

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

NAME OF COMMITTEE (In Full) Montana Outdoor Values Action Fund			FEC IDENTIFICATION NUMBER ▼ C C00860155	
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 OTG Strategies		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2024		
Mailing Address 8651 HIGHWAY N Ste 214		Amount 124000.00		
City Lake St Louis	State MO	Zip Code 63367	Transaction ID : 500002774	
Purpose of Expenditure Canvassing Services		Category/ Type 001	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate TESTER, R., JON, ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MT	
Calendar Year-To-Date Per Election for Office Sought		4495182.45	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶	
Full Name of Payee		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y		
Mailing Address		Amount		
City	State	Zip Code	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y	
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.....		124000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....		124000.00		
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.				
Signature Lombardi, Jill, , ,		Date M M M / D D D / Y Y Y Y Y Y 10 / 03 / 2024		