

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

NAME OF COMMITTEE (In Full) Fighting For Wyoming		FEC IDENTIFICATION NUMBER ▼ C C00944322	
Check if ☐ 24-hour report ☒ 48-hour report		☐ New report	☒ Amends report filed on
		M M / D D / Y Y Y Y Y Y 06 / 29 / 2026	

Full Name of Payee Facebook Inc		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 27 / 2026	
Mailing Address 1 Hacker Way		Amount 254.00	
City Menlo Park	State CA	Zip Code 94025	Transaction ID : SE.4149
Purpose of Expenditure Advertising- Digital		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Name of Federal Candidate CHAPMAN, FRANK, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 00 ☐ President ☐ Senate State: WY
Calendar Year-To-Date Per Election for Office Sought		2418945.19	Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶

Full Name of Payee Torchlight Creative		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 29 / 2026	
Mailing Address 2600 S Ocean Blvd 203W		Amount 1000000.00	
City Palm Beach	State FL	Zip Code 33480	Transaction ID : SE.4151
Purpose of Expenditure Advertising- TV		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 26 / 2026
Name of Federal Candidate CHAPMAN, FRANK, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 00 ☐ President ☐ Senate State: WY
Calendar Year-To-Date Per Election for Office Sought		2418691.19	Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1000254.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	1000254.00

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.

Jahns, Sheryl, , ,

Signature

Date

M M / D D / Y Y Y Y Y Y
08 / 05 / 2026