

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

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>Progressive Values Illinois</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                       | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00905992</div>                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                          |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> |  |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                          |
| Full Name of Payee<br>Mail Matters LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                       | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div><br>03 / 10 / 2026 |                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                          |
| Mailing Address 35 Cold Spring Rd<br>Ste 111                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                       | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">48266.24</div>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                          |
| City Rocky Hill                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | State CT                                                                              | Zip Code 06067-3161                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                          | Transaction ID : 500001154                                                                                                                               |
| Purpose of Expenditure<br>Direct Mail Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Category/Type <div style="border: 1px solid black; width: 60px; height: 20px;"></div> |                                                                                                                                                                                                                                                                                                                                                                                                                                 | Date of Disbursement or Obligation<br><div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div><br>03 / 12 / 2026 |                                                                                                                                                          |
| Name of Federal Candidate<br>KRISHNAMOORTHY, S, ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                       | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                          | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IL |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">593177.50</div>                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                       | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2026 <input type="checkbox"/> Other (specify) ▶ _____                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                          |
| Full Name of Payee<br>Mail Matters LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                       | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div><br>03 / 10 / 2026 |                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                          |
| Mailing Address 35 Cold Spring Rd<br>Ste 111                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                       | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">48266.24</div>                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                          |
| City Rocky Hill                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | State CT                                                                              | Zip Code 06067-3161                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                          | Transaction ID : 500001155                                                                                                                               |
| Purpose of Expenditure<br>Direct Mail Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Category/Type <div style="border: 1px solid black; width: 60px; height: 20px;"></div> |                                                                                                                                                                                                                                                                                                                                                                                                                                 | Date of Disbursement or Obligation<br><div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div><br>03 / 12 / 2026 |                                                                                                                                                          |
| Name of Federal Candidate<br>STRATTON, JULIANA, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                       | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                          | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IL    |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">593177.50</div>                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                       | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2026 <input type="checkbox"/> Other (specify) ▶ _____                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                          |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                       | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">96532.48</div>                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                          |
| (b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                       | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"></div>                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                          |
| (c) TOTAL Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                       | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"></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.                                                                                                                                                                                                         |  |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                          |
| Signature<br><br>Roberson, John, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                       | Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div><br>03 / 12 / 2026                                         |                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                          |

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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| NAME OF COMMITTEE (In Full)<br><b>Progressive Values Illinois</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                     | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00905992</div>                                                                                                                                               |                                                                                                                                                                                                                                                                                  |                                                                                                                                                                   |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                     |                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                  |                                                                                                                                                                   |
| Full Name of Payee<br>Mail Matters LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                     | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03 / 10 / 2026</div> |                                                                                                                                                                                                                                                                                  |                                                                                                                                                                   |
| Mailing Address 35 Cold Spring Rd<br>Ste 111                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                     | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">48266.25</div>                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                  |                                                                                                                                                                   |
| City Rocky Hill                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | State CT                                                                                            | Zip Code 06067-3161                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                  | <b>Transaction ID : 500001156</b>                                                                                                                                 |
| Purpose of Expenditure<br>Direct Mail Services                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |                                                                                                                                                                                                                                                                                         | Date of Disbursement or Obligation<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03 / 12 / 2026</div> |                                                                                                                                                                   |
| Name of Federal Candidate<br>KELLY, ROBIN, ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                     | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                  | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>IL</u>   |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">593177.50</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                     | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2026 <input type="checkbox"/> Other (specify) ▶ _____                                                                                                                                 |                                                                                                                                                                                                                                                                                  |                                                                                                                                                                   |
| Full Name of Payee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                     | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>                                                                                                                |                                                                                                                                                                                                                                                                                  |                                                                                                                                                                   |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                     | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                  |                                                                                                                                                                   |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | State                                                                                               | Zip Code                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                  | Date of Disbursement or Obligation<br><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> |
| Purpose of Expenditure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                  |                                                                                                                                                                   |
| Name of Federal Candidate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                     | <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                  | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input type="checkbox"/> Senate State: _____                  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                     | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____                                                                                                                                                 |                                                                                                                                                                                                                                                                                  |                                                                                                                                                                   |
| <div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">48266.25</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) <b>TOTAL</b> Independent Expenditures..... ▶</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">144798.73</div></div></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.<br><br><div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">Signature<br/><div style="border-bottom: 1px solid black; margin-top: 10px; display: inline-block; width: 80%;"></div><br/><i>Roberson, John, , ,</i></div><div style="width: 20%; text-align: center;">Date</div><div style="width: 40%; text-align: center;"><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03 / 12 / 2026</div></div></div> |  |                                                                                                     |                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                  |                                                                                                                                                                   |