24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E) FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼		
Congressional Leadership Fund C C00504530		
	0 33337	
Check if 24-hour report 48-hour report New report Amends report filed on		
Full Name of Payee Date of Public Distribution/Dissemination		
FlexPoint Media		
Mailing Address P.O. Box 1051	Amount	
City State Zip Code	404965.00	
New Albany OH 43054	Transaction ID : SE.001 Date of Disbursement or Obligation	
Purpose of Expenditure Media Placement Category/ Type	004	
Name of Federal Candidate	Support Office Sought: ** House District: 08	
Timmono Coodean Bet	Oppose President Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 517422.55	Disbursement For: Primary General 2020 Other (specify) ▶	
Full Name of Payee	Date of Public Distribution/Dissemination	
Outlaw Media	10 07 / Y Y Y Y Y	
Mailing Address 3532 Goddard Way		
	Amount	
City State Zip Code	13000.00	
Alexandria VA 22304	Transaction ID : SE.002 Date of Disbursement or Obligation	
Purpose of Expenditure Media Production Category/ Type	004 10 / D D / Y Y Y Y Y	
Name of Federal Candidate	Support Office Sought: M House District: 08	
Timmons-Goodson, Pat, , ,	Oppose President Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought 530422.55	Disbursement For: Primary	
(a) SUBTOTAL of Itemized Independent Expenditures	417965.00	
(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 10 09 2020	
Signature		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 2 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 on		
Full Name of Payee	Date of Public Distribution/Dissemination	
Arena	10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	mount	
#350		
City State Zip Code Salt Lake City UT 84106 T	12282.24 ransaction ID : SE.003	
D	Pate of Disbursement or Obligation	
Purpose of Expenditure Media placement Category/ Type 004	10 / 08 / 2020	
Name of Federal Candidate Support Office S	ought: 🗶 House District: 08	
Timmons-Goodson Pat	resident Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought Disburse 2020	ement For: Primary X General 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		
Purpose of Expenditure	Date of Disbursement or Obligation	
Category/ Type		
Name of Federal Candidate Support Office S	ought: House District:	
Oppose Pr	resident Senate State:	
Calendar Year-To-Date Per Election for Office Sought	ement For: Primary General	
Tot Election for Since Sought	Other (specify) -	
(a) SUBTOTAL of Itemized Independent Expenditures	12282.24	
(b) SUBTOTAL of Unitemized Independent Expenditures		
	7 7	
(c) TOTAL Independent Expenditures	430247.24	
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 10	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature		