

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 National Association of Realtors Congressional Fund

ADDRESS (number and street) 430 North Michigan Avenue Check if different than previously reported. (ACC) Chicago IL 60611-4011

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00488742 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) Mar 20 (M3) Apr 20 (M4) May 20 (M5) Jun 20 (M6) Jul 20 (M7) Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on M M M / D D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 02 / 01 / 2016 through 02 / 29 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Michael C McGrew

Signature of Treasurer Michael C McGrew [Electronically Filed] Date 03 / 18 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

National Association of Realtors Congressional Fund

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="1225523.87"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1129948.87"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="50080.00"/>	<input type="text" value="80295.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1180028.87"/>	<input type="text" value="1305818.87"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="70847.00"/>	<input type="text" value="196637.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1109181.87"/>	<input type="text" value="1109181.87"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**National Association of Realtors Congressional Fund**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	50080.00	80295.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	50080.00	80295.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	50080.00	80295.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	50080.00	80295.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	50080.00	80295.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	15772.00	47737.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	15772.00	47737.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	55075.00	148900.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	70847.00	196637.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	70847.00	196637.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	50080.00	80295.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	50080.00	80295.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	15772.00	47737.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	15772.00	47737.00

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

Form/Schedule: F3XN  
Transaction ID :

For Line 21b of this report, for the following items a negative amount is reflected on Line 21b of this report & corresponding positive amounts are reflected on Line 24. For the negative entries, the purpose of disbursement should be noted as Transfer to Line 24, Independent Expenditure disseminated. The items are: 720 Strategies LLC dated 02/02/16 for \$1,750.00 and 02/02/16 for \$2,500.00. For Line 24 corresponding positive entries, the full purpose of each disbursement is as follows: 720 Strategies LLC 02/02/16 \$1,750.00 trsfr website landing page costs in support of Pete A. Sessions and 720 Strategies LLC 02/02/16 \$2,500.00 trsfr website infrastructure costs in support of Pete A. Sessions

Form/Schedule:  
Transaction ID:

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 19  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**National Association of Realtors Congressional Fund**

Full Name (Last, First, Middle Initial)  
**A. Intermountain MLS**

Mailing Address 9542 Bethel Court

City Boise State ID Zip Code 83709-0569

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1386.00

Date of Receipt  
02 / 23 / 2016  
**Transaction ID : AECEB9B462F704BEE929**

Amount of Each Receipt this Period  
1386.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. NATIONAL ASSOCIATION OF REALTORS**

Mailing Address 430 N Michigan Avenue

City Chicago State IL Zip Code 60611-4011

FEC ID number of contributing federal political committee. **C**

Name of Employer Corporation Occupation n/a

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
47737.00

Date of Receipt  
02 / 29 / 2016  
**Transaction ID : ABE13CA85EA5F4548BCD**

Amount of Each Receipt this Period  
20022.00

Memo Item  
In-Kind: Administrative support and solicitation

Full Name (Last, First, Middle Initial)  
**C. Northern Kentucky Multiple Listing service, Inc.**

Mailing Address 7660 Turfway Road

City Florence State KY Zip Code 41042-1367

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1356.00

Date of Receipt  
02 / 23 / 2016  
**Transaction ID : A4C9B363F32554A9A838**

Amount of Each Receipt this Period  
1356.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 22764.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 19
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**National Association of Realtors Congressional Fund**

**A. Regional MLS of Minnesota, Inc**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2550 University Avenue  
 City Saint Paul State MN Zip Code 55114-1052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 14816.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 25 / 2016  
**Transaction ID : AAA998CFBCF5B4865801**  
 Amount of Each Receipt this Period  
 14816.00  
 Memo Item

**B. Delaware Valley Real Estate Information Network Inc**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 660 American Avenue Suite 203  
 City King Of Prussia State PA Zip Code 19406-4032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 12500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 09 / 2016  
**Transaction ID : A2F59F8FFFAE34525A95**  
 Amount of Each Receipt this Period  
 12500.00  
 Memo Item

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	27316.00
<b>TOTAL</b> This Period (last page this line number only).....▶	50080.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**National Association of Realtors Congressional Fund**

Full Name (Last, First, Middle Initial)

**A. 720 Strategies LLC**

Mailing Address 1111 19th St NW

City Washington State DC Zip Code 20036-3603

Purpose of Disbursement  
Trsr to Line 24 (See memo text for detailed explanation)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 02 / 2016

