**FEC** 

Only

## STATEMENT OF

PAGE 1/5

**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Law Enforcement for a Safer America PAC 1032 15th Street NW #140 ADDRESS (number and street) (Check if address is changed) Washington 20005 DC CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address info@leoforasaferamerica.org is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00681825 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Nelson, Mark, , Date 10 25 2024 Signature of Treasurer Nelson, Mark, , , NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FE	Form 1 (Revised 03/2022) Page 2					
5.	TYPE OF COMMITTEE:					
	Candidate Committee:					
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)					
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Name of Candidate						
	Candidate Office State Party Affiliation Sought: House Senate President District	-				
	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name of Candidate					
	arty Committee:					
	This committee is a (National, State or subordinate) committee of the Republican, etc.) Party					
	olitical Action Committee (PAC):					
	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	is a:				
	Corporation Corporation w/o Capital Stock Labor Organization					
	Membership Organization Trade Association Cooperative					
	In addition, this committee is a Lobbyist/Registrant PAC.					
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or part committee. (i.e., nonconnected committee)					
	In addition, this committee is a Lobbyist/Registrant PAC.					
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
	This committee is an independent expenditure-only political committee (Super PAC).					
	In addition, this committee is a Lobbyist/Registrant PAC.					
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).					
	In addition, this committee is a Lobbyist/Registrant PAC.					
	pint Fundraising Representative:					
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.					
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.					
Committees Participating in Joint Fundraiser						
	1C					
	2.					

Mailing Address  CITY ▲ STATE ▲ ZIP CODE ▲  Relationship: Connected Organization Affiliated Organization Joint Fundraising Representative Leadership PAC Spon  7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.  Nelson, Mark  Full Name  Mailing Address  1032 15th St NW #140  Title or Position ▼  Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).  Full Name  of Treasurer  Nelson, Mark  Treasurer  Nelson, Mark  Treasurer  Nelson, Mark	FEC Form 1 (F	Revised 02/2009)	Page <b>3</b>				
None    Mailing Address							
Mailing Address    Mailing Address							
Mailing Address  CITY ▲ STATE ▲ ZIP CODE ▲  Relationship: Connected Organization Affiliated Organization Joint Fundraising Representative Leadership PAC Spon  7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.  Nelson, Mark  Full Name Mailing Address  CITY ▲ STATE ▲ ZIP CODE ▲  Title or Position ▼  Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).  Full Name Nelson, Mark  of Treasurer  Nelson, Mark  of Treasurer  Nelson, Mark  of Treasurer  Nelson, Mark  of Treasurer  Nelson, Mark	_						
CITY ▲ STATE ▲ ZIP CODE ▲  Relationship: Connected Organization Affiliated Organization Joint Fundraising Representative Leadership PAC Spon  7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.  Nelson, Mark, , ,  Full Name Mailing Address  CITY ▲ STATE ▲ ZIP CODE ▲  Title or Position ▼  Treasurer  Telephone number  Telephone number  Telephone number  Nelson, Mark, , ,  Treasurer  Telephone number  Nelson, Mark, , ,  Treasurer  Nelson, Mark, , ,							
CITY ▲ STATE ▲ ZIP CODE ▲  Relationship: Connected Organization Affiliated Organization Joint Fundraising Representative Leadership PAC Spon  7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.  Nelson, Mark, , ,  Full Name Mailing Address  CITY ▲ STATE ▲ ZIP CODE ▲  Title or Position ▼  Treasurer  Telephone number  Telephone number  Telephone number  Nelson, Mark, , ,  Treasurer  Telephone number  Nelson, Mark, , ,  Treasurer  Nelson, Mark, , ,							
Relationship: Connected Organization Affiliated Organization Joint Fundraising Representative Leadership PAC Spon  7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.  Nelson, Mark, , ,  Full Name Mailing Address  1032 15th St NW #140  CITY ▲ STATE ▲ ZIP CODE ▲  Title or Position ▼  Treasurer Telephone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).  Full Name Nelson, Mark, , ,  of Treasurer Mailing Address  1032 15th St NW #140  Mailing Address	Mailing Address						
Relationship: Connected Organization							
Relationship: Connected Organization							
Relationship: Connected Organization		CITY A STATE A	ZIP CODE A				
7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.    Nelson, Mark,   Full Name	D. II. II.						
books and records.    Full Name	Relationship: Co	onnected Organization Affiliated Organization Joint Fundraising Representative	Leadership PAC Spons				
Full Name  Mailing Address    1032 15th St NW #140							
Mailing Address    1032 15th St NW #140	N	elson, Mark, , ,					
Mailing Address    Washington   DC   20005	Full Name						
Title or Position ▼  Treasurer  Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).  Full Name	Mailing Address	1032 15th St NW #140					
CITY ▲ STATE ▲ ZIP CODE ▲  Title or Position ▼  Treasurer  Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).  Full Name Nelson, Mark, , , of Treasurer  Mailing Address  Nelson, Mark, , , of Treasurer  Name Nelson, Mark, , , of Treasurer		1					
Title or Position   Treasurer  Telephone number  Telephone number  Telephone number  Telephone number  Telephone number  Telephone number  Nelson, Mark, , ,  of Treasurer  Mailing Address  Mailing Address		Washington   DC	20005				
Title or Position   Treasurer  Telephone number  Telephone number  Telephone number  Telephone number  Telephone number  Telephone number  Nelson, Mark, , ,  of Treasurer  Mailing Address  Mailing Address							
Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).  Full Name Nelson, Mark, , , of Treasurer  Mailing Address  Nelson, Mark, , ,	Title or Decition —	CITY ▲ STATE ▲	ZIP CODE ▲				
8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).  Full Name  Nelson, Mark, , ,  of Treasurer  Mailing Address  1032 15th St NW #140							
any designated agent (e.g., assistant treasurer).  Full Name Nelson, Mark, , , of Treasurer  Mailing Address  1032 15th St NW #140		Telephone number					
of Treasurer  Mailing Address  1032 15th St NW #140							
Mailing Address 1032 15th St NW #140	1	lelson, Mark, , ,					
	_	1032 15th St NW #140					
	Mailing Address						
Washington DC 20005		Washington DC	20005				
CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲				
Treasurer							

