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

Schedule E)	PAGE 1 OF 2 FOR SE OF FORM 24/48			
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
Congressional Leadership Fund				
	C C00504530			
check if 24-hour report 48-hour report New report Amends re	port filed on			
Full Name of Payee	Date of Public Distribution/Dissemination			
FlexPoint Media	09 02 / 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	34359.45			
New Albany OH 43054	Transaction ID : SE.001			
	Date of Disbursement or Obligation			
Purpose of Expenditure Media placement  Category/ Type  OC	08			
Name of Federal Candidate Support	Office Sought:   House District: 02			
Luria, Elaine, , ,	President Senate State: VA			
Calendar Year-To-Date	Disbursement For: Primary X General			
Per Election for Office Sought 199799.33	2020  Other (specify) ▶			
Full Name of Payee FlexPoint Media	Date of Public Distribution/Dissemination			
- I lext offit iviedia	09 / D D / 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	302021.75			
New Albany OH 43054	Transaction ID : SE.002  Date of Disbursement or Obligation			
Purpose of Expenditure Media placement  Category/ 00	M M / D D / Y Y Y Y			
Media placement  Type  00	4 08 27 2020			
Name of Federal Candidate Support	Office Sought:  House District: 02			
Luria, Elaine, , ,	President Senate State: VA			
Calendar Year-To-Date	Disbursement For: Primary General 2020			
Per Election for Office Sought 501821.08	Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures	▶ 336381.20			
(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]	ate 09 04 2020			
Signature	ate 09 04 2020			

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

Schedule E)	EI LIIDLIII EXI LIID	ITORLO		PAGE 2 OF 2 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼	
Congressional Leadership F	-und		C	C00504530	
Check if 24-hour report X 48-hour	our report New rep	ort Amends repo	ort filed on	/ D = D / Y = Y = Y	
Full Name of Payee OnMessage Inc.			M = M	lic Distribution/Dissemination	
Mailing Address 817 Slaters Lane			Amount	02 2020	
City	State	Zip Code		13000.00	
Alexandria	VA	22314		Transaction ID : SE.003  Date of Disbursement or Obligation	
Purpose of Expenditure Media production		Category/ Type 004	M M	/ D D / Y Y Y Y Y O	
Name of Federal Candidate		Support	Office Sought:	<b>✗</b> House District:02	
Luria, Elaine, , ,		<b>x</b> Oppose	President	Senate State: VA	
Calendar Year-To-Date Per Election for Office Sought		514821.08	Disbursement For: 2020 Other (s	Primary <b>X</b> General specify) ▶	
Full Name of Payee			<u>'</u>	lic Distribution/Dissemination	
Mailing Address			M = M	/ D D / Y Y Y Y	
			Amount		
City	State	Zip Code		, ,	
			Date of Disk	oursement or Obligation	
Purpose of Expenditure		Category/ Type	M = M	/ D D / Y 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:  Other (s	Primary General	
(a) SUBTOTAL of Itemized Independent	ent Expenditures		▶	13000.00	
(b) SUBTOTAL of Unitemized Independent	ndent Expenditures			42 1 22	
(c) TOTAL Independent Expenditures			<b>•</b>	349381.20	
Under penalty of perjury I certify that with, or at the request or suggestion of party committee) any political party committee.	of, any candidate or authorized				
Crosby, Caleb, , ,	[Electron	ically Filed] Date	e 09 04	2020	
Signature					