Transaction ID : B293AB8FABE514880A2D

Amount of Each Disbursement this Period

-1750.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. 720 Strategies LLC**

Mailing Address 1111 19th St NW

City Washington State DC Zip Code 20036-3603

Purpose of Disbursement  
Trsr to Line 24 (See memo text for detailed explanation)

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 02 / 2016

Transaction ID : BF207023AC7CD46A585F

Amount of Each Disbursement this Period

-2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. NATIONAL ASSOCIATION OF REALTORS**

Mailing Address 430 N Michigan Avenue

City Chicago State IL Zip Code 60611-4011

Purpose of Disbursement  
In-Kind: Administrative support and solicitation

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 29 / 2016

Transaction ID : B55C75504008A4753B3C

Amount of Each Disbursement this Period

20022.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

15772.00

15772.00

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Association of Realtors Congressional Fund</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00488742
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>Meath Media Group</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 02 / 2016
Mailing Address 4441 Kingle St., NW	Amount <span style="border: 1px solid black; padding: 2px;">25500.00</span>
City State Zip Code Washington DC 20016-3578	
Purpose of Expenditure Online video production costs	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Rep. Pete A. Sessions	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>32</u> State: <u>TX</u> <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶
	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

**Transaction ID : EFC20F24F1CA24F09B86**  
Date of Disbursement or Obligation

Full Name of Payee <b>720 Strategies LLC</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 02 / 2016
Mailing Address 1111 19th St NW	Amount <span style="border: 1px solid black; padding: 2px;">1750.00</span>
City State Zip Code Washington DC 20036-3603	
Purpose of Expenditure Website Landing Page costs	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Rep. Pete A. Sessions	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>32</u> State: <u>TX</u> <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶
	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

**Transaction ID : E6816A2ACEEE2416CB99**  
Date of Disbursement or Obligation

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">27250.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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 M M / D D / Y Y Y Y Y Y  
03 / 18 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Association of Realtors Congressional Fund</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00488742
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <input type="checkbox"/> Memo Item <b>720 Strategies LLC</b>	Date of Public Distribution/Dissemination <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>02 / 02 / 2016</b>
Mailing Address <b>1111 19th St NW</b>	Amount <span style="margin-left: 20px;">2500.00</span>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20036-3603</b>	<b>Transaction ID : EB3CA0E7EBADC4ED88E</b> Date of Disbursement or Obligation <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>
Purpose of Expenditure <b>Website Infrastructure Costs</b> Category/Type <span style="margin-left: 20px;">[ ]</span>	Name of Federal Candidate <b>Rep. Pete A. Sessions</b> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">30275.00</span>	Office Sought: <input checked="" type="checkbox"/> House District: <b>32</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>TX</b>
	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item <b>National Association of REALTORS</b>	Date of Public Distribution/Dissemination <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span> <b>02 / 02 / 2016</b>
Mailing Address <b>430 N Michigan Ave</b>	Amount <span style="margin-left: 20px;">525.00</span>
City <b>Chicago</b> State <b>IL</b> Zip Code <b>60611-4011</b>	<b>Transaction ID : E892B71136C09480DA6A</b> Date of Disbursement or Obligation <span style="margin-left: 20px;">M M M / D D D / Y Y Y Y Y Y</span>
Purpose of Expenditure <b>Consulting Services</b> Category/Type <span style="margin-left: 20px;">[ ]</span>	Name of Federal Candidate <b>Rep. Pete A. Sessions</b> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="margin-left: 20px;">30275.00</span>	Office Sought: <input checked="" type="checkbox"/> House District: <b>32</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>TX</b>
	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="margin-left: 20px;">3025.00</span>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="margin-left: 20px;">[ ]</span>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<span style="margin-left: 20px;">[ ]</span>

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 M M M / D D D / Y Y Y Y Y Y  
**03 / 18 / 2016**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Association of Realtors Congressional Fund</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00488742
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>National Association of REALTORS</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 17 / 2016
Mailing Address 430 N Michigan Ave	Amount <span style="border: 1px solid black; padding: 2px;">105.00</span>
City State Zip Code Chicago IL 60611-4011	
Purpose of Expenditure Consulting Services	Transaction ID : <b>E6F4DFC729D0D46029A5</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>
Name of Federal Candidate Rep. Pete A. Sessions	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>32</u> State: <u>TX</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">31230.00</span>	

