

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

NAME OF COMMITTEE (In Full) Montana Outdoor Values Action Fund			FEC IDENTIFICATION NUMBER ▼ C C00860155		
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 Mad Divergence, LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 22 / 2024 M M / D D / Y Y Y Y Y Y		
Mailing Address 5317 Broad Branch Rd NW			Amount 12000.00		
City State Zip Code Washington DC 20015-1307		Transaction ID : 500002783 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 Canvassing Services		Category/Type 001			
Name of Federal Candidate TESTER, R., JON, ,			☒ Support ☐ Oppose Office Sought: ☐ House ☒ Senate District: _____ ☐ President State: MT		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee Mailing Technical Services			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 22 / 2024 M M / D D / Y Y Y Y Y Y		
Mailing Address PO Box 1753			Amount 4334.45		
City State Zip Code Billings MT 59103-1753		Transaction ID : 500002779 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 Direct Mail		Category/Type 004			
Name of Federal Candidate TESTER, R., JON, ,			☒ Support ☐ Oppose Office Sought: ☐ House ☒ Senate District: _____ ☐ President State: MT		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			16334.45		
(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 Lombardi, Jill, , ,			Date M M / D D / Y Y Y Y Y Y 10 / 10 / 2024 M M / D D / Y Y Y Y Y Y		

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

NAME OF COMMITTEE (In Full) Montana Outdoor Values Action Fund			FEC IDENTIFICATION NUMBER ▼ C C00860155	
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee Mailing Technical Services		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 24 / 2024		
Mailing Address PO Box 1753		Amount 4334.45		
City Billings	State MT	Zip Code 59103-1753	Transaction ID : 500002780	
Purpose of Expenditure Direct Mail		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate TESTER, R., JON, ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MT	
Calendar Year-To-Date Per Election for Office Sought		3213363.00	Disbursement For: ☐ Primary ☒ General 2024 ☐ 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.....		4334.45		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....		20668.90		
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 Lombardi, Jill, , ,		Date MM / DD / YYYY 10 / 10 / 2024		