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

NAME OF COMMITTEE (In Full) Congressional Leadership Fund C C00504530 Check if 24-hour report	F 1 M 24/48
Check if 24-hour report	
Check if 24-hour report	J.,
Check if 24-hour report	
FlexPoint Media Mailing Address P.O. Box 1051 City State Zip Code New Albany OH 43054 Purpose of Expenditure Media Placement Category/ Type 004 Name of Federal Candidate Support Office Sought: M M M 10 08 / 22 Amount Transaction ID: SE.001 Date of Disbursement or Obligat M M M 10 07 / 10 07 / 10 07	Y = Y = Y
Mailing Address P.O. Box 1051 City State Zip Code New Albany OH 43054 Purpose of Expenditure Media Placement Category/ Type 004 Name of Federal Candidate Support Office Sought: ### House District #### House District ###################################	mination
Mailing Address P.O. Box 1051 City State Zip Code 149 New Albany OH 43054 Purpose of Expenditure Media Placement Category/ Type 004 Name of Federal Candidate Amount Transaction ID: SE.001 Date of Disbursement or Obligat Modia Placement Support Office Sought: House District	2020
New Albany OH 43054 Transaction ID: SE.001 Date of Disbursement or Obligat Purpose of Expenditure Media Placement Category/ Type O04 Name of Federal Candidate Support Office Sought: House District	2020
New Albany OH 43054 Transaction ID: SE.001 Date of Disbursement or Obligat Purpose of Expenditure Media Placement Category/ Type O04 Name of Federal Candidate Support Office Sought: House District	999.80
Media Placement Outer 10 07 Name of Federal Candidate Support Office Sought: House District	
Support Office Sought: * House District	2020 Y
	et: 01
Cunningham, Joe, , ,	e: _SC
Calendar Year-To-Date Per Election for Office Sought 2426785.08 Disbursement For: Primary ≥ 2020 Other (specify) ▶	General
Full Name of Payee Date of Public Distribution/Disse	mination
M M / D D / Y	Y Y Y
Mailing Address	
Amount	
City State Zip Code	
Date of Disbursement or Obligat	tion
Purpose of Expenditure Category/ Type	Y " Y " Y
Name of Federal Candidate Support Office Sought: House Distric	ct:
Oppose President Senate State	e:
Calendar Year-To-Date Disbursement For: Primary	General
Per Election for Office Sought Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	99.80
(b) SUBTOTAL of Unitemized Independent Expenditures	450
(c) TOTAL Independent Expenditures	999.80
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 10 10 2020	
Signature	٦