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 24-hour report 48-hour report	X New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee FlexPoint Media				of Public Distribution/Dissemination
				10 27 2020
Mailing Address P.O. Box 1051			Amou	ınt
City	State	Zip Code	$-\Gamma$	208125.00
New Albany	ОН	43054		saction ID : SE.001 of Disbursement or Obligation
Purpose of Expenditure Media Placement		Category/ Type 004		10 23 2020
Name of Federal Candidate		Support	Office Sough	nt: Nouse District: 03
Long, Carolyn, , ,		X Oppose	Preside	\\\\
Calendar Year-To-Date Per Election for Office Sought		614250.00	Disbursemer 2020	nt For: Primary X General Other (specify) ▶
Full Name of Payee			Date	of Public Distribution/Dissemination
RedPrint Strategy				10 27 2020
Mailing Address 1050 Johnnie Dodds Blvd			Amou	
Unit 2414			/ 11100	unt.
City	State	Zip Code	Trans	13000.00
Mount Pleasant	SC	29465		action ID: SE.002 of Disbursement or Obligation
Purpose of Expenditure Media Production		Category/ Type 004		10 / 27 / 2020
Name of Federal Candidate		Support	Office Sough	ht: Nouse District: 03
Long, Carolyn, , ,		x Oppose	Presid	dent Senate State: WA
Calendar Year-To-Date Per Election for Office Sought		627250.00	Disbursemer 2020	nt For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	3		· -	221125.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		· • [7 7
(c) TOTAL Independent Expenditures			· [7 1 7 1 2
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	e or authorized	•		•
Crosby, Caleb, , ,	[Electron	ically Filed] Date	10	28 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	M = M / D = D / Y = Y = Y = Y
	Pate of Public Distribution/Dissemination
FlexPoint Media	10 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. Box 1051	mount
City State Zip Code	208125.00
D	ransaction ID : SE.003 late of Disbursement or Obligation
Purpose of Expenditure Media Placement Category/ Type 004	10 27 2020
Name of Federal Candidate Support Office So	ought: X House District: 03
Long Carolyn	esident Senate State: WA
Calendar Year-To-Date Per Election for Office Sought Disburse 2020	ement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Ma Trans Address a	M - M / B - B / T - T - T - T
Mailing Address A	mount
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 S	ought: House District:
Oppose Pr	resident Senate State:
Calendar Year-To-Date Per Election for Office Sought	ement For: Primary General
	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	208125.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	429250.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, o party committee) any political party committee or its agent.	
Crosby, Caleb, , , [Electronically Filed] Date 10	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Oignatule	