

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 3
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 DMM Media		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 14 / 2022
Mailing Address 8588 Richmond Highway Suite 90546		Amount 13000.00
City Alexandria	State VA	Zip Code 22309
Purpose of Expenditure Media Production	Category/ Type 004	Transaction ID : 001 Date of Disbursement or Obligation MM / DD / YYYY 09 / 02 / 2022
Name of Federal Candidate Davids, Sharice, , ,		Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee FlexPoint Media Inc		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 14 / 2022
Mailing Address PO Box 1051		Amount 410632.08
City New Albany	State OH	Zip Code 43054
Purpose of Expenditure Media Placement	Category/ Type 004	Transaction ID : 002 Date of Disbursement or Obligation MM / DD / YYYY 09 / 09 / 2022
Name of Federal Candidate Davids, Sharice, , ,		Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	423632.08
(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.

Crosby, Caleb, , ,

[Electronically Filed]

Date

MM / DD / YYYY
09 / 16 / 2022

Signature

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Full Name of Payee FlexPoint Media Inc		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 14 / 2022
Mailing Address PO Box 1051		Amount 43000.00
City New Albany	State OH	Zip Code 43054
Purpose of Expenditure Digital Placement	Category/Type 004	Transaction ID : 003 Date of Disbursement or Obligation MM / DD / YYYY 09 / 11 / 2022
Name of Federal Candidate Dauids, Sharice, ,		Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 616632.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee FlexPoint Media Inc		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 14 / 2022
Mailing Address PO Box 1051		Amount 600.00
City New Albany	State OH	Zip Code 43054
Purpose of Expenditure Digital Production	Category/Type 004	Transaction ID : 004 Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2022
Name of Federal Candidate Dauids, Sharice, ,		Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 617232.08		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	43600.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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*Crosby, Caleb, ,***[Electronically Filed]**

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Full Name of Payee RumbleUp, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 14 / 2022
Mailing Address 2001 K St NW		Amount 7250.00
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Text Messages	Category/Type 004	Transaction ID : 005 Date of Disbursement or Obligation MM / DD / YYYY 09 / 14 / 2022
Name of Federal Candidate Dauids, Sharice, ,		Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 624482.08		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
Purpose of Expenditure	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate		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		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	7250.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	474482.08

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

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