

# 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) <input type="checkbox"/> check if different than previously reported 200 W MADISON ST. STE 300	
(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
	03	13	2026
THROUGH	M M /	D D /	Y Y Y Y
	03	18	2026

6. TOTAL CONTRIBUTIONS.....

.00
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7. TOTAL INDEPENDENT EXPENDITURES .....

852.69
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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.

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

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

Full Name (Last, First, Middle Initial) of Payee SimpleTexting		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 13 / 2026	
Mailing Address One North Wacker Drive Suite 2500		Amount 303.48	
City Chicago	State	Zip Code 60606	Transaction ID : F57.000001
Purpose of Expenditure Texts for Junaid	Category/Type 004	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 SimpleTexting		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 13 / 2026	
Mailing Address One North Wacker Drive Suite 2500		Amount 549.21	
City Chicago	State IL	Zip Code 60606	Transaction ID : F57.000002
Purpose of Expenditure Texts for Bushra	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		Date of Public Distribution/Dissemination MM / DD / YYYY	
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) SUBTOTAL of Itemized Independent Expenditures.....	▶	852.69
(b) SUBTOTAL of Unitemized Independent Expenditures .....	▶	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	852.69