

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 M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y					
Full Name of Payee November Inc			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 16 / 2026 M M / D D / Y Y Y Y Y Y		
Mailing Address PO Box 371553			Amount 95918.42		
City Las Vegas		State NV	Zip Code 89137		Transaction ID : SE.4129
Purpose of Expenditure Advertising		Category/ Type 004		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	
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			1221724.88 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 		
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		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..... ▶ 95918.42 (b) SUBTOTAL of Unitemized Independent Expenditures ▶ (c) TOTAL Independent Expenditures..... ▶ 95918.42					
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 Jahns, Sheryl, , , Date M M / D D / Y Y Y Y Y Y 06 / 17 / 2026 M M / D D / Y Y Y Y Y Y					