

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Republicans for Tester

ADDRESS (number and street)

PO Box 1135

Check if different  
than previously  
reported. (ACC)

Helena

MT

59624

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00887521

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

STATE ▼ DISTRICT

MT

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y  
07 / 01 / 2024

through

M M / D D / Y Y Y Y  
09 / 30 / 2024*I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.*

Type or Print Name of Treasurer Moore, Tracie, , ,

Signature of Treasurer

Moore, Tracie, , ,

Date

M M / D D / Y Y Y Y  
10 / 15 / 2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office  
Use  
Only**FEC FORM 3**  
(Revised 05/2016)

SUMMARY PAGE  
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name  
Republicans for Tester

Report Covering the Period: From: 07 / 01 / 2024 To: 09 / 30 / 2024

|                                                                                                                  | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)                                                                          |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e)) ....                                             | 0.00                    | 0.00                               |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....                                                        | 0.00                    | 0.00                               |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)) .....                            | 0.00                    | 0.00                               |
| 7. Net Operating Expenditures                                                                                    |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....                                                         | 1958711.64              | 1958711.64                         |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14) .....                                              | 0.00                    | 0.00                               |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)) .....                                      | 1958711.64              | 1958711.64                         |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27) .....                                             | 9288.36                 |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 0.00                    |                                    |

For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov).

DETAILED SUMMARY PAGE  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Republicans for Tester

Report Covering the Period: From: 07 / 01 / 2024 To: 09 / 30 / 2024

| I. RECEIPTS                                                                                       | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|---------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------|
| 11. CONTRIBUTIONS (other than loans) FROM:                                                        |                               |                                    |
| (a) Individuals/Persons Other Than Political Committees                                           |                               |                                    |
| (i) Itemized (use Schedule A).....                                                                | 0.00                          | 0.00                               |
| (ii) Unitemized .....                                                                             | 0.00                          | 0.00                               |
| (iii) TOTAL of contributions from individuals .....                                               | 0.00                          | 0.00                               |
| (b) Political Party Committees.....                                                               | 0.00                          | 0.00                               |
| (c) Other Political Committees (such as PACs) .....                                               | 0.00                          | 0.00                               |
| (d) The Candidate .....                                                                           | 0.00                          | 0.00                               |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..            | 0.00                          | 0.00                               |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....                                              | 1968000.00                    | 1968000.00                         |
| 13. LOANS:                                                                                        |                               |                                    |
| (a) Made or Guaranteed by the Candidate.....                                                      | 0.00                          | 0.00                               |
| (b) All Other Loans.....                                                                          | 0.00                          | 0.00                               |
| (c) TOTAL LOANS (add Lines 13(a) and (b)).....                                                    | 0.00                          | 0.00                               |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....                              | 0.00                          | 0.00                               |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.) .....                                              | 0.00                          | 0.00                               |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... | 1968000.00                    | 1968000.00                         |

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 05/2016)

**II. DISBURSEMENTS****COLUMN A**  
Total This Period**COLUMN B**  
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

1958711.64

1958711.64

18. TRANSFERS TO OTHER  
AUTHORIZED COMMITTEES .....

0.00

0.00

19. LOAN REPAYMENTS:

(a) Of Loans Made or Guaranteed  
by the Candidate.....

0.00

0.00

(b) Of All Other Loans .....

0.00

0.00

(c) TOTAL LOAN REPAYMENTS  
(add Lines 19(a) and (b)).....

0.00

0.00

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other  
Than Political Committees .....

0.00

0.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees  
(such as PACs) .....

0.00

0.00

(d) TOTAL CONTRIBUTION REFUNDS  
(add Lines 20(a), (b), and (c)).....

0.00

0.00

21. OTHER DISBURSEMENTS .....

0.00

0.00

22. **TOTAL DISBURSEMENTS**

(add Lines 17, 18, 19(c), 20(d), and 21) ►

1958711.64

1958711.64

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

0.00

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

1968000.00

25. SUBTOTAL (add Line 23 and Line 24).....

1968000.00

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

1958711.64

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD

(subtract Line 26 from Line 25).....

9288.36

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 5 OF 10

|                                        |                              |                              |                              |                             |
|----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a           | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14  | <input type="checkbox"/> 15 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Republicans for Tester

Full Name (Last, First, Middle Initial)

MONTANANS FOR TESTER

A.

Mailing Address PO Box 1135

City

Helena

State

MT

Zip Code

59624-1135

FEC ID number of contributing  
federal political committee.

C C00412304

Name of Employer

Occupation

Receipt For: 2024

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

600000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 28 2024

Transaction ID : 22821043

Amount of Each Receipt this Period

600000.00

☐ Memo Item

B.

Full Name (Last, First, Middle Initial)

MONTANANS FOR TESTER

Mailing Address PO Box 1135

City

Helena

State

MT

Zip Code

59624-1135

FEC ID number of contributing  
federal political committee.

C C00412304

Name of Employer

Occupation

Receipt For: 2024

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

900000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 04 2024

Transaction ID : 22821044

Amount of Each Receipt this Period

300000.00

☐ Memo Item

C.

Full Name (Last, First, Middle Initial)

MONTANANS FOR TESTER

Mailing Address PO Box 1135

City

Helena

State

MT

Zip Code

59624-1135

FEC ID number of contributing  
federal political committee.

C C00412304

Name of Employer

Occupation

Receipt For: 2024

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

1200000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 09 2024

Transaction ID : 22821045

Amount of Each Receipt this Period

300000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 10

|                                        |                              |                              |                              |                             |
|----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a           | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14  | <input type="checkbox"/> 15 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Republicans for Tester

Full Name (Last, First, Middle Initial)

MONTANANS FOR TESTER

A.

