## 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 24-hour report 48-hour report New report Amends report filed	I on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
FlexPoint Media	M M / D D / Y Y Y Y Y
Mailing Address PO Box 1051	09 16 2020
	Amount
City State Zip Code	56462.78
New Albany OH 43054	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 Offic	e Sought: X House District: 11
Rose, Max, , ,	President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought  Disb 2020	ursement For: Primary <b>X</b> General  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/	M M / D D / Y Y Y Y
Type	
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Galorida Tod To Bato	ursement For: Primary General
Per Election for Office Sought	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	56462.78
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	56462.78
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
Crosby, Caleb, , ,	M / D D / Y Y Y Y
Signature [Electronically Filed] Date	09 18 2020