

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

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Congressional Leadership Fund			FEC IDENTIFICATION NUMBER ▼ C C00504530		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee FlexPoint Media			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2020		
Mailing Address P.O. Box 1051			Amount 27500.00		
City New Albany		State OH	Zip Code 43054		Transaction ID : SE.001
Purpose of Expenditure Media Placement		Category/Type 004		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2020	
Name of Federal Candidate Mucarsel-Powell, Debbie, , ,			☐ Support ☒ Oppose		Office Sought: ☒ House District: 26 ☐ President ☐ Senate State: FL
Calendar Year-To-Date Per Election for Office Sought			2712038.26		Disbursement For: ☐ Primary ☒ General 2020 ☐ Other (specify) ▶
Full Name of Payee FlexPoint Media			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2020		
Mailing Address P.O. Box 1051			Amount 682752.00		
City New Albany		State OH	Zip Code 43054		Transaction ID : SE.002
Purpose of Expenditure Media Placement		Category/Type 004		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2020	
Name of Federal Candidate Mucarsel-Powell, Debbie, , ,			☐ Support ☒ Oppose		Office Sought: ☒ House District: 26 ☐ President ☐ Senate State: FL
Calendar Year-To-Date Per Election for Office Sought			3394790.26		Disbursement For: ☐ Primary ☒ General 2020 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			710252.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			710252.00		
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.					
Signature <u>Crosby, Caleb, , ,</u>			[Electronically Filed]		Date M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2020