

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

NAME OF COMMITTEE (In Full) Congressional Leadership Fund
FEC IDENTIFICATION NUMBER C C00504530
Check if [x] 24-hour report [ ] 48-hour report [x] New report [ ] Amends report filed on

Full Name of Payee Prime Media Partners
Mailing Address 4201 Wilson Blvd #110-126
City Arlington State VA Zip Code 22203
Purpose of Expenditure Media Production Category/Type 004

Date of Public Distribution/Dissemination 10 / 19 / 2020
Amount 1916.00
Transaction ID : SE.001
Date of Disbursement or Obligation 10 / 16 / 2020

Name of Federal Candidate Rose, Max, , ,
Support [ ] Oppose [x]
Office Sought: [ ] President [ ] Senate [x] House District: 11 State: NY

Disbursement For: [ ] Primary [x] General 2020 [ ] Other (specify)

Calendar Year-To-Date Per Election for Office Sought 2932014.42
Full Name of Payee FlexPoint Media
Mailing Address P.O. Box 1051
City New Albany State OH Zip Code 43054
Purpose of Expenditure Media Placement Category/Type 004

Date of Public Distribution/Dissemination 10 / 19 / 2020
Amount 925000.00
Transaction ID : SE.002
Date of Disbursement or Obligation 10 / 16 / 2020

Name of Federal Candidate Rose, Max, , ,
Support [ ] Oppose [x]
Office Sought: [ ] President [ ] Senate [x] House District: 11 State: NY

Disbursement For: [ ] Primary [x] General 2020 [ ] Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 926916.00, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures 926916.00

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 / 20 / 2020
Signature