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

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 X New report Amends report filed	ed on Mam / Dad / Yayayay
Full Name of Payee	Date of Dublic Distribution/Dissemination
FlexPoint Media	Date of Public Distribution/Dissemination
Mailing Address P.O. Box 1051	10 28 2020
	Amount
City State Zip Code	46912.31
New Albany OH 43054	Transaction ID : SE.001 Date of Disbursement or Obligation
Purpose of Expenditure Media Placement Category/ Type 004	10 / 23 / 2020
Name of Federal Candidate Support Office	ce Sought: 🗶 House District: 25
Smith, Christy, , ,	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought Dist. 2020	oursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Meridian Pacific	10 28 2020
Mailing Address 925 University Ave	Amount
City State Zip Code	11550.00
Sacramento CA 95825	Transaction ID : SE.002 Date of Disbursement or Obligation
Purpose of Expenditure Direct Mail Category/ Type 004	10 23 2020
Name of Federal Candidate Support Office	ce Sought: X House District: 25
Smith, Christy, , ,	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought Disk 202	
	Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	58462.31
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
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, , , [Electronically Filed] Date	10 29 2020
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	IVI EXI EIVE	ATOTILO		PAGE 2 OF 2 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼		
Congressional Leadership Fund			С	C00504530		
Check if 24-hour report 48-hour report	X New re	port Amends repo	ort filed on	/ D = D / Y = Y = Y		
Full Name of Payee FlexPoint Media				lic Distribution/Dissemination		
Mailing Address P.O. Box 1051			10	28 2020		
F.O. Box 1051			Amount			
City	State	Zip Code		687229.00		
New Albany	ОН	43054		Transaction ID : SE.003 Date of Disbursement or Obligation		
Purpose of Expenditure Media Placement		Category/ Type 004	M 10	23 / 2020		
Name of Federal Candidate		Support	Office Sought:	✗ House District: 25		
Smith, Christy, , ,		X Oppose	President	Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought	7	4373480.48	Disbursement For: 2020 Other (s	Primary ✗ General specify) ▶		
Full Name of Payee			Date of Pub	lic Distribution/Dissemination		
RumbleUp			10	/ D D / Y Y Y Y Y Y Y 2020		
Mailing Address 2021 L Street NW			Amazunt			
Suite 101-220			Amount			
City	State	Zip Code		3236.87		
Washington	DC	20036	Transaction Date of Disl	ID: SE.004 pursement or Obligation		
Purpose of Expenditure Text Messages		Category/ Type 004	10	26 2020		
Name of Federal Candidate		Support	Office Sought:	x House District: 25		
Smith, Christy, , ,		X Oppose	President	Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought		4376717.35	Disbursement For: 2020 Other (s	Primary X General specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		▶	690465.87		
(b) SUBTOTAL of Unitemized Independent Expen	ditures		· •	4		
(c) TOTAL Independent Expenditures			•	748928.18		
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, , , Signature	[Electro	nically Filed] Date	9 10 29	2020		