

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 M M / D D / Y Y Y Y Y Y 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 / 31 / 2026 M M / D D / Y Y Y Y Y Y		
Mailing Address 900 Camp St Ste 346			Amount 80628.48		
City State Zip Code New Orleans LA 70130-3987		Transaction ID : 501351970 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y			
Purpose of Expenditure Mail- Estimated Cost		Category/ Type			
Name of Federal Candidate HYDE-SMITH, CINDY, , ,			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: MS		
Calendar Year-To-Date Per Election for Office Sought 1341373.46			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 M M / D D / Y Y Y Y Y Y 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 M M / D D / Y Y Y Y Y Y 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..... ▶ 80628.48 (b) SUBTOTAL of Unitemized Independent Expenditures ▶ (c) TOTAL Independent Expenditures..... ▶ 80628.48					
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 09 / 02 / 2026 M M / D D / Y Y Y Y Y Y					