

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

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

| | | |
|---|--|--|
| NAME OF COMMITTEE (In Full) Congressional Leadership Fund | | FEC IDENTIFICATION NUMBER ▼ C C00504530 |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |

| | | |
|---|------------------------------|---|
| Full Name of Payee FlexPoint Media | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2020 |
| Mailing Address P.O. Box 1051 | | Amount 71217.91 |
| City New Albany | State OH | Zip Code 43054 |
| Purpose of Expenditure Media Placement | Category/ Type 004 | Transaction ID : SE.001 Date of Disbursement or Obligation MM / DD / YYYY 10 / 02 / 2020 |
| Name of Federal Candidate Kulkarni, Sri Preston, , , | | Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ |

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|---|------------------------------|---|
| Full Name of Payee FlexPoint Media | | Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2020 |
| Mailing Address P.O. Box 1051 | | Amount 643010.42 |
| City New Albany | State OH | Zip Code 43054 |
| Purpose of Expenditure Media Placement | Category/ Type 004 | Transaction ID : SE.002 Date of Disbursement or Obligation MM / DD / YYYY 10 / 02 / 2020 |
| Name of Federal Candidate Kulkarni, Sri Preston, , , | | Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ |

| | |
|---|------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 714228.33 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | 714228.33 |

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

MM / DD / YYYY
10 / 09 / 2020

Signature