10/02/2022 21 : 01

## Image# 202210029532048730 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)		IIUNES		PAGE 1 OF 2 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER		
Congressional Leadership Fu	nd			C C00504530		
Check if 24-hour report 🗶 48-hour	report X New rep	ort Amends repo	ort filed on	M / D D / Y P Y P Y P Y		
Full Name of Payee WestGate Strategies				Public Distribution/Dissemination		
			C	9 30 2022		
Mailing Address PO Box 51			Amount			
City	State	Zip Code		12118.00		
Mount Vernon	VA	22121		ction ID : 001 Disbursement or Obligation		
Purpose of Expenditure Media Production		Category/ Type 004		09 / D D / Y Y Y Y 2022		
Name of Federal Candidate		Support	Office Sought:	K House District: 19		
Riley, Josh, , ,		× Oppose	Presider	t Senate State: <u>NY</u>		
Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	948076.13	Disbursement 2022 Oth	For: Primary		
Full Name of Payee			Date of	Public Distribution/Dissemination		
RumbleUp, LLC				09 30 2022		
Mailing Address 2001 K St NW			Amount			
City	State	Zip Code		4250.00		
Washington	DC	20006		Transaction ID : 002 Date of Disbursement or Obligation		
Purpose of Expenditure Text Messages		Category/ Type 004		9 / D D / Y Y Y Y 2022		
Name of Federal Candidate		Support	Office Sought:	K House District: 19		
Riley, Josh, , ,		× Oppose	Presider	nt Senate State: <u>NY</u>		
Calendar Year-To-Date		050000 40	Disbursement	For: Primary X General		
Per Election for Office Sought		952326.13		ner (specify) ►		
(a) SUBTOTAL of Itemized Independent	Expenditures			16368.00		
(b) SUBTOTAL of Unitemized Independe	ent Expenditures					
(c) TOTAL Independent Expenditures				-ap.   -ap.   -ap.		
Under penalty of perjury I certify that the with, or at the request or suggestion of, party committee) any political party comr	any candidate or authorized					
Crosby, Caleb, , ,		:	M M /			
Signature	[Electron	<i>cically Filed]</i> Date	e 10	02 2022		

## Image# 202210029532048731 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

(Schedule E)	PAGE 2 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Congressional Leadership Fund	<b>C</b> C00504530
	0 00000000
Check if 24-hour report 🗶 48-hour report 🔍 New report 🗌 Amends report filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee     D       FlexPoint Media Inc     D	ate of Public Distribution/Dissemination
Mailing Address PO Box 1051	09 30 2022
	mount
City State Zip Code	675.00
	ransaction ID: 003 ate of Disbursement or Obligation
Purpose of Expenditure     Category/       Digital Production     004	09         /         29         /         2022
Name of Federal Candidate Support Office So	ought: 🗶 House District: <u>19</u>
Riley Josh	esident Senate State: <u>NY</u>
Calendar Year-To-Date Disburse Per Election for Office Sought 953001.13	ement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	
A	mount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	
Name of Federal Candidate Support Office S	ought: House District:
Oppose Pr	resident Senate State:
Calendar Year-To-Date Disburse	ement For: Primary General
Per Election for Office Sought	Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	675.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	17043.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, o party committee) any political party committee or its agent.	
<i>Crosby, Caleb, , ,</i> [Electronically Filed] Date 10	/ D D / Y Y Y Y Y Y 02 2022
Signature	