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	
Check if X 24-hour report 48-hour report New report Amends report fi	led on Mam / Dad / Yayayay	
Full Name of Payee	Date of Public Distribution/Dissemination	
Arena	10 21 2020	
Mailing Address 1260 Stringham Ave	American	
#350	Amount	
City State Zip Code	31423.17	
Salt Lake City UT 84106	Transaction ID : SE.001 Date of Disbursement or Obligation	
Purpose of Expenditure Media Placement Category/ Type 004	10 16 2020	
Name of Federal Candidate Support Of	ffice Sought:	
McAdams, Ben, , ,	President Senate State: UT	
odiolidal lodi lo bato	sbursement For: Primary General	
Full Name of Payee	Other (specify) ▶ Date of Public Distribution/Dissemination	
FlexPoint Media	M M / D D / Y Y Y Y	
Mailing Address P.O. Box 1051	10 21 2020	
F.O. BOX 1001	Amount	
City State Zip Code	344689.00	
New Albany OH 43054	Transaction ID : SE.002	
Purpose of Expenditure Madia Placement Category/ Out	Date of Disbursement or Obligation	
Media Placement Category 004 Type	10 16 2020	
Name of Federal Candidate Support O	ffice Sought: House District: 04	
McAdams, Ben, , ,	President Senate State: UT	
	sbursement For: Primary X General	
	O20 Other (specify) •	
(a) SUBTOTAL of Itemized Independent Expenditures	376112.17	
(-,	7 070112.11	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
	7 7 7	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of ei party committee) any political party committee or its agent.		
Crosby, Caleb, , ,	M M / D D / Y Y Y Y Y	
[Electronically Filed] Date	10 22 2020	

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

Schedule E)				PAGE 2 OF 2 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼	
Congressional Leadership Fund			C	C00504530	
Check if 24-hour report 48-hour rep	ort New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y	
Full Name of Payee			Date of Publ	ic Distribution/Dissemination	
RedPrint Strategy			10	21 2020	
Mailing Address 1050 Johnnie Dodds Blvd			Amount		
Unit 2414	01-1-	= 0 I		12200.00	
City Mount Pleasant	State SC	Zip Code 29465	Transaction		
Purpose of Expenditure Media Production		Category/ Type 004 Date of Disbursement or Obligation 21 2020		/ D D / Y Y Y Y	
Name of Federal Candidate		Support	Office Sought:	★ House District:04	
McAdams, Ben, , ,		✗ Oppose	President	Senate State: UT	
Calendar Year-To-Date Per Election for Office Sought	7 7	3578580.60	Disbursement For: 2020 Other (s	Primary ✗ General pecify) ▶	
Full Name of Payee Arena			Date of Publ	lic Distribution/Dissemination	
Mailing Address 1260 Stringham Ave			Amount	21 2020	
#350				2770000	
City Salt Lake City	State UT	Zip Code 84106	Transaction ID : SE.004		
Purpose of Expenditure Media Placement		Category/ Type 004	Date of Disb	pursement or Obligation	
Name of Federal Candidate		Support	Office Sought:	✗ House District: <u>04</u>	
McAdams, Ben, , ,		X Oppose	President	Senate State: UT	
Calendar Year-To-Date Per Election for Office Sought		3616080.60	Disbursement For: 2020 Other (s	Primary X General specify) ▶	
(a) SUBTOTAL of Itemized Independent Exp	penditures		•	50500.00	
(b) SUBTOTAL of Unitemized Independent E	Expenditures		•	42 1 45 1	
(c) TOTAL Independent Expenditures			>	426612.17	
Under penalty of perjury I certify that the inc with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized				
Crosby, Caleb, , ,	[Electron	ically Filed] Date	M M / D D D	2020	
Signature	Elections	Date	, 10 22	2020	