

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

NAME OF COMMITTEE (In Full) AB PAC		FEC IDENTIFICATION NUMBER ▼ C C00492140	
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 Berni Consulting LLC Non-Contribution Account		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 17 / 2026	
Mailing Address 900 Camp St Ste 346		Amount 21903.50	
City New Orleans	State LA	Zip Code 70130-3987	Transaction ID : 501351167
Purpose of Expenditure Mail- Estimated Cost		Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Name of Federal Candidate MURPHY, GREGORY, DR., ,		☐ Support ☒ Oppose	Office Sought: ☒ House District: 03 ☐ President ☐ Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		244753.30	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
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..... ▶		21903.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶		21903.50	
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 Mollineau, Rodell, , ,		Date M M / D D / Y Y Y Y Y Y 08 / 19 / 2026	