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

Schedule E)		PAGE 1 OF 2 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 N New re	eport Amends report fi	iled on
Full Name of Payee		Date of Public Distribution/Dissemination
Cavalry Mailing Address 4-24-5 - 04 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -		10 07 7 2020
Mailing Address 1534 Eye Street NW		Amount
#800 City State	Zip Code	15362.06
Washington DC	20006	Transaction ID : SE.001 Date of Disbursement or Obligation
Purpose of Expenditure Media Placement	Category/ Type 004	Date of Disbursement of Obligation 10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Of	ffice Sought: House District:02
Elliott, Joyce, , ,	X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary ☐ Primary ☐ General ☐ Other (specify) ☐
Full Name of Payee FlexPoint Media		Date of Public Distribution/Dissemination
FlexFoint ivieura		10 07 2020
Mailing Address P.O. Box 1051		Amount
City State	Zip Code	111346.88
New Albany OH	43054	Transaction ID : SE.002 Date of Disbursement or Obligation
Purpose of Expenditure Media Placement	Category/ Type 004	10 / 02 / 2020
Name of Federal Candidate	Support O	office Sought: House District: 02
Elliott, Joyce, , ,	x Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		oisbursement For: Primary General O20 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	·····	126708.94
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	—	
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		•
Crosby, Caleb, , , [Electro	onically Filed] Date	10 09 2020
Signature		

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

Schedule E)	FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
Congressional Leadership Fund	C C00504530	
Check if 24-hour report 48-hour report New report Amends report file	ed on Man / Dab / Yayayay	
Full Name of Payee Prime Media Partners	Date of Public Distribution/Dissemination	
	10 07 2020	
Mailing Address 4201 Wilson Blvd	Amount	
#110-126	12000.00	
City State Zip Code Arlington VA 22203	12886.00 Transaction ID : SE.003	
Purpose of Evpanditure	Date of Disbursement or Obligation	
Media Production Category/ Type 004	10 / 08 / 2020	
Name of Federal Candidate Support Office	ce Sought:	
Elliott, Joyce, , ,	President Senate State: AR	
Calendar Year-To-Date Per Election for Office Sought Dist 202	bursement For: Primary X General Other (specify) ▶	
Full Name of Payee	Date of Public Distribution/Dissemination	
	M = M / D = D / Y = Y = Y	
Mailing Address	1	
	Amount	
City State Zip Code		
	Date of Disbursement or Obligation	
Purpose of Expenditure Category/ Type	M M / D D / Y Y Y Y	
Name of Federal Candidate Support Offi	ce Sought: House District:	
Oppose	President Senate State:	
Calendar Year-To-Date Disl	bursement For: Primary General	
Per Election for Office Sought	Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	12886.00	
(a) COLICE OF HOMEON PROPERTY OF THE PROPERTY	1200.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	139594.94	
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 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature		