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

FEC IDENTIFICATION NUMBER FEC IDENTIFICATION NUMBER Congressional Leadership Fund Leadership F	Schedule E)	FOR SE OF FORM 24/48					
Congressional Leadership Fund Consideration Consideratio	AME OF COMMITTEE (In Full)	<u> </u>					
Full Name of Payee Majority Strategies Melling Address P.O. Box 679219 Ty Ty State Category Manual Full Name of Payee Majority Strategies Melling Address P.O. Box 679219 Ty Ty State Category Manual Ty Ty Ty Ty Ty Ty Ty Ty Ty T	Congressional Leadership Fund						
Full Name of Payee Field for Office Sought Full Name of Federal Candidate Field Share Field Share Field Share Field Share Field Category' New Albany OH 43054 Rame of Federal Candidate Schupp, Jill, ,		C C00504530					
Majing Address p.O. Box 679219 City State Zp Code Dallae TX 75267 Purpose of Expenditure Media Placement Schupp, Jill Category/ Jill Category/ Jill Calendar Year-To-Date Plevious of Expenditure Media Placement State: MODes of Disbursement or Obligation Date of Disbursement or District: Q2 President Senate State: MODes of Placement State: MODes of Disbursement or District: Q2 President Senate State: MODes of Disbursement or District: Q2 President Senate State: MODes of Disbursement or District: Q2 President Senate State: MODes of Expenditure Media Placement State: MODes of Expenditure Schupp, Jill Calendar Year-To-Date Sought State Zip Code Transaction ID: SE.002 Date of Disbursement or District: Q2 Date of Disbursement or Dispation Transaction ID: SE.002 Date of Disbursement or District: Q2 Date of Disbursement or Dispation Date of Disbursement or Dispation Transaction ID: SE.002 Date of Disbursement or Dispation Date of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement							
Mailing Address P.O. Box 679219 To 21 2020 Amount To 21 2020 To 21 2020 Amount To 21 2020 To 21 2020 Amount To 21 2020 To 22 2020 To 22 2020 To 22 2020 To 23 2020 To 24 2020 To 25 2020 To 26 2020 To 27 2020 To 27 2020 To 28		Date of Public Distribution/Dissemination					
Mailing Address P.O. Box 679219 City State Zip Code Dallas TX 75267 Purpose of Expenditure Media Placement Category' D04 Name of Federal Candidate Schupp, Jill, Calendar Year-To-Date Flex Point Media Mailing Address P.O. Box 1051 City State Zip Code Flex Point Media Mailing Address P.O. Box 1051 City State Zip Code Flex Point Media Mailing Address P.O. Box 1051 Category' D04 Transaction ID : SE.001 Date of Disbursement or Obligation Disbursement For: Primary X General Z020 Other (specify) ► Category' D04 Transaction ID : SE.002 Date of Public Distribution/Dissemination Transaction ID : SE.002 Date of Disbursement or Obligation Transaction ID : SE.002 Date of Disbursement or Obligation Transaction ID : SE.002 Date of Disbursement or Obligation Transaction ID : SE.002 Date of Disbursement or Obligation Transaction ID : SE.002 Date of Disbursement or Obligation Transaction ID : SE.002 Date of Disbursement or Obligation Transaction ID : SE.002 Date of Disbursement or Obligation Transaction ID : SE.002 Date of Disbursement or Obligation Transaction ID : SE.002 Date of Disbursement or Obligation Transaction ID : SE.002 Date of Disbursement or Obligation Transaction ID : SE.002 Date of Disbursement or Obligation Transaction ID : SE.002 Date of Disbursement or Obligation Transaction ID : SE.002 Date of Disbursement or Obligation Transaction ID : SE.002 Date of Disbursement or Obligation Transaction ID : SE.002 Date of Disbursement or Obligation Transaction ID : SE.002 Date of Disbursement or Obligation Transaction ID : SE.002 Date of Public Distribution/Dissemination Transaction ID : SE.002 Date of Public Distribution/Dissemin	Majority Strategies						
Dallas TX 75267 Transaction ID: SE.001 Date of Disbursement or Obligation Purpose of Expenditure Media Placement Transaction ID: SE.001 Date of Disbursement or Obligation Transaction ID: SE.001 Date of Disbursement or Obligation To 16	Mailing Address P.O. Box 679219						
Dallas TX 75267 Transaction ID: SE.001 Date of Disbursement or Obligation Purpose of Expenditure Media Placement Transaction ID: SE.001 Date of Disbursement or Obligation Transaction ID: SE.001 Date of Disbursement or Obligation To 16							
Purpose of Expenditure Media Placement Name of Federal Candidate Support							
Purpose of Expenditure Media Placement Name of Federal Candidate Support Office Sought: Name of Payee President Senate State: MO Office Sught: Name of Payee President Senate State: Name of Pay							
Schupp, Jill, ,	Purpose of Expenditure Media Placement Category/	M M / D D / Y Y Y					
Schupp, Jill, ,	Name of Federal Candidate Support Office S	ought: X House District: 02					
Per Election for Office Sought Full Name of Payee FlexPoint Media Mailing Address P.O. Box 1051 City State Zip Code New Albany OH 43054 Purpose of Expenditure Media Placement Category/ Type Name of Federal Candidate Schupp, Jilli,	Schupp lill						
Full Name of Payee FlexPoint Media Mailing Address P.O. Box 1051 City State Zip Code New Albany OH 43054 Purpose of Expenditure Media Placement Category/ Name of Federal Candidate Schupp, Jill, Calendar Year-To-Date Per Election for Office Sought Assate State: MO Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized 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. (Electronically Filed) Date of Public Distribution/Dissemination Amount Transaction ID : SE.002 Transaction ID : SE.002 Date of Disbursement or Obligation	Calcindal Idal to Bate	ement For: Primary Seneral					
FlexPoint Media Mailing Address P.O. Box 1051 City State Zip Code Transaction ID: SE.002 New Albany OH 43054 Purpose of Expenditure Media Placement Category/ 17pe 004 Name of Federal Candidate Schupp, Jill,	Per Election for Office Sought 1779869.74 2020	Other (specify) ▶					
Mailing Address P.O. Box 1051 City State Zip Code New Albany OH 43054 Purpose of Expenditure Media Placement Name of Federal Candidate Schupp, Jill,							
City State Zip Code New Albany OH 43054 Purpose of Expenditure Media Placement Name of Federal Candidate Schupp, Jill, ,							
New Albany OH 43054 Transaction ID: SE.002 Date of Disbursement or Obligation Purpose of Expenditure Media Placement Name of Federal Candidate Schupp, Jill, ,	1 .O. DOX 1001	Amount					
New Albany OH 43054 Transaction ID: SE.002 Date of Disbursement or Obligation Purpose of Expenditure Media Placement Name of Federal Candidate Schupp, Jill, ,	City State Zin Code	74000.00					
Purpose of Expenditure Media Placement Category/ Type Od4 Support Office Sought:	1 '						
Media Placement Categly Tiype	Purpose of Evpanditure						
Schupp, Jill, , ,	Modio Placement						
Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures	Name of Federal Candidate Support Office S	Sought: X House District: 02					
Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures	Schupp, Jill, , ,	resident Senate State: MO					
(a) SUBTOTAL of Itemized Independent Expenditures	2020 T4						
(b) SUBTOTAL of Unitemized Independent Expenditures		Other (specify)					
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 22 2020	(a) SUBTOTAL of Itemized Independent Expenditures	81967.03					
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 22 2020	(b) SUBTOTAL of Unitemized Independent Expenditures						
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 22 2020	(c) TOTAL Independent Expenditures						
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 22 2020		45 45					
[Electronically Filed] Date 10 22 2020	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						
	[F1 - +						
oignaturo -	Signature Date 10	2020					

