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

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	
Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼
Jongrossian Zoadoromp r and	C C00504530
theck if 24-hour report	on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
FlexPoint Media	M M / D D / Y Y Y
Mailing Address P.O.Box 1051	10 07 2020 Amount
	Amount
City State Zip Code	42187.26
New Albany OH 43054	Transaction ID : SE.001 Date of Disbursement or Obligation
Purpose of Expenditure Media Placement Category/ Type 004	10 02 / Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: X House District: 03
Axne, Cindy, , ,	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought Disbut 2020	
	Other (specify)
Full Name of Payee FlexPoint Media	Date of Public Distribution/Dissemination 10 07 2020
Mailing Address P.O.Box 1051	10 07 2020
1.0.Bax 1861	Amount
City State Zip Code	136645.63
New Albany OH 43054	Transaction ID : SE.002 Date of Disbursement or Obligation
Purpose of Expenditure Media Placement Category/ Type 004	10 02 / 2020
Name of Federal Candidate Support Office	e Sought: X House District: 03
Axne, Cindy, , ,	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought Disbut 2020	
	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	178832.89
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	178832.89
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 1	0 09 2020
Signature	