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 X 24-hour report 48-hour report New report Amends report filed on | M = M / D = D / Y = Y = Y | | | |
| Full Name of Payee Date | of Public Distribution/Dissemination | | | |
| FlexPoint Media | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | |
| Mailing Address P.O. Box 1051 | 10 21 2020 | | | |
| Amo | unt | | | |
| City State Zip Code | 55587.35 | | | |
| | saction ID : SE.001 | | | |
| Date Durnose of Expenditure | of Disbursement or Obligation | | | |
| Media Placement Category/ Type 004 | 10 16 7 2020 | | | |
| Name of Federal Candidate Support Office Soug | ht: K House District: 22 | | | |
| Brindisi, Anthony, , , | dent Senate State: NY | | | |
| Calendar Year-To-Date Disburseme | ent For: Primary X General | | | |
| Per Election for Office Sought 4853857.20 2020 | Other (specify) | | | |
| Full Name of Payee Date | of Public Distribution/Dissemination | | | |
| I lear office wedia | 10 21 2020 | | | |
| Mailing Address P.O. Box 1051 | unt | | | |
| City State Zip Code | 722615.00 | | | |
| New Albany OH 43054 Trans | saction ID : SE.002 | | | |
| Purpose of Expenditure | of Disbursement or Obligation | | | |
| Media Placement Category/ Type 004 | 10 16 2020 | | | |
| Name of Federal Candidate Support Office Soug | ht: 🗶 House District: 22 | | | |
| Brindisi Anthony | NV | | | |
| | dent State. | | | |
| Calendar Year-To-Date Per Election for Office Sought Disburseme 2020 | ent For: Primary Seneral Other (specify) | | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | 778202.35 | | | |
| | 7 | | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | | | |
| | | | | |
| (c) TOTAL Independent Expenditures | | | | |
| | <u> </u> | | | |
| 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, , , | D D / Y Y Y Y Y | | | |
| [Electronically Filed] Date 10 | 22 2020 | | | |
| Signature | | | | |

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

| Schedule E) | I EXI END | TTOTILO | | 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 | X New rep | ort Amends repo | | M = M / D = D / Y = Y = Y |
| Full Name of Payee FlexPoint Media | | | Date | of Public Distribution/Dissemination |
| | | | [| 10 21 2020 |
| Mailing Address P.O. Box 1051 | | | Amo | unt |
| City | State | Zip Code | | 555000.00 |
| New Albany | ОН | 43054 | | saction ID : SE.003 of Disbursement or Obligation |
| Purpose of Expenditure Media Placement | | Category/ Type 004 | | 10 19 2020 |
| Name of Federal Candidate | | Support | Office Soug | ht: X House District: 22 |
| Brindisi, Anthony, , , | | Oppose | Presid | NIV |
| Calendar Year-To-Date Per Election for Office Sought | 7-1-7 | 6131472.20 | Disburseme 2020 | nt For: |
| Full Name of Payee | | | Date | of Public Distribution/Dissemination |
| DMM Media | | | [| M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 1911 N Fort Meyer Dr | | | Amo | unt |
| Suite 400 | | | | |
| City Arlington | State VA | Zip Code 22209 | | 12905.25 action ID : SE.004 |
| Purpose of Expenditure | | 0.1 | Date | of Disbursement or Obligation |
| Media Production | | Category/ Type 004 | ∟ L | 10 21 2020 |
| Name of Federal Candidate | | Support | Office Soug | ht: 🗶 House District: 22 |
| Brindisi, Anthony, , , | | x Oppose | Presid | dent Senate State: NY |
| Calendar Year-To-Date Per Election for Office Sought | 7 | 6144377.45 | Disburseme 2020 | ent For: Primary X General Other (specify) ▶ |
| • | | | | |
| (a) SUBTOTAL of Itemized Independent Expenditure | es | | • | 567905.25 |
| (b) SUBTOTAL of Unitemized Independent Expendit | ures | | · • | 7 7 7 |
| (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, , , Signature | [Electron | nically Filed] Date | 10 | 22 / 2020 |
| 3 | | | | |