09/11/2020 21 : 12

## Image# 202009119267138955 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)		ITUNES		PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				EC IDENTIFICATION NUMBER ▼
Congressional Leadership Fund				C C00504530
Check if24-hour report X 48-hour report	× New rep	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of Payee			Data at	Public Distribution/Dissemination
FlexPoint Media			M	09 / 09 / 2020
Mailing Address PO Box 1051			Amoun	L L
City	State	Zip Code		52484.28
New Albany	OH	43054		ction ID : SE.001
Purpose of Expenditure Media placement		Category/ Type 004	М	)99 / D D / Y Y Y 08 / 2020
Name of Federal Candidate		Support	Office Sought:	K House District: 11
Rose, Max, , ,		× Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought		345592.13	Disbursement 2020 Oth	For: Primary ✗ General ner (specify) ▶
Full Name of Payee			Date of	f Public Distribution/Dissemination
			M	= M / D = D / Y = Y = Y
Mailing Address				
			Amoun	
City	State	Zip Code		
			Date of	f Disbursement or Obligation
Purpose of Expenditure		Category/ Type		
Name of Federal Candidate		Support	Office Sought	House District:
		Oppose	Preside	
Calendar Year-To-Date			Disbursement	For: Primary General
Per Election for Office Sought			Oti	ner (specify) ►
(a) SUBTOTAL of Itemized Independent Expendi	tures			52484.28
(b) SUBTOTAL of Unitemized Independent Expe	nditures		••	
(c) TOTAL Independent Expenditures			••	52484.28
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any cano party committee) any political party committee or	lidate or authorized			
Crosby, Caleb, , ,			M M /	
Signature	[Electron	<i>cically Filed]</i> Date	9 09	11 2020