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

Sc	chedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		
C	Congressional Leadership Fund	
		C C00504530
Check if 24-hour report X 48-hour report New report Amends report filed on M M M / D D / Y Y Y Y Y Y		
	Full Name of Payee	Date of Public Distribution/Dissemination
	Convergence Media	10 06 2020
	Mailing Address 1010 N Fairfax St	Amount
	2nd Floor	Allouit
	City State Zip Code	10000.00
	Alexandria VA 22314	Transaction ID : SE.001 Date of Disbursement or Obligation
	Purpose of Expenditure Media Placement Category/ Type 004	10 07 / Y Y Y Y Y
	Name of Federal Candidate Support Offic	e Sought: X House District: 02
	Miller Meeks, Mariannette, , , Oppose	President Senate State: IA
	Calendar Year-To-Date Per Election for Office Sought Disb 2020	ursement For: Primary
	Full Name of Payee	Date of Public Distribution/Dissemination
		M = M / D = D / Y = Y = Y
	Mailing Address	
		Amount
	City State Zip Code	
		Date of Disbursement or Obligation
	Purpose of Expenditure Category/	M M / D D / Y Y Y Y Y
	Type	
	Name of Federal Candidate Support Office	e Sought: House District:
	Oppose	President Senate State:
	Galorida Todi To Bato	ursement For: Primary General
	Per Election for Office Sought	Other (specify) -
	(a) SUBTOTAL of Itemized Independent Expenditures	10000.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
		7 7 7
	(c) TOTAL Independent Expenditures	10000.00
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 08 2020
	Signature	2020