## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Congressional Leadership Fund	C C00504530
	<u> </u>
Check if 24-hour report 48-hour report New report Amends report	filed on M M / D D / Y Y Y Y Y
Full Name of Payee Majority Strategies	Date of Public Distribution/Dissemination
, , ,	09 19 2020
Mailing Address 12854 Kenan Drive	Amount
Suite 110	Amount
City State Zip Code	39891.18
Jacksonville FL 32258	Transaction ID: SE.001  Date of Disbursement or Obligation
Purpose of Expenditure Direct mail  Category/ Type  004	09 / D D / Y Y Y Y Y Y Z 2020
Name of Federal Candidate Support C	Office Sought:   House District: 01
Finello, Christina, , ,	President Senate State: PA
Calcinal Ical Ic Batc	Disbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	
	Amount
City State Zip Code	
	Date of Disbursement 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:  Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought	Other (specify)
	Caron (opening) -
(a) SUBTOTAL of Itemized Independent Expenditures	39891.18
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	39891.18
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	09 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Oignature	