10/09/2020 16 : 08

## Image# 202010099285076821 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)	ENDENI EAPEND	IIUNES		PAGE 1 OF 2 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	ENTIFICATION NUMBER V				
Congressional Leadership Fur	d		С	C00504530	
Check if 24-hour report X 48-hour r	eport 🗶 New rep	oort Amends rep	oort filed on		
Full Name of Payee FlexPoint Media				c Distribution/Dissemination	
			10 <sup>M</sup>	07 Y Y Y Y 2020	
Mailing Address P.O. Box 1051			Amount		
City	State	Zip Code		257085.81	
New Albany	ОН	43054	Transaction	ID : SE.001 ursement or Obligation	
Purpose of Expenditure Media Placement		Category/ Type 004	M M 10	/ D D / Y Y Y Y 02 2020	
Name of Federal Candidate		Support	Office Sought:	X House District: 04	
McAdams, Ben, , ,		× Oppose	President	Senate State: UT	
Calendar Year-To-Date Per Election for Office Sought		2468115.33	Disbursement For: 2020 Other (sp	Primary X General	
Full Name of Payee			Date of Publi	c Distribution/Dissemination	
Arena			10 <sup>M</sup>	/ D D / Y Y Y Y 07 2020	
Mailing Address 1260 Stringham Ave			Amount		
#350					
City Salt Lake City	State UT	Zip Code 84106	Transaction I		
Purpose of Expenditure Media Placement		Category/ Type 004	M	ursement or Obligation	
Name of Federal Candidate		Support	Office Sought:	<b>X</b> House District: 04	
McAdams, Ben, , ,		× Oppose	President	Senate State: UT	
Calendar Year-To-Date Per Election for Office Sought		2497594.68	Disbursement For: 2020	Primary X General	
			Other (s	Deciry) ►	
(a) SUBTOTAL of Itemized Independent E	xpenditures		··· ▶	286565.16	
(b) SUBTOTAL of Unitemized Independer	t Expenditures				
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commi	ny candidate or authorized				
Crosby, Caleb, , ,	[Elaster-	inally Filed		/ / / / / / /	
Signature	[Electron	<i>nically Filed]</i> Dat	te 10 09	2020	

## Image# 202010099285076822 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(So	shedule E)				PAGE 2 FOR SE OF FC	OF 2 DBM 24/48	
	ME OF COMMITTEE (In Full)			FEC ID			
C	ongressional Leadership Fund				C00504530		
				U			
Ch	eck if 24-hour report 🗶 48-hour report 🗶 New rep	oort Amends repo		I M /	D D / Y	Y Y Y Y	
	Full Name of Payee		Date	of Public	c Distribution/Dis	semination	
	RedPrint Strategy			10 I I	07 / Y	2020	
	Mailing Address 1050 Johnnie Dodds Blvd	Amou	Amount				
	City State	Zip Code				13000.00	
	Mount Pleasant SC	29465		Transaction ID : SE.003			
	Purpose of Expenditure Media Production	Category/ Type 004		Date of Disbursement or Obligation			
	Name of Federal Candidate	Support	Office Sough	nt:	X House Dist	trict: 04	
	McAdams, Ben, , ,	× Oppose	Presid		Senate St	tate: UT	
	Calendar Year-To-Date Per Election for Office Sought	2510594.68	Disbursemer 2020		Primary	X General	
	Full Name of Payee				c Distribution/Dis	semination	
			E P	M M	/ D D / Y	YYYY	
	Mailing Address		L				
			Amou	unt			
	City State	Zip Code					
		Date	_ Date of Disbursement or Obligation				
	Purpose of Expenditure	Category/ Type					
	Name of Federal Candidate	Support	Office Sougl	nt:	House Dis	trict:	
		Oppose	Presid	ent	Senate S	tate:	
	Calendar Year-To-Date		Disbursemer	nt For:	Primary	General	
	Per Election for Office Sought			Other (sp	pecify) ►		
Γ							
	(a) SUBTOTAL of Itemized Independent Expenditures		• •		1	3000.00	
			_				
	(b) SUBTOTAL of Unitemized Independent Expenditures		•••	-7-			
	(c) TOTAL Independent Expenditures		_				
				-7-	29	9565.16	
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.						
	Crosby, Caleb, , ,		M M /	DD	/ Y Y Y	Y	
	[Electron] Signature	<i>nically Filed]</i> Date	9 10	09	2020		
1							