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
Check if 24-hour report	
Full Name of Payee	Date of Public Distribution/Dissemination
FlexPoint Media	M = M / D = D / Y = Y = Y
Mailing Address PO Box 1051	08 26 2020 Amount
City State Zip Code	19500.00
New Albany OH 43054	Transaction ID : SE.001 Date of Disbursement or Obligation
Purpose of Expenditure Media placement Category/ Type 004	08 / 21 / Y Y Y Y Y
Name of Federal Candidate Support Office	ce Sought: X House District: 11
Rose, Max, , ,	President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought Disk 2020	bursement For: Primary Other (specify) Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
FlexPoint Media	M = M / D = D / Y = Y = Y
Mailing Address PO Box 1051	08 26 2020
I G Box 1661	Amount
City State Zip Code	59936.30
New Albany OH 43054	Transaction ID : SE.002 Date of Disbursement or Obligation
Purpose of Expenditure Category/	M - M / D - D / Y - Y - Y
Media placement Category 004 Type 004	08 21 2020
Name of Federal Candidate Support Office	ce Sought:
Rose, Max, , ,	President Senate State: NY
	bursement For: Primary X General
Per Election for Office Sought 156995.72 202	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	79436.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
	7 7
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	08 28 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)	C IDENTIFICATION NUMBER ▼
Congressional Leadership Fund	C00504530
Check if 24-hour report	
	bublic Distribution/Dissemination
Prime Media Partners	26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4201 Wilson Blvd. Amount	
Suite 110-126	
City State Zip Code	15500.00
	ion ID : SE.003 Disbursement or Obligation
Purpose of Expenditure Media production Category/ Type 004 08	26 / 2020
Name of Federal Candidate Support Office Sought:	✗ House District: 11
Rose, Max, , , Rose, Max, , , President	Senate State: NY
Calendar Year-To-Date Per Election for Office Sought Disbursement For 2020 Other	or: Primary General (specify)
Full Name of Payee Date of P	Public Distribution/Dissemination
M - M	M / D D / Y Y Y Y
Mailing Address Amount	
City State Zip Code	7 1 7 1 8
Date of D	Disbursement or Obligation
Purpose of Expenditure Category/ Type	M / D D / Y Y Y Y
Name of Federal Candidate Support Office Sought:	House District:
Oppose President	Senate State:
Calendar Year-To-Date Disbursement For Par Floation for Office Sought	or: Primary General
Per Election for Office Sought Other	r (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	15500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
	7 1 7
(c) TOTAL Independent Expenditures	94936.30
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.	
[Electronically Filed] Date 08	28 2020
Signature	