

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

NAME OF COMMITTEE (In Full) <b>Congressional Leadership Fund</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00504530</div>		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <span style="margin-left: 20px;"><input checked="" type="checkbox"/> New report</span> <span style="margin-left: 20px;"><input type="checkbox"/> Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px; width: 20%;">M M M /</div><div style="border: 1px solid black; padding: 2px; width: 20%;">D D D /</div><div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y Y</div></div>					
Full Name of Payee <b>Majority Strategies</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px; width: 20%;">M M M /</div><div style="border: 1px solid black; padding: 2px; width: 20%;">D D D /</div><div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between; width: 100%;"><div>09</div><div>29</div><div>2022</div></div>		
Mailing Address PO Box 679219			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">54414.64</div>		
City State Zip Code Dallas TX 75267		Transaction ID : 001 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px; width: 20%;">M M M /</div><div style="border: 1px solid black; padding: 2px; width: 20%;">D D D /</div><div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y Y</div></div> <div style="display: flex; justify-content: space-between; width: 100%;"><div>09</div><div>28</div><div>2022</div></div>			
Purpose of Expenditure Direct Mail		Category/ Type 004			
Name of Federal Candidate Pappas, Chris, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">2885583.89</div> 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 <div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px; width: 20%;">M M M /</div><div style="border: 1px solid black; padding: 2px; width: 20%;">D D D /</div><div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y Y</div></div>		
Mailing Address			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div>		
City State Zip Code		Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px; width: 20%;">M M M /</div><div style="border: 1px solid black; padding: 2px; width: 20%;">D D D /</div><div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y Y</div></div>			
Purpose of Expenditure		Category/ Type			
Name of Federal Candidate			<input type="checkbox"/> Support <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			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"></div> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶</div><div style="width: 35%; border: 1px solid black; padding: 2px; text-align: right;">54414.64</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶</div><div style="width: 35%; border: 1px solid black; padding: 2px; text-align: right;"></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) <b>TOTAL</b> Independent Expenditures..... ▶</div><div style="width: 35%; border: 1px solid black; padding: 2px; text-align: right;">54414.64</div></div>					
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.  <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">Crosby, Caleb, , , Signature</div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 20%; text-align: center;">Date</div><div style="width: 20%; text-align: center;"><div style="display: flex; justify-content: space-between; width: 100%;"><div style="border: 1px solid black; padding: 2px; width: 20%;">M M M /</div><div style="border: 1px solid black; padding: 2px; width: 20%;">D D D /</div><div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y Y</div></div><div style="display: flex; justify-content: space-between; width: 100%;"><div>10</div><div>01</div><div>2022</div></div></div></div>					