

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 2  
FOR SE OF FORM 24/48

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |             |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>Last Best Place PAC</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |  |             | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00849729</div>                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                   |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> |  |             |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                   |
| Full Name of Payee<br>MVAR Media, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |             | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">10</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2024</div> |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                   |
| Mailing Address 1199 N Fairfax St<br>Ste 220                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |             | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">425.00</div>                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                   |
| City<br>Alexandria                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | State<br>VA | Zip Code<br>22314-1437                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                         | <b>Transaction ID : 500173071</b>                                                                                                                                                                                                                                                                                 |
| Purpose of Expenditure<br>Digital Media Production Costs - Estimate                                                                                                                                                                                                                                                                                                                                                                                                            |  |             | Category/<br>Type <div style="border: 1px solid black; width: 60px; height: 20px;"></div>                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                         | Date of Disbursement or Obligation<br><div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> |
| Name of Federal Candidate<br>Sheehy, Tim, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |             | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                         | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MT                                                                                                                                                             |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                                                                                                                                        |  |             | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">21933059.43</div><br>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024<br><input type="checkbox"/> Other (specify) ▶ _____                                                                                                     |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                   |
| Full Name of Payee<br>Waterfront Strategies                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |             | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">10</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">09</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2024</div> |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                   |
| Mailing Address 3050 K St NW<br>Ste 100                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |             | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">15721.43</div>                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                   |
| City<br>Washington                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | State<br>DC | Zip Code<br>20007-5161                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                         | <b>Transaction ID : 500173066</b>                                                                                                                                                                                                                                                                                 |
| Purpose of Expenditure<br>Media Production - Estimate                                                                                                                                                                                                                                                                                                                                                                                                                          |  |             | Category/<br>Type <div style="border: 1px solid black; width: 60px; height: 20px;"></div>                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                         | Date of Disbursement or Obligation<br><div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> |
| Name of Federal Candidate<br>Sheehy, Tim, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |             | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                         | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MT                                                                                                                                                             |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                                                                                                                                        |  |             | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">21933059.43</div><br>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024<br><input type="checkbox"/> Other (specify) ▶ _____                                                                                                     |                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                   |
| <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                                                                                                                                                |  |             |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                         | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">16146.43</div>                                                                                                                                                                                        |
| <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶                                                                                                                                                                                                                                                                                                                                                                                                             |  |             |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                         | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>                                                                                                                                                                                                                   |
| <b>(c) TOTAL</b> Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                                                                                                                                                               |  |             |                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                         | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"></div>                                                                                                                                                                                                                   |
| 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<br><br>Lewis, David, M., ,                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |             |                                                                                                                                                                                                                                                                                                                                                                                              | Date<br><div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">10</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">11</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2024</div> |                                                                                                                                                                                                                                                                                                                   |

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 2  
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|                                                                                                     |  |                                                                                                |  |
|-----------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br><b>Last Best Place PAC</b>                                           |  | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00849729                                              |  |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report |  | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |  |

|                                                         |             |                                                                                                                                                   |                                                                                                                                                                     |
|---------------------------------------------------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee<br>Waterfront Strategies             |             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>10 / 09 / 2024</b>                                                              |                                                                                                                                                                     |
| Mailing Address 3050 K St NW<br>Ste 100                 |             | Amount<br><b>17313.00</b>                                                                                                                         |                                                                                                                                                                     |
| City<br>Washington                                      | State<br>DC | Zip Code<br>20007-5161                                                                                                                            | Transaction ID : <b>500173067</b>                                                                                                                                   |
| Purpose of Expenditure<br>Media Production - Estimate   |             | Category/<br>Type                                                                                                                                 | Date of Disbursement or Obligation<br>MM / DD / YYYY                                                                                                                |
| Name of Federal Candidate<br>Sheehy, Tim, ,             |             | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose                                                                    | Office Sought: <input type="checkbox"/> House District: <b>00</b><br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MT</b> |
| Calendar Year-To-Date<br>Per Election for Office Sought |             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ |                                                                                                                                                                     |

|                                                         |             |                                                                                                                                                   |                                                                                                                                                                     |
|---------------------------------------------------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee<br>Waterfront Strategies             |             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><b>10 / 09 / 2024</b>                                                              |                                                                                                                                                                     |
| Mailing Address 3050 K St NW<br>Ste 100                 |             | Amount<br><b>24948.25</b>                                                                                                                         |                                                                                                                                                                     |
| City<br>Washington                                      | State<br>DC | Zip Code<br>20007-5161                                                                                                                            | Transaction ID : <b>500173068</b>                                                                                                                                   |
| Purpose of Expenditure<br>Media Production - Estimate   |             | Category/<br>Type                                                                                                                                 | Date of Disbursement or Obligation<br>MM / DD / YYYY                                                                                                                |
| Name of Federal Candidate<br>Sheehy, Tim, ,             |             | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose                                                                    | Office Sought: <input type="checkbox"/> House District: <b>00</b><br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MT</b> |
| Calendar Year-To-Date<br>Per Election for Office Sought |             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ |                                                                                                                                                                     |

|                                                                    |                 |
|--------------------------------------------------------------------|-----------------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶    | <b>42261.25</b> |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ |                 |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                   | <b>58407.68</b> |

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.

Lewis, David, M., ,

Signature

Date

MM / DD / YYYY  
**10 / 11 / 2024**