

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2
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 FlexPoint Media		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2020
Mailing Address P.O. Box 1051		Amount 47040.45
City New Albany	State OH	Zip Code 43054
Purpose of Expenditure Media Placement	Category/ Type 004	Transaction ID : SE.001 Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2020
Name of Federal Candidate Eastman, Kara, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NE
Calendar Year-To-Date Per Election for Office Sought 1839543.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee FlexPoint Media		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 21 / 2020
Mailing Address P.O. Box 1051		Amount 318267.00
City New Albany	State OH	Zip Code 43054
Purpose of Expenditure Media Placement	Category/ Type 004	Transaction ID : SE.002 Date of Disbursement or Obligation MM / DD / YYYY 10 / 16 / 2020
Name of Federal Candidate Eastman, Kara, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NE
Calendar Year-To-Date Per Election for Office Sought 2157810.52		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	365307.45
(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

MM / DD / YYYY
10 / 22 / 2020

Signature

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PAGE	2	OF	2
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M	M	/	D	D	/	Y	Y	Y	Y	Y	Y																

Full Name of Payee Big Dog Strategies		Date of Public Distribution/Dissemination <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>10</td><td></td><td></td> <td>21</td><td></td><td></td> <td>2020</td><td></td><td></td><td></td><td></td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	Y	Y	10			21			2020					
M	M	/	D	D	/	Y	Y	Y	Y	Y	Y																
10			21			2020																					
Mailing Address P.O. Box 217		Amount <table border="1"> <tr> <td colspan="11">18973.24</td> </tr> </table>		18973.24																							
18973.24																											
City Clarence Center	State NY	Zip Code 14032	Transaction ID : SE.003 Date of Disbursement or Obligation <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>10</td><td></td><td></td> <td>19</td><td></td><td></td> <td>2020</td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y	10			19			2020					
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Purpose of Expenditure Direct Mail		Category/ Type 004																									
Name of Federal Candidate Eastman, Kara, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NE																								
Calendar Year-To-Date Per Election for Office Sought		<table border="1"> <tr> <td colspan="11">2176783.76</td> </tr> </table>		2176783.76																							
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		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶																									

Full Name of Payee Prime Media Partners		Date of Public Distribution/Dissemination <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>10</td><td></td><td></td> <td>21</td><td></td><td></td> <td>2020</td><td></td><td></td><td></td><td></td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	Y	Y	10			21			2020					
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10			21			2020																					
Mailing Address 4201 Wilson Blvd #110-126		Amount <table border="1"> <tr> <td colspan="11">12880.00</td> </tr> </table>		12880.00																							
12880.00																											
City Arlington	State VA	Zip Code 22203	Transaction ID : SE.004 Date of Disbursement or Obligation <table border="1"> <tr> <td>M</td><td>M</td><td>/</td> <td>D</td><td>D</td><td>/</td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>10</td><td></td><td></td> <td>21</td><td></td><td></td> <td>2020</td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y	10			21			2020					
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Purpose of Expenditure Media production		Category/ Type 004																									
Name of Federal Candidate Eastman, Kara, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NE																								
Calendar Year-To-Date Per Election for Office Sought		<table border="1"> <tr> <td colspan="11">2189663.76</td> </tr> </table>		2189663.76																							
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		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶																									

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1"> <tr> <td colspan="11">31853.24</td> </tr> </table>	31853.24										
31853.24												
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<table border="1"> <tr> <td colspan="11"></td> </tr> </table>											
(c) TOTAL Independent Expenditures.....▶	<table border="1"> <tr> <td colspan="11">397160.69</td> </tr> </table>	397160.69										
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Crosby, Caleb, , ,

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Date

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
10			22			2020					

Signature