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

Schedule E)		PAGE 1 OF 3 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Congressional Leadership Fund		C C00504530
		M = M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report New rep	ort Amends report fil	
Full Name of Payee FlexPoint Media Inc		Date of Public Distribution/Dissemination
		09 / 11 / 2022
Mailing Address PO Box 1051		Amount
City State	Zip Code	273362.08
New Albany OH	43054	Transaction ID : 001  Date of Disbursement or Obligation
Purpose of Expenditure Media Placement	Category/ Type 004	09 09 2022
Name of Federal Candidate	Support Off	fice Sought:   House District: 34
Gonzalez, Vicente, , ,	X Oppose	President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	680362.08 Dis 202	sbursement For: Primary <b>x</b> General 22 Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Red Eagle Media		09 11 2022
Mailing Address 815 Slaters Lane		Amount
City State	Zip Code	65000.00
Alexandria VA	22314	Transaction ID: 002 Date of Disbursement or Obligation
Purpose of Expenditure Digital Placement	Category/ Type 004	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Of	fice Sought:  House District: 34
Gonzalez, Vicente, , ,	X Oppose	President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		sbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	·····	338362.08
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	7
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.	•	
Crosby, Caleb, , , [Electron	ically Filed] Date	M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
Signature		

## 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 24-hour report		
Full Name of Payee	Date of Public Distribution/Dissemination	
FlexPoint Media Inc	M = M / D = D / Y = Y = Y	
Mailing Address PO Box 1051	09 11 2022 Amount	
City State Zip Code	69075.56	
New Albany OH 43054	Transaction ID: 003  Date of Disbursement or Obligation	
Purpose of Expenditure Media Placement  Category/ Type 004	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate Support Offic	ce Sought: X House District: 34	
Gonzalez, Vicente, , ,	President Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought  Disb. 2022	oursement For: Primary <b>X</b> General Other (specify) ▶	
Full Name of Payee	Date of Public Distribution/Dissemination	
OnMessage Inc.	09 11 2022	
Mailing Address 817 Slaters Lane	00 11 2022	
	Amount	
City State Zip Code	15000.00	
Alexandria VA 22314	Transaction ID : 004  Date of Disbursement or Obligation	
Purpose of Expenditure  Category/ Category/	M M / D D / Y Y Y Y	
Media production Odd Type 004	09 10 2022	
Name of Federal Candidate Support Office	ce Sought:	
Gonzalez, Vicente, , ,	President Senate State:TX	
Calendar Year-To-Date Per Election for Office Sought  Disk 202	oursement For: Primary Seneral Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	84075.56	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
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.		
2 4.10	09 13 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 3 OF 3 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
Congressional Leadership Fund	C C00504530		
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y		
Full Name of Payee Date	te of Public Distribution/Dissemination		
OnMessage Inc.	09 / 11 / 2022		
Mailing Address 817 Slaters Lane Amo	ount		
City State Zip Code	13000.00		
Date	insaction ID: 005 te of Disbursement or Obligation		
Purpose of Expenditure Media production  Category/ Type 004	09 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate Support Office Sou	ight: X House District: 34		
Gonzalez Vicente	sident Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought  Disbursem 2022	nent For: Primary <b>X</b> General Other (specify) ▶		
Full Name of Payee Date	te of Public Distribution/Dissemination		
Mailing Address			
Am	nount		
City State Zip Code	, ,		
Purpose of Expanditure	te of Disbursement or Obligation		
Category/ Type	M M / D D / Y Y Y Y		
Name of Federal Candidate  Support  Office Sou			
Oppose Pres	sident Senate State:		
Calendar Year-To-Date Per Election for Office Sought	nent For:		
(a) SUBTOTAL of Itemized Independent Expenditures	13000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures	435437.64		
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 09	13 / 2022		
Signature			