

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

NAME OF COMMITTEE (In Full) Wyoming Way Action PAC			FEC IDENTIFICATION NUMBER ▼ C C00949115		
Check if ☒ 24-hour report ☐ 48-hour report ☐ New report ☒ Amends report filed on			MM / DD / YYYY 08 / 07 / 2026		
Full Name of Payee Barrel Placements			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 07 / 2026		
Mailing Address PO Box 811			Amount 400000.00		
City Alexandria		State VA	Zip Code 22121		Transaction ID : SE.4162
Purpose of Expenditure Media Placement		Category/ Type 001	Date of Disbursement or Obligation MM / DD / YYYY 08 / 07 / 2026		
Name of Federal Candidate GRAY, CHUCK, , ,			☐ Support ☒ Oppose Office Sought: ☒ House District: 00 ☐ President ☐ Senate State: WY		
Calendar Year-To-Date Per Election for Office Sought			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..... ▶			400000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			400000.00		
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 West, Amanda, , ,			Date MM / DD / YYYY 08 / 07 / 2026		