

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Congressional Leadership Fund		FEC IDENTIFICATION NUMBER ▼ C C00504530
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee RumbleUp		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 30 / 2020
Mailing Address 2021 L Street NW Suite 101-220		Amount 1691.54
City Washington	State DC	Zip Code 20036
Purpose of Expenditure Text Messages	Category/Type 004	Transaction ID : SE.001 Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2020
Name of Federal Candidate Mace, Nancy, , ,		Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought 4284037.40		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
Purpose of Expenditure	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate		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..... ▶	1691.54
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	1691.54

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 / 31 / 2020

Signature