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
	<u> </u>
Check if X 24-hour report 48-hour report New report Amends report filed	d on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
KAP Print	10 23 2020
Mailing Address 220 Quinn Drive	Amount
City State Zip Code	29021.58
Dripping Springs TX 78620	Transaction ID : SE.001 Date of Disbursement or Obligation
Purpose of Expenditure Direct mail Category/ Type 004	10 23 2020
Name of Federal Candidate Support Office	e Sought: House District: 02
Elliott, Joyce, , ,	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought Disb 2020	oursement For: Primary General Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
	M M / D D / Y Y Y Y Y
Mailing Address	Amount
City State Zip Code	
Sign Sign Zip Gode	
Purpose of Expenditure	Date of Disbursement or Obligation
Category/ Type	, , , , , , , , , , , , , , , , , ,
Name of Federal Candidate Support Office	ce Sought: House District:
Oppose	President Senate State:
Galorida Todi To Balo	oursement For: Primary General
Per Election for Office Sought	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	29021.58
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	29021.58
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 Signature	10 24 2020
Oignature	