

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) INDEPENDENT PAC			FEC IDENTIFICATION NUMBER ▼ C C00884924		
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 INTRIGUE INK			Date of Public Distribution/Dissemination M M M D D D Y Y Y Y Y Y 08 26 2026		
Mailing Address 12 EAST MAIN STREET			Amount 1616.00		
City BOZEMAN		State MT	Zip Code 59715		Transaction ID : SE24.35725
Purpose of Expenditure NON CONTRIBUTION ACCT: PRINTING		Category/ Type		Date of Disbursement or Obligation M M M D D D Y Y Y Y Y Y 08 28 2026	
Name of Federal Candidate BODNAR, SETH, ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MT
Calendar Year-To-Date Per Election for Office Sought 138015.92			Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶ _____		
Full Name of Payee INTRIGUE INK			Date of Public Distribution/Dissemination M M M D D D Y Y Y Y Y Y 08 26 2026		
Mailing Address 12 EAST MAIN STREET			Amount 2340.00		
City BOZEMAN		State MT	Zip Code 59715		Transaction ID : SE24.35726
Purpose of Expenditure NON CONTRIBUTION ACCT: PRINTING		Category/ Type		Date of Disbursement or Obligation M M M D D D Y Y Y Y Y Y 08 28 2026	
Name of Federal Candidate BODNAR, SETH, ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MT
Calendar Year-To-Date Per Election for Office Sought 138015.92			Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			3956.00		
(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 RUTLAND, JANNA, , ,			Date M M M D D D Y Y Y Y Y Y 08 28 2026		

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NAME OF COMMITTEE (In Full) INDEPENDENT PAC		FEC IDENTIFICATION NUMBER ▼ C C00884924	
Check if ☐ 24-hour report ☒ 48-hour report		☒ New report ☐ Amends report filed on	

Full Name of Payee MINUTEMAN PRESS		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 26 / 2026	
Mailing Address 2100 SOUTH AVENUE W.		Amount 69.92	
City MISSOULA	State MT	Zip Code 59801	Transaction ID : SE24.35724
Purpose of Expenditure NON CONTRIBUTION ACCT: PRINTING		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 28 / 2026
Name of Federal Candidate BODNAR, SETH, ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MT
Calendar Year-To-Date Per Election for Office Sought		138015.92	Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
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.....▶	69.92
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	4025.92

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.

RUTLAND, JANNA, , ,

Signature

Date

MM / DD / YYYY
08 / 28 / 2026