10/21/2022 18 : 56

## Image# 202210219541492362 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)	ENDENT EXPEND	IIUNES		PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER V
Congressional Leadership Fu	nd		C	<b>C</b> 00504530
Check if 24-hour report 🗶 48-hour	report X New rep	oort Amends repo	ort filed on	
Full Name of Payee			Date of F	Public Distribution/Dissemination
FlexPoint Media			10	
Mailing Address PO Box 1051			Amount	
City	State	Zip Code		90000.00
New Albany	ОН	43054		ion ID : 001
Purpose of Expenditure Digital Placement		Category/ Type 004		
Name of Federal Candidate		Support	Office Sought:	¥ House District: 01
Mrvan, Frank, , ,		X Oppose	President	Senate State: IN
Calendar Year-To-Date Per Election for Office Sought		4444971.83	Disbursement Fe	
	3 3			r (specify) ►
Full Name of Payee FlexPoint Media			Date of F	
Mailing Address PO Box 1051			Amount	
City	State	Zip Code		600.00
New Albany	ОН	43054		on ID : 002 Disbursement or Obligation
Purpose of Expenditure Digital Production		Category/ Type 004	10	
Name of Federal Candidate		Support	Office Sought:	<b>X</b> House District: 01
Mrvan, Frank, , ,		× Oppose	President	Senate State: <u>IN</u>
Calendar Year-To-Date Per Election for Office Sought		4445571.83	Disbursement F 2022 Othe	or: Primary X General r (specify) ►
(a) SUBTOTAL of Itemized Independent	Expenditures		• •	90600.00
(b) SUBTOTAL of Unitemized Independe	nt Expenditures		• •	
(c) TOTAL Independent Expenditures			•	90600.00
Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	any candidate or authorized			
Crosby, Caleb, , ,				
Signature	[Electron	<i>nically Filed]</i> Date	9 10	21 2022