

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 <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | | | |
|-----------------------------------------------------------------------------|--------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Full Name of Payee Something Else Strategies | | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 10 / 2020 | | |
| Mailing Address 212 Golden Willow Ct | | | Amount 14200.00 | | |
| City Easley | State SC | Zip Code 29642 | Transaction ID : SE.001 | | |
| Purpose of Expenditure Media Production | | Category/Type 004 | Date of Disbursement or Obligation MM / DD / YYYY 10 / 08 / 2020 | | |
| Name of Federal Candidate Schroder, Kate, , , | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OH | | |
| Calendar Year-To-Date Per Election for Office Sought 755949.42 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | | |
|---------------------------------------------------------|-------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Full Name of Payee | | | Date of Public Distribution/Dissemination MM / DD / YYYY | | |
| Mailing Address | | | Amount | | |
| City | State | Zip Code | Date of Disbursement or Obligation MM / DD / YYYY | | |
| Purpose of Expenditure | | Category/Type | | | |
| Name of Federal Candidate | | | <input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|-------------------------------------------------------------|-----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 14200.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | 14200.00 |

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

MM / DD / YYYY
10 / 12 / 2020

Signature