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

Schedule E) FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	
Congressional Leadership Fund	C C00504530
	<u> </u>
Check if 24-hour report	
Full Name of Payee	Date of Public Distribution/Dissemination
Arena	09 24 2020
Mailing Address 1260 Stringham Ave.	
#350 Amount	
City State Zip	Code 19851.00
	Transaction ID : SE.001 Date of Disbursement or Obligation
Purpose of Expenditure Direct mail	Category/ Type 004 09 21 2020
Name of Federal Candidate	Support Office Sought: * House District: 01
Finkenauer, Abby, , ,	Oppose President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 73	Disbursement For: Primary General 2020 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	
	Amount
City State Zip	o Code
	Date of Disbursement or Obligation
Purpose of Expenditure C	Category/ Type
Name of Federal Candidate	Support Office Sought: House District:
	Oppose President Senate State:
Calendar Year-To-Date	Disbursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	• • • • • • • • • • • • • • • • • • •
(c) TOTAL Independent Expenditures	19851.00
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, , , [Electronicall] Signature	ly Filed] Date 09 26 2020
Oignature	