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

Schedule 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 file	ed on Man / Dad / Yayayay					
Full Name of Payee FlexPoint Media	Date of Public Distribution/Dissemination					
	09 23 2020					
Mailing Address PO Box 1051	Amount					
City State Zip Code	501535.00					
New Albany OH 43054	Transaction ID : SE.001 Date of Disbursement or Obligation					
Purpose of Expenditure Media placement Category/ Type 004	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Name of Federal Candidate Support Office	ce Sought: House District: 11					
Stevens, Haley, , ,	President Senate State: MI					
Calendar Year-To-Date Per Election for Office Sought Dist 202	oursement For: Primary X General Other (specify) ▶					
Full Name of Payee	Date of Public Distribution/Dissemination					
National Media	09 23 2020					
Mailing Address 815 Slaters Lane	Amount					
City State Zip Code	50000.00					
Alexandria VA 22314	Transaction ID : SE.002 Date of Disbursement or Obligation					
Purpose of Expenditure Media placement Category/ Type 004	09 / 18 / 2020					
Name of Federal Candidate Support Offi	ce Sought: X House District: 11					
Stevens, Haley, , ,	President Senate State: MI					
Calendar Year-To-Date Per Election for Office Sought Disl 202	bursement For: Primary General Other (specify) ▶					
(a) SUBTOTAL of Itemized Independent Expenditures	551535.00					
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures	1 7 1 7 1 7					
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	09 25 2020					
Signature						

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

Schedule E)	VI EXI END	ITORIEO		PAGE 2 OF		
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NU		
Congressional Leadership Fund				C C00504530		
Check if 24-hour report 🗶 48-hour report	X New rep	ort Amends repo		= M / D = D / Y = Y	Y	
Full Name of Payee OnMessage Inc.					Y Y Y	
Mailing Address 817 Slaters Lane			Amou		2020	
City	State	Zip Code		130	00.00	
Alexandria	VA	22314		action ID : SE.003	n ID : SE.003 bursement or Obligation	
Purpose of Expenditure Media production		Category/ Type 004	- N	M / D D / Y	2020	
Name of Federal Candidate		Support	Office Sough	t: X House District	t:11	
Stevens, Haley, , ,		X Oppose	Preside	ent Senate State	e:MI	
Calendar Year-To-Date Per Election for Office Sought	, , , ,	581201.00	Disbursemen 2020 O	t For: Primary x ther (specify) ▶	General	
Full Name of Payee	_		Date	of Public Distribution/Disser	nination	
Convergence Media					2020 Y	
Mailing Address 1010 N. Fairfax St.			Amou	nt		
2nd Floor City	State	Zip Code	<u> —</u> г.	100	00.00	
Alexandria	VA	22314	Transaction ID : SE.004 Date of Disbursement or Obligation			
Purpose of Expenditure Media placement		Category/ Type 004		-M / D D / Y	2020	
Name of Federal Candidate		x Support	Office Sough	t: House Distric	t: <u>11</u>	
Esshaki, Eric, , ,		Oppose	Presid	ent Senate State	e: <u>MI</u>	
Calendar Year-To-Date Per Election for Office Sought		591201.00	Disbursemer 2020	t For: Primary x ther (specify) ▶	General	
(a) SUBTOTAL of Itemized Independent Expenditu	res		▶	2300	00.00	
(b) SUBTOTAL of Unitermized Independent Expendent	litures		·· •		4	
(c) TOTAL Independent Expenditures				5745	35.00	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorized					
Crosby, Caleb, , ,	[Electron	ically Filed] Date	e 09	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	1	
Signature					_	