## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

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 to	filed on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
FlexPoint Media	M M / D D / Y Y Y Y
Mailing Address P.O. Box 1051	10 09 2020
	Amount
City State Zip Code	439074.06
New Albany OH 43054	Transaction ID : SE.001  Date of Disbursement or Obligation
Purpose of Expenditure Media Placement  Category/ Type 004	10 08 / 2020
Name of Federal Candidate Support C	office Sought:   House District: 03
Kind, Ron, , ,	President Senate State: WI
Odichadi Todi To Bato	osbursement For: Primary <b>X</b> General O20 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Prime Media Partners	10 09 2020
Mailing Address 4201 Wilson Blvd	10 03 2020
#110-126	Amount
City State Zip Code	12867.00
Arlington VA 22203	Transaction ID : SE.002  Date of Disbursement or Obligation
Purpose of Expenditure Media Production  Category/ 004	M = M / D = D / Y = Y = Y
Type 004	10 09 2020
	Office Sought:    House District: 03
Kind, Ron, , ,	President Senate State: WI
	Disbursement For: Primary General  Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	451941.06
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	451941.06
Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of e party committee) any political party committee or its agent.	• • • • • • • • • • • • • • • • • • • •
Crosby, Caleb, , ,  [Electronically Filed] Date	10 11 2020
Signature	