

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) CHICAGO PROGRESSIVE PARTNERSHIP			FEC IDENTIFICATION NUMBER ▼ C C00935809		
Check if ☒ 24-hour report ☐ 48-hour report ☐ New report ☒ Amends report filed on			MM / DD / YYYY 03 / 11 / 2026		
Full Name of Payee Buying Time		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 10 / 2026			
Mailing Address PO Box 318		Amount 750000.00			
City Crownsville	State MD	Zip Code 21032	Transaction ID : SE.4128		
Purpose of Expenditure Media Placement		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 10 / 2026		
Name of Federal Candidate ABUGHAZALEH, KATHERINE M., , ,		☐ Support ☒ Oppose	Office Sought: ☒ House District: 09 ☐ President ☐ Senate State: IL		
Calendar Year-To-Date Per Election for Office Sought		1016177.52	Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶		
Full Name of Payee MIQ Digital USA Inc		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 10 / 2026			
Mailing Address 261 5th Ave		Amount 150000.00			
City New York	State NY	Zip Code 10016	Transaction ID : SE.4129		
Purpose of Expenditure Media Placement		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 10 / 2026		
Name of Federal Candidate ABUGHAZALEH, KATHERINE M., , ,		☐ Support ☒ Oppose	Office Sought: ☒ House District: 09 ☐ President ☐ Senate State: IL		
Calendar Year-To-Date Per Election for Office Sought		1166177.52	Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....		900000.00			
(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 Fox, Michael, , ,		Date MM / DD / YYYY 03 / 12 / 2026			

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Full Name of Payee MiQ Digital USA Inc		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 10 / 2026	
Mailing Address 261 5th Ave		Amount 150000.00	
City New York	State NY	Zip Code 10016	Transaction ID : SE.4130
Purpose of Expenditure Media Placement		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 10 / 2026
Name of Federal Candidate AHMED, JUNAID, ,		☐ Support ☒ Oppose	Office Sought: ☒ House District: 08 ☐ President ☐ Senate State: IL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶	
		150000.00	

Full Name of Payee SKDKnickerbocker LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 10 / 2026	
Mailing Address 285 Fulton St, 69th Floor		Amount 13879.17	
City New York	State NY	Zip Code 10007	Transaction ID : SE.4131
Purpose of Expenditure Media Production		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 10 / 2026
Name of Federal Candidate AHMED, JUNAID, ,		☐ Support ☒ Oppose	Office Sought: ☒ House District: 08 ☐ President ☐ Senate State: IL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶	
		163879.17	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	163879.17
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Fox, Michael, , ,

Signature

Date

MM / DD / YYYY
03 / 12 / 2026

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Full Name of Payee Tom King Communications		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 10 / 2026	
Mailing Address 3625 10th Street N #205		Amount 17500.00	
City Arlington	State VA	Zip Code 22201	Transaction ID : SE.4132 Date of Disbursement or Obligation MM / DD / YYYY 03 / 10 / 2026
Purpose of Expenditure Media Production		Category/ Type 004	
Name of Federal Candidate ABUGHAZALEH, KATHERINE M., , ,		☐ Support ☒ Oppose	Office Sought: ☒ House District: 09 ☐ President ☐ Senate State: IL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶	
		1183677.52	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/ Type	
Name of Federal Candidate		☐ Support ☐ Oppose	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..... ▶	17500.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	1081379.17

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Fox, Michael, , ,

Signature

Date

MM / DD / YYYY
03 / 12 / 2026