10/16/2020 19 : 25

Image# 202010169297001726 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)	PENDENI EXPEND	IIUNES		PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				DENTIFICATION NUMBER V
Congressional Leadership Fu	na		C	C00504530
Check if 24-hour report 🗶 48-hour	report X New rep	oort Amends repo	ort filed on	
Full Name of Payee FlexPoint Media			Date of Public	C Distribution/Dissemination
Mailing Address P.O. Box 1051			10 Amount	14 2020
City	State	Zip Code		380453.00
New Albany	ОН	43054	Transaction	
Purpose of Expenditure Media Placement		Category/ Type 004	M M 10	
Name of Federal Candidate		Support	Office Sought:	K House District: 11
Davis, Moe, , ,		× Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , , , , , , , , , , , , , , , , , ,	805331.71	Disbursement For: 2020 Other (sp	Primary X General
Full Name of Payee			Date of Publi	c Distribution/Dissemination
			M M	/ D D / Y Y Y Y
Mailing Address			Amount	
			Amount	
City	State	Zip Code		
			Date of Disb	ursement or Obligation
Purpose of Expenditure		Category/ Type	M = M	/ D D / Y Y 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
(a) SUBTOTAL of Itemized Independent	Expenditures		• •	380453.00
(b) SUBTOTAL of Unitemized Independe	ent Expenditures		• •	
(c) TOTAL Independent Expenditures			•	380453.00
Under penalty of perjury I certify that the with, or at the request or suggestion of, party committee) any political party comm	any candidate or authorized			
Crosby, Caleb, , ,	[]]] ·	rigally Filed		/
Signature	[Electron	<i>mically Filed]</i> Date	9 10 16	2020