Mailing Address PO Box 1135

City

Helena

State

MT

Zip Code

59624-1135

FEC ID number of contributing  
federal political committee.

C C00412304

Name of Employer

Occupation

Receipt For: 2024

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

1500000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 18 2024

Transaction ID : 22821046

Amount of Each Receipt this Period

300000.00

☐ Memo Item

B.

Full Name (Last, First, Middle Initial)

MONTANANS FOR TESTER

Mailing Address PO Box 1135

City

Helena

State

MT

Zip Code

59624-1135

FEC ID number of contributing  
federal political committee.

C C00412304

Name of Employer

Occupation

Receipt For: 2024

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

1750000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 25 2024

Transaction ID : 22821047

Amount of Each Receipt this Period

250000.00

☐ Memo Item

C.

Full Name (Last, First, Middle Initial)

MONTANANS FOR TESTER

Mailing Address PO Box 1135

City

Helena

State

MT

Zip Code

59624-1135

FEC ID number of contributing  
federal political committee.

C C00412304

Name of Employer

Occupation

Receipt For: 2024

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

1800000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 26 2024

Transaction ID : 22821048

Amount of Each Receipt this Period

50000.00

☐ Memo Item

600000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 10

|                                        |                              |                              |                              |                             |
|----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a           | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| <input checked="" type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b | <input type="checkbox"/> 14  | <input type="checkbox"/> 15 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Republicans for Tester

Full Name (Last, First, Middle Initial)

MONTANANS FOR TESTER

A. Mailing Address PO Box 1135

City  
HelenaState  
MTZip Code  
59624-1135FEC ID number of contributing  
federal political committee.

C C00412304

Name of Employer

Occupation

Receipt For: 2024

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1968000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 27 2024

Transaction ID : 22821049

Amount of Each Receipt this Period

168000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

168000.00

TOTAL This Period (last page this line number only)..... ▶

1968000.00

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 10

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Republicans for Tester

Full Name (Last, First, Middle Initial)

**A. Billups**Mailing Address 224 W 35th St  
Ste Pm 500STE101City  
New YorkState  
NYZip Code  
10001-2507Purpose of Disbursement  
Billboard Advertising

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2024

|                          |                   |                                             |
|--------------------------|-------------------|---------------------------------------------|
| <input type="checkbox"/> | Primary           | <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> | Other (specify) ▼ |                                             |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 2 | 7 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

167264.64

Transaction ID : 500382187

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Screen Strategies Media**Mailing Address 11150 Fairfax Blvd  
Ste 505City  
FairfaxState  
VAZip Code  
22030-5066Purpose of Disbursement  
Paid Media

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2024

|                          |                   |                                             |
|--------------------------|-------------------|---------------------------------------------|
| <input type="checkbox"/> | Primary           | <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> | Other (specify) ▼ |                                             |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 2 | 8 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

443700.00

Transaction ID : 500382194

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Screen Strategies Media**Mailing Address 11150 Fairfax Blvd  
Ste 505City  
FairfaxState  
VAZip Code  
22030-5066Purpose of Disbursement  
Paid Media

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2024

|                          |                   |                                             |
|--------------------------|-------------------|---------------------------------------------|
| <input type="checkbox"/> | Primary           | <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> | Other (specify) ▼ |                                             |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 0 | 4 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

313200.00

Transaction ID : 500382190

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

924164.64

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 10

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Republicans for Tester

Full Name (Last, First, Middle Initial)

**A. Screen Strategies Media**Mailing Address 11150 Fairfax Blvd  
Ste 505City  
FairfaxState  
VAZip Code  
22030-5066Purpose of Disbursement  
Paid Media

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2024

|                          |                   |                                             |
|--------------------------|-------------------|---------------------------------------------|
| <input type="checkbox"/> | Primary           | <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> | Other (specify) ▼ |                                             |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 1 | 2 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

313200.00

Transaction ID : 500382191

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Screen Strategies Media**Mailing Address 11150 Fairfax Blvd  
Ste 505City  
FairfaxState  
VAZip Code  
22030-5066Purpose of Disbursement  
Paid Media

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2024

|                          |                   |                                             |
|--------------------------|-------------------|---------------------------------------------|
| <input type="checkbox"/> | Primary           | <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> | Other (specify) ▼ |                                             |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 1 | 8 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

313200.00

Transaction ID : 500382192

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Screen Strategies Media**Mailing Address 11150 Fairfax Blvd  
Ste 505City  
FairfaxState  
VAZip Code  
22030-5066Purpose of Disbursement  
Paid Media

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2024

|                          |                   |                                             |
|--------------------------|-------------------|---------------------------------------------|
| <input type="checkbox"/> | Primary           | <input checked="" type="checkbox"/> General |
| <input type="checkbox"/> | Other (specify) ▼ |                                             |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 2 | 6 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

49085.00

Transaction ID : 500382189

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

675485.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 10

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Republicans for Tester

Full Name (Last, First, Middle Initial)

**A. Screen Strategies Media**Mailing Address 11150 Fairfax Blvd  
Ste 505City  
FairfaxState  
VAZip Code  
22030-5066Purpose of Disbursement  
Paid Media

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2024

|                          |                   |                                     |         |
|--------------------------|-------------------|-------------------------------------|---------|
| <input type="checkbox"/> | Primary           | <input checked="" type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                                     |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 2 | 6 |   | 2 | 0 | 2 | 4 |

FEC Identification Number

C

Amount of Each Disbursement this Period

359028.00

Transaction ID : 500382193

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

359028.00

**TOTAL** This Period (last page this line number only).....▶

1958677.64