

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

|                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                        |                                                                                                                                                                |                                                                                                                                           |                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>LAW ENFORCEMENT FOR A SAFER AMERICA PAC</b>                                                                                                                                                                                                                                                                               |  |                                                                                                        | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00681825</div>                             |                                                                                                                                           |                                                                                                                                           |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on                                                                                                                                                          |  |                                                                                                        | MM / DD / YYYY<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">01 / 01 / 2015</div>                                              |                                                                                                                                           |                                                                                                                                           |
| Full Name of Payee<br>THE BOWLINE GROUP LLC                                                                                                                                                                                                                                                                                                                 |  |                                                                                                        | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">08 / 27 / 2024</div> |                                                                                                                                           |                                                                                                                                           |
| Mailing Address 330 MOUNTS CORNER DRIVE #119                                                                                                                                                                                                                                                                                                                |  |                                                                                                        | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">32000.00</div>                                                            |                                                                                                                                           |                                                                                                                                           |
| City<br>FREEHOLD                                                                                                                                                                                                                                                                                                                                            |  | State<br>NJ                                                                                            | Zip Code<br>07728                                                                                                                                              |                                                                                                                                           | <b>Transaction ID : SE-S1661819</b>                                                                                                       |
| Purpose of Expenditure<br>DIGITAL VIDEO ADVERTISEMENTS                                                                                                                                                                                                                                                                                                      |  | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> |                                                                                                                                                                | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |                                                                                                                                           |
| Name of Federal Candidate<br>HARRIS, KAMALA, , ,                                                                                                                                                                                                                                                                                                            |  |                                                                                                        | <input type="checkbox"/> Support<br><input checked="" type="checkbox"/> Oppose                                                                                 |                                                                                                                                           |                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                        | Office Sought: <input type="checkbox"/> House District: 00<br><input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: PA          |                                                                                                                                           |                                                                                                                                           |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |  |                                                                                                        | <div style="border: 1px solid black; padding: 2px; display: inline-block;">32000.00</div>                                                                      |                                                                                                                                           |                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                        | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                   |                                                                                                                                           |                                                                                                                                           |
| Full Name of Payee                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                        | Date of Public Distribution/Dissemination<br>MM / DD / YYYY<br><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>               |                                                                                                                                           |                                                                                                                                           |
| Mailing Address                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                        | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                    |                                                                                                                                           |                                                                                                                                           |
| City                                                                                                                                                                                                                                                                                                                                                        |  | State                                                                                                  | Zip Code                                                                                                                                                       |                                                                                                                                           | Date of Disbursement or Obligation<br>MM / DD / YYYY<br><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| Purpose of Expenditure                                                                                                                                                                                                                                                                                                                                      |  | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>    |                                                                                                                                                                |                                                                                                                                           |                                                                                                                                           |
| 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                                                                                                                                                                                                                                                                                                     |  |                                                                                                        | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                              |                                                                                                                                           |                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                        | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                              |                                                                                                                                           |                                                                                                                                           |
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                             |  |                                                                                                        | <div style="border: 1px solid black; padding: 2px; display: inline-block;">32000.00</div>                                                                      |                                                                                                                                           |                                                                                                                                           |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶                                                                                                                                                                                                                                                                                          |  |                                                                                                        | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                              |                                                                                                                                           |                                                                                                                                           |
| (c) <b>TOTAL</b> Independent Expenditures..... ▶                                                                                                                                                                                                                                                                                                            |  |                                                                                                        | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></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. |  |                                                                                                        |                                                                                                                                                                |                                                                                                                                           |                                                                                                                                           |
| NELSON, MARK, , ,<br>Signature                                                                                                                                                                                                                                                                                                                              |  |                                                                                                        | Date MM / DD / YYYY<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">01 / 15 / 2025</div>                                         |                                                                                                                                           |                                                                                                                                           |

## FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F24A

Transaction ID :

The purpose of Amendment 1 is to correct the Schedule E to be mark as "not yet paid". The Schedule E was paid on 9/1, as reported on the M10 report.

Form/Schedule:

Transaction ID: