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

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	ed on M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
FlexPoint Media	10 14 2020
Mailing Address P.O. Box 1051	Amount
City State Zip Code	43323.98
New Albany OH 43054	Transaction ID: SE.001 Date of Disbursement or Obligation
Purpose of Expenditure Media Placement Category/ Type 004	10 09 / 2020
Name of Federal Candidate Support Of	fice Sought: X House District: 03
Axne, Cindy, , ,	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 697832.85 Dispersion of the Company of th	
	Other (specify)
Full Name of Payee FlexPoint Media	Date of Public Distribution/Dissemination 10 14 2020
Mailing Address P.O. Box 1051	
	Amount
City State Zip Code	54658.00
New Albany OH 43054	Transaction ID : SE.002 Date of Disbursement or Obligation
Purpose of Expenditure Madia Placement Category/	M M / D D / Y Y Y Y
Media Placement Type 004	10 09 2020
Name of Federal Candidate Support Of	fice Sought:
Axne, Cindy, , ,	President Senate State: IA
Calendar Year-To-Date	sbursement For: Primary X General
Per Election for Office Sought 752490.85 20	Other (specify) Other
(a) SUBTOTAL of Itemized Independent Expenditures	97981.98
	7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7
(c) TOTAL Independent Expenditures	97981.98
, and the second se	7-1-7-1-7-1-7-1-7-1-7-1-7-1-7-1-7-1-7-1
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eit party committee) any political party committee or its agent.	•
Crosby, Caleb,,,	M M / D D / Y Y Y Y
[Electronically Filed] Date	10 16 2020
- Syracus	