

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Congressional Leadership Fund		FEC IDENTIFICATION NUMBER ▼ C 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 OnMessage Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 31 / 2022
Mailing Address 817 Slaters Lane		Amount 13000.00
City Alexandria	State VA	Zip Code 22314
Purpose of Expenditure Media production	Category/ Type 004	Transaction ID : 001 Date of Disbursement or Obligation MM / DD / YYYY 05 / 31 / 2022
Name of Federal Candidate Flores, Mayra, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 34 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 38000.00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input checked="" type="checkbox"/> Other (specify) ► Special General

Full Name of Payee FlexPoint Media Inc		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 31 / 2022
Mailing Address PO Box 1051		Amount 160445.65
City New Albany	State OH	Zip Code 43054
Purpose of Expenditure Media Placement	Category/ Type 004	Transaction ID : 002 Date of Disbursement or Obligation MM / DD / YYYY 05 / 26 / 2022
Name of Federal Candidate Flores, Mayra, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 34 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 198455.65		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input checked="" type="checkbox"/> Other (specify) ► Special General

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	173445.65
(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
06 / 01 / 2022

Signature

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(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Congressional Leadership Fund	FEC IDENTIFICATION NUMBER ▼ C 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	

Full Name of Payee Red Eagle Media			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 31 / 2022	
Mailing Address 815 Slaters Lane			Amount 14100.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : 003	
Purpose of Expenditure Digital Placement		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 26 / 2022	
Name of Federal Candidate Flores, Mayra, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 34 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought		212555.65	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ► Special General	

Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address			Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY	
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) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	14100.00
(b) SUBTOTAL of Unitemized Independent Expenditures ►	
(c) TOTAL Independent Expenditures..... ►	187545.65

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

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Date

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06 / 01 / 2022