

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

NAME OF COMMITTEE (In Full) ROCKY MOUNTAIN VALUES PAC			FEC IDENTIFICATION NUMBER ▼ C C00872150		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on MM / DD / YYYY					
Full Name of Payee Canal Partners Media			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 19 / 2024		
Mailing Address 900 Circle 75 Parkway Suite 1650			Amount 21075.00		
City Atlanta		State GA	Zip Code 30339		Transaction ID : SE.4233
Purpose of Expenditure Television Advertising Buy (Estimate)		Category/ Type 004		Date of Disbursement or Obligation MM / DD / YYYY 06 / 17 / 2024	
Name of Federal Candidate HANKS, RON, , ,			☐ Support ☒ Oppose Office Sought: ☒ House District: 03 ☐ President ☐ Senate State: CO		
Calendar Year-To-Date Per Election for Office Sought			417765.71 Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶		
Full Name of Payee Canal Partners Media			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 19 / 2024		
Mailing Address 900 Circle 75 Parkway Suite 1650			Amount 21075.00		
City Atlanta		State GA	Zip Code 30339		Transaction ID : SE.4235
Purpose of Expenditure Television Advertising Buy (Estimate)		Category/ Type 004		Date of Disbursement or Obligation MM / DD / YYYY 06 / 17 / 2024	
Name of Federal Candidate TRUMP, DONALD J., , ,			☐ Support ☒ Oppose Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			275775.39 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			42150.00		
(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 LAMORTE, JUSTIN, , ,			Date MM / DD / YYYY 06 / 20 / 2024		

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(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) ROCKY MOUNTAIN VALUES PAC			FEC IDENTIFICATION NUMBER ▼ C C00872150		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Canal Partners Media			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 19 / 2024		
Mailing Address 900 Circle 75 Parkway Suite 1650			Amount 15170.00		
City Atlanta State GA Zip Code 30339		Transaction ID : SE.4237 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 17 / 2024			
Purpose of Expenditure Radio Advertising Buy (Estimate)		Category/ Type 004			
Name of Federal Candidate HANKS, RON, , ,			☐ Support ☒ Oppose		Office Sought: ☒ House District: 03 ☐ President ☐ Senate State: CO
Calendar Year-To-Date Per Election for Office Sought			432935.71 Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶		
Full Name of Payee Canal Partners Media			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 19 / 2024		
Mailing Address 900 Circle 75 Parkway Suite 1650			Amount 15170.00		
City Atlanta State GA Zip Code 30339		Transaction ID : SE.4240 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 17 / 2024			
Purpose of Expenditure Radio Advertising Buy (Estimate)		Category/ Type 004			
Name of Federal Candidate TRUMP, DONALD J., , ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			290945.39 Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			30340.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			72490.00		
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 LAMORTE, JUSTIN, , ,			Date M M / D D / Y Y Y Y Y Y 06 / 20 / 2024		