

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 4  
FOR SE OF FORM 24/48

|   |  |   |   |  |   |
|---|--|---|---|--|---|
| NAME OF COMMITTEE (In Full)<br><b>Congressional Leadership Fund</b>   |  |   | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00504530</div>   |  |   |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div>   |  |   |   |  |   |
| Full Name of Payee<br><b>FlexPoint Media Inc</b>  |  |   | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div><br>08 / 18 / 2022 |  |   |
| Mailing Address PO Box 1051   |  |   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">9250.00</div>   |  |   |
| City<br>New Albany  |  | State<br>OH   | Zip Code<br>43054   |  | <b>Transaction ID : 001</b><br>Date of Disbursement or Obligation<br><div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div><br>08 / 16 / 2022 |
| Purpose of Expenditure<br>Media Placement   |  | Category/<br>Type 004   |   | Name of Federal Candidate<br>Wells, Steve, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |   |
| Name of Federal Candidate<br>Wells, Steve, , ,  |  | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate |   | District: 22<br>State: NY  |   |
| Calendar Year-To-Date<br>Per Election for Office Sought   |  |   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2022 <input type="checkbox"/> Other (specify) ▶   |  |   |
| 690913.10   |  |   |   |  |   |
| Full Name of Payee<br><b>DMM Media</b>  |  |   | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div><br>08 / 18 / 2022 |  |   |
| Mailing Address 8588 Richmond Highway<br>Suite 90546  |  |   | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">15000.00</div>  |  |   |
| City<br>Alexandria  |  | State<br>VA   | Zip Code<br>22309   |  | <b>Transaction ID : 002</b><br>Date of Disbursement or Obligation<br><div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div><br>08 / 18 / 2022 |
| Purpose of Expenditure<br>Media Production  |  | Category/<br>Type 004   |   | Name of Federal Candidate<br>Wells, Steve, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |   |
| Name of Federal Candidate<br>Wells, Steve, , ,  |  | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate |   | District: 22<br>State: NY  |   |
| Calendar Year-To-Date<br>Per Election for Office Sought   |  |   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2022 <input type="checkbox"/> Other (specify) ▶   |  |   |
| 715163.10   |  |   |   |  |   |
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶   |  |   | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">24250.00</div>  |  |   |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶  |  |   | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"></div>  |  |   |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶  |  |   | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"></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.<br><br><div style="display: flex; justify-content: space-between;"><div style="width: 40%;">Signature<br/><br/>Crosby, Caleb, , ,</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: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div><br/>08 / 19 / 2022</div></div> |  |   |   |  |   |

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 4  
FOR SE OF FORM 24/48

|  |  |   |
|--|--|---|
| NAME OF COMMITTEE (In Full)<br><b>Congressional Leadership Fund</b>  |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00504530 |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  | MM / DD / YYYY                                    |

|   |                    |  |   |
|---|--------------------|--|---|
| Full Name of Payee<br><b>Red Eagle Media</b>            |                    | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>08 / 18 / 2022</b> |   |
| Mailing Address <b>815 Slaters Lane</b>                 |                    | Amount<br><b>8500.00</b>   |   |
| City<br><b>Alexandria</b>                               | State<br><b>VA</b> | Zip Code<br><b>22314</b>   | Transaction ID : <b>003</b>   |
| Purpose of Expenditure<br><b>Digital Placement</b>      |                    | Category/<br>Type <b>004</b>   | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>08 / 18 / 2022</b>   |
| Name of Federal Candidate<br><b>Wells, Steve, ,</b>     |                    | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose       | Office Sought: <input checked="" type="checkbox"/> House    District: <b>22</b><br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>NY</b> |
| Calendar Year-To-Date<br>Per Election for Office Sought |                    | <b>723663.10</b>   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2022 <input type="checkbox"/> Other (specify) ▶                         |

|  |                    |  |   |
|--|--------------------|--|---|
| Full Name of Payee<br><b>Advantage Inc</b>                         |                    | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>08 / 18 / 2022</b> |   |
| Mailing Address <b>9420 Bonita Beach Rd SE</b><br><b>Suite 200</b> |                    | Amount<br><b>22766.16</b>  |   |
| City<br><b>Bonita Springs</b>                                      | State<br><b>FL</b> | Zip Code<br><b>34135</b>   | Transaction ID : <b>004</b>   |
| Purpose of Expenditure<br><b>Phone Calls</b>                       |                    | Category/<br>Type <b>004</b>   | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>08 / 19 / 2022</b>   |
| Name of Federal Candidate<br><b>Wells, Steve, ,</b>                |                    | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose       | Office Sought: <input checked="" type="checkbox"/> House    District: <b>22</b><br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>NY</b> |
| Calendar Year-To-Date<br>Per Election for Office Sought            |                    | <b>746429.26</b>   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2022 <input type="checkbox"/> Other (specify) ▶                         |

