

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation <b>MUSLIM CIVIC COALITION-ACTIVATE</b>	
(b) Address (number and street) 200 W MADISON ST. STE 300	<input type="checkbox"/> check if different than previously reported
(c) City, State and ZIP Code  CHICAGO IL 60606	3. FEC Identification Number <b>C C90023359</b>
2. Occupation and Name of Employer (for Individual Filers Only)	

4. TYPE OF REPORT (check appropriate boxes):

(a)  April 15 Quarterly Report

July 15 Quarterly Report

24-Hour Report

October 15 Quarterly Report

48-Hour Report

January 31 Year-End Report

b) Is this Report an amendment?  No  Yes, it amends the report filed on

M M	/	D D	/	Y Y Y Y
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5. COVERING PERIOD:

FROM

M M	/	D D	/	Y Y Y Y
01		01		2026

THROUGH

M M	/	D D	/	Y Y Y Y
03		31		2026

6. TOTAL CONTRIBUTIONS.....

22000.00
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7. TOTAL INDEPENDENT EXPENDITURES .....

5732.84
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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 any political party committee or its agent.

**TYPE OR PRINT NAME OF PERSON COMPLETING FORM**

**SIGNATURE**

**DATE**

Ali, Lena, , ,

Ali, Lena, , ,

06/09/2026

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 52 U.S.C. §30109.

For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov).

**SCHEDULE 5-A  
ITEMIZED RECEIPTS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)  
MUSLIM CIVIC COALITION-ACTIVATE

<b>A. Full Name (Last, First, Middle Initial)</b> Ahmed, Ayesha, , ,			Date of Receipt 03 / 06 / 2026 <b>Transaction ID : F56.000001</b>		
Mailing Address 400 Knightsbridge Pkwy					
City Lincolnshire	State IL	Zip Code 60069			
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 20000.00		
Name of Employer			Occupation		

<b>B. Full Name (Last, First, Middle Initial)</b> Siddiquee, Nawshaba, , ,			Date of Receipt 03 / 06 / 2026 <b>Transaction ID : F56.000002</b>		
Mailing Address 47 Briar Rd					
City Golf	State IL	Zip Code 60029			
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period 2000.00		
Name of Employer			Occupation		

<b>C. Full Name (Last, First, Middle Initial)</b>			Date of Receipt		
Mailing Address					
City	State	Zip Code			
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period		
Name of Employer			Occupation		

<b>D. Full Name (Last, First, Middle Initial)</b>			Date of Receipt		
Mailing Address					
City	State	Zip Code			
FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period		
Name of Employer			Occupation		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	22000.00
<b>TOTAL</b> This Period (last page carry total to Line 6) .....	22000.00

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
MUSLIM CIVIC COALITION-ACTIVATE

Full Name (Last, First, Middle Initial) of Payee Ashraf, Muhammad Siddiq, , ,		Date of Public Distribution/Dissemination 03 / 09 / 2026	
Mailing Address 520 Countryfield Lane		Amount 2.47	
City Elgin	State IL	Zip Code 60120	Transaction ID : F57.000001
Purpose of Expenditure Mileage Reimbursement for Canvassing	Category/ Type 002	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 09
Name of Federal Candidate Supported or Opposed by Expenditure: Amiwala, Bushra, , ,		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2026.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Forest Printing Company		Date of Public Distribution/Dissemination 03 / 09 / 2026	
Mailing Address 7214 W. Madison Street		Amount 5667.87	
City Forest Park	State IL	Zip Code 60130	Transaction ID : F57.000002
Purpose of Expenditure Vote Bushra Amiwala for Congress Mailor	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 09
Name of Federal Candidate Supported or Opposed by Expenditure: Amiwala, Bushra, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2026.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Civic Influence Consulting LLC		Date of Public Distribution/Dissemination 03 / 03 / 2026	
Mailing Address 9213 Moody Ave.		Amount 31.25	
City Oak Lawn	State IL	Zip Code 60453	Transaction ID : F57.000003
Purpose of Expenditure Canvassing / Phone Banking for Bushra	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 09
Name of Federal Candidate Supported or Opposed by Expenditure: Amiwala, Bushra, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2026.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	5701.59
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
MUSLIM CIVIC COALITION-ACTIVATE

Full Name (Last, First, Middle Initial) of Payee Civic Influence Consulting LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 03 / 2026	
Mailing Address 9213 Moody Ave.		Amount 31.25	
City Oak Lawn	State IL	Zip Code 60453	Transaction ID : F57.000004
Purpose of Expenditure Canvassing / Phone Banking for Junaid	Category/ Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: IL District: 08
Name of Federal Candidate Supported or Opposed by Expenditure: Ahmed, Junaid, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2026.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	31.25
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures..... (carry total from last page forward to Line 7)	▶	5732.84