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

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 / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
FlexPoint Media	M M / D D / Y Y Y Y
Mailing Address PO Box 1051	09 26 2020 Amount
	Amount
City State Zip Code	31828.00
New Albany OH 43054	Transaction ID : SE.001 Date of Disbursement or Obligation
Purpose of Expenditure Media placement  Category/ Type 004	09 / 28 / 2020
Name of Federal Candidate Support Offic	ee Sought: X House District: 05
Webb, Cameron, , ,	President Senate State: VA
Calendar Year-To-Date Per Election for Office Sought  Dist. 2020	oursement For: Primary <b>X</b> General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
OnMessage Inc.	09 26 2020
Mailing Address 817 Slaters Lane	09 20 2020
	Amount
City State Zip Code	13000.00
Alexandria VA 22314	Transaction ID : SE.002  Date of Disbursement or Obligation
Purpose of Expenditure  Madio production  Category/  O04	M M / D D / Y Y Y Y
Media production Type 004	09 28 2020
Name of Federal Candidate Support Office	ce Sought:  House District: 05
Webb, Cameron, , ,	President Senate State: VA
Calondar Tour To Bato	oursement For: Primary 🗶 General
Per Election for Office Sought 44828.00 202	Other (specify) >
( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	
(a) SUBTOTAL of Itemized Independent Expenditures	44828.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
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 Y
Signature [Electronically Filed] Date	09 28 2020

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 2 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 on		
	e of Public Distribution/Dissemination	
FlexPoint Media	09 / 26 / 2020	
Mailing Address PO Box 1051	ount	
City State Zip Code	71109.38	
Date	nsaction ID : SE.003 e of Disbursement or Obligation	
Purpose of Expenditure Media placement  Category/ Type 004	09 / 28 / 2020	
Name of Federal Candidate Support Office Sou	ght: X House District: 05	
Webb Cameron	ident Senate State: VA	
Calendar Year-To-Date Per Election for Office Sought  Disbursem 2020	ent For: Primary <b>x</b> General  Other (specify) ▶	
Full Name of Payee Date	e of Public Distribution/Dissemination	
Mailing Address		
	ount	
City State Zip Code		
	e of Disbursement or Obligation	
Purpose of Expenditure  Category/ Type	M = M / D = D / Y = Y = Y	
Name of Federal Candidate Support Office Sou	ght: House District:	
Oppose Pres	sident Senate State:	
Calendar Year-To-Date Per Election for Office Sought	, ,	
	Other (specify) -	
(a) SUBTOTAL of Itemized Independent Expenditures	71109.38	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	115937.38	
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 09	28 2020	
Signature		