

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 13  
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			M M / D D / Y Y Y Y Y Y		
Full Name of Payee STARBOARD ADVERTISING			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 25 / 2024		
Mailing Address 16192 COASTAL HIGHWAY			Amount 19773.00		
City LEWES		State DE	Zip Code 19958	Transaction ID : SE24.1694	
Purpose of Expenditure DIRECT MAIL		Category/ Type	004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 21 / 2024	
Name of Federal Candidate PELTOLA, MARY, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: AK	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee STARBOARD ADVERTISING			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 25 / 2024		
Mailing Address 16192 COASTAL HIGHWAY			Amount 45455.00		
City LEWES		State DE	Zip Code 19958	Transaction ID : SE24.1456	
Purpose of Expenditure DIRECT MAIL		Category/ Type	004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 15 / 2024	
Name of Federal Candidate SHAH, AMISH, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 01 <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 2024 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			65228.00		
(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.					
Signature <i>Crosby, Caleb, , ,</i>			Date M M / D D / Y Y Y Y Y Y 10 / 26 / 2024		

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 13  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Congressional Leadership Fund</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00504530</div>		
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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee P2P MESSAGING			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 25 / 2024</div>		
Mailing Address 1390 CHAIN BRIDGE ROAD SUITE 54			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2928.25</div>		
City MCLEAN		State VA	Zip Code 22101		<b>Transaction ID : SE24.1920</b>
Purpose of Expenditure TEXT MESSAGES		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 25 / 2024</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee RED ELEPHANT STRATEGY LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 25 / 2024</div>		
Mailing Address 25475 MARSH LANDING PKWAY			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10000.00</div>		
City PONTE VEDRA BEACH		State FL	Zip Code 32082		<b>Transaction ID : SE24.1938</b>
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 26 / 2024</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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12928.25</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></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.					
Signature  Crosby, Caleb, , ,			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 26 / 2024</div>		

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 13  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Congressional Leadership Fund</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00504530</div>		
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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee THE POLITICAL FIRM			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 25 / 2024</div>		
Mailing Address 5555 HILTON AVE SUITE 203			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">19690.84</div>		
City BATON ROUGE		State LA	Zip Code 70808		<b>Transaction ID : SE24.1721</b>
Purpose of Expenditure DIRECT MAIL		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 21 / 2024</div>	
Name of Federal Candidate ENGEL, KIRSTEN, , ,			<input type="checkbox"/> Support <input checked="" 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			<div style="border: 1px solid black; padding: 2px; display: inline-block;">6407341.67</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee RED ELEPHANT STRATEGY LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 25 / 2024</div>		
Mailing Address 25475 MARSH LANDING PKWAY			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5000.00</div>		
City PONTE VEDRA BEACH		State FL	Zip Code 32082		<b>Transaction ID : SE24.1909</b>
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 24 / 2024</div>	
Name of Federal Candidate ENGEL, KIRSTEN, , ,			<input type="checkbox"/> Support <input checked="" 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			<div style="border: 1px solid black; padding: 2px; display: inline-block;">6407341.67</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">24690.84</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></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.					
Signature  Crosby, Caleb, , ,			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 26 / 2024</div>		

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 4 OF 13

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 FLEXPOINT MEDIA INC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2024
Mailing Address PO BOX 1051		Amount 312375.00
City NEW ALBANY	State OH	Zip Code 43054
Purpose of Expenditure MEDIA PLACEMENT	Category/ Type 004	Transaction ID : SE24.1923 Date of Disbursement or Obligation MM / DD / YYYY 10 / 25 / 2024
Name of Federal Candidate ENGEL, KIRSTEN, , ,		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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee FLEXPOINT MEDIA INC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 25 / 2024
Mailing Address PO BOX 1051		Amount 80000.00
City NEW ALBANY	State OH	Zip Code 43054
Purpose of Expenditure DIGITAL PLACEMENT	Category/ Type 004	Transaction ID : SE24.1943 Date of Disbursement or Obligation MM / DD / YYYY 10 / 26 / 2024
Name of Federal Candidate SALAS, RUDY, , ,		Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	392375.00
(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, , ,

Signature

Date

MM / DD / YYYY  
10 / 26 / 2024

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 5 OF 13

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Congressional Leadership Fund</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00504530</div>		
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 <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div>					
Full Name of Payee FLEXPOINT MEDIA INC			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div> 10 / 25 / 2024		
Mailing Address PO BOX 1051			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">20000.00</div>		
City NEW ALBANY		State OH	Zip Code 43054		<b>Transaction ID : SE24.1942</b>
Purpose of Expenditure DIGITAL PLACEMENT		Category/ Type 004		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div> 10 / 26 / 2024	
Name of Federal Candidate VALADAO, DAVID, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House    District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: CA
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee PRIME MEDIA PARTNERS, LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div> 10 / 25 / 2024		
Mailing Address 4201 WILSON BLVD. #110-126			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">3000.00</div>		
City ARLINGTON		State VA	Zip Code 22203		<b>Transaction ID : SE24.1878</b>
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type 004		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div> 10 / 24 / 2024	
Name of Federal Candidate WHITESIDES, GEORGE, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House    District: 27 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: CA
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">23000.00</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"> </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.					
Signature  Crosby, Caleb, , ,			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div> 10 / 26 / 2024		

