

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

NAME OF COMMITTEE (In Full) Congressional Leadership Fund			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00504530</div>		
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 <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div></div>					
Full Name of Payee TARGETED VICTORY			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">05 / 01 / 2024</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div></div>		
Mailing Address 2311 WILSON BLVD SUITE 200			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">50000.00</div>		
City ARLINGTON		State VA	Zip Code 22201		Transaction ID : SE24.225
Purpose of Expenditure DIGITAL PLACEMENT		Category/ Type 004	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">05 / 01 / 2024</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div></div>		
Name of Federal Candidate CISCOMANI, JUAN, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div></div>		
Mailing Address			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
City		State	Zip Code		Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div></div>
Purpose of Expenditure		Category/ Type			
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) ▶		
<div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures..... ▶</div><div style="width: 35%; border: 1px solid black; padding: 2px; text-align: right;">50000.00</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures ▶</div><div style="width: 35%; border: 1px solid black; padding: 2px; text-align: right;"></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures..... ▶</div><div style="width: 35%; border: 1px solid black; padding: 2px; text-align: right;">50000.00</div></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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">Signature <div style="border-bottom: 1px solid black; margin-top: 5px; display: inline-block; width: 80%;">Crosby, Caleb, , ,</div></div><div style="width: 20%; text-align: center;">Date</div><div style="width: 40%; text-align: center;"><div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">05 / 03 / 2024</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div></div></div></div>					