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

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Congressional Leadership Fund	
	C C00504530
Check if 24-hour report 48-hour report New report Amends report file	d on Mam / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
FlexPoint Media	M M / D D / Y Y Y
Mailing Address P.O. Box 1051	10 21 2020 Amount
City State Zip Code	222000.00
New Albany OH 43054	Transaction ID : SE.001 Date of Disbursement or Obligation
Purpose of Expenditure Media Placement Category/ Type 004	10 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offic	ce Sought: X House District: 01
Goroff, Nancy, , ,	President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought Disb. 2862502.02	oursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Big Dog Strategies	10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. Box 217	10 21 2020
1.0.20.2.	Amount
City State Zip Code	31015.56
Clarence Center NY 14032	Transaction ID : SE.002 Date of Disbursement or Obligation
Purpose of Expenditure Category/	M M / D D / Y Y Y Y
Direct mail Direct mail Outgoing 1004 Type Outgoing 1004 Type	10 19 2020
Name of Federal Candidate Support Office	ce Sought: 🗶 House District: 01
Goroff, Nancy, , ,	President Senate State: NY
	Dursement For: Primary X General
Per Election for Office Sought 2893517.58 202	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	253015.56
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	253015.56
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
2 4.10	10 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	