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

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48	3
NAME OF COMMITTEE (In Full)		
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/Disseminatio	n
FlexPoint Media	M M / D D / Y Y Y Y	Υ
Mailing Address P.O. Box 1051	10 15 2020 Amount	_
01.1	75500 05	
City State Zip Co  New Albany OH 43054		
,	Date of Disbursement or Obligation	
Purpose of Expenditure Media Placement  Categ	gory/ Type 004 10 13 / 2020	Y
Name of Federal Candidate	Support Office Sought:   ** House District:	5
Webb, Cameron, , ,	VA Oppose President Senate State:	<u> </u>
Calendar Year-To-Date Per Election for Office Sought 63469	Disbursement For: Primary <b>x</b> General	eral
Full Name of Payee	Date of Public Distribution/Dissemination	n
	M = M / D = D / Y = Y = Y	Y
Mailing Address		_
	Amount	
City State Zip Co	ode	П
	7	
Purpose of Expenditure  Category/  Category/  Date of Disbursement or Obligation		
Caleg	gory/ Type	Y
Name of Federal Candidate	Support Office Sought: House District:	
	Oppose President Senate State:	
Calendar Year-To-Date	Disbursement For: Primary Gen	eral
Per Election for Office Sought	Other (specify) ▶	
		-
(a) SUBTOTAL of Itemized Independent Expenditures	75526.25	_
		-
(b) SUBTOTAL of Unitemized Independent Expenditures	······	J
/ ·		-
(c) TOTAL Independent Expenditures	75526.25	_
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, , ,	M = M / D = D / Y = Y = Y	
[Electronically Fi	iled] Date 10 16 2020	
Signature		