Full Name of Payee <b>720 Strategies LLC</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 17 / 2016
Mailing Address 1111 19th St NW	Amount <span style="border: 1px solid black; padding: 2px;">850.00</span>
City State Zip Code Washington DC 20036-3603	
Purpose of Expenditure Online Ad Costs	Transaction ID : <b>EFEC5404C003D48ED9DA</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>
Name of Federal Candidate Rep. Kevin P. Brady	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>08</u> State: <u>TX</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">955.00</span>	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;">955.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures.....▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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 M M / D D / Y Y Y Y Y Y  
03 / 18 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Association of Realtors Congressional Fund</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00488742
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>National Association of REALTORS</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 17 / 2016
Mailing Address 430 N Michigan Ave	Amount <span style="border: 1px solid black; padding: 2px;">105.00</span>
City State Zip Code Chicago IL 60611-4011	
Purpose of Expenditure Consulting Services	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Rep. Gene Green	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>29</u> <input type="checkbox"/> President State: <u>TX</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">955.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

**Transaction ID : E420A663205B34452872**

Full Name of Payee <b>National Association of REALTORS</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 17 / 2016
Mailing Address 430 N Michigan Ave	Amount <span style="border: 1px solid black; padding: 2px;">105.00</span>
City State Zip Code Chicago IL 60611-4011	
Purpose of Expenditure Consulting Services	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Rep. Mike D. Rogers	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President State: <u>AL</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">32230.00</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

**Transaction ID : E2C1BB50C3CCF4FF3A3I**

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">210.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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 M M / D D / Y Y Y Y Y Y  
03 / 18 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Association of Realtors Congressional Fund</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00488742
---	--

Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>National Association of REALTORS</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 17 / 2016
Mailing Address 430 N Michigan Ave	Amount <span style="border: 1px solid black; padding: 2px;">M M M M / D D D D / Y Y Y Y Y Y</span> 105.00
City State Zip Code Chicago IL 60611-4011	
Purpose of Expenditure Consulting Services	Transaction ID : <b>E86C7CC6E352C4AE3BD9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M M / D D D D / Y Y Y Y Y Y</span>
Name of Federal Candidate Rep. Kevin P. Brady	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>08</u> State: <u>TX</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">M M M M / D D D D / Y Y Y Y Y Y</span> 955.00	

Full Name of Payee <b>720 Strategies LLC</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M M / D D D D / Y Y Y Y Y Y</span> 02 / 17 / 2016
Mailing Address 1111 19th St NW	Amount <span style="border: 1px solid black; padding: 2px;">M M M M / D D D D / Y Y Y Y Y Y</span> 850.00
City State Zip Code Washington DC 20036-3603	
Purpose of Expenditure Online Ad Costs	Transaction ID : <b>E35FECC9904F3455092F</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M M / D D D D / Y Y Y Y Y Y</span>
Name of Federal Candidate Rep. Mike D. Rogers	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>03</u> State: <u>AL</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">M M M M / D D D D / Y Y Y Y Y Y</span> 32230.00	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">M M M M / D D D D / Y Y Y Y Y Y</span> 955.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;">M M M M / D D D D / Y Y Y Y Y Y</span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">M M M M / D D D D / Y Y Y Y Y Y</span>

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*Michael McGrew* [Electronically Filed] Date M M M M / D D D D / Y Y Y Y Y Y  
03 / 18 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name of Payee <b>National Association of REALTORS</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 17 / 2016</b>
Mailing Address 430 N Michigan Ave			Amount <b>105.00</b>
City Chicago	State IL	Zip Code 60611-4011	<b>Transaction ID : E35E6FDC84A72438FAB1</b>
Purpose of Expenditure Consulting Services	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Sen. Richard C. Shelby		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AL</u>
Calendar Year-To-Date Per Election for Office Sought		<b>32830.00</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>National Association of REALTORS</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 17 / 2016</b>
Mailing Address 430 N Michigan Ave			Amount <b>105.00</b>
City Chicago	State IL	Zip Code 60611-4011	<b>Transaction ID : EEFE899F574549B684D</b>
Purpose of Expenditure Consulting Services	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Rep. Martha Roby		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AL</u>
Calendar Year-To-Date Per Election for Office Sought		<b>32230.00</b>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>210.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶	
(c) <b>TOTAL</b> 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*  
Signature

