

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) AMERICAN PACT			FEC IDENTIFICATION NUMBER ▼ C C00837443	
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee Public Concepts		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 05 / 2026		
Mailing Address 5155 Corporate Way D2		Amount 33750.00		
City Jupiter	State FL	Zip Code 33458	Transaction ID : SE.4365	
Purpose of Expenditure Direct Mail		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 06 / 2026	
Name of Federal Candidate KEISER, BELINDA, , ,		☐ Support ☒ Oppose	Office Sought: ☒ House District: 22 ☐ President ☐ Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought		464000.00	Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶	
Full Name of Payee Public Concepts		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 07 / 2026		
Mailing Address 5155 Corporate Way D2		Amount 33750.00		
City Jupiter	State FL	Zip Code 33458	Transaction ID : SE.4366	
Purpose of Expenditure Direct Mail		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 06 / 2026	
Name of Federal Candidate KEISER, BELINDA, , ,		☐ Support ☒ Oppose	Office Sought: ☒ House District: 22 ☐ President ☐ Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought		497750.00	Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		67500.00		
(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 Jones, William, S, ,		Date MM / DD / YYYY 08 / 06 / 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 Public Concepts		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 05 / 2026
Mailing Address 5155 Corporate Way D2		Amount 33750.00
City Jupiter	State FL	Zip Code 33458
Purpose of Expenditure Direct Mail	Category/ Type 004	Transaction ID : SE.4367 Date of Disbursement or Obligation MM / DD / YYYY 08 / 06 / 2026
Name of Federal Candidate CARBONARA, MICHAEL, ,		Office Sought: ☒ House District: 22 ☐ President ☐ Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		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		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.....▶	33750.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	101250.00

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.

Jones, William, S, ,

Signature

Date

MM / DD / YYYY
08 / 06 / 2026