

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

NAME OF COMMITTEE (In Full) RIGHTS OF AMERICANS ASSOCIATION		FEC IDENTIFICATION NUMBER ▼ C C00917203
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Rights Of Americans Association		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2026
Mailing Address 8540 S. Harlem Avenue		Amount 6000.00
City Bridgeview	State	Zip Code 60455
Purpose of Expenditure Operational	Category/ Type	Transaction ID : WFT2026624106-1 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Hill, Tamika, La'Shon, ,		☒ Support ☐ Oppose
		Office Sought: ☒ House District: 09 ☐ President ☐ Senate State: IL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2028 ☐ 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		☐ 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.....▶	6000.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	6000.00

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.

Hill, Tamika, La'Shon, ,

Signature

Date

MM / DD / YYYY
07 / 24 / 2026