

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

NAME OF COMMITTEE (In Full) Progressive Values Illinois			FEC IDENTIFICATION NUMBER ▼ C C00905992	
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee Mail Matters LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 10 / 2026		
Mailing Address 35 Cold Spring Rd Ste 111		Amount 48279.24		
City Rocky Hill	State CT	Zip Code 06067-3161	Transaction ID : 500001096	
Purpose of Expenditure Direct Mail Services		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 06 / 2026	
Name of Federal Candidate STRATTON, JULIANA, , ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought		448378.77	Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶	
Full Name of Payee Mail Matters LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 10 / 2026		
Mailing Address 35 Cold Spring Rd Ste 111		Amount 48279.24		
City Rocky Hill	State CT	Zip Code 06067-3161	Transaction ID : 500001097	
Purpose of Expenditure Direct Mail Services		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 03 / 06 / 2026	
Name of Federal Candidate KRISHNAMOORTHY, S, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: ☐ President ☒ Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought		448378.77	Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		96558.48		
(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.				
Signature Roberson, John, , ,		Date MM / DD / YYYY 03 / 11 / 2026		

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NAME OF COMMITTEE (In Full) Progressive Values Illinois		FEC IDENTIFICATION NUMBER ▼ C C00905992
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Mail Matters LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 10 / 2026
Mailing Address 35 Cold Spring Rd Ste 111		Amount 48279.25
City Rocky Hill	State CT	Zip Code 06067-3161
Purpose of Expenditure Direct Mail Services	Category/ Type	Transaction ID : 500001098 Date of Disbursement or Obligation MM / DD / YYYY 03 / 06 / 2026
Name of Federal Candidate KELLY, ROBIN, ,		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: IL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate		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..... ▶	48279.25
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	144837.73

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.

Roberson, John, , ,

Signature

Date

MM / DD / YYYY
03 / 11 / 2026