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

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	<u> </u>
Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼
·	C C00504530
Check if 24-hour report 48-hour report New report Amends report filed	d on M = M / D = D / Y = Y = Y
Full Name of Payee	Data of Dublic Distribution/Discouring stiers
FlexPoint Media	Date of Public Distribution/Dissemination
Mailing Address P.O. Box 1051	10 08 2020
	Amount
City State Zip Code	94812.50
New Albany OH 43054	Transaction ID : SE.001 Date of Disbursement or Obligation
Purpose of Expenditure Media Placement Category/ Type 004	10 08 / Y Y Y Y
Name of Federal Candidate Support Office	e Sought:
Schroder, Kate, , ,	President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought Disb 2020	ursement For: Primary X General 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/	Man / Dad / Yayayay
Type	
Name of Federal Candidate Support Office	ee Sought: House District:
Oppose	President Senate State:
Galorida Todi To Bato	oursement For: Primary General
Per Election for Office Sought	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	94812.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	94812.50
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
Crosby, Caleb, , ,	- M / D - D / Y - Y - Y
Signature [Electronically Filed] Date	10 2020