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

Schedule E)	FOR SE OF FORM 24/48		
NAME 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	on M M / D D / Y Y Y Y		
Full Name of Payee FlexPoint Media	Date of Public Distribution/Dissemination		
	10 27 2020		
Mailing Address P.O Box 1051	Amount		
City State Zip Code	462500.00		
New Albany OH 43054	Transaction 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	Sought: M House District: 02		
Schupp, Jill, , ,	President Senate State: MO		
Calendar Year-To-Date Per Election for Office Sought Disbut 2365097.55	rsement For: Primary General Other (specify)		
Full Name of Payee	Date of Public Distribution/Dissemination		
On Message, Inc.	10 27 2020		
Mailing Address 705 Melvin Ave			
#105	Amount		
City State Zip Code	13000.00		
741164010	Transaction ID : SE.002 Date of Disbursement or Obligation		
Purpose of Expenditure Media Production Category/ Type 004	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate Support Office	Sought: House District: 02		
Schupp, Jill, , ,	President Senate State: MO		
Calendar Year-To-Date Per Election for Office Sought Disbu 2020	rsement For:		
(a) SUBTOTAL of Itemized Independent Expenditures	475500.00		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures	1 7 1 7 1 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 28 2020		
Signature			

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

	include Ly	FOR SE OF FORM 24/48	
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
C	ongressional Leadership Fund	C C00504530	
Check if 24-hour report 48-hour report New report Amends report filed on 48-hour report			
٦	Full Name of Payee	Date of Public Distribution/Dissemination	
	RumbleUp	10 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	Mailing Address 2021 L Street NW	Amount	
	Suite 101-220 City State Zip Code	615.90	
	Washington DC 20036	Transaction ID : SE.003 Date of Disbursement or Obligation	
	Purpose of Expenditure Text Messages Category/ Type 004	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	Name of Federal Candidate X Support Office	Sought: X House District: 02	
	Wagner, Ann, , , Oppose	President Senate State: MO	
	Calendar Year-To-Date Per Election for Office Sought Disbut 2020	rrsement For: Primary X General Other (specify) ▶	
	Full Name of Payee RumbleUp	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	Mailing Address 2021 L Street NW Suite 101-220	Amount	
	City State Zip Code	615.89	
	Washington DC 20036	Transaction ID : SE.004 Date of Disbursement or Obligation	
	Purpose of Expenditure Text Messages Category/ Type 004	10 26 2020	
	Name of Federal Candidate Support Office	e Sought: 🗶 House District: 02	
	Schupp, Jill, , ,	President Senate State: MO	
	Calendar Year-To-Date Per Election for Office Sought Disbut 2020	ursement For: Primary General Other (specify) ▶	
	(a) SUBTOTAL of Itemized Independent Expenditures	1231.79	
(b) SUBTOTAL of Unitemized Independent Expenditures			
	(c) TOTAL Independent Expenditures	476731.79	
1	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 1	0 28 2020	
	Signature		

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