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

Schedule E)	FOR SE OF FORM 24/48
IAME 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 filed	d on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
FlexPoint Media	M M / D D / Y Y Y Y
Mailing Address PO Box 1051	10 28 2020 Amount
	Amount
City State Zip Code	49601.95
New Albany OH 43054	Transaction ID : SE.001 Date of Disbursement or Obligation
Purpose of Expenditure Media Placement Category/ Type 004	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	ee Sought: X House District: 02
Eastman, Kara, , , Oppose	President Senate State: NE
Calendar Year-To-Date Per Election for Office Sought Disb 2020	oursement For: Primary General Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
FlexPoint Media	10 28 2020
Mailing Address PO Box 1051	10 20 2020
	Amount
City State Zip Code	301843.00
New Albany OH 43054	Transaction ID : SE.002 Date of Disbursement or Obligation
Purpose of Expenditure Modic Placement Category/ Odd	Mam / Dab / Yayayay
Media Placement Outgot y Type 004	10 23 2020
Name of Federal Candidate Support Office	ce Sought: House District: 02
Eastman, Kara, , , Oppose	President Senate State: NE
Calendar Year-To-Date Per Election for Office Sought Disk 2542154.93	oursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	351444.95
(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)

Schedule E)		PAGE 2 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC I	DENTIFICATION NUMBER ▼
Congressional Leadership Fund	C	C00504530
Check if 24-hour report 48-hour report New report Am	nends report filed on	/ D = D / Y = Y = Y = Y
Full Name of Payee Prime Media Partners	M = M	ic Distribution/Dissemination
Mailing Address 4201 Wilson Blvd	Amount	28 2020
#110-126		
City State Zip Code Arlington VA 22203	Transaction Date of Dish	12896.00 ID: SE.003 ursement or Obligation
Purpose of Expenditure Media Production Category/ Type	004 M 10	/ 28 / Y 2020
Name of Federal Candidate	Support Office Sought:	✗ House District: 02
Factmen Vers	Oppose President	Senate State: NE
Calendar Year-To-Date Per Election for Office Sought 2555050.93	Disbursement For: 2020 Other (s	Primary X General pecify) ▶
Full Name of Payee	Date of Pub	lic Distribution/Dissemination
Mailing Address	M = M	/ D = D / Y = Y = Y
Walling Address	Amount	
City State Zip Code	L	
Purpose of Expenditure	Date of Disk	oursement or Obligation
Category/ Type	M = M	/ D D / Y Y Y Y
	Support Office Sought: Oppose President	House District:
Calendar Year-To-Date	Disbursement For:	Senate State: Primary General
Per Election for Office Sought	Other (s	specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	>	12896.00
(b) SUBTOTAL of Unitemized Independent Expenditures		7 7 1 7 7
(c) TOTAL Independent Expenditures	······	364340.95
Under penalty of perjury I certify that the independent expenditures reported he with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		
Crosby, Caleb, , , [Electronically Filed]	Date 10 / 29	2020
Signature		