

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>Fighting For Wyoming</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00944322</div>                                                                                                                                                                                                                 |  |                                                                                                                                                       |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div></div> |  |                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                       |
| Full Name of Payee<br>National Victory Strategies                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">06 / 02 / 2026</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div></div> |  |                                                                                                                                                       |
| Mailing Address 6416 SW 15th St                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                | Amount<br><div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><div style="flex-grow: 1;"> </div><div>25806.46</div></div>                                                                                                                                                                                  |  |                                                                                                                                                       |
| City State Zip Code<br>Miami FL 33144                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Transaction ID : SE.4120<br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">05 / 26 / 2026</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div></div> |                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                       |
| Purpose of Expenditure<br>Advertising                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Category/<br>Type 004                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                       |
| Name of Federal Candidate<br>CHAPMAN, FRANK, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                                                                                                                                                                                                            |  | Office Sought: <input checked="" type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input type="checkbox"/> Senate State: WY |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                | <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><div style="flex-grow: 1;"> </div><div>1125806.46</div></div><br>Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                                          |  |                                                                                                                                                       |
| Full Name of Payee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;"> </div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div></div>              |  |                                                                                                                                                       |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                | Amount<br><div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><div style="flex-grow: 1;"> </div><div> </div></div>                                                                                                                                                                                         |  |                                                                                                                                                       |
| City State Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;"> </div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div></div>                                          |                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                       |
| Purpose of Expenditure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Category/<br>Type                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                       |
| Name of Federal Candidate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                                                                                                                                                                                                                       |  | Office Sought: <input type="checkbox"/> House District:<br><input type="checkbox"/> President <input type="checkbox"/> Senate State:                  |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                | <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><div style="flex-grow: 1;"> </div><div> </div></div><br>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                                                              |  |                                                                                                                                                       |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                | <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><div style="flex-grow: 1;"> </div><div>25806.46</div></div>                                                                                                                                                                                            |  |                                                                                                                                                       |
| (b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                | <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><div style="flex-grow: 1;"> </div><div> </div></div>                                                                                                                                                                                                   |  |                                                                                                                                                       |
| (c) TOTAL Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                | <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><div style="flex-grow: 1;"> </div><div>25806.46</div></div>                                                                                                                                                                                            |  |                                                                                                                                                       |
| 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<br><br>Jahns, Sheryl, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                | Date <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">06 / 04 / 2026</div><div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div></div>                                         |  |                                                                                                                                                       |