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 24-hour report 48-hour report New report Amends report filed	d on		
Full Name of Payee	Date of Public Distribution/Dissemination		
FlexPoint Media	10 07 2020		
Mailing Address P.O. Box 1051	Amount		
City State Zip Code	220490.40		
New Albany OH 43054	Transaction ID : SE.001 Date of Disbursement or Obligation		
Purpose of Expenditure Media Placement Category/ Type 004	10 02 7 2020		
Name of Federal Candidate Support Office	e Sought: 🗶 House District: 24		
Balter, Dana, , , Oppose Oppose	President Senate State: NY		
Calendar Year-To-Date Per Election for Office Sought Disb 2020	oursement For: Primary ★ General Other (specify) ▶		
Full Name of Payee National Media	Date of Public Distribution/Dissemination		
National Media	10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 815 Slaters Ln	Amount		
City State Zip Code	39085.00		
Alexandria VA 22134	Transaction ID : SE.002 Date of Disbursement or Obligation		
Purpose of Expenditure Media Placement Category/ Type 004	10 05 / Y Y Y Y		
Name of Federal Candidate Support Offic	ce Sought:		
Balter, Dana, , ,	President Senate State: NY		
Calendar Year-To-Date Per Election for Office Sought Distriction 100 100 100 100 100 100 100 100 100 10	oursement For: Primary General Other (specify)		
(a) SUBTOTAL of Itemized Independent Expenditures	000075.40		
(a) SUBTUTAL OF REINIZED INDEPENDENT EXPENDITURES	259575.40		
(b) SUBTOTAL of Unitemized Independent Expenditures	1 1 7 1 1 7 1 1 7		
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not me 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, , , [Electronically Filed] Date	10 09 2020		
Signature			

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	TOT INDEFENDEN	LAFLIND	TOTILO		PAGE 2 OF 3 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In	Full)				FEC IDENTIFICATION NUMBER ▼	
Congressional Lea	dership Fund				C C00504530	
Check if 24-hour report	X 48-hour report	X New repo	ort Amends repo		= M / D = D / Y = Y = Y	
Full Name of Payee Meridian Pacific					of Public Distribution/Dissemination	
Mailing Address 925 Ur	iversity Ave			Amou	10 07 2020 nt	
City Sacramento		State CA	Zip Code 95825	Trans	22218.74 action ID : SE.003	
Purpose of Expenditure Direct Mail			Category/ Type 004		of Disbursement or Obligation	
Name of Federal Candid	date		Support	Office Sough		
Balter, Dana, , , Calendar Year-To-D			% Oppose 326231.62	Disbursemer 2020		
Per Election for Off Full Name of Payee	ice Sought	7 7	320231.02	C	of Public Distribution/Dissemination	
Outlaw Media Mailing Address 3532	Goddard Way			[10 07 2020	
City		State	Zip Code	Amou	13000.00	
Alexandria Purpose of Expenditure		VA	22304		action ID : SE.004 of Disbursement or Obligation	
Media Production			Category/ Type 004		10 08 2020	
Name of Federal Candid Balter, Dana, , ,	date		Support Oppose	Office Sough	NV	
Calendar Year-To-D Per Election for Of		7 1 7	339231.62	Disbursemer 2020	nt For: Primary	
(a) SUBTOTAL of Itemiz	ed Independent Expenditure	es			35218.74	
(b) SUBTOTAL of Uniter	nized Independent Expendit	tures		. .		
(c) TOTAL Independent	Expenditures			· •	7 1 7 1 7 1	
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, Cale	b, , ,	[Electron	ically Filed] Date	10	09 / 2020	

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

	include Ly	FOR SE OF FORM 24/48					
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼					
U	ongressional Leadership Fund	C C00504530					
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y					
٦	Full Name of Payee	Date of Public Distribution/Dissemination					
	Outlaw Media	10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	Mailing Address 3532 Goddard Way	Amount					
	City State Zip Code	8722.60					
	Alexandria VA 22304	Transaction ID : SE.005 Date of Disbursement or Obligation					
	Purpose of Expenditure Media Production Category/ Type 004	10 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	Name of Federal Candidate Support Office	Sought: House District: 24					
	Balter, Dana, , , Oppose	President Senate State: NY					
	Calendar Year-To-Date Per Election for Office Sought Disbu 2020	rsement For: Primary					
	Full Name of Payee	Date of Public Distribution/Dissemination					
	Mailing Address	Amount					
	City State Zip Code						
	Purpose of Expenditure	Date of Disbursement or Obligation					
	Category/ Type	M M / D D / Y Y Y Y					
	Name of Federal Candidate Support Office	Sought: House District:					
	Oppose	President Senate State:					
	Calendar Year-To-Date Per Election for Office Sought	rsement For: Primary General					
	. S. Libellett ist Silles Stagin	Other (specify)					
	(a) SUBTOTAL of Itemized Independent Expenditures	8722.60					
(b) SUBTOTAL of Unitemized Independent Expenditures							
	(c) TOTAL Independent Expenditures	303516.74					
,	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						
	Signature						

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OF