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

Schedule E)	FOR SE OF FORM 24/48	
JAME OF COMMITTEE (In Full)	<u> </u>	
Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼	
5	C C00504530	
Check if 24-hour report		
Full Name of Payee	Date of Public Distribution/Dissemination	
FlexPoint Media	M M / D D / Y Y Y	
Mailing Address PO Box 1051	09 16 2020 Amount	
	7 till Gall	
City State Zip Code	32097.64	
New Albany OH 43054	Transaction ID : SE.001 Date of Disbursement or Obligation	
Purpose of Expenditure  Category/	M M / D D / Y Y Y	
Media placement Type 004	09 11 2020	
Name of Federal Candidate Support Office	Sought: X House District: 07	
Peterson, Collin, , ,	President Senate State: MN	
Odiolidai 10di 10 Bato	rsement For: Primary 🗶 General	
Per Election for Office Sought 63763.64 2020	Other (specify) ▶	
Full Name of Payee	Date of Public Distribution/Dissemination	
FlexPoint Media	09 16 2020	
Mailing Address PO Box 1051	10 2020	
1 0 20% 100°.	Amount	
City State Zip Code	64722.25	
New Albany OH 43054	Transaction ID : SE.002	
Purpose of Expenditure	Date of Disbursement or Obligation	
Media placement  Category/ Type  004	09 11 2020	
Name of Federal Candidate Support Office	e Sought: X House District: 07	
Peterson Collin	MNI	
Oppose	President Senate State:	
400405.00 2020	ursement For: Primary K General	
Per Election for Office Sought	Other (specify) -	
(a) SUBTOTAL of Itemized Independent Expenditures	96819.89	
(b) SUBTOTAL of Unitemized Independent Expenditures		
4 N ==== 4		
(c) TOTAL Independent Expenditures	7 7 7	
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 0	9 18 2020	
Signature [Electronically Filea] Date 0	9 18 2020	

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

Schedule E)	FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)		
Congressional Leadership Fund	C C00504530	
	O Titte state	
Check if 24-hour report 48-hour report New report Amends report filed on		
Full Name of Payee OnMessage Inc.	Date of Public Distribution/Dissemination	
	09 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 817 Slaters Lane	Amount	
City State Zip Co	ode 5000.00	
Alexandria VA 22314	Transaction ID : SE.003  Date of Disbursement or Obligation	
	gory/ Type 004 09 17 2020	
Name of Federal Candidate	Support Office Sought:   M House District: 07	
Peterson, Collin, , ,	Oppose President Senate State: MN	
Calendar Year-To-Date Per Election for Office Sought 1334	Disbursement For: Primary General 2020 Other (specify)	
Full Name of Payee	Date of Public Distribution/Dissemination	
	M = M / D = D / Y = Y = Y	
Mailing Address	Americat	
	Amount	
City State Zip Co	ode	
	Date of Disbursement or Obligation	
	egory/ Type	
Name of Federal Candidate	Support Office Sought: House District:	
	Oppose President Senate State:	
Calendar Year-To-Date	Disbursement For: Primary General	
Per Election for Office Sought	Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	5000.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	101819.89	
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 F	Filed] Date 09 18 2020	
Signature		