24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E) FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)		
Congressional Leadership Fund		
		C C00504530
M M / D D / Y Y Y Y Y		
Check if X 24-hour report 48-hour report New report Amends report filed on		
Full Name of Payee KAP Print	Date	e of Public Distribution/Dissemination
10 23 2020		
Mailing Address 220 Quinn Drive		ount
City State Zip Co	ode	37284.96
Dripping Springs TX 78620		nsaction ID : SE.001 e of Disbursement or Obligation
Purpose of Expenditure Direct mail Cate	gory/ Type 004	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sou	ight: X House District: 07
Spanberger, Abigail, , ,		ident Senate State: VA
Calendar Year-To-Date Per Election for Office Sought 9904	27.94 Disburseme	ent For: Primary X General Other (specify) ▶
Full Name of Payee	Dat	te of Public Distribution/Dissemination
		M M / D D / Y Y Y Y
Mailing Address		
	Ame	ount
City State Zip C	ode	
Purpose of Expenditure		te of Disbursement or Obligation
Cate	gory/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate	Support Office Sou	ight: House District:
	Oppose Pres	sident Senate State:
Calendar Year-To-Date	Disbursem	
Per Election for Office Sought		Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		37284.96
(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.		
Crosby, Caleb, , , [Electronically F	iled] Date 10	/ 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		