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

Schedule E)	PAGE 1 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Congressional Leadership Fund	C C00504530
	C 00304330
Check if 24-hour report	d on Mam / Dab / Yayayay
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	36290.92
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 Offic	e Sought: X House District: 07
Peterson, Collin, , ,	President Senate State: MN
Calendar Year-To-Date Per Election for Office Sought  Disb 2020	ursement For: Primary <b>X</b> General  Other (specify) ▶
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	759425.00
New Albany OH 43054	Transaction ID : SE.002  Date of Disbursement or Obligation
Purpose of Expenditure Media Placement  Category/ Type  004	10 09 / 2020
Name of Federal Candidate Support Offic	ee Sought: 🗶 House District:07
Peterson, Collin, , ,	President Senate State: MN
Calendar Year-To-Date Per Election for Office Sought  Disb. 2020	oursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	795715.92
(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.	
	10 16 2020
Signature	

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Congressional Leadership Fund	C C00504530
Check if 24-hour report	
	e of Public Distribution/Dissemination
Meridian Pacific	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 925 University Ave Amo	punt
City State Zip Code	15236.33
	nsaction ID : SE.003 e of Disbursement or Obligation
Purpose of Expenditure Direct Mail  Category/ Type 004	10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate  Support  Office Soug	ght: X House District: 07
Fischbach, Michelle, , , Oppose President	MAN
Calendar Year-To-Date Per Election for Office Sought  Disburseme 2009567.20  Disburseme	ent For:  Primary
Full Name of Payee Date	e of Public Distribution/Dissemination
Mailing Address	
Amo	ount
City State Zip Code	
	e of Disbursement or Obligation
Purpose of Expenditure  Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate Support Office Sou	ght: House District:
Oppose Presi	ident Senate State:
Calendar Year-To-Date Per Election for Office Sought	ent For: Primary General  Other (specify) ▶
	Ottlei (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	15236.33
(b) SUBTOTAL of Unitemized Independent Expenditures	4 4
(c) TOTAL Independent Expenditures	810952.25
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	16 2020
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