24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)		PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
JOBS & PROSPERITY PAC		C C00820357
		0 0002037
Check if 24-hour report 48-hour report N	ew report Amends report	filed on M M / D D / Y Y Y Y Y
Full Name of Payee		Date of Public Distribution/Dissemination
LCM Strategies		11 DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5422 Wycklow Ct		Amount
City State	Zip Code	4385.26
Alexandria VA	22304	Transaction ID : SE.4120 Date of Disbursement or Obligation
Purpose of Expenditure Text Messaging	Category/ Type 004	11 / 08 / 2022
Name of Federal Candidate	x Support C	Office Sought: House District: 07
MILLER, MAX, , ,	Oppose	President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Oisbursement For: Primary
Full Name of Payee		Date of Public Distribution/Dissemination
		M = M / D = D / Y = Y = Y
Mailing Address		
		Amount
City State	Zip Code	
	1	Date of Disbursement or Obligation
Purpose of Expenditure	Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date		Disbursement For: Primary General
Per Election for Office Sought	7	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures)	4385.26
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		4385.26
Under penalty of perjury I certify that the independent expen with, or at the request or suggestion of, any candidate or aut party committee) any political party committee or its agent.	•	
	Electronically Filed] Date	11 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		