

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Congressional Leadership Fund</b>		FEC IDENTIFICATION NUMBER ▼ <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 <b>FlexPoint Media Inc</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2022
Mailing Address PO Box 1051		Amount 50000.00
City New Albany	State OH	Zip Code 43054
Purpose of Expenditure Digital Placement	Category/ Type 004	Transaction ID : 001 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2022
Name of Federal Candidate O'Halleran, Tom, , ,		Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ
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 <b>FlexPoint Media Inc</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2022
Mailing Address PO Box 1051		Amount 50000.00
City New Albany	State OH	Zip Code 43054
Purpose of Expenditure Digital Placement	Category/ Type 004	Transaction ID : 002 Date of Disbursement or Obligation MM / DD / YYYY 10 / 30 / 2022
Name of Federal Candidate Crane, Eli, , ,		Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ
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.....▶	100000.00
(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, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
11 / 01 / 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) <b>Congressional Leadership Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00504530
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Full Name of Payee <b>FlexPoint Media Inc</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 31 / 2022</b>
Mailing Address PO Box 1051		Amount <b>375.00</b>
City New Albany	State OH	Zip Code 43054
Purpose of Expenditure Digital Production	Category/ Type <b>004</b>	Transaction ID : <b>003</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 31 / 2022</b>
Name of Federal Candidate O'Halleran, Tom, , ,		Office Sought: <input checked="" type="checkbox"/> House    District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>AZ</b>
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 <b>FlexPoint Media Inc</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 31 / 2022</b>
Mailing Address PO Box 1051		Amount <b>375.00</b>
City New Albany	State OH	Zip Code 43054
Purpose of Expenditure Digital Production	Category/ Type <b>004</b>	Transaction ID : <b>004</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 31 / 2022</b>
Name of Federal Candidate Crane, Eli, , ,		Office Sought: <input checked="" type="checkbox"/> House    District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>AZ</b>
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..... ▶	<b>750.00</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, , ,

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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Full Name of Payee <b>Prime Media Partners</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 31 / 2022</b>
Mailing Address 4201 Wilson Blvd #110-126		Amount 6500.00
City Arlington	State VA	Zip Code 22203
Purpose of Expenditure Media Production	Category/ Type 004	Transaction ID : 005 Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 31 / 2022</b>
Name of Federal Candidate O'Halleran, Tom, , ,		Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ
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 <b>Prime Media Partners</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 31 / 2022</b>
Mailing Address 4201 Wilson Blvd #110-126		Amount 6500.00
City Arlington	State VA	Zip Code 22203
Purpose of Expenditure Media Production	Category/ Type 004	Transaction ID : 006 Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 31 / 2022</b>
Name of Federal Candidate Crane, Eli, , ,		Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ
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.....▶	13000.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	113750.00

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.

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Date

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**11 / 01 / 2022**

Signature