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

Schedule E)					PAGE 1 OF 2 FOR SE OF FORM 24/48	
	MITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
Congressional Leadership Fund					C C00504530	
				_		
Check if 24-hour report						
Full Name of				Date	of Public Distribution/Dissemination	
	Majority Strategies				10 07 2020	
Mailing Add	ress P.O. Box 679219			Amou	unt	
City	City State 2				25006.00	
Dallas				5267 Transaction ID : SE.001 Date of Disbursement or Obligation		
	rpose of Expenditure edia Placement		Category/ Type 004	10 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Fe	ederal Candidate		Support	Office Sough	nt: K House District: 13	
Dirksen Lor	ndrigan, Betsy, , ,		X Oppose	Presid	ent Senate State: IL	
	ar Year-To-Date ection for Office Sought		305635.37	Disbursemer 2020	nt For:	
Full Name	of Payee			Date	of Public Distribution/Dissemination	
FlexPoint Media					10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Add	ress P.O. Box 1051			Amou	unt	
City		State	Zip Code		175642.93	
New Alban	у	ОН	43054		action ID : SE.002 of Disbursement or Obligation	
Purpose of Media Plac	Expenditure ement		Category/ Type 004		10 02 2020	
Name of Fe	ederal Candidate		Support	Office Sough	ht: Nouse District: 13	
Dirksen Lor	ndrigan, Betsy, , ,		X Oppose	Presid	lent Senate State: IL	
	lar Year-To-Date ection for Office Sought	7 7	481278.30	Disbursemen 2020	nt For: Primary General Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTAL of Unitemized Independent Expenditures					4 4 4	
(c) TOTAL Independent Expenditures					7 1 7 1 7	
with, or at the	, , , ,	andidate or authorized			cooperation, consultation, or concert the reporting entity is not a political	
	Crosby, Caleb, , ,	[Electron	nically Filed] Date	e 10	09 / 2020	
Signature						

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

Schedule E)	FOR SE OF FORM 24/48					
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼					
Congressional Leadership Fund	C C00504530					
	O					
Check if 24-hour report 48-hour report New report Amends report	t filed on M M / D D / Y Y Y Y Y					
Full Name of Payee Prime Media Partners	Date of Public Distribution/Dissemination					
	10 07 7 2020					
Mailing Address 4201 Wilson Blvd #110-126	Amount					
City State Zip Code	12832.00					
Arlington VA 22203	Transaction ID : SE.003 Date of Disbursement or Obligation					
Purpose of Expenditure Media Production Category/ Type 004	10 / 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Name of Federal Candidate Support	Office Sought:					
Dirksen Londrigan, Betsy, , ,	President Senate State: IL					
Calcilidai ical io Date	Disbursement For: Primary General Other (specify) ☐ Other					
Full Name of Payee	Date of Public Distribution/Dissemination					
	M = M / D = D / Y = Y = Y					
Mailing Address	Amount					
City State Zip Code						
	Data of Dishurament or Obligation					
Purpose of Expenditure Category/ Type	Date of Disbursement or Obligation					
Name of Federal Candidate Support	Office Sought: House District:					
Oppose	President Senate State:					
	Disbursement For: Primary General					
Per Election for Office Sought	Other (specify)					
(a) SUBTOTAL of Itemized Independent Expenditures	12832.00					
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures						
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	10 09 2020					
Signature						