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

Schedule E)	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 file	ed on
Full Name of Payee	Data of Data Birdh tin (Discoving)
FlexPoint Media	Date of Public Distribution/Dissemination
Mailing Address PO box 1051	
	Amount
City State Zip Code	300625.00
New Albany OH 43054	Transaction ID : SE.001 Date of Disbursement or Obligation
Purpose of Expenditure Media placement Category/ Type 004	09 / 25 / 2020
Name of Federal Candidate Support Office	ce Sought: House District: 02
Eastman, Kara, , , Oppose	President Senate State: NE
Calendar Year-To-Date Per Election for Office Sought Dist 2026	oursement For: Primary X General Other (specify) ▶
Full Name of Payee FlexPoint Media	Date of Public Distribution/Dissemination
	09 30 2020
Mailing Address PO box 1051	Amount
City State Zip Code	42298.95
New Albany OH 43054	Transaction ID : SE.002 Date of Disbursement or Obligation
Purpose of Expenditure Media placement Category/ Type 004	09 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offic	ce Sought:
Eastman, Kara, , ,	President Senate State: NE
Calendar Year-To-Date Per Election for Office Sought Disl 202	bursement For: Primary General Other (specify) ☐ Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	342923.95
	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not n with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	•
Crosby, Caleb, , , [Electronically Filed] Date	10 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	EC IDENTIFICATION NUMBER ▼
Congressional Leadership Fund	C00504530
Check if 24-hour report 48-hour report New report Amends report filed on	
	Public Distribution/Dissemination
Prime Media Partners	
Mailing Address 4201 Wilson Blvd. Amount	
#110-126	
City State Zip Code	12893.00
	tion ID : SE.003 Disbursement or Obligation
Purpose of Expenditure Media production Category/ Type 004 09	
Name of Federal Candidate Support Office Sought:	✗ House District: 02
Eastman, Kara, , ,	Senate State: NE
Calendar Year-To-Date Per Election for Office Sought Disbursement For 2020 Othe	or: Primary X General
Full Name of Payee Date of F	Public Distribution/Dissemination
	M / D D / Y Y Y Y
Mailing Address Amount	
City State Zip Code	7 1 7 1 7 1
Date of I	Disbursement or Obligation
Purpose of Expenditure Category/ Type	M / D D / Y Y Y Y
Name of Federal Candidate Support Office Sought:	House District:
Oppose President	Senate State:
Calendar Year-To-Date Per Election for Office Sought Disbursement F	, .
Othe	er (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	12893.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
	4 1 4 1 4
(c) TOTAL Independent Expenditures	355816.95
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.	
[Electronically Filed] Date 10	02 / 2020
Signature	