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 24-hour report 48-hour report New report Amends report filed	d on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Meridian Pacific	M M / D D / Y Y Y Y
Mailing Address 925 University Ave.	09 22 2020 Amount
City State Zip Code	23362.89
Sacramento CA 95825	Transaction ID : SE.001 Date of Disbursement or Obligation
Purpose of Expenditure Direct mail Category/ Type 004	09 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: X House District:05
Hale, Christina, , ,	President Senate State:IN
Calendar Year-To-Date Per Election for Office Sought Disbute	ursement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M-M / D-D / Y-Y-Y-Y
Mailing Address	
	Amount
City State Zip Code	
	Data of Dialogue are at an Obligation
Purpose of Expenditure Category/	Date of Disbursement or Obligation
Type	
Name of Federal Candidate Support Offic	e Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Disb	ursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	23362.89
(1) OUDTOTAL (1) 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	23362.89
Under penalty of perjury I certify that the independent expenditures reported herein were not m 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, , , [Electronically Filed] Date	09 24 2020
Signature	