

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 5
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 Dockside Strategies			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 03 / 10 / 2026		
Mailing Address 8 The Green Ste 14712			Amount 3968.97		
City Dover		State DE	Zip Code 19901		Transaction ID : V507C700E3EEB8432A49 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y
Purpose of Expenditure IE-Ford-Media Production		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			2463858.22 Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶		
Full Name of Payee Kinetic Campaigns			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 03 / 10 / 2026		
Mailing Address 4304 Evergreen Ln Ste 202			Amount 38929.67		
City Annadale		State VA	Zip Code 22003		Transaction ID : VD54405CF12B57DA226D 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-Direct Mail Production, Printing, Postage		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			2463858.22 Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			42898.64		
(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 <i>Philipczyk, Brandon, , ,</i> Date M M M / D D D / Y Y Y Y Y Y Y Y 03 / 11 / 2026					

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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					
Full Name of Payee Targeted Platform Media			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 03 / 10 / 2026		
Mailing Address PO Box 237			Amount 74016.00		
City Crownsville		State MD	Zip Code 21032		Transaction ID : VA5E24C4E23FDF6B3E6C
Purpose of Expenditure IE-Ford-Media Buy		Category/ Type 004		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 04 / 2026	
Name of Federal Candidate Ford, La, Shawn, Rep.,			☐ Support ☒ Oppose		Office Sought: ☒ House District: <u>07</u> ☐ President ☐ Senate State: <u>IL</u>
Calendar Year-To-Date Per Election for Office Sought			2463858.22 Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶ _____		
Full Name of Payee Targeted Platform Media			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 03 / 10 / 2026		
Mailing Address PO Box 237			Amount 553054.00		
City Crownsville		State MD	Zip Code 21032		Transaction ID : VB4FAD2FFBAE9BE82CE
Purpose of Expenditure IE-Ford-Media Buy		Category/ Type 004		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 04 / 2026	
Name of Federal Candidate Ford, La, Shawn, Rep.,			☐ Support ☒ Oppose		Office Sought: ☒ House District: <u>07</u> ☐ President ☐ Senate State: <u>IL</u>
Calendar Year-To-Date Per Election for Office Sought			2463858.22 Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			627070.00		
(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 <i>Philpczyk, Brandon, , ,</i>			Date M M M / D D D / Y Y Y Y Y Y 03 / 11 / 2026		

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Check if ☒ 24-hour report ☐ 48-hour report		☒ New report ☐ Amends report filed on	

Full Name of Payee Kinetic Campaigns		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 10 / 2026	
Mailing Address 4304 Evergreen Ln Ste 202		Amount 41027.28	
City Annadale	State VA	Zip Code 22003	Transaction ID : VF3D62407CDD998EFA5F Date of Disbursement or Obligation MM / DD / YYYY 02 / 27 / 2026
Purpose of Expenditure IE-Peters-Direct Mail Production, Printing, Postage		Category/ Type 004	
Name of Federal Candidate Peters, Robert, , Sen.,		☐ Support ☒ Oppose	Office Sought: ☒ House District: 02 ☐ 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 MM / DD / YYYY 03 / 10 / 2026	
Mailing Address 8 The Green Ste 14712		Amount 11364.62	
City Dover	State DE	Zip Code 19901	Transaction ID : V210079A784E801979C8 Date of Disbursement or Obligation MM / DD / YYYY
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..... ▶	52391.90
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Philpczyk, Brandon, , ,

Signature

Date

MM / DD / YYYY
03 / 11 / 2026

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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 03 / 10 / 2026		
Mailing Address PO Box 237		Amount 4025047.00		
City Crownsville	State MD	Zip Code 21032	Transaction ID : V19CF8DF8EA92AA8880F	
Purpose of Expenditure IE-Stratton-Media Buy		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 04 / 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		9866095.45	Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶	
Full Name of Payee Targeted Platform Media		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 10 / 2026		
Mailing Address PO Box 237		Amount 181011.36		
City Crownsville	State MD	Zip Code 21032	Transaction ID : VC2A4F97A5F1EC4551AF	
Purpose of Expenditure IE-Stratton-Media Buy		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 04 / 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		9866095.45	Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		4206058.36		
(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 MM / DD / YYYY 03 / 11 / 2026		

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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 03 / 10 / 2026	
Mailing Address PO Box 237		Amount 119218.64	
City Crownsville	State MD	Zip Code 21032	Transaction ID : V9DB790DD2A2E424734E
Purpose of Expenditure IE-Stratton-Media Buy	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 10 / 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		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶	

Full Name of Payee Targeted Platform Media		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 10 / 2026	
Mailing Address PO Box 237		Amount 100000.00	
City Crownsville	State MD	Zip Code 21032	Transaction ID : VBB6C783E9B5BCCD119
Purpose of Expenditure IE-Stratton-Media Buy	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 10 / 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		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	219218.64
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	5147637.54

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Philipczyk, Brandon, , ,

Signature

Date

MM / DD / YYYY
03 / 11 / 2026