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

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Congressional Leadership Fund	
	C C00504530
theck if X 24-hour report 48-hour report New report Amends report filed	on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
FlexPoint Media	M M / D D / Y Y Y Y Y
Mailing Address PO Box 1051	10 29 2020 Amount
	222222
City State Zip Code  New Albany OH 43054	30000.00 Transaction ID : SE.001
	Date of Disbursement or Obligation
Purpose of Expenditure Media Placement  Category/ Type 004	10 30 / 9 2020
Name of Federal Candidate Support Office	e Sought: X House District: 25
Smith, Christy, , ,	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought  Disbut	
F. II Name of Proces	Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	
	Amount
City State Zip Code	
Purpose of Expenditure	Date of Disbursement or Obligation
Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Disbr	ursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	30000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	30000.00
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, , ,  [Electronically Filed] Date	0 30 2020
Signature	لىننىا لىا ك