

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 4
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) MORE JOBS, LESS GOVERNMENT			FEC IDENTIFICATION NUMBER ▼ C C00693838	
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee M2 PLACEMENT LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 27 / 2026		
Mailing Address 10065 E HARVARD AVE STE 400		Amount 280000.00		
City DENVER	State CO	Zip Code 80231	Transaction ID : SE.7816	
Purpose of Expenditure PLACED MEDIA: TV		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 26 / 2026	
Name of Federal Candidate BANKHEAD, ALANI INES, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MT	
Calendar Year-To-Date Per Election for Office Sought		1616280.42	Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶	
Full Name of Payee M2 PLACEMENT LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 27 / 2026		
Mailing Address 10065 E HARVARD AVE STE 400		Amount 120000.00		
City DENVER	State CO	Zip Code 80231	Transaction ID : SE.7817	
Purpose of Expenditure PLACED MEDIA: TV		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 26 / 2026	
Name of Federal Candidate NEILL, REILLY, , ,		☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MT	
Calendar Year-To-Date Per Election for Office Sought		1736280.42	Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		400000.00		
(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 GANTT, CHARLES, , ,		Date MM / DD / YYYY 05 / 27 / 2026		

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NAME OF COMMITTEE (In Full) MORE JOBS, LESS GOVERNMENT		FEC IDENTIFICATION NUMBER ▼ C C00693838
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee M2 PLACEMENT LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 27 / 2026
Mailing Address 10065 E HARVARD AVE STE 400		Amount 8750.00
City DENVER	State CO	Zip Code 80231
Purpose of Expenditure PRODUCTION COST: TV AD	Category/ Type	Transaction ID : SE.7825 Date of Disbursement or Obligation MM / DD / YYYY 05 / 26 / 2026
Name of Federal Candidate BANKHEAD, ALANI INES, , ,		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶

Full Name of Payee M2 PLACEMENT LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 27 / 2026
Mailing Address 10065 E HARVARD AVE STE 400		Amount 3750.00
City DENVER	State CO	Zip Code 80231
Purpose of Expenditure PRODUCTION COST: TV AD	Category/ Type	Transaction ID : SE.7826 Date of Disbursement or Obligation MM / DD / YYYY 05 / 26 / 2026
Name of Federal Candidate NEILL, REILLY, , ,		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	12500.00
(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.

GANTT, CHARLES, , ,

Signature

Date

MM / DD / YYYY
05 / 27 / 2026

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NAME OF COMMITTEE (In Full) MORE JOBS, LESS GOVERNMENT		FEC IDENTIFICATION NUMBER ▼ C C00693838
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Full Name of Payee THE POLITICAL COMPANY		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 27 / 2026
Mailing Address PO BOX 81274		Amount 22900.31
City BILLINGS	State MT	Zip Code 59108
Purpose of Expenditure DIRECT MAIL: PRINTING AND POSTAGE	Category/ Type	Transaction ID : SE.7814 Date of Disbursement or Obligation MM / DD / YYYY 05 / 26 / 2026
Name of Federal Candidate NEILL, REILLY, , ,	☐ Support ☒ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MT
Calendar Year-To-Date Per Election for Office Sought 1759180.73		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶

Full Name of Payee THE POLITICAL COMPANY		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 27 / 2026
Mailing Address PO BOX 81274		Amount 22900.31
City BILLINGS	State MT	Zip Code 59108
Purpose of Expenditure DIRECT MAIL: PRINTING AND POSTAGE	Category/ Type	Transaction ID : SE.7815 Date of Disbursement or Obligation MM / DD / YYYY 05 / 26 / 2026
Name of Federal Candidate BANKHEAD, ALANI INES, , ,	☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MT
Calendar Year-To-Date Per Election for Office Sought 1782081.04		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	45800.62
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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GANTT, CHARLES, , ,

Signature

Date

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Full Name of Payee THE POLITICAL COMPANY		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 26 / 2026
Mailing Address PO BOX 81274		Amount 6816.26
City BILLINGS	State MT	Zip Code 59108
Purpose of Expenditure TEXT MESSAGES	Category/ Type	Transaction ID : SE.7820 Date of Disbursement or Obligation MM / DD / YYYY 05 / 26 / 2026
Name of Federal Candidate BANKHEAD, ALANI INES, , ,		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶

Full Name of Payee THE POLITICAL COMPANY		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 26 / 2026
Mailing Address PO BOX 81274		Amount 6816.26
City BILLINGS	State MT	Zip Code 59108
Purpose of Expenditure TEXT MESSAGES	Category/ Type	Transaction ID : SE.7821 Date of Disbursement or Obligation MM / DD / YYYY 05 / 26 / 2026
Name of Federal Candidate NEILL, REILLY, , ,		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	13632.52
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	471933.14

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.

GANTT, CHARLES, , ,

Signature

Date

MM / DD / YYYY
05 / 27 / 2026