

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund		FEC IDENTIFICATION NUMBER C C00488742
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		MM / DD / YYYY 04 / 26 / 2012

Full Name (Last, First, Middle Initial) of Payee National Association of REALTORS		Date MM / DD / YYYY 04 / 26 / 2012
Mailing Address 430 N. Michigan Avenue		Amount 450.00
City Chicago	State IL	Zip Code 60611-4087
Purpose of Expenditure Consulting Services	Category/Type	Transaction ID : E2D2ACCEC4E5B4FC890C
Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Gary G. Miller		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31
Calendar Year-To-Date Per Election for Office Sought 136314.95		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Majority Strategies		Date MM / DD / YYYY 04 / 26 / 2012
Mailing Address 135 Professional Drive Suite 104		Amount 118385.95
City Ponte Vedra Beach	State FL	Zip Code 32082
Purpose of Expenditure Direct Mail Costs	Category/Type	Transaction ID : E8BCB40BECA2E4AD9B1
Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Gary G. Miller		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31
Calendar Year-To-Date Per Election for Office Sought 136314.95		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	118835.95
(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.

William Armstrong
Signature

[Electronically Filed] Date MM / DD / YYYY
05 / 16 / 2012

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F24A
Transaction ID :

5/16/12: We are amending this report to reflect the correct district number for Gary Miller. We inadvertently reported his district as 42, which is his current district, instead of the district in which he is running, which is district 31 and reflected correctly in this amendment.

Form/Schedule:
Transaction ID:

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES (SCHEDULE E)

NAME OF COMMITTEE (In Full) National Association of Realtors Congressional Fund	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00488742 </div>
Check If <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
<div style="display: flex; justify-content: space-around;"> MM / DD / YYYY 04 / 26 / 2012 </div>	

Full Name (Last, First, Middle Initial) of Payee Tarrance Group Inc	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 04 / 26 / 2012 </div>		
Mailing Address 201 N Union Street, Ste 410	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 17479.00 </div>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Alexandria</td> <td style="width:33%;">State VA</td> <td style="width:33%;">Zip Code 22314</td> </tr> </table>		City Alexandria	State VA
City Alexandria	State VA	Zip Code 22314	
Purpose of Expenditure Polling Expense	Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31	
Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Gary G. Miller		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 136314.95 </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name (Last, First, Middle Initial) of Payee	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div>		
Mailing Address	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> </table>		City	State
City	State	Zip Code	
Purpose of Expenditure	Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 17479.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 136314.95 </div>

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William Armstrong
 Signature _____ [Electronically Filed] Date

MM / DD / YYYY
05 / 16 / 2012