

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Congressional Leadership Fund		FEC IDENTIFICATION NUMBER ▼ C C00504530	
Check if ☐ 24-hour report ☒ 48-hour report		☒ New report ☐ Amends report filed on	

Full Name of Payee FlexPoint Media			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2020		
Mailing Address PO Box 1051			Amount 19500.00		
City New Albany	State OH	Zip Code 43054	Transaction ID : SE.001		
Purpose of Expenditure Media placement		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 28 / 2020		
Name of Federal Candidate Rose, Max, , ,			☐ Support ☒ Oppose Office Sought: ☒ House District: 11 ☐ President ☐ Senate State: NY		
Calendar Year-To-Date Per Election for Office Sought 269555.14			Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		

Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address			Amount		
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure		Category/Type			
Name of Federal Candidate			☐ Support ☐ Oppose Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	19500.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	19500.00

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

MM / DD / YYYY
09 / 03 / 2020

Signature