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

Schedule E)	FOR SE OF FORM 24/48
AME 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 M M / D D / Y Y Y Y Y
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
Mailing Address 1260 Stringham Ave	Amount
#350	Amount
City State Zip Code	17534.00
Salt Lake City UT 84106	Transaction ID: SE.001 Date of Disbursement or Obligation
Purpose of Expenditure Direct Mail Category/ Type 004	10 01 2020
Name of Federal Candidate Support Office	Sought:
Kean, Tom, , ,	President Senate State: NJ
Calendar Year-To-Date Disbut	sement For: Primary X General
Per Election for Office Sought 1476487.17 2020	Other (specify)
Full Name of Payee Arena	Date of Public Distribution/Dissemination
Alelia	10 07 2020
Mailing Address 1260 Stringham Ave	Amount
#350	7 tillount
City State Zip Code	44115.58
Guit Earlo Griy	Transaction ID : SE.002 Date of Disbursement or Obligation
Purpose of Expenditure Media Placement Category/ Type 004	10 02 7 2020
Name of Federal Candidate Support Office	Sought: House District:07
Malinowski, Tom, , ,	President Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought Disbu 2020	rsement For: Primary General
	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	61649.58
(b) SUBTOTAL of Unitemized Independent Expenditures	1 4 1 4 1 6
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not ma 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	09 / 2020
Signature	

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
	O cosso isso
Check if 24-hour report 48-hour report New report Amends report filed	i on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Del Cielo Media	10 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1427 Leslie Ave	
Suite 102	Amount
City State Zip Code	161670.87
Alexandra VA 22301	Transaction ID : SE.003 Date of Disbursement or Obligation
Purpose of Expenditure Media Placement Category/ Type 004	10
Name of Federal Candidate Support Office	e Sought: X House District: 07
Malinowski, Tom, , ,	President Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought Disbut 2020	ursement For: Primary ✓ General Other (specify) ✓
Full Name of Payee	Date of Public Distribution/Dissemination
	M M / D D / Y Y Y Y
Mailing Address	
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Offic	e Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Disb	ursement For: Primary General
Per Election for Office Sought	Other (specify)
(-) CURTOTAL of Hamined Independent Evpenditures	70,000
(a) SUBTOTAL of Itemized Independent Expenditures	161670.87
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	223320.45
Under penalty of perjury I certify that the independent expenditures reported herein were not mwith, 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.	
	10 09 2020
Signature	