

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 Political Action Committee			FEC IDENTIFICATION NUMBER ▼ C C00030718	
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on / /				
Full Name of Payee National Association of REALTORS			Date of Public Distribution/Dissemination / / 08 / 12 / 2026	
Mailing Address 430 N Michigan Ave			Amount 1200.00	
City Chicago	State IL	Zip Code 60611-4011	Transaction ID : E1A8596DFC035434B8E9 Date of Disbursement or Obligation / /	
Purpose of Expenditure Administrative Consulting		Category/ Type		
Name of Federal Candidate Markey, Ed, , Sen.,			Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MA	
Calendar Year-To-Date Per Election for Office Sought 17917.00			Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶ _____	
Full Name of Payee Bridge Impact LLC			Date of Public Distribution/Dissemination / / 08 / 12 / 2026	
Mailing Address 5623 Southwick St			Amount 9517.00	
City Bethesda	State MD	Zip Code 20817-3509	Transaction ID : EC66AD1929DA5460D87F Date of Disbursement or Obligation / /	
Purpose of Expenditure Digital Ad buys, Meta, GIFs & video		Category/ Type		
Name of Federal Candidate Markey, Ed, , Sen.,			Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MA	
Calendar Year-To-Date Per Election for Office Sought 17917.00			Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			10717.00	
(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.				
Signature Sanford, Craig, W, Mr.,			Date / / 08 / 12 / 2026	

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Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee AMBROSINO MUIR HANSEN CROUNSE		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 12 / 2026
Mailing Address 6309 Wiscasset Rd		Amount 7200.00
City Bethesda	State MD	Zip Code 20816-2111
Purpose of Expenditure Digital Ad buys, Meta & GIFs	Category/ Type	Transaction ID : E836F89FB82E349B995A Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Markey, Ed, , Sen.,	☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MA
Calendar Year-To-Date Per Election for Office Sought	17917.00	Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate	☐ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	7200.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	17917.00

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.

Sanford, Craig, W, Mr.,
Signature

Date MM / DD / YYYY
08 / 12 / 2026