

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Congressional Leadership Fund		FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Del Cielo Media			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2020		
Mailing Address 1427 Leslie Ave. Suite 102			Amount 166140.45		
City Alexandria	State VA	Zip Code 22301	Transaction ID : SE.001		
Purpose of Expenditure Media placement		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 28 / 2020		
Name of Federal Candidate Malinowski, Tom, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NJ		
Calendar Year-To-Date Per Election for Office Sought 166140.45			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Arena			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2020		
Mailing Address 1260 Stringham Ave. #350			Amount 70664.00		
City Salt Lake City	State UT	Zip Code 84106	Transaction ID : SE.002		
Purpose of Expenditure Media placement		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 28 / 2020		
Name of Federal Candidate Malinowski, Tom, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NJ		
Calendar Year-To-Date Per Election for Office Sought 236804.45			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	236804.45
(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

MM / DD / YYYY
09 / 04 / 2020

Signature

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee Something Else Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2020
Mailing Address 212 Golden Willow Court		Amount 12465.00
City Easley	State SC	Zip Code 29642
Purpose of Expenditure Media production	Category/Type 004	Transaction ID : SE.003 Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2020
Name of Federal Candidate Malinowski, Tom, , ,		Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought 249269.45		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Something Else Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 02 / 2020
Mailing Address 212 Golden Willow Court		Amount 4500.00
City Easley	State SC	Zip Code 29642
Purpose of Expenditure Media production	Category/Type 004	Transaction ID : SE.004 Date of Disbursement or Obligation MM / DD / YYYY 09 / 03 / 2020
Name of Federal Candidate Malinowski, Tom, , ,		Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought 253769.45		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	16965.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	253769.45

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*Crosby, Caleb, , ,***[Electronically Filed]**

Date

MM / DD / YYYY
09 / 04 / 2020

Signature