## 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
Check if X 24-hour report 48-hour report New report Ame	nds report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
KAP PRINT LLC	M M / D D / Y Y Y Y Y
Mailing Address 220 QUINN DRIVE	03 13 2024
	Amount
City State Zip Code	10497.67
DRIPPING SPRINGS TX 78620	Transaction ID : SE24.199
Purpose of Expenditure Cotogon/	Date of Disbursement or Obligation
DIRECT MAIL Category/ Type	004 03 / 08 / 2024
Name of Federal Candidate	pport Office Sought: X House District: 09
MERRIN, DEREK, , ,	ppose President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought 766627.03	Disbursement For: Primary General
Per Election for Office Sought 766627.03	Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/	M M / D D / Y Y Y Y
Type	
Name of Federal Candidate St	upport Office Sought: House District:
	ppose President Senate State:
Calendar Year-To-Date	Disbursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	10497.67
	7 7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	·············
(c) TOTAL Independent Expenditures	10497.67
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.	
	M M ( P P P )
Crosby, Caleb, , ,	Date 03 14 2024
Signature	