

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

NAME OF COMMITTEE (In Full) Protecting Wyoming Values			FEC IDENTIFICATION NUMBER ▼ C C00946624		
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 RMC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 20 / 2026 M M / D D / Y Y Y Y Y Y		
Mailing Address 6950 Obannon Dr Ste 100			Amount 10753.00		
City Las Vegas		State NV	Zip Code 89117		Transaction ID : SE.4190
Purpose of Expenditure Texting and Web Ads		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 20 / 2026 M M / D D / Y Y Y Y Y Y		
Name of Federal Candidate Gray, Chuck, , ,			☒ Support ☐ Oppose	Office Sought: ☒ House District: 00 ☐ President ☐ Senate State: WY	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶		
467530.12					
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		
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
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..... ▶ 10753.00 (b) SUBTOTAL of Unitemized Independent Expenditures ▶ (c) TOTAL Independent Expenditures..... ▶ 10753.00					
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 Johnston, Sarah, , ,			Date M M / D D / Y Y Y Y Y Y 06 / 20 / 2026 M M / D D / Y Y Y Y Y Y		