

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

NAME OF COMMITTEE (In Full) Congressional Leadership Fund
FEC IDENTIFICATION NUMBER C C00504530
Check if [x] 24-hour report [] 48-hour report [x] New report [] Amends report filed on

Full Name of Payee FlexPoint Media
Mailing Address P.O. Box 1051
City New Albany State OH Zip Code 43054
Purpose of Expenditure Media Placement Category/Type 004
Name of Federal Candidate Brindisi, Anthony, , , [] Support [x] Oppose
Calendar Year-To-Date Per Election for Office Sought 4853857.20

Date of Public Distribution/Dissemination 10 / 21 / 2020
Amount 5587.35
Transaction ID : SE.001
Date of Disbursement or Obligation 10 / 16 / 2020
Office Sought: [x] House District: 22 [] President [] Senate State: NY
Disbursement For: [] Primary [x] General 2020 [] Other (specify)

Full Name of Payee FlexPoint Media
Mailing Address P.O. Box 1051
City New Albany State OH Zip Code 43054
Purpose of Expenditure Media Placement Category/Type 004
Name of Federal Candidate Brindisi, Anthony, , , [] Support [x] Oppose
Calendar Year-To-Date Per Election for Office Sought 5576472.20

Date of Public Distribution/Dissemination 10 / 21 / 2020
Amount 722615.00
Transaction ID : SE.002
Date of Disbursement or Obligation 10 / 16 / 2020
Office Sought: [x] House District: 22 [] President [] Senate State: NY
Disbursement For: [] Primary [x] General 2020 [] Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 778202.35, (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, , , [Electronically Filed] Date 10 / 22 / 2020
Signature

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

NAME OF COMMITTEE (In Full) Congressional Leadership Fund
FEC IDENTIFICATION NUMBER C C00504530
Check if [x] 24-hour report [] 48-hour report [x] New report [] Amends report filed on

Full Name of Payee FlexPoint Media
Mailing Address P.O. Box 1051
City New Albany State OH Zip Code 43054
Purpose of Expenditure Media Placement Category/Type 004

Date of Public Distribution/Dissemination 10 / 21 / 2020
Amount 555000.00
Transaction ID : SE.003
Date of Disbursement or Obligation 10 / 19 / 2020

Name of Federal Candidate Brindisi, Anthony, , ,
[] Support [x] Oppose
Calendar Year-To-Date Per Election for Office Sought 6131472.20

Office Sought: [x] House District: 22
[] President [] Senate State: NY
Disbursement For: [] Primary [x] General 2020
[] Other (specify)

Full Name of Payee DMM Media
Mailing Address 1911 N Fort Meyer Dr Suite 400
City Arlington State VA Zip Code 22209
Purpose of Expenditure Media Production Category/Type 004

Date of Public Distribution/Dissemination 10 / 21 / 2020
Amount 12905.25
Transaction ID : SE.004
Date of Disbursement or Obligation 10 / 21 / 2020

Name of Federal Candidate Brindisi, Anthony, , ,
[] Support [x] Oppose
Calendar Year-To-Date Per Election for Office Sought 6144377.45

Office Sought: [x] House District: 22
[] President [] Senate State: NY
Disbursement For: [] Primary [x] General 2020
[] Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 567905.25; (b) SUBTOTAL of Unitemized Independent Expenditures; (c) TOTAL Independent Expenditures 1346107.60

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 / 22 / 2020
Signature