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 X 24-hour report 48-hour report New report Amends report f	iled on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
KAP Print	10 28 2020
Mailing Address 220 Quinn Drive	Amount
City State Zip Code	37284.96
Dripping Springs TX 78620	Transaction ID : SE.001 Date of Disbursement or Obligation
Purpose of Expenditure Direct Mail Category/ Type 004	10 22 / Y Y Y Y Y Y
Name of Federal Candidate Support O	ffice Sought: House District:07
Spanberger, Abigail, , , Oppose	President Senate State: VA
	isbursement For: Primary Seneral Other (specify) Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
FlexPoint Media	10 28 2020
Mailing Address PO Box 1051	Amount
City State Zip Code	56615.35
New Albany OH 43054	Transaction ID : SE.002 Date of Disbursement or Obligation
Purpose of Expenditure Media Placement Category/ Type 004	10 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support O	office Sought: ** House District:07
Spanberger, Abigail, , ,	President Senate State: VA
	isbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	93900.31
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
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 29 2020
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

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 48-hour report New report Amends report filed on	
Full Name of Payee	Date of Public Distribution/Dissemination
FlexPoint Media	10 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 1051	Amount
City State Zip Code	252658.00
New Albany OH 43054	Transaction ID : SE.003 Date of Disbursement or Obligation
Purpose of Expenditure Media Placement Category/ Type 004	10 23 2020
Name of Federal Candidate Support	Office Sought: X House District: 07
Spanberger, Abigail, , ,	President Senate State: VA
Calcillati Ical Io Datc	Disbursement For: Primary General Other (specify) Other
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	
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 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	252658.00
(b) SUBTOTAL of Unitemized Independent Expenditures	•
(c) TOTAL Independent Expenditures	346558.31
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 Signature	10 29 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
₩.g., ₩.d.) ∨	