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

Schedule E)		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼		
Congressional Leadership Fund		C C00504530
		J
Check if 24-hour report 48-hour report New report Ar	mends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee FlexPoint Media	Date	of Public Distribution/Dissemination
PlexPoint Media		09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 1051		unt
City State Zip Code		171356.25
New Albany OH 43054		saction ID : SE.001 of Disbursement or Obligation
Purpose of Expenditure Media placement Category/ Type	004	09 / 25 / Y 2020
Name of Federal Candidate	Support Office Sough	ht: X House District: <u>06</u>
Hoadley, Jon, , ,	Oppose Presid	dent Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 232217.94	Disbursement 2020	nt For:
Full Name of Payee	Date	of Public Distribution/Dissemination
Outlaw Media		09 30 2020
Mailing Address 3532 Goddard Way	Amo	unt
City State Zip Code		13000.00
Alexandria VA 22304		action ID : SE.002 of Disbursement or Obligation
Purpose of Expenditure Media production Category/ Type	004	M 09 / 30 / Y Y Y Y Y Y
Name of Federal Candidate	Support Office Soug	ht: K House District: 06
Hoadley, Jon, , ,	Oppose Presid	dent Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 245217.9	Disburseme 2020	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures		184356.25
(b) SUBTOTAL of Unitemized Independent Expenditures		14141
(c) TOTAL Independent Expenditures	······	184356.25
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] Signature	Date 10	02 / 2020
g.: www		