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

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
		0
Check if 24-hour report X 48-hour report N New re	port Amends report fil	ed on M / D D / Y Y Y Y Y
Full Name of Payee FlexPoint Media		Date of Public Distribution/Dissemination
PlexPoint Media		09 12 2020
Mailing Address PO Box 1051		Amount
City State	Zip Code	344586.24
New Albany OH	43054	Transaction ID : SE.001 Date of Disbursement or Obligation
Purpose of Expenditure Media placement	Category/ Type 004	09 04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Off	fice Sought: X House District: 01
Cunningham, Joe, , ,	X Oppose	President Senate State: SC
Calendar Year-To-Date Per Election for Office Sought	621722.91 Dis	sbursement For: Primary X General 20 Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Arena		09 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1260 Stringham Ave.		Amount
#350		Amount
City State	Zip Code	12467.53
Salt Lake City UT	84106	Transaction ID : SE.002 Date of Disbursement or Obligation
Purpose of Expenditure Media placement	Category/ Type 004	09 / D D / Y Y Y Y Y Y Y
Name of Federal Candidate	Support Of	fice Sought: House District: 01
Cunningham, Joe, , ,	✗ Oppose	President Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		sbursement For: Primary
	<u>'</u>	
(a) SUBTOTAL of Itemized Independent Expenditures	·····	357053.77
(b) CURTOTAL of Unitamized Independent Expenditures		
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	7 7 7
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
	onically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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 48-hour report New report Amends report filed on		
Full Name of Payee	Date of Public Distribution/Dissemination	
Something Else Strategies	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 212 Golden Willow Court	Amount	
City State Zip Code	14500.00	
Easley SC 29462	Transaction ID : SE.003 Date of Disbursement or Obligation	
Purpose of Expenditure Media production Category/ Type 004	09 / 14 / 2020	
Name of Federal Candidate Support	Office Sought:	
Cunningham, Joe, , ,	President Senate State: SC	
	Disbursement For: Primary	
Full Name of Payee	Date of Public Distribution/Dissemination	
Mailing Address		
	Amount	
City State Zip Code		
	Date of Disbursement or Obligation	
Purpose of Expenditure Category/ Type	M M / D D / 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:	
(a) SUBTOTAL of Itemized Independent Expenditures	14500.00	
(b) SUBTOTAL of Unitemized Independent Expenditures	•	
(c) TOTAL Independent Expenditures	371553.77	
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 Signature	09 / 14 / 2020	
Oignature		