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 ▼
Congressional Leadership i dild	C C00504530
Check if 24-hour report 48-hour report New report Amends report	t filed on M M / D D / Y Y Y Y Y
Full Name of Payee FlexPoint Media	Date of Public Distribution/Dissemination
Mailing Address P.O. Box 1051	10 08 2020
3 1.0. Box 1031	Amount
City State Zip Code	92500.00
New Albany OH 43054	Transaction ID : SE.001 Date of Disbursement or Obligation
Purpose of Expenditure Media Placement Category/ Type 004	10 08 / 2020
Name of Federal Candidate Support	Office Sought:
Rouda, Harley, , ,	President Senate State: CA
Odichadi rodi 10 Dato	Disbursement For: Primary General Other (specify) □ Primary ✓ General
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
City State Zip Code	
	Date of Dishuranment or Obligation
Purpose of Expenditure Category/ Type	Date of Disbursement or Obligation
Name of Federal Candidate Support	Office Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General
	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	92500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	•
(c) TOTAL Independent Expenditures	92500.00
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, , , [Electronically Filed] Date Signature	10 10 / 2020
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