24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
New American Jobs Fund	
	C C00625533
Check if 24-hour report 48-hour report New report Amends report filed	d on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
Deliver Strategies LLC	M M / D D / Y Y Y Y
Mailing Address PO Box 100970	09 27 2018 Amount
	Amount
City State Zip Code	76570.61
Arlington VA 22210-3970	Transaction ID : VVAG59XKEZ8 Date of Disbursement or Obligation
Purpose of Expenditure Mailer and Postage Category/ Type 004	09 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offic	e Sought: House District:
TESTER, JON, , ,	President Senate State: MT
Calendar Year-To-Date Per Election for Office Sought Disb 2018	oursement For: Primary General Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
League Of Conservation Voters, Inc.	09 26 2018
Mailing Address 740 15Th St NW	2010
FI 7	Amount
City State Zip Code	759.65
Washington DC 20005-1019	Transaction ID : VVAG59XHFV2 Date of Disbursement or Obligation
Purpose of Expenditure Category/ Category/	M M / D D / Y Y Y Y
iTouch Rental Ode Type 004	09 21 2018
Name of Federal Candidate Support Office	ce Sought: House District:
TESTER, JON, , ,	President X Senate State: MT
Calendar Year-To-Date Per Election for Office Sought Disb 2018	
Tel Election for Since Gought	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	77330.26
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	77330.26
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
24.0	09 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	