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

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
Check if 24-hour report X 48-hour report New re	port Amends report file	d on M=M / D=D / Y=Y=Y=Y
Full Name of Payee		Date of Public Distribution/Dissemination
Del Cielo Media		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1427 Leslie Ave		Amount
Suite 102		
City State	Zip Code	402449.83
Alexandria VA	22301	Transaction ID : SE.001 Date of Disbursement or Obligation
Purpose of Expenditure Media Placement	Category/ Type 004	10 02 / 2020
Name of Federal Candidate	Support Office	ce Sought: X House District: 02
Torres Small, Xochitl, , ,	X Oppose	President Senate State: NM
Calendar Year-To-Date Per Election for Office Sought	2144386.42 Disb 2020	oursement For: Primary General Other (specify)
Full Name of Payee		Date of Public Distribution/Dissemination
Majority Strategies		10 07 / Y Y Y Y Y
Mailing Address P.O. Box 679219		Amount
City State Dallas TX	Zip Code	23817.92 Transaction ID : SE.002
	75267	Date of Disbursement or Obligation
Purpose of Expenditure Media Placement	Category/ Type 004	10 / 05 / 2020
Name of Federal Candidate	Support Office	ce Sought: House District: 02
Torres Small, Xochitl, , ,	X Oppose	President Senate State: NM
Calendar Year-To-Date Per Election for Office Sought	2168204.34 Disk 202	
		Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	·····	426267.75
(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, , , [Electro	nically 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	e of Public Distribution/Dissemination	
On Message, Inc.	10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 705 Melvin Ave #105	punt	
	42000.00	
· · · · · · · · · · · · · · · · · · ·	13000.00 nsaction ID : SE.003	
Purpose of Expenditure	e of Disbursement or Obligation 10 08 2020	
Name of Federal Candidate Support Office Soug	NINA	
Calendar Year-To-Date Calendar Year-To-Date Disburseme	deni Seriale State.	
Per Election for Office Sought 2181204.34 2020	Other (specify)	
Full Name of Payee Date	e of Public Distribution/Dissemination	
Mailing Address	M = M / D = D / Y = Y = Y	
Amo	ount	
City State Zip Code	7 7	
Date	e of Disbursement or Obligation	
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y	
Name of Federal Candidate Support Office Soug	ght: House District:	
Oppose President	ident Senate State:	
Calendar Year-To-Date Per Election for Office Sought	ent For: Primary General Other (specify) ►	
	Ottlei (specify) -	
(a) SUBTOTAL of Itemized Independent Expenditures	13000.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	439267.75	
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	
g.,		