24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)		PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Congressional Leadership Fund		C C00504530
Check if 24-hour report X 48-hour report New report Amends report filed on		
Full Name of Payee National Media		Date of Public Distribution/Dissemination
		09 16 / Y Y Y Y Y Y
Mailing Address 815 Slaters Lane		Amount
City State	Zip Code	53333.33
Alexandria VA	22314	Transaction ID : SE.001 Date of Disbursement or Obligation
Purpose of Expenditure Media placement	Category/ Type 004	09 / 11 / 2020
Name of Federal Candidate	Support Of	ffice Sought: House District: 01
Goroff, Nancy, , ,	X Oppose	President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary x General 020 Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Outlaw Media		09 16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3532 Goddard Way		Amount
City State	Zip Code	5000.00
Alexandria	22304	Transaction ID : SE.002 Date of Disbursement or Obligation
Purpose of Expenditure Media production	Category/ Type 004	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Of	iffice Sought: # House District: 01
Goroff, Nancy, , ,	X Oppose [President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary General 020 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	·····	58333.33
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······································	58333.33
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		•
	ically Filed] Date	09 18 2020
Signature		