## 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
Check if 24-hour report 48-hour report New report Amends report filed	d on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
Advantage Inc	M M / D D / Y Y Y Y Y
Mailing Address 9420 Bonita Beach Rd SE	08 25 2022
Suite 200	Amount
City State Zip Code	14199.84
Bonita Springs FL 34135	Transaction ID : 001  Date of Disbursement or Obligation
Purpose of Expenditure Phone calls  Category/ Type  004	08 / 26 / 2022
Name of Federal Candidate Support Office	e Sought: 🗶 House District: 01
Mowers, Matt, , ,	President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought  289019.87  Disb 2022	oursement For:   Primary General  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Tall Hame of Fayer	M = M / D = D / Y = Y = Y
Mailing Address	Amount
City State Zip Code	
	Date of Dishuranment or Obligation
Purpose of Expenditure Category/	Date of Disbursement or Obligation
Type	
Name of Federal Candidate Support Office	ce Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	oursement For: Primary General  Other (specify) ▶
	Guier (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	14199.84
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	14199.84
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	·
Crosby, Caleb, , ,  [Electronically Filed] Date	08 26 2022
Signature	