

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

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Congressional Leadership Fund		FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> <div>MM / DD / YYYY / / </div> </div>	

Full Name of Payee Advantage Direct Communications			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2020		
Mailing Address 9420 Bonita Beach Road SE Suite 200			Amount 9793.95		
City Bonita Springs	State FL	Zip Code 34135	Transaction ID : SE.001		
Purpose of Expenditure Phone Calls		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2020		
Name of Federal Candidate Cohn, Alan, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 15 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought 47293.95			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Advantage Direct Communications			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2020		
Mailing Address 9420 Bonita Beach Road SE Suite 200			Amount 9793.95		
City Bonita Springs	State FL	Zip Code 34135	Transaction ID : SE.002		
Purpose of Expenditure Phone Calls		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2020		
Name of Federal Candidate Franklin, Scott, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 15 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought 57087.90			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	19587.90
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	19587.90

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
 10 / 23 / 2020

Signature