

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 FlexPoint Media
Mailing Address P.O. Box 1051
City New Albany State OH Zip Code 43054
Purpose of Expenditure Media Placement Category/Type 004
Name of Federal Candidate Webb, Cameron, , , [] Support [x] Oppose
Calendar Year-To-Date Per Election for Office Sought 716987.71

Date of Public Distribution/Dissemination 10 / 21 / 2020
Amount 26189.45
Transaction ID : SE.001
Date of Disbursement or Obligation 10 / 16 / 2020
Office Sought: [x] House District: 05
[] President [] Senate State: VA
Disbursement For: [] Primary [x] General 2020 [] Other (specify)

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
Name of Federal Candidate Webb, Cameron, , , [] Support [x] Oppose
Calendar Year-To-Date Per Election for Office Sought 939592.71

Date of Public Distribution/Dissemination 10 / 21 / 2020
Amount 222605.00
Transaction ID : SE.002
Date of Disbursement or Obligation 10 / 16 / 2020
Office Sought: [x] House District: 05
[] President [] Senate State: VA
Disbursement For: [] Primary [x] General 2020 [] Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 248794.45, (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.

Crosby, Caleb, , , [Electronically Filed] Date 10 / 22 / 2020
Signature

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 FlexPoint Media
Mailing Address P.O. Box 1051
City New Albany State OH Zip Code 43054
Purpose of Expenditure Media Placement Category/Type 004
Name of Federal Candidate Webb, Cameron, , , [] Support [x] Oppose
Calendar Year-To-Date Per Election for Office Sought 1263342.71

Date of Public Distribution/Dissemination 10 / 21 / 2020
Amount 323750.00
Transaction ID : SE.003
Date of Disbursement or Obligation 10 / 19 / 2020
Office Sought: [x] House District: 05 [] President [] Senate State: VA
Disbursement For: [] Primary [x] General 2020 [] Other (specify)

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
Name of Federal Candidate Webb, Cameron, , , [] Support [x] Oppose
Calendar Year-To-Date Per Election for Office Sought 1402092.71

Date of Public Distribution/Dissemination 10 / 21 / 2020
Amount 138750.00
Transaction ID : SE.004
Date of Disbursement or Obligation 10 / 19 / 2020
Office Sought: [x] House District: 05 [] President [] Senate State: VA
Disbursement For: [] Primary [x] General 2020 [] Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 462500.00, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures 711294.45

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.
Signature Crosby, Caleb, , , [Electronically Filed] Date 10 / 22 / 2020