

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

NAME OF COMMITTEE (In Full) ILLINOIS AGRICULTURAL ASSOCIATION ACTIVATOR POLITICAL INVOLVEMENT FUND (FED) 'ACTIVATOR'/ILLINOIS FARM BUREAU ACTIVATOR'		FEC IDENTIFICATION NUMBER ▼ <div>C C00193441</div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<div>MM / DD / YYYY</div> <div>10 / 15 / 2024</div>

Full Name of Payee Bopi Print		Date of Public Distribution/Dissemination <div>MM / DD / YYYY</div> <div>10 / 15 / 2024</div>
Mailing Address PO Box 278		Amount <div>9104.06</div>
City Bloomington	State IL	
Purpose of Expenditure Postcard	Category/ Type <div>004</div>	Transaction ID : SE.24975 Date of Disbursement or Obligation <div>MM / DD / YYYY</div> <div>10 / 10 / 2024</div>
Name of Federal Candidate MILLER, MARY, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 15 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL
Calendar Year-To-Date Per Election for Office Sought <div>9104.06</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination <div>MM / DD / YYYY</div>
Mailing Address		Amount <div></div>
City	State	
Purpose of Expenditure	Category/ Type <div></div>	Date of Disbursement or Obligation <div>MM / DD / YYYY</div>
Name of Federal Candidate <input type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input type="checkbox"/> Senate State:
Calendar Year-To-Date Per Election for Office Sought <div></div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div>9104.06</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div></div>
(c) TOTAL Independent Expenditures..... ▶	<div>9104.06</div>

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.

DODDS, ALAN, , ,

Signature

Date

MM / DD / YYYY

09 / 11 / 2025