[Electronically Filed]

Date **03 / 18 / 2016**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Association of Realtors Congressional Fund</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00488742
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Check if  24-hour report  48-hour report  New report  Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>720 Strategies LLC</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <b>02 / 17 / 2016</b>
Mailing Address <b>1111 19th St NW</b>	Amount <span style="border: 1px solid black; padding: 2px;">850.00</span>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20036-3603</b>	<b>Transaction ID : EA6A4977A6E5447D285C</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>
Purpose of Expenditure <b>Online Ad Costs</b> Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Name of Federal Candidate <b>Rep. Gene Green</b> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">955.00</span>	Office Sought: <input checked="" type="checkbox"/> House District: <b>29</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>TX</b>
	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>720 Strategies LLC</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <b>02 / 17 / 2016</b>
Mailing Address <b>1111 19th St NW</b>	Amount <span style="border: 1px solid black; padding: 2px;">850.00</span>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20036-3603</b>	<b>Transaction ID : EB7B0CBF707F04ED29C9</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>
Purpose of Expenditure <b>Online Ad Costs</b> Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Name of Federal Candidate <b>Rep. Martha Roby</b> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">32230.00</span>	Office Sought: <input checked="" type="checkbox"/> House District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>AL</b>
	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">1700.00</span>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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 M M / D D / Y Y Y Y Y Y  
**03 / 18 / 2016**

Signature



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Association of Realtors Congressional Fund</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00488742
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <input type="checkbox"/> Memo Item <b>720 Strategies LLC</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 02 / 17 / 2016
Mailing Address 1111 19th St NW	Amount <span style="border: 1px solid black; padding: 2px;">1450.00</span>
City Washington State DC Zip Code 20036-3603	<b>Transaction ID : E44207F1D409E4220953</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>
Purpose of Expenditure Online Ad Costs Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Name of Federal Candidate Sen. Richard C. Shelby <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">32830.00</span>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item <b>720 Strategies LLC</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span> 02 / 17 / 2016
Mailing Address 1111 19th St NW	Amount <span style="border: 1px solid black; padding: 2px;">850.00</span>
City Washington State DC Zip Code 20036-3603	<b>Transaction ID : E04A251749A5F465CB4F</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</span>
Purpose of Expenditure Online Ad Costs Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>	Name of Federal Candidate Rep. Pete A. Sessions <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 32 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">31230.00</span>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">2300.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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*Michael McGrew* [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 03 / 18 / 2016

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>National Association of Realtors Congressional Fund</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> C00488742
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>Meath Media Group</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 29 / 2016
Mailing Address 4441 Kingle St., NW	Amount <span style="border: 1px solid black; padding: 2px;">17200.00</span>
City State Zip Code Washington DC 20016-3578	
Purpose of Expenditure Online video production costs	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Rep. Dave P. Joyce	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 14 State: OH
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">18470.00</span>	<span style="border: 1px solid black; padding: 2px;">17200.00</span>

**Transaction ID : E65B7AD74046C498596A**  
Date of Disbursement or Obligation

Full Name of Payee <b>National Association of REALTORS</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 02 / 29 / 2016
Mailing Address 430 N Michigan Ave	Amount <span style="border: 1px solid black; padding: 2px;">420.00</span>
City State Zip Code Chicago IL 60611-4011	
Purpose of Expenditure Consulting Services	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate Rep. Dave P. Joyce	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 14 State: OH
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<span style="border: 1px solid black; padding: 2px;">18470.00</span>	<span style="border: 1px solid black; padding: 2px;">420.00</span>

**Transaction ID : E07A802CB81794600933**  
Date of Disbursement or Obligation

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">17620.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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 M M / D D / Y Y Y Y Y Y  
03 / 18 / 2016

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name of Payee <b>720 Strategies LLC</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>02 / 29 / 2016</b>
Mailing Address 1111 19th St NW			Amount 850.00
City Washington	State DC	Zip Code 20036-3603	<b>Transaction ID : E7ACE7389EF974627826</b>
Purpose of Expenditure Online Ad Costs	Category/Type		Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Rep. Dave P. Joyce	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>14</u> State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought	18470.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		<input type="checkbox"/> Memo Item	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"/> President <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) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	850.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	55075.00

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*

Signature \_\_\_\_\_ Date **03 / 18 / 2016**

[Electronically Filed]