

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

NAME OF COMMITTEE (In Full) AMERICA'S RENEWAL PAC, INC.		FEC IDENTIFICATION NUMBER ▼ C C00902106	
Check if ☒ 24-hour report ☐ 48-hour report		☒ New report ☐ Amends report filed on	

Full Name of Payee OUR CITY MEDIA OF FLORIDA, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 01 / 2026	
Mailing Address PO BOX 267846		Amount 4250.00	
City WESTON	State FL	Zip Code 33326	Transaction ID : SE24.35556
Purpose of Expenditure PRINTING	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 10 / 2026	
Name of Federal Candidate CARBONARA, MICHAEL, , ,		☒ Support ☐ Oppose	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 SUNSHINE GROUP CONSULTING, INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 01 / 2026	
Mailing Address 1950 NE 6TH ST. #10052		Amount 513.81	
City POMPANO BEACH	State FL	Zip Code 33061	Transaction ID : SE24.35557
Purpose of Expenditure DONOR MEMENTOS / PRINTING	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 17 / 2026	
Name of Federal Candidate CARBONARA, MICHAEL, , ,		☒ Support ☐ Oppose	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) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4763.81
(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.

BURFORD, FRANK, , ,

Signature

Date

MM / DD / YYYY
08 / 02 / 2026

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Full Name of Payee SHOP SAVVY BROWARD, INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 01 / 2026	
Mailing Address 16280 S POST RD APT 202		Amount 575.00	
City WESTON	State FL	Zip Code 33331	Transaction ID : SE24.35555 Date of Disbursement or Obligation MM / DD / YYYY 07 / 22 / 2026
Purpose of Expenditure PRINTING		Category/ Type	
Name of Federal Candidate CARBONARA, MICHAEL, ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 22 ☐ President ☐ Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		88037.98	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..... ▶	575.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	5338.81

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.

BURFORD, FRANK, , ,
Signature

Date 08 / 02 / 2026