

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 1  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Congressional Leadership Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00504530	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	

Full Name of Payee <b>Advantage Inc</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 29 / 2022</b>	
Mailing Address <b>9420 Bonita Beach Rd SE</b> <b>Suite 200</b>		Amount <b>8680.00</b>	
City <b>Bonita Springs</b>	State <b>FL</b>	Zip Code <b>34135</b>	Transaction ID : <b>001</b>
Purpose of Expenditure <b>Phone Calls</b>	Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 30 / 2022</b>	
Name of Federal Candidate <b>Bacon, Donald, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>NE</b>
Calendar Year-To-Date Per Election for Office Sought <b>2557759.36</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> 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		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>8680.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>8680.00</b>

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  
**10 / 30 / 2022**

Signature