

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 3
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 / /					
Full Name of Payee OTG Strategies			Date of Public Distribution/Dissemination / /		
Mailing Address 8651 HIGHWAY N Ste 214			Amount 399000.00		
City Lake St Louis		State MO	Zip Code 63367		Transaction ID : 500002772
Purpose of Expenditure Canvassing Services		Category/ Type 001		Date of Disbursement or Obligation / /	
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			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee OTG Strategies			Date of Public Distribution/Dissemination / /		
Mailing Address 8651 HIGHWAY N Ste 214			Amount 150000.00		
City Lake St Louis		State MO	Zip Code 63367		Transaction ID : 500002773
Purpose of Expenditure Canvassing Services		Category/ Type 001		Date of Disbursement or Obligation / /	
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			Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ 549000.00					
(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 Lombardi, Jill, , ,			Date / / 10 / 10 / 2024		

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(Schedule E)PAGE 2 OF 3
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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 Ambrosino, Muir, Hansen, Crouse		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 05 / 2024
Mailing Address 24 Mandana Cir		Amount 81040.00
City Oakland	State CA	Zip Code 94610-2433
Purpose of Expenditure Direct Mail	Category/ Type 004	Transaction ID : 500002776 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 4371182.45		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee Ambrosino, Muir, Hansen, Crouse		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2024
Mailing Address 24 Mandana Cir		Amount 313905.00
City Oakland	State CA	Zip Code 94610-2433
Purpose of Expenditure Direct Mail	Category/ Type 004	Transaction ID : 500002777 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 4371182.45		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	394945.00
(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.

Lombardi, Jill, , ,

Signature

Date

MM / DD / YYYY
10 / 10 / 2024

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 3
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 Ambrosino, Muir, Hansen, Crounse		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2024
Mailing Address 24 Mandana Cir		Amount 81040.00
City Oakland	State CA	Zip Code 94610-2433
Purpose of Expenditure Direct Mail	Category/ Type 004	Transaction ID : 500002784 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate TESTER, R., JON, ,		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MT
Calendar Year-To-Date Per Election for Office Sought		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
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate		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.....▶	81040.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	1024985.00

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.

Lombardi, Jill, , ,

Signature

Date

MM / DD / YYYY
10 / 10 / 2024