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

Schedule E)	FOR SE OF FORM 24/48
NAME 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 Man / Dab / Yayayay
Full Name of Payee Red Maverick Media	Date of Public Distribution/Dissemination
	10 21 2020
Mailing Address 1426 N 3rd Street	Amount
Suite 310	Amount
City State Zip Code	13000.00
Harrisburg PA 17102	Transaction ID : SE.001 Date of Disbursement or Obligation
Purpose of Expenditure Media Production Category/ Type 004	10 15 / 2020
Name of Federal Candidate Support Office	e Sought: X House District: 10
DePasquale, Eugene, , ,	President Senate State: PA
Calendar Year-To-Date Per Election for Office Sought Disbut 2020	ursement For: Primary
	Other (specify) >
Full Name of Payee Majority Strategies	Date of Public Distribution/Dissemination
Mailing Address P.O. Box 679219	10 21 2020
Mailing Address P.O. Box 679219	Amount
City State Zip Code	43929.13
Dallas TX 75267	Transaction ID : SE.002 Date of Disbursement or Obligation
Purpose of Expenditure Modic Placement Category/ Category/	Man / Dab / Yayayay
Media Placement Category 004 Type 004	10 16 2020
Name of Federal Candidate Support Office	e Sought: X House District:10
DePasquale, Eugene, , , Oppose	President Senate State: PA
505000 00 2020	ursement For: Primary
Per Election for Office Sought 565926.22 2020	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	5000 10
(a) SOBIOTAL OF REMIZED INDEPENDENT Expenditures	56929.13
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
(c) TOTAL macperiatin Experiations	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Crosby, Caleb, , ,	M / D D / Y Y Y Y
[Electronically Filed] Date 1	0 22 2020

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	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 Mew report Amends report filed on Amends report filed on Amends report 148-hour report	
Full Name of Payee Da	ate of Public Distribution/Dissemination
FlexPoint Media	10 21 2020
Mailing Address P.O. Box 1051	nount
City State Zip Code	452108.00
New Albany OH 43054 Tra	ansaction ID : SE.003 ate of Disbursement or Obligation
Purpose of Expenditure Media Placement Category/ Type 004	10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office So	ought: X House District: 10
DePasquale Fugene	esident Senate State: PA
Calendar Year-To-Date Per Election for Office Sought Disburser 2020	ment For:
Full Name of Payee	ate of Public Distribution/Dissemination
Mailing Address	M = M / D = D / Y = Y = Y
	mount
City State Zip Code	7 7 7
	ate of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y = Y
Name of Federal Candidate Support Office So	ought: House District:
Oppose Pre	esident Senate State:
Calendar Year-To-Date Per Election for Office Sought	ment For:
, ,	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	452108.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	509037.13
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 / Y Y Y Y Y Y Y 2020
Signature	