

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Congressional Leadership Fund		FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if ☐ 24-hour report ☒ 48-hour report		☒ New report ☐ Amends report filed on MM / DD / YYYY / / MM / DD / YYYY / / MM / DD / YYYY / /	

Full Name of Payee Arena			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2020		
Mailing Address 1260 Stringham Ave. #350			Amount 70663.81		
City Salt Lake City	State UT	Zip Code 84106	Transaction ID : SE.001		
Purpose of Expenditure Media placement		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 14 / 2020		
Name of Federal Candidate Malinowski, Tom, , ,			☐ Support ☒ Oppose Office Sought: ☒ House ☐ Senate District: 07 State: NJ		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2020 ☐ Other (specify) ▶		

Full Name of Payee Del Cielo Media			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 16 / 2020		
Mailing Address 1427 Leslie Ave. Suite 102			Amount 169693.05		
City Alexandria	State VA	Zip Code 22301	Transaction ID : SE.002		
Purpose of Expenditure Media placement		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2020		
Name of Federal Candidate Malinowski, Tom, , ,			☐ Support ☒ Oppose Office Sought: ☒ House ☐ Senate District: 07 State: NJ		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2020 ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	240356.86
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	240356.86

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 / 18 / 2020

Signature