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 6 OF 13  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Congressional Leadership Fund</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00504530</div>		
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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee CHECKMATE STRATEGIES			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 25 / 2024</div>		
Mailing Address 12 BROAD ST STE 303A			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">29744.89</div>		
City RED BANK		State NJ	Zip Code 07701		<b>Transaction ID : SE24.1887</b>
Purpose of Expenditure DIRECT MAIL		Category/ Type 004		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 24 / 2024</div>	
Name of Federal Candidate BOHANNAN, CHRISTINA, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House    District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: IA
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2907136.07</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee THE POLITICAL FIRM			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 25 / 2024</div>		
Mailing Address 5555 HILTON AVE SUITE 203			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">28643.54</div>		
City BATON ROUGE		State LA	Zip Code 70808		<b>Transaction ID : SE24.1851</b>
Purpose of Expenditure DIRECT MAIL		Category/ Type 004		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 23 / 2024</div>	
Name of Federal Candidate BACCAM, LANON, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House    District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: IA
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">3641474.62</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶					<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">58388.43</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶					<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶					<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></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.					
Signature  Crosby, Caleb, , ,				Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 26 / 2024</div>	

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 7 OF 13

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Congressional Leadership Fund</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00504530</div>		
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 <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div>					
Full Name of Payee STARBOARD ADVERTISING			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 10 / 25 / 2024		
Mailing Address 16192 COASTAL HIGHWAY			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">52572.66</div>		
City LEWES		State DE	Zip Code 19958		<b>Transaction ID : SE24.1688</b>
Purpose of Expenditure DIRECT MAIL		Category/ Type 004		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 10 / 21 / 2024	
Name of Federal Candidate HERTEL, CURTIS, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House    District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: MI
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">8495661.15</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee RED ELEPHANT STRATEGY LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 10 / 25 / 2024		
Mailing Address 25475 MARSH LANDING PKWAY			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">13000.00</div>		
City PONTE VEDRA BEACH		State FL	Zip Code 32082		<b>Transaction ID : SE24.1889</b>
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type 004		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 10 / 24 / 2024	
Name of Federal Candidate HERTEL, CURTIS, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House    District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: MI
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">8495661.15</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">65572.66</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶					<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"></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.					
Signature  Crosby, Caleb, , ,				Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 10 / 26 / 2024	

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 8 OF 13

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Congressional Leadership Fund</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00504530</div>		
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 <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee P2P MESSAGING			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">10 / 25 / 2024</div>		
Mailing Address 1390 CHAIN BRIDGE ROAD SUITE 54			Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">924.72</div>		
City MCLEAN		State VA	Zip Code 22101		<b>Transaction ID : SE24.1924</b>
Purpose of Expenditure TEXT MESSAGES		Category/ Type <div style="border-bottom: 1px solid black; width: 40px; text-align: center;">004</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">10 / 25 / 2024</div>	
Name of Federal Candidate HERTEL, CURTIS, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House    District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>MI</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="border-bottom: 1px solid black; width: 100%; text-align: right;">8495661.15</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee CHECKMATE STRATEGIES			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">10 / 25 / 2024</div>		
Mailing Address 12 BROAD ST STE 303A			Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">25730.12</div>		
City RED BANK		State NJ	Zip Code 07701		<b>Transaction ID : SE24.1890</b>
Purpose of Expenditure DIRECT MAIL		Category/ Type <div style="border-bottom: 1px solid black; width: 40px; text-align: center;">004</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">10 / 24 / 2024</div>	
Name of Federal Candidate MCDONALD RIVET, KRISTEN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House    District: <u>08</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>MI</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="border-bottom: 1px solid black; width: 100%; text-align: right;">4171602.72</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border-bottom: 1px solid black; width: 100%; text-align: right;">26654.84</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border-bottom: 1px solid black; width: 100%; text-align: right;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border-bottom: 1px solid black; width: 100%; text-align: right;"></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.					
Signature  Crosby, Caleb, , ,			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">10 / 26 / 2024</div>		



**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE 9 OF 13

FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Congressional Leadership Fund</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00504530</div>		
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 <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div>					
Full Name of Payee CHECKMATE STRATEGIES			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div> 10 / 25 / 2024		
Mailing Address 12 BROAD ST STE 303A			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">16031.43</div>		
City RED BANK		State NJ	Zip Code 07701		<b>Transaction ID : SE24.1891</b>
Purpose of Expenditure DIRECT MAIL		Category/ Type 004		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div> 10 / 24 / 2024	
Name of Federal Candidate JAMES, JOHN, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House    District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: MI
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">3561734.28</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee CHECKMATE STRATEGIES			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div> 10 / 25 / 2024		
Mailing Address 12 BROAD ST STE 303A			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">16031.44</div>		
City RED BANK		State NJ	Zip Code 07701		<b>Transaction ID : SE24.1892</b>
Purpose of Expenditure DIRECT MAIL		Category/ Type 004		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div> 10 / 24 / 2024	
Name of Federal Candidate MARLINGA, CARL, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House    District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: MI
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">3561734.28</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">32062.87</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"></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.					
Signature  Crosby, Caleb, , ,			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div> 10 / 26 / 2024		

