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

Sc	chedule E)		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			
	Full Name of Payee		Date of Public Distribution/Dissemination
	FlexPoint Media		M M / D D / Y Y Y Y
	Mailing Address P.O. Box 1051		10 15 2020
			Amount
	City State	Zip Code	277500.00
	New Albany OH	43054	Transaction ID : SE.001 Date of Disbursement or Obligation
	Purpose of Expenditure Media Placement	Category/ Type 004	10 13 2020
	Name of Federal Candidate	Support Office	ee Sought: 🗶 House District:03
	Mitsch Bush, Diane, , ,	X Oppose	President Senate State: CO
	Calendar Year-To-Date Per Election for Office Sought	277500.00 Disb	
	Full Name of Payer		Other (specify)
	Full Name of Payee Prime Media Partners		Date of Public Distribution/Dissemination  10 15 2020
	Mailing Address 4201 Wilson Blvd		
	#110-126		Amount
	City State	Zip Code	9862.00
	Arlington VA	22203	Transaction ID : SE.002  Date of Disbursement or Obligation
	Purpose of Expenditure Media production	Category/ Type 004	10 15 2020
	Name of Federal Candidate	Support Office	ce Sought: X House District: 03
	Mitsch Bush, Diane, , ,	M Oppose	President Senate State: CO
	Calendar Year-To-Date Per Election for Office Sought	287362.00 Disk 202	
			Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures			
(b) SUBTOTAL of Unitemized Independent Expenditures			
	(c) TOTAL Independent Expenditures	·····	287362.00
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, , , [Electro	onically Filed] Date	10 16 2020
	Signature		
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