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 48-hour report New report Amends report filed	i on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Del Cielo Media	M M / D D / Y Y Y Y
Mailing Address 1427 Leslie Ave.	08 26 2020 Amount
Suite 102	Amount
City State Zip Code	128679.00
Alexandria VA 22301	Transaction ID : SE.001 Date of Disbursement or Obligation
Purpose of Expenditure Media placement Category/ Type 004	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 05
Horn, Kendra, , , Oppose	President Senate State: OK
Calendar Year-To-Date Per Election for Office Sought Disbrace 2020	ursement For: Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M M / D D / Y Y Y Y
Mailing Address	
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Offic	e Sought: House District:
Oppose	President Senate State:
	ursement For: Primary General
Per Election for Office Sought	Other (specify)
-	
(a) SUBTOTAL of Itemized Independent Expenditures	128679.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	128679.00
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 Date	2020