24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)				PAGE 1 OF 2 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
Congressional Leadership Fund				C C00504530	
				O	
Check if 24-hour report 48-hour report New report Amends report filed on					
Full Name of Payee FlexPoint Media			Date of	of Public Distribution/Dissemination	
				08 / 06 / Y Y Y Y Y Y Y	
Mailing Address PO Box 1051			Amou	nt	
City Sta	ate Zip C	ode		488700.00	
New Albany Ol)H 43054	4		action ID: 001 of Disbursement or Obligation	
Purpose of Expenditure Media placement	Cate	egory/ Type 004		08 02 7 2019	
Name of Federal Candidate	·	Support	Office Sough	t: X House District: 09	
McCready, Dan, , ,		X Oppose	Preside	ent Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought	6029	964.59	Disbursemen 2019 🗶 O	t For:	
Full Name of Payee			Date	of Public Distribution/Dissemination	
Cavalry			IV	08	
Mailing Address 1634 Eye Street NW			Amou	nt	
#800					
City Sta Washington Do	ate Zip C OC 2000		Transa	106173.00	
Purpose of Expenditure			Date	of Disbursement or Obligation	
Media placement	Cate	egory/ Type 004		08 / 02 / 2019	
Name of Federal Candidate		Support	Office Sough		
McCready, Dan, , ,		x Oppose	Preside	ent Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought	7091	137.59	Disbursemen 2019	tt For:	
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures.			•		
(c) TOTAL Independent Expenditures			•	7 1 7 1 7	
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agen	r authorized comm			•	
Crosby, Caleb, , ,	[Electronically F	Filed] Date	08	08 2019	
Signature					

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

S	chedule E)	PAGE 2 OF 2 FOR SE OF FORM 24/48
V/	AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
C	Congressional Leadership Fund	C C00504530
Cr	neck if 24-hour report 48-hour report New report Amends report file	led on Mam / Dab / Yayayay
	Full Name of Payee Something Else Strategies	Date of Public Distribution/Dissemination
	Mailing Address 212 Golden Willow Court	08 06 2019 Amount
	City State Zip Code Easley SC 29642	13500.00 Transaction ID : 003
	Purpose of Expenditure Media production Category/ Type 004	Date of Disbursement or Obligation M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Fodewal Condidate	ffice Sought: House District: 09
	McCready, Dan, , ,	President Senate State: NC
		sbursement For: Primary General 19 ✓ Other (specify) ► Special General
	Full Name of Payee	Date of Public Distribution/Dissemination
	Mailing Address	Amount
	City State Zip Code	
	Purpose of Expenditure Category/ Type	Date of Disbursement or Obligation
	Name of Federal Candidate Support Oppose	ffice Sought: House District: President Senate State:
	Calendar Year-To-Date Per Election for Office Sought	Sbursement For: Primary General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	13500.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures.	608373.00
	Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eit party committee) any political party committee or its agent.	
	Crosby, Caleb, , , [Electronically Filed] Date	M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y