

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

NAME OF COMMITTEE (In Full) <b>Last Best Place PAC</b>		FEC IDENTIFICATION NUMBER ▼ <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		MM / DD / YYYY

Full Name of Payee MVAR Media, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2024
Mailing Address 1199 N Fairfax St Ste 220		Amount 10682.82
City Alexandria	State VA	Zip Code 22314-1437
Purpose of Expenditure Digital Media Production Costs - Estimate	Category/ Type	Transaction ID : 500171113 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Sheehy, Tim, ,		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee MVAR Media, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2024
Mailing Address 1199 N Fairfax St Ste 220		Amount 64000.00
City Alexandria	State VA	Zip Code 22314-1437
Purpose of Expenditure Digital Media Buy - Estimate	Category/ Type	Transaction ID : 500171123 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Sheehy, Tim, ,		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	74682.82
(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

MM / DD / YYYY  
09 / 08 / 2024

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**(Schedule E)**PAGE 2 OF 2  
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Full Name of Payee People First Marketing		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2024
Mailing Address 85 Bedford St		Amount 4020.00
City New York	State NY	Zip Code 10014-3753
Purpose of Expenditure Online Content & Production - Estimate		Category/Type
Name of Federal Candidate Tester, Jon, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: 00 State: MT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Peters Consulting LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 06 / 2024
Mailing Address 4531 Hollywood Blvd		Amount 250.00
City Los Angeles	State CA	Zip Code 90027-4355
Purpose of Expenditure Online Content & Production - Estimate		Category/Type
Name of Federal Candidate Tester, Jon, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate		District: 00 State: MT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4270.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	78952.82

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

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09 / 08 / 2024