

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 ▼ C C00193441
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee BOPI		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 27 / 2026
Mailing Address 1705 South Veterans Pkwy		Amount 3705.22
City Bloomington	State IL	Zip Code 61701-7019
Purpose of Expenditure Postcards	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 02 / 26 / 2026
Name of Federal Candidate Miller, Mary, , Rep.,		Office Sought: ☒ House District: 15 ☐ 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..... ▶	3705.22
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	3705.22

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.

Dodds, Alan, , ,

Signature

Date

MM / DD / YYYY
02 / 27 / 2026