|  |                 |
|--|-----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶    | <b>31266.16</b> |
| (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  
**08 / 19 / 2022**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 4  
FOR SE OF FORM 24/48

|  |  |   |
|--|--|---|
| NAME OF COMMITTEE (In Full)<br><b>Congressional Leadership Fund</b>  |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00504530 |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  | MM / DD / YYYY                                    |

|   |                       |   |
|---|-----------------------|---|
| Full Name of Payee<br><b>DMM Media</b>  |                       | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>08 / 18 / 2022</b>  |
| Mailing Address 8588 Richmond Highway<br>Suite 90546  |                       | Amount<br>1000.00   |
| City<br>Alexandria  | State<br>VA           | Zip Code<br>22309   |
| Purpose of Expenditure<br>Media Production  | Category/<br>Type 004 | Transaction ID : 005<br>Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>08 / 19 / 2022</b>   |
| Name of Federal Candidate<br>Wells, Steve, , ,<br><input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |                       | Office Sought: <input checked="" type="checkbox"/> House    District: 22<br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: NY |
| Calendar Year-To-Date<br>Per Election for Office Sought<br>747429.26  |                       | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2022 <input type="checkbox"/> Other (specify) ▶           |

|  |                       |   |
|--|-----------------------|---|
| Full Name of Payee<br><b>DMM Media</b>   |                       | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>08 / 18 / 2022</b>  |
| Mailing Address 8588 Richmond Highway<br>Suite 90546   |                       | Amount<br>1000.00   |
| City<br>Alexandria   | State<br>VA           | Zip Code<br>22309   |
| Purpose of Expenditure<br>Media Production   | Category/<br>Type 004 | Transaction ID : 006<br>Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>08 / 19 / 2022</b>   |
| Name of Federal Candidate<br>Williams, Brandon, , ,<br><input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |                       | Office Sought: <input checked="" type="checkbox"/> House    District: 22<br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: NY |
| Calendar Year-To-Date<br>Per Election for Office Sought<br>748429.26   |                       | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2022 <input type="checkbox"/> Other (specify) ▶           |

|  |         |
|--|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶    | 2000.00 |
| (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, , ,

Signature

[Electronically Filed]

Date

MM / DD / YYYY  
**08 / 19 / 2022**

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 4 OF 4  
FOR SE OF FORM 24/48

|  |  |   |
|--|--|---|
| NAME OF COMMITTEE (In Full)<br><b>Congressional Leadership Fund</b>  |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00504530 |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  | MM / DD / YYYY                                    |

|   |                             |   |
|---|-----------------------------|---|
| Full Name of Payee<br><b>FlexPoint Media Inc</b>                            |                             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>08 / 18 / 2022</b>  |
| Mailing Address <b>PO Box 1051</b>  |                             | Amount<br><b>9250.00</b>  |
| City<br><b>New Albany</b>   | State<br><b>OH</b>          | Zip Code<br><b>43054</b>  |
| Purpose of Expenditure<br><b>Media Placement</b>                            | Category/Type<br><b>004</b> | Transaction ID : <b>001_B</b><br>Date of Disbursement or Obligation<br>MM / DD / YYYY<br><b>08 / 16 / 2022</b>  |
| Name of Federal Candidate<br><b>Williams, Brandon, , ,</b>                  |                             | Office Sought: <input checked="" type="checkbox"/> House    District: <b>22</b><br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>NY</b> |
| Calendar Year-To-Date<br>Per Election for Office Sought<br><b>700163.10</b> |                             | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                              |

|   |               |  |
|---|---------------|--|
| Full Name of Payee                                      |               | Date of Public Distribution/Dissemination<br>MM / DD / YYYY  |
| Mailing Address   |               | Amount   |
| City  | State         | Zip Code   |
| Purpose of Expenditure                                  | Category/Type | Date of Disbursement or Obligation<br>MM / DD / YYYY   |
| Name of Federal Candidate                               |               | Office Sought: <input type="checkbox"/> House    District: _____<br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____ |
| Calendar Year-To-Date<br>Per Election for Office Sought |               | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                      |

|  |                 |
|--|-----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶    | <b>9250.00</b>  |
| (b) SUBTOTAL of Unitemized Independent Expenditures .....▶ |                 |
| (c) TOTAL Independent Expenditures.....▶                   | <b>66766.16</b> |

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  
**08 / 19 / 2022**

Signature