24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 1 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 filed	d on Mam / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
RumbleUp	09 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2021 L St. NW	Amount
Suite 101-220	
City State Zip Code	3345.40
Washington DC 20036	Transaction ID : SE.001 Date of Disbursement or Obligation
Purpose of Expenditure Text messages Category/ Type 004	08 28 2020
Name of Federal Candidate Support Offic	ce Sought: X House District: 02
Torres Small, Xochitl, , ,	President Senate State: NM
Calendar Year-To-Date Per Election for Office Sought Disb 2020	oursement For: Primary Seneral Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	
	Amount
City State Zip Code	
	Date of Dishurances at an Obligation
Purpose of Expenditure Category/	Date of Disbursement or Obligation
Type	
Name of Federal Candidate Support Office	ce Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Dist	oursement For: Primary General
Per Election for Office Sought	Other (specify) ▶
(a) CURTOTAL of Hamizad Independent Europeditures	2015 10
(a) SUBTOTAL of Itemized Independent Expenditures	3345.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	3345.40
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.	
	09 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	