## 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 filed	d on Mam / Dad / Yayayay	
Full Name of Payee	Date of Public Distribution/Dissemination	
Meridian Pacific	M = M / D = D / Y = Y = Y	
Mailing Address 925 University Ave	10 07 2020 Amount	
	Alloun	
City State Zip Code	17385.86	
Sacramento CA 95825	Transaction ID : SE.001 Date of Disbursement or Obligation	
Purpose of Expenditure Direct Mail  Category/ Type  004	10 01 2020	
Name of Federal Candidate Support Offic	e Sought: X House District: 25	
Smith, Christy, , ,	President Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought  Disb 2020	ursement For: Primary   ✓ General  Other (specify)   ✓	
Full Name of Payee	Date of Public Distribution/Dissemination	
FlexPoint Media	10 07 2020	
Mailing Address P.O. Box 1051	10 07 2020	
	Amount	
City State Zip Code	46574.21	
New Albany OH 43054	Transaction ID : SE.002  Date of Disbursement or Obligation	
Purpose of Expenditure  Category/  Category/	M = M / D = D / Y = Y = Y	
Media Placement Outgot y Type 004	10 02 2020	
	e Sought: 🗶 House District: 25	
Smith, Christy, , ,	President Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought  Disb. 2020	ursement For: Primary	
(a) SUBTOTAL of Itemized Independent Expenditures	63960.07	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
	7 7	
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	10 09 2020	

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	IN EXILIN	SHORLS		PAGE 2 OF 3 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Congressional Leadership Fund			C	C00504530
Check if 24-hour report 48-hour report	X New re	eport Amends repo	ort filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Publi	c Distribution/Dissemination
FlexPoint Media			10	07 / 2020
Mailing Address P.O. Box 1051			Amount	
City	State	Zip Code		161939.75
New Albany	ОН	43054	Transaction Date of Disbu	ID: SE.003 ursement or Obligation
Purpose of Expenditure Media Placement		Category/ Type 004	10	02 / 2020
Name of Federal Candidate		Support	Office Sought:	X House District: 25
Smith, Christy, , ,		<b>X</b> Oppose	President	Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		1715052.31	Disbursement For: 2020 Other (sp	Primary <b>✗</b> General pecify) ▶
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Meridian Pacific			10	07 / 2020
Mailing Address 925 University Ave			Amount	
City	State	Zip Code		32690.00
Sacramento	CA	95825	Transaction II  Date of Disb	D: SE.004 ursement or Obligation
Purpose of Expenditure Direct Mail		Category/ Type 004	10	05 / 2020
Name of Federal Candidate		Support	Office Sought:	x House District: 25
Smith, Christy, , ,		<b>X</b> Oppose	President	Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		1747742.31	Disbursement For: 2020 Other (sp	Primary ★ General
(a) SUBTOTAL of Itemized Independent Expendit	tures			194629.75
(,,			7	104020.70
(b) SUBTOTAL of Unitemized Independent Exper	nditures		. >	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(c) TOTAL Independent Expenditures			•	1 1 7 1 1 7 1
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any canon party committee) any political party committee or	lidate or authorize			
Crosby, Caleb, , , Signature	[Electro	onically Filed] Date	10 / 09	2020
3. <del>3</del>				

## 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
	0 00001000
Check if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
RedPrint Strategy	10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1050 Johnnie Dodds Blvd	A
Unit 2414	Amount
City State Zip Code	13000.00
Mount Pleasant SC 29465	Transaction ID : SE.005  Date of Disbursement or Obligation
Purpose of Expenditure Media Production  Category/ Type  004	10 / 08 / Y 2020
Name of Federal Candidate Support Office	e Sought: X House District: 25
Smith, Christy, , ,	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought  Disbut 2020	rrsement For: Primary   ✓ 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/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Disbu	ursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	13000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	271589.82
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	•
· Date	0 09 2020
Signature	