

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

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

Full Name of Payee FlexPoint Media
Mailing Address P.O. Box 1051
City New Albany State OH Zip Code 43054
Purpose of Expenditure Media Placement Category/Type 004
Name of Federal Candidate Smith, Christy, , , [] Support [x] Oppose
Calendar Year-To-Date Per Election for Office Sought 2894238.45

Date of Public Distribution/Dissemination 10 / 21 / 2020
Amount 43650.04
Transaction ID : SE.001
Date of Disbursement or Obligation 10 / 16 / 2020
Office Sought: [x] House District: 25
[] President [] Senate State: CA
Disbursement For: [] Primary [x] General 2020 [] Other (specify)

Full Name of Payee FlexPoint Media
Mailing Address P.O. Box 1051
City New Albany State OH Zip Code 43054
Purpose of Expenditure Media Placement Category/Type 004
Name of Federal Candidate Smith, Christy, , , [] Support [x] Oppose
Calendar Year-To-Date Per Election for Office Sought 3581467.45

Date of Public Distribution/Dissemination 10 / 21 / 2020
Amount 687229.00
Transaction ID : SE.002
Date of Disbursement or Obligation 10 / 16 / 2020
Office Sought: [x] House District: 25
[] President [] Senate State: CA
Disbursement For: [] Primary [x] General 2020 [] Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 730879.04, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures 730879.04

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 / 22 / 2020
Signature