

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
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 checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee 720 Strategies LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 07 / 2016	
Mailing Address 1111 19th St NW		Amount 1750.00	
City Washington	State DC	Zip Code 20036-3603	Transaction ID : E475A721F560D4110A42
Purpose of Expenditure Website Landing Page costs		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Rep. Carlos L. Curbelo		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 26855.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Meath Media Group		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 07 / 2016	
Mailing Address 4441 Klinge St., NW		Amount 25000.00	
City Washington	State DC	Zip Code 20016-3578	Transaction ID : E9D826D1523094B25A23
Purpose of Expenditure Online video production costs		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Rep. Carlos L. Curbelo		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 26855.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	26750.00
(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.

*Michael McGrew**[Electronically Filed]*

Date

MM / DD / YYYY
09 / 09 / 2016

Signature

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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 checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee National Association of REALTORS			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 07 / 2016		
Mailing Address 430 N Michigan Ave			Amount 105.00		
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : E2709F45125F5444C809		
Purpose of Expenditure Consulting Services		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Rep. Carlos L. Curbelo		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate		District: 26 State: FL
Calendar Year-To-Date Per Election for Office Sought		26855.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

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 <input type="checkbox"/> Senate		District: _____ 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.....▶	105.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	26855.00

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.

Michael McGrew

[Electronically Filed]

Date

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09 / 09 / 2016

Signature