

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

NAME OF COMMITTEE (In Full) MORE JOBS, LESS GOVERNMENT		FEC IDENTIFICATION NUMBER ▼ C C00693838
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee JAMESTOWN ASSOCIATES		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 17 / 2024
Mailing Address 421 CHESTNUT ST		Amount 3075.00
City PHILADELPHIA	State PA	Zip Code 19106
Purpose of Expenditure PRODUCTION COST: RADIO AD	Category/ Type	Transaction ID : SE.7072 Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2024
Name of Federal Candidate TESTER, R. JON, , , ☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MT
Calendar Year-To-Date Per Election for Office Sought 11794921.43		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
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
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..... ▶	3075.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	3075.00

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.

GANTT, CHARLES, , ,

Signature

Date

MM / DD / YYYY
09 / 19 / 2024