10/09/2020 15 : 50

Image# 202010099285076246 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)		IIUNES		PAGE 1 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER V
Congressional Leadership Fu	na		C	C00504530
Check if 24-hour report X 48-hour	report X New rep	ort Amends repo	ort filed on	
Full Name of Payee			Date of Public	c Distribution/Dissemination
FlexPoint Media			10 ^M	07 Y Y Y Y 07 2020
Mailing Address P.O. Box 1051			Amount	
City	State	Zip Code		83808.51
New Albany	ОН	43054	Transaction	ID : SE.001 ursement or Obligation
Purpose of Expenditure Direct Mail		Category/ Type 004		/ 05 / 2020
Name of Federal Candidate		Support	Office Sought:	K House District: 26
Mucarsel-Powell, Debbie, , ,		× Oppose	President	Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		1133135.17	Disbursement For: 2020 Other (sp	Primary X General
Full Name of Payee				c Distribution/Dissemination
FlexPoint Media			10 ^M	/ D D / Y Y Y Y 07 2020
Mailing Address P.O. Box 1051				
			Amount	
City	State	Zip Code		628407.38
New Albany	ОН	43054	Transaction II Date of Disbu	D: SE.002 ursement or Obligation
Purpose of Expenditure Media Placement		Category/ Type 004		/ D D / Y Y Y Y 02 2020
Name of Federal Candidate		Support	Office Sought:	X House District: 26
Mucarsel-Powell, Debbie, , ,		× Oppose	President	Senate State: FL
Calendar Year-To-Date			Disbursement For:	Primary X General
Per Election for Office Sought		1761542.55	2020 Other (sp	becify) ►
(a) SUBTOTAL of Itemized Independent	Expenditures			712215.89
(b) SUBTOTAL of Unitemized Independe	ent Expenditures		·· ►	
(a) TOTAL Independent Expanditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the with, or at the request or suggestion of, party committee) any political party comr	any candidate or authorized			
Crosby, Caleb, , ,			M = M / D = D	/ Y Y Y Y
Signature	[Electron	<i>nically Filed]</i> Date	e 10 09	2020

Image# 202010099285076247 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)	PAGE 2 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 New report Amends re	eport filed on			
Full Name of Payee	Date of Public Distribution/Dissemination			
On Message, Inc.	10 07 Y Y Y Y Y 10 07 2020			
Mailing Address 705 Melvin Ave	Amount			
#105				
City State Zip Code	13000.00			
Annapolis MD 21401	Transaction ID : SE.003 Date of Disbursement or Obligation			
Purpose of Expenditure Media Production Category/ Type 0	04 10 / D D / Y Y Y Y 2020			
Name of Federal Candidate Support	t Office Sought: X House District: 26			
Mucarsel-Powell, Debbie, , ,	President Senate State: FL			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary X General 2020 Other (specify) ►			
Full Name of Payee	Date of Public Distribution/Dissemination			
Mailing Address	Amount			
City State Zip Code				
	Date of Disbursement or Obligation			
Purpose of Expenditure Category/ Type				
Name of Federal Candidate Support	t Office Sought: House District:			
Oppose	President Senate State:			
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures	13000.00			
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures	725215.89			
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 2020			
Signature				