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

Sc	hedule E)		PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			
С	ongressional Leadership Fund	C C00504530	
Check if 24-hour report 48-hour report New report Amends report filed on			
	Full Name of Payee		Date of Public Distribution/Dissemination
	Cavalry Mailing Address 19945 - 91 - 1994		10 14 2020
	Mailing Address 1634 Eye Street NW		Amount
-	#800 City State	Zip Code	23180.43
	Washington DC	20006	Transaction ID : SE.001 Date of Disbursement or Obligation
	Purpose of Expenditure Media Placement	Category/ Type 004	M M / D D / Y Y Y
ľ	Name of Federal Candidate	Support	Office Sought:
	Cox, TJ, , ,	X Oppose	President Senate State: CA
	Calendar Year-To-Date Per Election for Office Sought	1373689.21	Disbursement For: Primary General 2020 Other (specify) ▶
1	Full Name of Payee FlexPoint Media		Date of Public Distribution/Dissemination
			10 14 2020
	Mailing Address P.O. Box 1051		Amount
ŀ	City State	Zip Code	241626.00
	New Albany OH	43054	Transaction ID : SE.002 Date of Disbursement or Obligation
	Purpose of Expenditure Media Placement	Category/ Type 004	10 / 09 / 2020
ľ	Name of Federal Candidate	Support	Office Sought: M House District: 21
1	Cox, TJ, , ,	x Oppose	President Senate State: CA
	Calendar Year-To-Date Per Election for Office Sought	1615315.21	Disbursement For:
((a) SUBTOTAL of Itemized Independent Expenditures		> 264806.43
((b) SUBTOTAL of Unitemized Independent Expenditures		. •
((c) TOTAL Independent Expenditures		> 264806.43
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.			
		ectronically Filed] Date	e 10 16 2020
	Signature		