## 09/10/2020 21 : 11

## Image# 202009109267132332 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)	ENDENT EXPEND	IIUNES		PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER
Congressional Leadership Fur	ıd			C00504530
Check if24-hour report X 48-hour r	report 🗶 New rep	ort Amends repo	ort filed on	D = D / Y = Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
FlexPoint Media			M M /	08 / Y Y Y Y 08 2020
Mailing Address PO Box 1051			Amount	2020
City	State	Zip Code		19500.00
New Albany	ОН	43054	Transaction I Date of Disbu	
Purpose of Expenditure Media placement		Category/ Type 004	M M /	D D / Y Y Y Y 04 2020
Name of Federal Candidate		Support	Office Sought:	House District: 11
Rose, Max, , ,		× Oppose	President	Senate State: <u>NY</u>
Calendar Year-To-Date Per Election for Office Sought		293107.85	Disbursement For: 2020 Other (sp	Primary X General
Full Name of Payee				Distribution/Dissemination
			M M /	
Mailing Address				
			Amount	
City	State	Zip Code		
Purpose of Expenditure		Category/	Date of Disbu	rsement or Obligation
		Туре		
Name of Federal Candidate		Support	Office Sought:	House District:
		Oppose	President	Senate State:
Calendar Year-To-Date			Disbursement For:	Primary General
Per Election for Office Sought			Other (sp	
Г <sup>ц</sup>				
(a) SUBTOTAL of Itemized Independent I	Expenditures			19500.00
(b) SUBTOTAL of Unitemized Independent	nt Expenditures		• •	
(c) TOTAL Independent Expenditures			•	19500.00
Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	ny candidate or authorized			
Crosby, Caleb, , ,			M M / D D	/ Y Y Y Y Y
Signature	[Electron	<i>ically Filed]</i> Date		2020