

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 5
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		MM / DD / YYYY

Full Name of Payee National Association of REALTORS		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2026
Mailing Address 430 N Michigan Ave		Amount 1200.00
City Chicago	State IL	Zip Code 60611-4011
Purpose of Expenditure Administrative Consulting	Category/ Type	Transaction ID : EF88297902B3E4B27B43 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Bell, Wesley, , Rep.,		Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: MO
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶

Full Name of Payee AMBROSINO MUIR HANSEN CROUNSE		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2026
Mailing Address 6309 Wiscasset Rd		Amount 7200.00
City Bethesda	State MD	Zip Code 20816-2111
Purpose of Expenditure Online digital ad buy	Category/ Type	Transaction ID : EF8A36CF74B3F4D428BA Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Bell, Wesley, , Rep.,		Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: MO
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	8400.00
(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.

Sanford, Craig, W, Mr.,
Signature

Date MM / DD / YYYY
07 / 23 / 2026

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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 M M / D D / Y Y Y Y Y Y					
Full Name of Payee Meath Media Group			Date of Public Distribution/Dissemination 07 / 23 / 2026		
Mailing Address 4441 Kingle St NW			Amount 37900.00		
City Washington		State DC	Zip Code 20016-3578		Transaction ID : E638A139E283F44FCB87
Purpose of Expenditure Online video production costs		Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate Bell, Wesley, , Rep.,			☒ Support ☐ Oppose		Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: MO
Calendar Year-To-Date Per Election for Office Sought			51144.00 Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶		
Full Name of Payee Bridge Impact LLC			Date of Public Distribution/Dissemination 07 / 23 / 2026		
Mailing Address 5623 Southwick St			Amount 4844.00		
City Bethesda		State MD	Zip Code 20817-3509		Transaction ID : E9EE247AFC5E74D11BEE
Purpose of Expenditure Digital Ad buys, Meta & GIFs		Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate Bell, Wesley, , Rep.,			☒ Support ☐ Oppose		Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: MO
Calendar Year-To-Date Per Election for Office Sought			51144.00 Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			42744.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
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Signature Sanford, Craig, W, Mr.,			Date 07 / 23 / 2026		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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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 National Association of REALTORS		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2026
Mailing Address 430 N Michigan Ave		Amount 1200.00
City Chicago	State IL	Zip Code 60611-4011
Purpose of Expenditure Administrative Consulting	Category/ Type	Transaction ID : E238C1A84F451436BAA6 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Bergman, Jack, , Rep.,		☒ Support ☐ Oppose Office Sought: ☒ House ☐ President ☐ Senate District: 01 State: MI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶

Full Name of Payee Bridge Impact LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2026
Mailing Address 5623 Southwick St		Amount 11433.00
City Bethesda	State MD	Zip Code 20817-3509
Purpose of Expenditure Digital Ad buys, Meta & GIFs	Category/ Type	Transaction ID : E3A9B194AAA034097818 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Bergman, Jack, , Rep.,		☒ Support ☐ Oppose Office Sought: ☒ House ☐ President ☐ Senate District: 01 State: MI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	12633.00
(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.

Sanford, Craig, W, Mr.,
Signature

Date MM / DD / YYYY
07 / 23 / 2026

Full Name of Payee AMBROSINO MUIR HANSEN CROUNSE		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 07 / 23 / 2026	
Mailing Address 6309 Wiscasset Rd		Amount 7200.00	
City Bethesda	State MD	Zip Code 20816-2111	Transaction ID : E379AF5F7F2C64BBF973
Purpose of Expenditure Online digital ad buy		Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y
Name of Federal Candidate Thanedar, Shri, , Rep.,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 13 ☐ President ☐ Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		10942.00	Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	9742.00
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

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Signature

Date _____

MM / DD / YYYY

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Full Name of Payee National Association of REALTORS		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 23 / 2026
Mailing Address 430 N Michigan Ave		Amount 1200.00
City Chicago	State IL	Zip Code 60611-4011
Purpose of Expenditure Administrative Consulting	Category/ Type	Transaction ID : E45C2DE13202840C7BC4 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Thanedar, Shri, , Rep.,		☒ Support ☐ Oppose Office Sought: ☒ House ☐ Senate District: 13 ☐ President State: MI
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		☐ Support ☐ Oppose Office Sought: ☐ House ☐ Senate District: _____ ☐ President State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1200.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	74719.00

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
07 / 23 / 2026