

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

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

Full Name of Payee KAP Print LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 13 / 2022	
Mailing Address 220 Quinn Dr		Amount 27493.75	
City Dripping Springs	State TX	Zip Code 78620	Transaction ID : 001
Purpose of Expenditure Direct Mail	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 11 / 2022	
Name of Federal Candidate Craig, Angela, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate		District: 02 State: MN	
Calendar Year-To-Date Per Election for Office Sought 4124967.90		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <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"/> President <input type="checkbox"/> Senate		District: _____ 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.....▶	27493.75
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	27493.75

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 / 15 / 2022

Signature