10/16/2020 19 : 21

## Image# 202010169297001715 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)		ITUNES		PAGE 1 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	. 1		FEC	IDENTIFICATION NUMBER V
Congressional Leadership Fu	na		C	C00504530
Check if 24-hour report X 48-hour	report X New rep	ort Amends repo	ort filed on	
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
Majority Strategies			10 <sup>M</sup>	/ D D / Y Y Y Y 14 2020
Mailing Address P.O. Box 679219			Amount	
City	State	Zip Code		18516.48
Dallas	ТХ	75267	Transaction	ID : SE.001 bursement or Obligation
Purpose of Expenditure Media Placement		Category/ Type 004	M M	/ D D / Y Y Y Y 09 / 2020
Name of Federal Candidate		Support	Office Sought:	X House District: 05
Hale, Christina, , ,		× Oppose	President	Senate State: IN
Calendar Year-To-Date Per Election for Office Sought		135330.93	Disbursement For: 2020	Primary X General
				specify) ►
Full Name of Payee Red Maverick Media			Date of Pub	lic Distribution/Dissemination
Mailing Address 1426 N 3rd Street				
Suite 310			Amount	
City	State	Zip Code		13000.00
Harrisburg	PA	17102	Transaction Date of Dist	ID : SE.002 bursement or Obligation
Purpose of Expenditure Media Production		Category/ Type 004	M 10	/ D D / Y Y Y Y 13 / 2020
Name of Federal Candidate		Support	Office Sought:	K House District: 05
Hale, Christina, , ,		× Oppose	President	Senate State: IN
Calendar Year-To-Date Per Election for Office Sought	· · · · · · · ·	148330.93	Disbursement For: 2020	Primary X General
(a) SUBTOTAL of Itemized Independent	Expenditures		·· ▶	31516.48
(b) SUBTOTAL of Unitemized Independe	ent Expenditures			
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	any candidate or authorized			
Crosby, Caleb, , ,		:	M M / D I	
Signature	[Electron	<i>ically Filed]</i> Date	e 10 16	2020

## Image# 202010169297001716 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	hedule E)	NDENT EXPEND	ITUNES			PAGE 2 OF 2 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC I	DENTIFICATION NUMBER V
C	ongressional Leadership Fund				С	C00504530
Che	eck if 24-hour report 🗶 48-hour rep	port X New rep	ort Amends repo		M M	/ D = D / Y = Y = Y = Y
Г	Full Name of Payee			Date	of Publ	ic Distribution/Dissemination
	FlexPoint Media			[	<sup>M</sup> 10	/ D D / Y Y Y Y 14 2020
	Mailing Address P.O. Box 1051			Amo	unt	
ł	City	State	Zip Code			180579.00
	New Albany	ОН	43054			ID : SE.003 ursement or Obligation
	Purpose of Expenditure Media placement		Category/ Type 004		<sup>M</sup> 10	/ D D / Y Y Y Y 09 2020
	Name of Federal Candidate		Support	Office Soug	ht:	¥ House District: 05
	Hale, Christina, , ,		X Oppose	Presid	lent [	Senate State: <u>IN</u>
	Calendar Year-To-Date Per Election for Office Sought		328909.93	Disburseme		Primary X General pecify) ►
1	Full Name of Payee			Date	of Pub	lic Distribution/Dissemination
					MM	/ D D / Y Y Y Y
	Mailing Address			Amo	unt	
	City	State	Zip Code			
				Date	of Dish	oursement or Obligation
	Purpose of Expenditure		Category/ Type		M	
ŀ	Name of Federal Candidate		Support	Office Soug	ht:	House District:
			Oppose	Presid	dent	Senate State:
	Calendar Year-To-Date Per Election for Office Sought	· · · · · · · ·		Disburseme		Primary General
┍─┶						
(	(a) SUBTOTAL of Itemized Independent Ex	penditures		• •		180579.00
(	(b) SUBTOTAL of Uniternized Independent	Expenditures		••	7	
(	c) TOTAL Independent Expenditures			••		212095.48
v	Under penalty of perjury I certify that the in vith, or at the request or suggestion of, any party committee) any political party committe	candidate or authorized				
	Crosby, Caleb, , ,	[Electron	ically Filed] Date	e 10 /	16	2020
	Signature					