

24/48 HOUR NOTICE 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		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee National Association of REALTORS		Date MM / DD / YYYY 10 / 05 / 2012
Mailing Address 430 N. Michigan Avenue		Amount 300.00
City Chicago	State IL	Zip Code 60611-4087
Purpose of Expenditure Consulting Services	Category/Type	Transaction ID : ECDE7DD0E4F2542C6A5E
Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Tom Reed		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23
Calendar Year-To-Date Per Election for Office Sought 260659.00		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2012

Full Name (Last, First, Middle Initial) of Payee Public Opinion Strategies, LLC		Date MM / DD / YYYY 10 / 05 / 2012
Mailing Address 214 North Fayette Street		Amount 24000.00
City Alexandria	State VA	Zip Code 22314
Purpose of Expenditure Polling Expenses	Category/Type	Transaction ID : EBE626B24F05A482C9A4
Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Tom Reed		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23
Calendar Year-To-Date Per Election for Office Sought 260659.00		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2012

(a) SUBTOTAL of Itemized Independent Expenditures.....	24300.00
(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.

William Armstrong
Signature

[Electronically Filed] Date MM / DD / YYYY
10 / 05 / 2012

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

Full Name (Last, First, Middle Initial) of Payee Majority Strategies	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 10 / 05 / 2012 </div>
Mailing Address 135 Professional Drive Suite 104	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M . 0 0 236359.00 </div>
City State Zip Code Ponte Vedra Beach FL 32082	Transaction ID : E3BE4F52B4FC64E6386B
Purpose of Expenditure Direct Mail Costs	Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 23 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rep. Tom Reed	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;"> M M M M . 0 0 260659.00 </div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2012

Full Name (Last, First, Middle Initial) of Payee	Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M / D D D D / Y Y Y Y Y Y </div>
Mailing Address	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M . 0 0 </div>
City State Zip Code	Transaction ID : E3BE4F52B4FC64E6386B
Purpose of Expenditure	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
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;"> M M M M . 0 0 </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;"> M M M M . 0 0 236359.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M . 0 0 </div>
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M M M . 0 0 260659.00 </div>

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William Armstrong
 Signature [Electronically Filed] Date

M M M M / D D D D / Y Y Y Y Y Y
 10 / 05 / 2012