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

Schedule E)		PAGE 1 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Congressional Leadership Fund		C C00504530
Check if 24-hour report		
Full Name of Payee Camelback Strategy Group		Date of Public Distribution/Dissemination
,		08 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2801 E. Camelback Rd.		Amount
Suite 200	7!·· Oada	50000 00
City State Phoenix AZ	Zip Code 85016	50000.00 Transaction ID : SE.001
Purpose of Expenditure		Date of Disbursement or Obligation
Canvassing	Category/ Type 004	08 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Off	fice Sought:
McAdams, Ben, , ,	X Oppose	President Senate State: UT
Calendar Year-To-Date Per Election for Office Sought	86670.00 Dis 202	sbursement For: Primary X General 20 Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Camelback Strategy Group		08 27 2020
Mailing Address 2801 E. Camelback Rd.		
Suite 200		Amount
City State	Zip Code	50000.00
Phoenix AZ	85016	Transaction ID : SE.002 Date of Disbursement or Obligation
Purpose of Expenditure Canvassing	Category/ Type 004	08 24 2020
Name of Federal Candidate	✗ Support Off	fice Sought: House District: 04
Owens, Burgess, , ,	Oppose	President Senate State: UT
Calendar Year-To-Date Per Election for Office Sought		sbursement For: Primary
	<u> </u>	
(a) SUBTOTAL of Itemized Independent Expenditures	·····	100000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	
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.	•	•
	ically Filed] Date	08 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

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

Schedule E)	FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼		
Congressional Leadership Fund	C C00504530	
	0,	
Check if 24-hour report 48-hour report New report Amends report filed on		
Full Name of Payee	Date of Public Distribution/Dissemination	
Convergence Media	08 27 2020	
Mailing Address 1010 N. Fairfax St.		
2nd Floor	Amount	
City State Zip Code	50000.00	
Alexandria VA 22314	Transaction ID : SE.003 Date of Disbursement or Obligation	
Purpose of Expenditure Media placement Category/ Type 004	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate Support O	ffice Sought:	
Owens, Burgess, , ,	President Senate State: UT	
Odiolidai icai lo Dato	isbursement For: Primary General 20 Other (specify) ▶	
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 Disbursement or Obligation	
Purpose of Expenditure Category/ Type	Date of Disbursement of Obligation	
Name of Fadaval Condidate		
Support	Office Sought: House District:	
Oppose	President Senate State:	
Calendar Year-To-Date Per Election for Office Sought	bisbursement For: Primary General	
. S. Elocatori for Gilloc Godgitt	Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	50000.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	150000.00	
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	08 29 2020	
Oignature		