

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 1 OF 3  
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 checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |             |                                                                                                                                                                                                                                                   |  |                                                                                                                                                       |
| Full Name of Payee<br>MVAR Media, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |             | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>10 / 16 / 2024                                                                           |  |                                                                                                                                                       |
| Mailing Address 1199 N Fairfax St<br>Ste 220                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |             | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">17000.00</div>                                                                                                                                               |  |                                                                                                                                                       |
| City<br>Alexandria                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | State<br>VA | Zip Code<br>22314-1437                                                                                                                                                                                                                            |  | <b>Transaction ID : 500173388</b>                                                                                                                     |
| Purpose of Expenditure<br>Digital Media Buy - Estimate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                                                               |  | Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>        |
| Name of Federal Candidate<br>Tester, Jon, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |             | <input checked="" type="checkbox"/> Support<br><input 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;">24568463.76</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>MVAR Media, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |             | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>10 / 16 / 2024                                                                           |  |                                                                                                                                                       |
| Mailing Address 1199 N Fairfax St<br>Ste 220                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |             | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">15633.00</div>                                                                                                                                               |  |                                                                                                                                                       |
| City<br>Alexandria                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | State<br>VA | Zip Code<br>22314-1437                                                                                                                                                                                                                            |  | <b>Transaction ID : 500173389</b>                                                                                                                     |
| Purpose of Expenditure<br>Digital Media Production Costs - Estimate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                                                               |  | Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>        |
| Name of Federal Candidate<br>Tester, Jon, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |             | <input checked="" type="checkbox"/> Support<br><input 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;">24568463.76</div><br>Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2024<br><input type="checkbox"/> Other (specify) ▶ |  |                                                                                                                                                       |
| <div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶</div><div style="width: 35%; border: 1px solid black; padding: 5px; text-align: right;">32633.00</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶</div><div style="width: 35%; border: 1px solid black; padding: 5px; text-align: right;"></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) <b>TOTAL</b> Independent Expenditures..... ▶</div><div style="width: 35%; border: 1px solid black; padding: 5px; text-align: right;"></div></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.<br><br><div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">Signature<br/><div style="border-bottom: 1px solid black; display: inline-block; width: 100%;"></div><br/><i>Lewis, David, M., ,</i></div><div style="width: 20%; text-align: center;">Date</div><div style="width: 40%; text-align: center;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br/>10 / 18 / 2024</div></div> |  |             |                                                                                                                                                                                                                                                   |  |                                                                                                                                                       |

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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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 checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on |                                                   |

|                                                                     |             |                                                                                |                                                                                                                                                       |  |
|---------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Full Name of Payee<br>MVAR Media, LLC                               |             |                                                                                | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>10 / 17 / 2024                                                                         |  |
| Mailing Address 1199 N Fairfax St<br>Ste 220                        |             |                                                                                | Amount<br>4630.50                                                                                                                                     |  |
| City<br>Alexandria                                                  | State<br>VA | Zip Code<br>22314-1437                                                         | Transaction ID : 500173404                                                                                                                            |  |
| Purpose of Expenditure<br>Digital Media Production Costs - Estimate |             | Category/<br>Type                                                              | Date of Disbursement or Obligation<br>MM / DD / YYYY                                                                                                  |  |
| Name of Federal Candidate<br>Tester, Jon, , ,                       |             | <input checked="" type="checkbox"/> Support<br><input 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             |             | 24568463.76                                                                    | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶     |  |

|                                                                     |             |                                                                                |                                                                                                                                                       |  |
|---------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Full Name of Payee<br>MVAR Media, LLC                               |             |                                                                                | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>10 / 17 / 2024                                                                         |  |
| Mailing Address 1199 N Fairfax St<br>Ste 220                        |             |                                                                                | Amount<br>1445.00                                                                                                                                     |  |
| City<br>Alexandria                                                  | State<br>VA | Zip Code<br>22314-1437                                                         | Transaction ID : 500173405                                                                                                                            |  |
| Purpose of Expenditure<br>Digital Media Production Costs - 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: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MT |  |
| Calendar Year-To-Date<br>Per Election for Office Sought             |             | 24568463.76                                                                    | 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..... ▶    | 6075.50 |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶ |         |
| (c) <b>TOTAL</b> 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  
10 / 18 / 2024

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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 checked="" type="checkbox"/> 24-hour report <input 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<br>Waterfront Strategies                 |             | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br>10 / 16 / 2024                                                                         |
| Mailing Address 3050 K St NW<br>Ste 100                     |             | Amount<br>22448.17                                                                                                                                    |
| City<br>Washington                                          | State<br>DC | Zip Code<br>20007-5161                                                                                                                                |
| Purpose of Expenditure<br>Media Production Costs - Estimate |             | Category/Type                                                                                                                                         |
| 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     |             | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶     |

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

|                                                             |          |
|-------------------------------------------------------------|----------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶    | 22448.17 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶ |          |
| (c) TOTAL Independent Expenditures..... ▶                   | 61156.67 |

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 / 18 / 2024