

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Congressional Leadership Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00504530
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee <b>Majority Strategies</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 21 / 2020</b>
Mailing Address P.O. Box 679219		Amount <b>19917.58</b>
City <b>Dallas</b>	State <b>TX</b>	Zip Code <b>75267</b>
Purpose of Expenditure <b>Media Placement</b>	Category/Type <b>004</b>	Transaction ID : <b>SE.001</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 16 / 2020</b>
Name of Federal Candidate <b>Hale, Christina, , ,</b>		Office Sought: <input checked="" type="checkbox"/> House District: <b>05</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IN</b>
Calendar Year-To-Date Per Election for Office Sought <b>372190.40</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>FlexPoint Media</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 21 / 2020</b>
Mailing Address P.O. Box 1051		Amount <b>185000.00</b>
City <b>New Albany</b>	State <b>OH</b>	Zip Code <b>43054</b>
Purpose of Expenditure <b>Media Placement</b>	Category/Type <b>004</b>	Transaction ID : <b>SE.002</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 16 / 2020</b>
Name of Federal Candidate <b>Hale, Christina, , ,</b>		Office Sought: <input checked="" type="checkbox"/> House District: <b>05</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IN</b>
Calendar Year-To-Date Per Election for Office Sought <b>557190.40</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>204917.58</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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

MM / DD / YYYY  
**10 / 22 / 2020**

Signature

FEC IDENTIFICATION NUMBER ▼

C C00504530

Date of Public Distribution/Dissemination

Amount

161875.00

Transaction ID : SE.003

Date of Disbursement or Obligation

Office Sought: ☒ House District: 05  
☐ President ☐ Senate State: IN

719065.40

Disbursement For: ☐ Primary ☒ General  
2020 ☐ Other (specify) ▶

Date of Public Distribution/Dissemination

M / D / Y

Amount

Category/ Type	
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Date of Disbursement or Obligation

☐ Support

☐ Oppose

Office Sought: ☐ House District: \_\_\_\_\_  
☐ President ☐ Senate State: \_\_\_\_\_

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▶

161875.00

366792.58

*Crosby, Caleb, , ,*

Date \_\_\_\_\_

MM / DD / YYYY

FEC Schedule E (Form 24/28) Rev. 09/2013