

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

NAME OF COMMITTEE (In Full) Fighting For Wyoming			FEC IDENTIFICATION NUMBER ▼ C C00944322	
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on MM / DD / YYYYYY				
Full Name of Payee Torchlight Creative			Date of Public Distribution/Dissemination MM / DD / YYYYYY 05 / 11 / 2026	
Mailing Address 2600 S Ocean Blvd 203W			Amount 100000.00	
City Palm Beach	State FL	Zip Code 33480	Transaction ID : SE.4116 Date of Disbursement or Obligation MM / DD / YYYYYY 04 / 30 / 2026	
Purpose of Expenditure Advertising		Category/ Type 004		
Name of Federal Candidate CHAPMAN, FRANK, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 00 ☐ President ☐ Senate State: WY	
Calendar Year-To-Date Per Election for Office Sought		100000.00	Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶	
Full Name of Payee Torchlight Creative			Date of Public Distribution/Dissemination MM / DD / YYYYYY 05 / 11 / 2026	
Mailing Address 2600 S Ocean Blvd 203W			Amount 1000000.00	
City Palm Beach	State FL	Zip Code 33480	Transaction ID : SE.4115 Date of Disbursement or Obligation MM / DD / YYYYYY 05 / 08 / 2026	
Purpose of Expenditure Advertising		Category/ Type 004		
Name of Federal Candidate CHAPMAN, FRANK, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 00 ☐ President ☐ Senate State: WY	
Calendar Year-To-Date Per Election for Office Sought		1100000.00	Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			1100000.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶				
(c) TOTAL Independent Expenditures.....▶			1100000.00	
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 Jahns, Sheryl, , ,			Date MM / DD / YYYYYY 05 / 11 / 2026	