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

Sch	nedule E)	TOTILO		PAGE 2 OF 2 FOR SE OF FORM 24/48	
	IE OF COMMITTEE (In Full)		FEC I	DENTIFICATION NUMBER ▼	
Co	ongressional Leadership Fund		С	C00504530	
Chec	ck if X 24-hour report 48-hour report X New report	ort Amends repo	ort filed on	/ D = D / Y = Y = Y	
F	Full Name of Payee Majority Strategies		м = м	ic Distribution/Dissemination	
ľ	Mailing Address P.O. Box 679219		Amount	21 2020	
	City State	Zip Code		8131.87	
	Dallas TX	75267	Transaction Date of Disb		
	Purpose of Expenditure Media Placement	Category/ Type 004	10	22 / 2020	
1	Name of Federal Candidate	Support	Office Sought:	✗ House District:02	
	Schupp, Jill, , ,	X Oppose	President	Senate State: MO	
	Calendar Year-To-Date Per Election for Office Sought	1862001.61	Disbursement For: 2020 Other (s	Primary ✗ General pecify) ▶	
Г	Full Name of Payee		Date of Publ	lic Distribution/Dissemination	
	Mailing Address		M = M	/ D D / Y D Y D	
			Amount		
-	City State	Zip Code			
			Date of Disb	oursement or Obligation	
	Purpose of Expenditure	Category/ Type	M = M	/ D = D / Y = Y = Y	
	Name of Federal Candidate	Support	Office Sought:	House District:	
		Oppose	President	Senate State:	
	Calendar Year-To-Date Per Election for Office Sought		Disbursement For:	Primary General	
	, ,		Other (s	pecity) P	
(a	a) SUBTOTAL of Itemized Independent Expenditures		· •	8131.87	
(b	o) SUBTOTAL of Unitemized Independent Expenditures		· •	4 1 6	
(c	e) TOTAL Independent Expenditures		•	90098.90	
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.					
		ically Filed] Date	e 10 / 22	2020	
	Signature				