

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
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 M M / D D / Y Y Y Y Y Y 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 / 08 / 2024 M M / D D / Y Y Y Y Y Y		
Mailing Address 1199 N Fairfax St Ste 220			Amount 133900.00		
City State Zip Code Alexandria VA 22314-1437		Transaction ID : 500172636 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y			
Purpose of Expenditure Digital Media Buy - Estimate		Category/ Type			
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		21872591.75		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 / 08 / 2024 M M / D D / Y Y Y Y Y Y		
Mailing Address 1199 N Fairfax St Ste 220			Amount 431100.00		
City State Zip Code Alexandria VA 22314-1437		Transaction ID : 500172637 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y			
Purpose of Expenditure Digital Media Buy - Estimate		Category/ Type			
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		21872591.75		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ 565000.00 (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 <i>Lewis, David, M., ,</i> Date M M / D D / Y Y Y Y Y Y 10 / 10 / 2024 M M / D D / Y Y Y Y Y Y					

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Full Name of Payee Waterfront Strategies			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 08 / 2024	
Mailing Address 3050 K St NW Ste 100			Amount 1937948.56	
City Washington	State DC	Zip Code 20007-5161	Transaction ID : 500172635	
Purpose of Expenditure Media Buy - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
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		21872591.75	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address			Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY	
Purpose of Expenditure		Category/ Type		
Name of Federal Candidate		☐ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1937948.56
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	2502948.56

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 / 10 / 2024