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

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Congressional Leadership Fund	C C00504530
	G 55557550
Check if X 24-hour report 48-hour report New report Amends report file	ed on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Advantage Inc	10 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9420 Bonita Beach Rd SE	
Suite 200	Amount
City State Zip Code	8569.00
Bonita Springs FL 34135	Transaction ID : 001 Date of Disbursement or Obligation
Purpose of Expenditure Phone Calls  Category/ Type  004	10 / 30 / 2022
Name of Federal Candidate Support Off	ce Sought: X House District: 22
Williams, Brandon, , ,	President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought  Dis 202	bursement For: Primary   General  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	_ L.
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/	Man / Dad / Yayayay
Type	
Name of Federal Candidate Support Off	ice Sought: House District:
Oppose	President Senate State:
	bursement For: Primary General
Per Election for Office Sought	Other (specify) >
(a) SUBTOTAL of Itemized Independent Expenditures	8569.00
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(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	8569.00
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 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	