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 10 OF 13  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Congressional Leadership Fund</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00504530</div>		
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 <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee MAJORITY STRATEGIES LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 25 / 2024</div>		
Mailing Address P.O. BOX 679219			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">48440.11</div>		
City DALLAS		State TX	Zip Code 75267		<b>Transaction ID : SE24.1216</b>
Purpose of Expenditure DIRECT MAIL		Category/ Type 004		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 08 / 2024</div>	
Name of Federal Candidate TRANEL, MONICA, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House    District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: MT
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">369410.01</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee THE POLITICAL FIRM			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 25 / 2024</div>		
Mailing Address 5555 HILTON AVE SUITE 203			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">18285.56</div>		
City BATON ROUGE		State LA	Zip Code 70808		<b>Transaction ID : SE24.1704</b>
Purpose of Expenditure DIRECT MAIL		Category/ Type 004		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 21 / 2024</div>	
Name of Federal Candidate VARGAS, ANTHONY 'TONY', , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House    District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: NE
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">4505447.81</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">66725.67</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></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.					
Signature  Crosby, Caleb, , ,			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 26 / 2024</div>		

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 11 OF 13  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Congressional Leadership Fund</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00504530</div>		
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 <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee BIG DOG STRATEGIES, LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> 10 / 25 / 2024		
Mailing Address 23150 FASHION DR STE 231			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">67873.70</div>		
City ESTERO		State FL	Zip Code 33928		<b>Transaction ID : SE24.1637</b>
Purpose of Expenditure DIRECT MAIL		Category/ Type 004		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> 10 / 17 / 2024	
Name of Federal Candidate ALTMAN, SUSAN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House    District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: NJ
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">4524600.62</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee CHECKMATE STRATEGIES			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> 10 / 25 / 2024		
Mailing Address 12 BROAD ST STE 303A			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">32263.33</div>		
City RED BANK		State NJ	Zip Code 07701		<b>Transaction ID : SE24.1927</b>
Purpose of Expenditure DIRECT MAIL		Category/ Type 004		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> 10 / 25 / 2024	
Name of Federal Candidate KAPTUR, MARCY, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House    District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: OH
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">3847392.30</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">100137.03</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;"></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.					
Signature  Crosby, Caleb, , ,			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> 10 / 26 / 2024		

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 12 OF 13  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Congressional Leadership Fund</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00504530</div>		
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 <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div>					
Full Name of Payee STARBOARD ADVERTISING			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div> 10 / 25 / 2024		
Mailing Address 16192 COASTAL HIGHWAY			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">17624.00</div>		
City LEWES		State DE	Zip Code 19958		<b>Transaction ID : SE24.1931</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div> 10 / 25 / 2024
Purpose of Expenditure DIRECT MAIL		Category/ Type 004			
Name of Federal Candidate CARTWRIGHT, MATT, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House    District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: PA
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">5838042.06</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee STARBOARD ADVERTISING			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div> 10 / 25 / 2024		
Mailing Address 16192 COASTAL HIGHWAY			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">34244.35</div>		
City LEWES		State DE	Zip Code 19958		<b>Transaction ID : SE24.1934</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div> 10 / 25 / 2024
Purpose of Expenditure DIRECT MAIL		Category/ Type 004			
Name of Federal Candidate CARTWRIGHT, MATT, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House    District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: PA
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">5838042.06</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">51868.35</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"></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;"><div style="width: 40%;">Signature  Crosby, Caleb, , ,</div><div style="width: 20%; text-align: center;">Date</div><div style="width: 40%; text-align: center;"><div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y</div> 10 / 26 / 2024</div></div>					

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 13 OF 13  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Congressional Leadership Fund</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00504530</div>		
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 <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div>					
Full Name of Payee COMPEL LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 10 / 25 / 2024		
Mailing Address 704 KINGSTON PL			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">13000.00</div>		
City ALEXANDRIA		State VA	Zip Code 22302		<b>Transaction ID : SE24.1935</b>
Purpose of Expenditure MEDIA PRODUCTION		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">004</div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 10 / 25 / 2024	
Name of Federal Candidate GONZALEZ, VICENTE, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House    District: <u>34</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>TX</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">1069517.71</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div>		
Mailing Address			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"></div>		
City		State	Zip Code		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div>
Purpose of Expenditure		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;"></div>			
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			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"></div> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">13000.00</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">932631.94</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%;"><u>Crosby, Caleb, , ,</u> Signature</div><div style="width: 20%; text-align: center;">Date</div><div style="width: 40%; text-align: center;"><div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 10 / 26 / 2024</div></div>					