

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>PROTECT AND SERVE PAC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                      | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00716704</div>                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                        |
| 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 <div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                        |
| Full Name of Payee<br>PELICAN CAMPAIGNS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                      | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">04 / 16 / 2026</div><div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div></div>              |                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                        |
| Mailing Address PO BOX 26326                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                      | Amount<br><div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><span></span><span>24935.73</span><span></span></div>                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                        |
| City<br>AUSTIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | State<br>TX                                                                                          | Zip Code<br>78755                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                           | <b>Transaction ID : SE.4144</b>                                                                                                                                                                                                                                                                                                                                        |
| Purpose of Expenditure<br>TEXT MESSAGES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> |                                                                                                                                                                                                                                                                                                                                                                               | Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">04 / 16 / 2026</div><div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div></div> |                                                                                                                                                                                                                                                                                                                                                                        |
| Name of Federal Candidate<br>CAMERON, DANIEL, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                      | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                           | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KY                                                                                                                                                                                                               |
| 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2026 <input type="checkbox"/> Other (specify) ▶ _____                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                        |
| Full Name of Payee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                      | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div></div> |                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                        |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                      | Amount<br><div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"><span></span><span></span><span></span></div>                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                        |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | State                                                                                                | Zip Code                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                           | Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div></div> |
| Purpose of Expenditure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> |                                                                                                                                                                                                                                                                                                                                                                               | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input type="checkbox"/> Senate State: _____                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                        |
| Name of Federal Candidate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                      | <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                           | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____                                                                                                                                                                                                                                |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                        |
| <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: 2px; text-align: right;">24935.73</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: 2px; 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: 2px; text-align: right;">24935.73</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/><br/>LEWIS, STEVEN, , ,</div><div style="width: 20%; text-align: center;">Date</div><div style="width: 40%; text-align: center;"><div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div><div style="border: 1px solid black; padding: 2px;">04 / 17 / 2026</div><div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div></div></div></div> |  |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                        |