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

Schedule E)	FOR SE OF FORM 24/48
AME 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 or	1 M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
National Media	M M / D D / Y Y Y
Mailing Address 815 Slaters Ln	10 28 2020 Amount
	Amount
City State Zip Code	59000.00
	Fransaction 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 S	Sought: X House District: 02
Gordon, Jackie, , ,	resident Senate State: NY
Calendar Year-To-Date Per Election for Office Sought  Disburse 2020	ement For: Primary Seneral
Full Name of Payee	Other (specify)
FlexPoint Media	Date of Public Distribution/Dissemination
Mailing Address PO Box 1051	10 28 2020
- 1 O BOX 1001	Amount
City State Zip Code	261313.00
New Albany OH 43054 Ti	ransaction ID : SE.002 Date of Disbursement or Obligation
Purpose of Expenditure	M M / D D / Y Y Y Y
Type Type	10 23 2020
Name of Federal Candidate  Support  Office S	Sought: 🗶 House District: <u>02</u>
Gordon, Jackie, , ,	President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought  Disburs 2020	ement For: Primary <b>X</b> General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	320313.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	320313.00
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 10	29 2020
Signature Date 10	2020