## 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		
DMM Media	M   M / D   D / Y   Y   Y   Y   Y   Y   Y   Y   Y   Y		
Mailing Address 8588 Richmond Highway	09 14 2022 Amount		
Suite 90546			
City State Zip Code	13000.00		
Alexandria VA 22309	Transaction ID: 001 Date of Disbursement or Obligation		
Purpose of Expenditure Media Production  Category/ Type 004	09 02 / 2022		
Name of Federal Candidate Support Office	e Sought: K House District: 03		
Davids, Sharice, , ,	President Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought  Disbu	ursement For: Primary <b>X</b> General  Other (specify) ▶		
Full Name of Payee	Date of Public Distribution/Dissemination		
FlexPoint Media Inc	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address PO Box 1051	00 14 2022		
	Amount		
City State Zip Code	410632.08		
New Albany OH 43054	Transaction ID: 002 Date of Disbursement or Obligation		
Purpose of Expenditure Media Placement  Category/ 004	M M / D D / Y Y Y Y		
Type Type	09 09 2022		
Name of Federal Candidate Support Office	e Sought: 🗶 House District:03		
Davids, Sharice, , ,	President Senate State: KS		
	ursement For: Primary X General		
Per Election for Office Sought 573632.08 2022	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.			
24.0	9 16 2022		
Signature			

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)		PAGE 2 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 / D D / Y N Y N Y	
Full Name of Payee FlexPoint Media Inc	M	of Public Distribution/Dissemination	
Mailing Address PO Box 1051	Amour	09 14 2022 nt	
City.	10	40000.00	
City State Zip Coc New Albany OH 43054	Transa	43000.00 action ID: 003 of Disbursement or Obligation	
Purpose of Expenditure Digital Placement  Category	ory/	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate	Support Office Sought	t: X House District: 03	
Davids, Sharice, , ,	X Oppose Preside		
Calendar Year-To-Date Per Election for Office Sought 616633	2.08 Disbursement 2022 Ot	t For: Primary <b>X</b> General ther (specify) ▶	
Full Name of Payee FlexPoint Media Inc		of Public Distribution/Dissemination	
Mailing Address PO Box 1051	Amour	09 14 2022 nt	
City State Zip Coo	de	600.00	
New Albany OH 43054	I	ction ID: 004  f Disbursement or Obligation	
Purpose of Expenditure Digital Production  Category T	ory/ ype 004	09 / 13 / 2022	
Name of Federal Candidate	Support Office Sough	t: X House District: 03	
Davids, Sharice, , ,	X Oppose Preside		
Calendar Year-To-Date Per Election for Office Sought 61723	2.08 Disbursement 2022	t For:	
(a) SUBTOTAL of Itemized Independent Expenditures	<b></b>	43600.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures	······································	7 7 7	
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 File Signature	ed] Date 09	16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	

## 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 = Y	
	ate of Public Distribution/Dissemination	
RumbleUp, LLC	09 14 2022	
Mailing Address 2001 K St NW	nount	
City State Zip Code	7250.00	
Washington DC 20006 Tra	ansaction ID: 005 ate of Disbursement or Obligation	
Purpose of Expenditure Text Messages  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 Office So	ught: X House District: 03	
Davids Sharine	esident Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought  Disburser 2022	ment For:	
Full Name of Payee	ate of Public Distribution/Dissemination	
Mailing Address		
	mount	
City State Zip Code		
	ate of Disbursement or Obligation	
Purpose of Expenditure  Category/ Type	M = M / D = D / Y = Y = Y	
Name of Federal Candidate Support Office So	ought: House District:	
Oppose Pre	esident Senate State:	
Calendar Year-To-Date Per Election for Office Sought	ment For: Primary General	
	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 09	16 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Oignatule		