

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

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

Full Name of Payee FlexPoint Media		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2022
Mailing Address PO Box 1051		Amount 680205.23
City New Albany	State OH	Zip Code 43054
Purpose of Expenditure Media Placement	Category/Type 004	Transaction ID : 001 Date of Disbursement or Obligation MM / DD / YYYY 10 / 14 / 2022
Name of Federal Candidate McLeod-Skinner, Jamie, ,		Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought 5064186.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Cavalry LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2022
Mailing Address 1634 Eye St NW #800		Amount 96000.00
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Digital Placement	Category/Type 004	Transaction ID : 002 Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2022
Name of Federal Candidate McLeod-Skinner, Jamie, ,		Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought 5160186.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	776205.23
(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
10 / 21 / 2022

Signature

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Full Name of Payee Cavalry LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2022
Mailing Address 1634 Eye St NW #800		Amount 24000.00
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Digital Placement	Category/ Type 004	Transaction ID : 003 Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2022
Name of Federal Candidate Chavez-DeRemer, Lori, ,		Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5184186.17		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Arena LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2022
Mailing Address 1260 Stringham Ave #350		Amount 44156.42
City Salt Lake City	State UT	Zip Code 84106
Purpose of Expenditure Direct Mail	Category/ Type 004	Transaction ID : 004 Date of Disbursement or Obligation MM / DD / YYYY 10 / 17 / 2022
Name of Federal Candidate McLeod-Skinner, Jamie, ,		Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5228342.59		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	68156.42
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....▶	

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Crosby, Caleb, ,

Signature

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Full Name of Payee DMM Media		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2022
Mailing Address 8588 Richmond Highway Ste 90546		Amount 2000.00
City Alexandria	State VA	Zip Code 22309
Purpose of Expenditure Media Production	Category/ Type 004	Transaction ID : 005 Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2022
Name of Federal Candidate McLeod-Skinner, Jamie, , ,	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought 5230342.59		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
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		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....▶	846361.65

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Crosby, Caleb, , ,

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