

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

NAME OF COMMITTEE (In Full) Protecting Wyoming Values			FEC IDENTIFICATION NUMBER ▼ C C00946624		
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y					
Full Name of Payee Right Target Media			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 30 / 2026 M M / D D / Y Y Y Y Y Y		
Mailing Address 2 Wisconsin Cir Ste 700			Amount 75000.00 M M / D D / Y Y Y Y Y Y		
City State Zip Code Chevy Chase MD 20815		Transaction ID : SE.4160 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 30 / 2026 M M / D D / Y Y Y Y Y Y			
Purpose of Expenditure Media Placement and Production		Category/ Type 001		Name of Federal Candidate Gray, Chuck, , , ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought		294428.56 M M / D D / Y Y Y Y Y Y		Office Sought: ☒ House ☐ Senate ☐ President District: 00 State: WY	
		Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶			
Full Name of Payee			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y		
Mailing Address			Amount M M / D D / Y Y Y Y Y Y		
City State Zip Code		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y			
Purpose of Expenditure		Category/ Type		Name of Federal Candidate ☐ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought		M M / D D / Y Y Y Y Y Y		Office Sought: ☐ House ☐ Senate ☐ President District: State:	
		Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ 75000.00 (b) SUBTOTAL of Unitemized Independent Expenditures ▶ (c) TOTAL Independent Expenditures..... ▶ 75000.00					
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 <i>Johnston, Sarah, , ,</i> Date M M / D D / Y Y Y Y Y Y 04 / 30 / 2026 M M / D D / Y Y Y Y Y Y					