

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

NAME OF COMMITTEE (In Full) ADPAC INDEPENDENT EXPENDITURES COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00488338
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Foundation Blue Media		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 08 / 2026
Mailing Address 57 Manchester St.		Amount 2366.00
City Weymouth	State MA	Zip Code 02190
Purpose of Expenditure Placement of set #2 display ads from 3.8 - 3.17	Category/ Type	Transaction ID : WFT2026261510-1 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Miller, Donna, , ,	☒ Support ☐ Oppose	Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: IL
Calendar Year-To-Date Per Election for Office Sought 78666.25		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶

Full Name of Payee Foundation Blue Media		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 08 / 2026
Mailing Address 57 Manchester St.		Amount 250.00
City Weymouth	State MA	Zip Code 02190
Purpose of Expenditure Set #2 display ads 3.8-3.17	Category/ Type	Transaction ID : WFT2026261515-1 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Miller, Donna, , ,	☒ Support ☐ Oppose	Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: IL
Calendar Year-To-Date Per Election for Office Sought 78916.25		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2616.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	2616.00

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.

TIPPETT-WHYTE, JUDEE, , DR.,

Signature

Date

MM / DD / YYYY
03 / 06 / 2026