

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Last Best Place PAC			FEC IDENTIFICATION NUMBER ▼ C C00849729		
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee MVAR Media, LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 15 / 2024		
Mailing Address 1199 N Fairfax St Ste 220			Amount 8128.00		
City Alexandria		State VA	Zip Code 22314-1437		Transaction ID : 500173381
Purpose of Expenditure Digital Media Production Costs - Estimate			Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Name of Federal Candidate Tester, Jon, , ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: MT
Calendar Year-To-Date Per Election for Office Sought			24507307.09 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
Full Name of Payee MVAR Media, LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 15 / 2024		
Mailing Address 1199 N Fairfax St Ste 220			Amount 5956.66		
City Alexandria		State VA	Zip Code 22314-1437		Transaction ID : 500173382
Purpose of Expenditure Digital Media Production Costs - Estimate			Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Name of Federal Candidate Sheehy, Tim, , ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: MT
Calendar Year-To-Date Per Election for Office Sought			24507307.09 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			14084.66		
(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 Lewis, David, M., ,			Date M M / D D / Y Y Y Y Y Y 10 / 17 / 2024		

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Full Name of Payee MVAR Media, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 15 / 2024
Mailing Address 1199 N Fairfax St Ste 220	Amount 11332.78
City Alexandria State VA Zip Code 22314-1437	Transaction ID : 500173383
Purpose of Expenditure Digital Media Production Costs - Estimate	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Name of Federal Candidate Tester, Jon, , ,	☒ Support Office Sought: ☐ House District: 00 ☐ Oppose ☐ President ☒ Senate State: MT
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee MVAR Media, LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 15 / 2024
Mailing Address 1199 N Fairfax St Ste 220	Amount 133900.00
City Alexandria State VA Zip Code 22314-1437	Transaction ID : 500173384
Purpose of Expenditure Digital Media Buy - Estimate	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Name of Federal Candidate Tester, Jon, , ,	☒ Support Office Sought: ☐ House District: 00 ☐ Oppose ☐ 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..... ▶	145232.78
(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.

Lewis, David, M., ,
Signature

Date M M / D D / Y Y Y Y Y Y
10 / 17 / 2024

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Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee MVAR Media, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 15 / 2024
Mailing Address 1199 N Fairfax St Ste 220		Amount 434600.00
City Alexandria	State VA	Zip Code 22314-1437
Purpose of Expenditure Digital Media Buy - Estimate	Category/ Type	Transaction ID : 500173385 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Sheehy, Tim, ,		Office Sought: ☐ House District: 00 ☒ Oppose ☐ President ☒ Senate State: MT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee Waterfront Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 15 / 2024
Mailing Address 3050 K St NW Ste 100		Amount 1980080.22
City Washington	State DC	Zip Code 20007-5161
Purpose of Expenditure Media Buy - Estimate	Category/ Type	Transaction ID : 500173386 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Sheehy, Tim, ,		Office Sought: ☐ House District: 00 ☒ Oppose ☐ 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.....▶	2414680.22
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	2573997.66

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Lewis, David, M., ,
Signature

Date MM / DD / YYYY
10 / 17 / 2024