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

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	<u> </u>
Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼
·	C C00504530
	M M / D D / Y Y Y Y
Check if 24-hour report 48-hour report New report Amends report filed	
Full Name of Payee	Date of Public Distribution/Dissemination
FlexPoint Media	09 30 Y Y Y Y Y Y
Mailing Address PO Box 1051	Amount
City State Zip Code	33415.32
New Albany OH 43054	Transaction ID : SE.001  Date of Disbursement or Obligation
Purpose of Expenditure Media placement  Category/ Type  004	09 28 2020
Name of Federal Candidate	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Poterson Collin	e Sought: X House District: 07
Peterson, Collin, , ,	President Senate State: MN
Calendar Year-To-Date Per Election for Office Sought  Disb 270322.72  Disb	
	U Other (specify) ►
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	
The state of the s	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/	M = M / D = D / Y = Y = Y
Type	
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Ochardes Vess To Date	pursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought	
	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	33415.32
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	33415.32
Under penalty of perjury I certify that the independent expenditures reported herein were not m	ade in cooperation, consultation, or concert
with, or at the request or suggestion of, any candidate or authorized committee or agent of either	· · · · · · · · · · · · · · · · · · ·
party committee) any political party committee or its agent.	
Crosby, Caleb, , ,	M / D D / Y Y Y Y
[Electronically Filed] Date	10 02 2020
Signature	