## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)		PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Congressional Leadership Fund		C C00504530
		M M / D D / Y Y Y Y
Check if 24-hour report 48-hour report New report Amends report filed on		
Full Name of Payee On Message, Inc.		Date of Public Distribution/Dissemination
Mailing Address 705 Melvin Ave		10 10 Y Y Y Y Y Y
#105		Amount
	Zip Code	13000.00
Annapolis MD	21401	Transaction ID : SE.001 Date of Disbursement or Obligation
Purpose of Expenditure Media Production	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 Off	fice Sought: X House District: 05
Webb, Cameron, , ,	X Oppose	President Senate State: VA
Calendar Year-To-Date Per Election for Office Sought	413573.16 Dis 202	sbursement For: Primary   General  Other (specify)
Full Name of Payee		Date of Public Distribution/Dissemination
		M = M / D = D / Y = Y = Y
Mailing Address		
		Amount
City State	Zip Code	
	T	Date of Disbursement or Obligation
Purpose of Expenditure	Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate	Support Of	ffice Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date	Dis	sbursement For: Primary General
Per Election for Office Sought		Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	13000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	13000.00
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.		
	ically Filed] Date	10 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	_	