24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)		PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Congressional Leadership Fund		C C00504530
Check if 24-hour report		
Full Name of Payee RumbleUp		Date of Public Distribution/Dissemination
<u>'</u>		08 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2021 L St. NW		Amount
Suite 101-220 City State	Zip Code	5094.05
Washington DC	20036	Transaction ID : SE.001 Date of Disbursement or Obligation
Purpose of Expenditure Text messages	Category/ Type 004	Date of Disbursement of Obligation M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Off	fice Sought:
Horn, Kendra, , ,	X Oppose	President Senate State: OK
Calendar Year-To-Date Per Election for Office Sought	548449.91 Dis 202	sbursement For: Primary General Other (specify)
Full Name of Payee		Date of Public Distribution/Dissemination
		M = M / D = D / Y = Y = Y
Mailing Address		Amount
		Anount
City State	Zip Code	
	1	Date of Disbursement or Obligation
Purpose of Expenditure	Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate	Support Of	ffice Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date	Die	isbursement For: Primary General
Per Election for Office Sought		Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures		5094.05
(4) 655.6.1.2 6. 1601.255 1145.7		7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	>	5094.05
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	
	nically Filed] Date	M = M / D = D / Y = Y = Y = Y = O = O = O = O = O = O =
Signature	_	