

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

NAME OF COMMITTEE (In Full) Fairshake			FEC IDENTIFICATION NUMBER ▼ C C00835959		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y					
Full Name of Payee Targeted Platform Media			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 02 / 27 / 2026		
Mailing Address PO Box 237			Amount 67213.00		
City Crownsville	State MD	Zip Code 21032	Transaction ID : V9B7FCE63F0EF52D774C Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 02 / 27 / 2026		
Purpose of Expenditure IE-Ford-Media Buy		Category/ Type 004			
Name of Federal Candidate Ford, La, Shawn, Rep.,			☐ Support ☒ Oppose Office Sought: ☒ House District: 07 ☐ President ☐ Senate State: IL		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶		
Full Name of Payee Dockside Strategies			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 02 / 26 / 2026		
Mailing Address 8 The Green Ste 14712			Amount 15195.22		
City Dover	State DE	Zip Code 19901	Transaction ID : VA4D9F2B35EBE08266E8 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y		
Purpose of Expenditure IE-Stratton-Media Production		Category/ Type 004			
Name of Federal Candidate Stratton, Juliana, , Hon.,			☐ Support ☒ Oppose Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: IL		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			82408.22		
(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 Philipczyk, Brandon, , ,			Date M M M / D D D / Y Y Y Y Y Y Y Y 02 / 27 / 2026		

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NAME OF COMMITTEE (In Full) Fairshake			FEC IDENTIFICATION NUMBER ▼ C C00835959	
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee Targeted Platform Media		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 26 / 2026		
Mailing Address PO Box 237		Amount 360893.00		
City Crownsville	State MD	Zip Code 21032	Transaction ID : VD98C837EB7660A83DC8	
Purpose of Expenditure IE-Stratton-Media Buy		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 02 / 13 / 2026	
Name of Federal Candidate Stratton, Juliana, , Hon.,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought		5168736.22	Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶	
Full Name of Payee Targeted Platform Media		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 26 / 2026		
Mailing Address PO Box 237		Amount 4792648.00		
City Crownsville	State MD	Zip Code 21032	Transaction ID : V2E3EF4586C9C82AB20F	
Purpose of Expenditure IE-Stratton-Media Buy		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 02 / 25 / 2026	
Name of Federal Candidate Stratton, Juliana, , Hon.,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought		5168736.22	Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		5153541.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....		5235949.22		
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 Philipczyk, Brandon, , ,		Date MM / DD / YYYY 02 / 27 / 2026		