

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

NAME OF COMMITTEE (In Full) REAL CHANGE PAC			FEC IDENTIFICATION NUMBER ▼ C C00950345		
Check if ☒ 24-hour report ☐ 48-hour report ☐ New report ☒ Amends report filed on			MM / DD / YYYY 06 / 05 / 2026		
Full Name of Payee FOUR PONIES CONSULTING LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 04 / 2026		
Mailing Address 4016 SOUTH THIRD ST 1132			Amount 60000.00		
City JACKSONVILLE BEACH		State FL	Zip Code 32250	Transaction ID : SE24.32212	
Purpose of Expenditure MEDIA PLACEMENT		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 06 / 03 / 2026	
Name of Federal Candidate BALDACCI, JOSEPH, , ,			☐ Support ☒ Oppose	Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: ME	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶		
Full Name of Payee FOUR PONIES CONSULTING LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 04 / 2026		
Mailing Address 4016 SOUTH THIRD ST 1132			Amount 40000.00		
City JACKSONVILLE BEACH		State FL	Zip Code 32250	Transaction ID : SE24.32213	
Purpose of Expenditure MEDIA PLACEMENT		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 06 / 03 / 2026	
Name of Federal Candidate DUNLAP, MATT, , ,			☒ Support ☐ Oppose	Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: ME	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			100000.00		
(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 LETOURNEAU, NATHAN, , ,			Date MM / DD / YYYY 07 / 01 / 2026		

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NAME OF COMMITTEE (In Full) REAL CHANGE PAC	FEC IDENTIFICATION NUMBER ▼ C C00950345
Check if ☒ 24-hour report ☐ 48-hour report ☐ New report ☒ Amends report filed on	
MM / DD / YYYY 06 / 05 / 2026	

Full Name of Payee FOUR PONIES CONSULTING LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 04 / 2026		
Mailing Address 4016 SOUTH THIRD ST 1132			Amount 2500.00		
City JACKSONVILLE BEACH	State FL	Zip Code 32250	Transaction ID : SE24.32214		
Purpose of Expenditure P2P TEXT MESSAGING		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 06 / 03 / 2026		
Name of Federal Candidate DUNLAP, MATT, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: ME		
Calendar Year-To-Date Per Election for Office Sought		504316.00	Disbursement For: ☒ Primary ☐ General ☐ 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		☐ 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..... ▶	2500.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	102500.00

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.

LETOURNEAU, NATHAN, , ,

Signature

Date

MM / DD / YYYY
07 / 01 / 2026