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 Y
Mailing Address PO Box 1051	10 02 2020 Amount
City State Zip Code	219537.03
New Albany OH 43054	Transaction ID : SE.001 Date of Disbursement or Obligation
Purpose of Expenditure Media placement Category/ Type 004	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offic	e Sought: X House District: 03
Kind, Ron, , ,	President Senate State: WI
Calendar Year-To-Date Per Election for Office Sought Disb 2020	oursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Prime Media Partners	10 02 2020
Mailing Address 4201 Wilson Blvd.	10 02 2020
#110-126	Amount
City State Zip Code	12881.00
Arlington VA 22203	Transaction ID : SE.002 Date of Disbursement or Obligation
Purpose of Expenditure Category/ Coategory/	Mam / Dad / Yayayay
Media production Ode Type 004	10 01 2020
Name of Federal Candidate Support Office	ce Sought: 🗶 House District:03
Kind, Ron, , ,	President Senate State: WI
70050 40	on Primary X General
Per Election for Office Sought 798852.18 2020	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	232418.03
(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.	
24.0	10 04 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 E)	PAGE 2 OF 2 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 M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
RumbleUp	10 02 2020
Mailing Address 2021 L St. NW	Amount
Suite 101-220	
City State Zip Code Washington DC 20036	2870.91 Transaction ID : SE.003
	Date of Disbursement or Obligation
Purpose of Expenditure Text messages Category/ Type 004	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	Sought: X House District: 03
Kind, Ron, , ,	President Senate State: WI
Calendar Year-To-Date Per Election for Office Sought Disbut 2020	rsement For:
Full Name of Payee	Date of Public Distribution/Dissemination
RumbleUp	10 02 2020
Mailing Address 2021 L St. NW	Amount
Suite 101-220	Amount
City State Zip Code	2870.92
Washington DC 20036	Transaction ID : SE.004 Date of Disbursement or Obligation
Purpose of Expenditure Text messages Category/ Type 004	M 09 / D D / Y Y Y Y Y 2020
Name of Federal Candidate Support Office	Sought: X House District: 03
Van Orden, Derrick, , , Oppose	President Senate State: WI
Calendar Year-To-Date Per Election for Office Sought Disbut 2020	rrsement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	5741.83
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	238159.86
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	
Signature	