24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	DENT EXPEND	TONES		PAGE 1 OF 2 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼			
Congressional Leadership Fund				C00504530			
Check if 24-hour report 48-hour repo	rt New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y = Y			
Full Name of Payee			Date of Public	: Distribution/Dissemination			
Arena			10 /	21 / 2020			
Mailing Address 1260 Stringham Ave			Amount				
#350							
City Salt Lake City	State UT	Zip Code 84106		29535.36 Transaction ID : SE.001 Date of Disbursement or Obligation			
Purpose of Expenditure Media Placement		Category/ Type 004	Date of Disbu	16 / Y 2020			
Name of Federal Candidate		Support	Office Sought:	House District: 01			
Galvin, Alyse, , ,		X Oppose	President	Senate State: AK			
Calendar Year-To-Date Per Election for Office Sought		826274.93	Disbursement For: 2020 Other (spe	Primary ✗ General ecify) ▶			
Full Name of Payee			Date of Public	Distribution/Dissemination			
FlexPoint Media			10	21 / 2020			
Mailing Address P.O. Box 1051			Amount				
City	State	Zip Code		116806.00			
New Albany	ОН	43054		Transaction ID : SE.002 Date of Disbursement or Obligation			
Purpose of Expenditure Media Placement		Category/ Type 004	10	16 / Y 2020			
Name of Federal Candidate		Support	Office Sought:	House District: 01			
Galvin, Alyse, , ,		X Oppose	President	Senate State: AK			
Calendar Year-To-Date Per Election for Office Sought		943080.93	Disbursement For: 2020 Other (sp	Primary X General ecify) ▶			
(a) SUBTOTAL of Itemized Independent Expe	enditures		•	146341.36			
(b) SUBTOTAL of Unitemized Independent Ex	rpenditures						
			4	4			
(c) TOTAL Independent Expenditures			•	7			
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any committee) any political party committee	andidate or authorized						
Crosby, Caleb, , ,	[Electron	ically Filed] Date	10 / 22	2020			
Signature							

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

Schedule E)						PAGE 2 FOR SE OF F	OF 2 ORM 24/48
NAME OF COMMITTEE (In Full)					FEC ID	DENTIFICATION	
Congressional Leadership Fund						C00504530	
Check if 24-hour report 48-hour report	✗ New rep	port Am	ends repc	ort filed on	M = M /	/ D = D /	Y Y Y Y Y
Full Name of Payee				Date	of Public	c Distribution/Di	comination
FlexPoint Media					M M M	/ Dan / 21	2020
Mailing Address P.O. Box 1051				Amo	ount		
City	State	Zip Code				(693750.00
New Albany						ID: SE.003 ursement or Obl	
Purpose of Expenditure Media Placement		Category/ Type	004		M 10	19	2020
Name of Federal Candidate		<u> </u>	Support	Office Sou	oht·]	X House Di	strict: 01
Galvin, Alyse, , ,			Oppose		ident		State: AK
Calendar Year-To-Date Per Election for Office Sought		1636830.93		Disburseme 2020	ent For: Other (sp	Primary Decify) ▶	X General
Full Name of Payee						c Distribution/Di	ssemination
Tun ramo or rayou					M M M	/ D D /	Y Y Y Y Y
Mailing Address				Am	ount		
City	State	Zip Code					
Purpose of Expenditure		1		Date	e of Disbu	ursement or Ob	
Fulpose of Experionale		Category/ Type			M M	/ D D /	Y
Name of Federal Candidate		<u> </u>	Support	Office Sou	ght:	House Di	strict:
			Oppose	Pres	ident	Senate	State:
Calendar Year-To-Date Per Election for Office Sought				Disbursem		Primary	General
					Other (sp	oecity) 🚩	
(a) SUBTOTAL of Itemized Independent Expendi	tures			· • [7	6	93750.00
(b) SUBTOTAL of Unitemized Independent Exper	nditures			•			
					7		
(c) TOTAL Independent Expenditures				·· •	-7-	8	40091.36
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any cancer party committee) any political party committee or	didate or authorized						
Crosby, Caleb, , ,	[Electron	ically Filed]	Date	e 10	/ 22	2020	Y
Signature							