

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

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) RED BRIDGE LEADERSHIP PAC			FEC IDENTIFICATION NUMBER ▼ C C00912337		
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			<input type="checkbox"/> M M / <input type="checkbox"/> D D / <input type="checkbox"/> Y Y Y Y Y		
Full Name of Payee CROSS SCREEN MEDIA LLC			Date of Public Distribution/Dissemination <input type="checkbox"/> M M 02 / <input type="checkbox"/> D D 13 / <input type="checkbox"/> Y Y Y Y Y 2026		
Mailing Address 127 SOUTH PEYTON STREET			Amount <input type="checkbox"/> 27665.72		
City ALEXANDRIA State VA Zip Code 22314			Transaction ID : E-30 Date of Disbursement or Obligation <input type="checkbox"/> M M 02 / <input type="checkbox"/> D D 13 / <input type="checkbox"/> Y Y Y Y Y 2026		
Purpose of Expenditure DIGITAL ADVERTISEMENT			Category/Type <input type="checkbox"/> 004		
Name of Federal Candidate CONROY, ERIC, ,			Support <input checked="" type="checkbox"/> <input type="checkbox"/> Oppose		
Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OH					
Calendar Year-To-Date Per Election for Office Sought <input type="checkbox"/> 93124.91			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ►		
Full Name of Payee			Date of Public Distribution/Dissemination <input type="checkbox"/> M M / <input type="checkbox"/> D D / <input type="checkbox"/> Y Y Y Y Y		
Mailing Address			Amount <input type="checkbox"/> ,		
City			Date of Disbursement or Obligation <input type="checkbox"/> M M / <input type="checkbox"/> D D / <input type="checkbox"/> Y Y Y Y Y		
State					
Zip Code					
Purpose of Expenditure			Category/Type <input type="checkbox"/>		
Name of Federal Candidate			Support <input type="checkbox"/> <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 <input type="checkbox"/> ,			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ►		
(a) SUBTOTAL of Itemized Independent Expenditures..... ► <input type="checkbox"/> 27665.72					
(b) SUBTOTAL of Unitemized Independent Expenditures ► <input type="checkbox"/>					
(c) TOTAL Independent Expenditures..... ► <input type="checkbox"/> 27665.72					
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.					
HASTIE, CRISSIE, ,			Date <input type="checkbox"/> M M 02 / <input type="checkbox"/> D D 13 / <input type="checkbox"/> Y Y Y Y Y 2026		
Signature					