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

Schedule E)	FOR SE OF FORM 24/48
IAME 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 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 07 2020 Amount
	Amount
City State Zip Code	43715.95
New Albany OH 43054	Transaction ID : SE.001 Date of Disbursement or Obligation
Purpose of Expenditure Media Placement Category/ Type 004	10 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	ee Sought: 🗶 House District:02
Eastman, Kara, , , Oppose	President Senate State: NE
Calendar Year-To-Date Per Election for Office Sought Disb 2020	oursement For: Primary General Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
FlexPoint Media	M = M / D = D / Y = Y = Y
Mailing Address P.O. Box 1051	10 07 2020
1.0. 39X 1001	Amount
City State Zip Code	443881.83
New Albany OH 43054	Transaction ID : SE.002 Date of Disbursement or Obligation
Purpose of Expenditure Modic Placement Category/ Odd	M M / D D / Y Y Y Y
Media Placement Ode Type 004	10 02 2020
Name of Federal Candidate Support Office	ce Sought: House District: 02
Eastman, Kara, , , Oppose	President Senate State: NE
202	oursement For: Primary General
Per Election for Office Sought	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	487597.78
(h) CURTOTAL of Uniterpired Independent Evrenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Crosby, Caleb, , , [Electronically Filed] Date	10 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Congressional Leadership Fund	C C00504530
Check if 24-hour report	on Mam / Dab / Yayayay
Full Name of Payee Big Dog Strategies	Date of Public Distribution/Dissemination
	10 07 2020
Mailing Address P.O. Box 217	Amount
City State Zip Code	18973.24
Clarence Center NY 14032	Transaction ID : SE.003 Date of Disbursement or Obligation
Purpose of Expenditure Direct Mail Category/ Type 004	M 10 / 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	Sought: House District: 02
Eastman, Kara, , , Oppose	President Senate State: NE
Calendar Year-To-Date Per Election for Office Sought Disbut 2020	rsement For: Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Prime Media Partners	10 07 2020
Mailing Address 4201 Wilson Blvd	
#110-126	Amount
City State Zip Code	12806.00
7 tillington	Transaction ID : SE.004 Date of Disbursement or Obligation
Purpose of Expenditure Media Production Category/ Type 004	10 08 7 2020
Name of Federal Candidate Support Office	Sought: House District: 02
Eastman, Kara, , ,	President Senate State: NE
Calendar Year-To-Date Per Election for Office Sought Disbu 2020	rsement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	31779.24
(b) SUBTOTAL of Unitemized Independent Expenditures	11.7.1.7.1.3
(c) TOTAL Independent Expenditures	519377.02
Under penalty of perjury I certify that the independent expenditures reported herein were not mawith, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	·
Crosby, Caleb, , , [Electronically Filed] Date	0 09 2020
Signature	