oursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	776826.63
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not me 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, , ,	-M / D D / Y - Y - Y
Signature [Electronically Filed] Date	10 16 2020
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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	TOTILO	PAGE 2 OF 3 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 X New repo	rt Amends report filed	d on
Full Name of Payee		Date of Public Distribution/Dissemination
FlexPoint Media		10 14 2020
Mailing Address P.O. Box 1051		Amount
City State	Zip Code	196562.50
1 ·	43054	Transaction ID : SE.003 Date of Disbursement or Obligation
Purpose of Expenditure Media Placement	Category/ Type 004	10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Offic	e Sought: X House District: 22
Brindisi, Anthony, , ,	X Oppose	President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	Disb 2020	ursement For: Primary X General Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Convergence Media		10 14 2020
Mailing Address 1010 N Fairfax St		Amount
2nd Floor		
City State Alexandria VA	Zip Code 22314	3667.00 Transaction ID : SE.004
Purpose of Expenditure Media Placement	Category/ 004	Date of Disbursement or Obligation
	Type	10 13 2020
Name of Federal Candidate Tenney, Claudia, , ,	Support Office Oppose	re Sought: March March
Calendar Year-To-Date	Disb	ursement For: Primary X General
	4456316.70 2020	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		200229.50
		7 20012000
(b) SUBTOTAL of Unitemized Independent Expenditures	····	7 7
(c) TOTAL Independent Expenditures	>	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Crosby, Caleb, , , [Electronic Signature	cally Filed] Date	10 16 2020
Oignaturo		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 3 OF 3 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 on	M
	of Public Distribution/Dissemination
	10 14 2020
Mailing Address 1911 N Fort Meyer Dr Amou	int
Suite 400	
City State Zip Code	37793.49
Date	saction ID : SE.005 of Disbursement or Obligation
Purpose of Expenditure Media Production Category/ Type 004	10 14 2020
Name of Federal Candidate Support Office Sough	nt: X House District: 22
Brindisi, Anthony, , , Brindisi, Anthony, , , Preside	NIV.
Calendar Year-To-Date Per Election for Office Sought Disbursement 2020 O	nt For: Primary
Full Name of Payee Date	of Public Distribution/Dissemination
	M M / D D / Y Y Y Y
Mailing Address Amou	ınt
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 Office Sough	nt: House District:
Oppose Preside	ent Senate State:
Calendar Year-To-Date Per Election for Office Sought Disbursement	, .
	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	37793.49
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	1014849.62
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Crosby, Caleb, , , [Electronically Filed] Date 10	16 2020
Signature	