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

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Congressional Leadership Fund	
	C C00504530
Check if 24-hour report	
Full Name of Payee	Date of Public Distribution/Dissemination
Cavalry	M M / D D / Y Y Y Y Y Y Y Y Y Y
Mailing Address 1634 Eye Street NW	10 14 2020 Amount
#800	
City State Zip Code	105728.48
Washington DC 20006	Transaction ID : SE.001 Date of Disbursement or Obligation
Purpose of Expenditure Media Placement Category/ Type 004	10 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: X House District: 07
Bordeaux, Carolyn, , ,	President Senate State: GA
Calendar Year-To-Date Per Election for Office Sought Disbut 1392828.56 Disbut 1392828.56	orsement For: Primary ☐ General ☐ Other (specify) ►
Full Name of Payee	Date of Public Distribution/Dissemination
FlexPoint Media	10 14 2020
Mailing Address P. O Box 1051	10 14 2020
	Amount
City State Zip Code	1065027.00
New Albany OH 43054	Transaction ID : SE.002 Date of Disbursement or Obligation
Purpose of Expenditure Media Placement Category/ 004	M M / D D / Y Y Y
Type U04	10 09 2020
Name of Federal Candidate Support Offic	e Sought: 🗶 House District:07
Bordeaux, Carolyn, , ,	President Senate State: GA
2020	ursement For: Primary X General
Per Election for Office Sought 2457855.56	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	1170755.48
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
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.	
2 4.10	0 16 2020
Signature	

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		
	ate of Public Distribution/Dissemination	
Meridian Pacific	10 14 2020	
Mailing Address 925 University Ave	mount	
City State Zip Code	34981.57	
	ransaction ID : SE.003 ate of Disbursement or Obligation	
Purpose of Expenditure Direct Mail Category/ Type 004	10 13 / 2020	
Name of Federal Candidate Support Office Sc	ought: X House District: 07	
Bordeaux Carolyn	esident Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought Disburses 2492837.13 Disburses	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		
	ate of Disbursement or Obligation	
Purpose of Expenditure Category/ Type	M = M / D = D / 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 Disburse	ment For:	
	Girler (Specify) >	
(a) SUBTOTAL of Itemized Independent Expenditures	34981.57	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	1205737.05	
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	16 2020	
Olynatale		