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

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Congressional Leadership Fund	
	C C00504530
Check if 24-hour report	d on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
FlexPoint Media	10 08 2020
Mailing Address P.O. Box 1051	Amount
City State Zip Code	30062.50
New Albany OH 43054	Transaction ID : SE.001 Date of Disbursement or Obligation
Purpose of Expenditure Media Placement  Category/ Type 004	10 D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offic	e Sought: X House District: 22
Brindisi, Anthony, , ,	President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought  Disb 2020	ursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
	M M / D D / Y Y Y Y
Mailing Address	
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure  Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	ee Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Disb	pursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) OUDTOTAL of the rise of he deconded to recording	
(a) SUBTOTAL of Itemized Independent Expenditures	30062.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	30062.50
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.	
	10 10 2020
Signature	