24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)		PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		
Congressional Leadership Fund	С	C00504530
Check if 24-hour report		
Full Name of Payee FlexPoint Media Inc	Date of Pub	lic Distribution/Dissemination
		30 / 2022
Mailing Address PO Box 1051	Amount	
City State Zip Cod	le	385774.48
New Albany OH 43054	Transaction	o ID: 001 oursement or Obligation
Purpose of Expenditure Media Placement Category Ty		28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought:	✗ House District:01
Mrvan, Frank, , ,	Oppose President	Senate State: IN
Calendar Year-To-Date Per Election for Office Sought 3349819	Disbursement For: 2022	Primary General
Per Election for Office Sought 3349818	Other (s	specify) ►
Full Name of Payee	Date of Pub	olic Distribution/Dissemination
Mailing Address		
	Amount	
City State Zip Coo	de	
	Date of Dis	bursement or Obligation
Purpose of Expenditure Category		/ D D / Y Y Y Y
Name of Federal Candidate	Support Office Sought:	House District:
	Oppose President	Senate State:
Calendar Year-To-Date	Disbursement For:	Primary General
Per Election for Office Sought	Other (s	specify)
(a) SUBTOTAL of Itemized Independent Expenditures	>	385774.48
(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, , ,	M M / D	
[Electronically Filed] Date 10 02 2022 Signature		