Full Name of Designated Agent  Mailing Address  CITY ▲ STATE ▲ ZIP CODE ▲  Title or Position ▼  Telephone number  Telep	FEC Form 1	(Revised 02/2009)	Page <b>4</b>
CITY ▲ STATE ▲ ZIP CODE ▲  Title or Position ▼  Telephone number	Designated		
Title or Position   Telephone number  Telephone	Mailing Address		
Title or Position   Telephone number  Telephone			
Title or Position   Telephone number  Telephone			
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.  Eagle Bank  Mailing Address  CITY ▲ STATE ▲ ZIP CODE ▲  Name of Bank, Depository, etc.  Bank of Labor  Mailing Address  756 Minnesota Avenue			ZIP CODE ▲
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.  Eagle Bank  Mailing Address    2001 K Street NW Suite 150	Title or Position		
Name of Bank, Depository, etc.    Eagle Bank		Telephone number	
Eagle Bank    2001 K Street NW Suite 150	Banks or Other safety deposit bo	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, hole are or maintains funds.	ds accounts, rents
Mailing Address    2001 K Street NW Suite 150	Name of Bank, D	epository, etc.	
Mailing Address  Washington  CITY ▲  STATE ▲  ZIP CODE ▲  Name of Bank, Depository, etc.  Bank of Labor  Mailing Address  T56 Minnesota Avenue  Kansas City  KS 66101			
CITY ▲ STATE ▲ ZIP CODE ▲  Name of Bank, Depository, etc.  Bank of Labor  Mailing Address    Total Mailing Address   Total Ma	Mailing Address	2001 K Street NW Suite 150	
CITY ▲ STATE ▲ ZIP CODE ▲  Name of Bank, Depository, etc.  Bank of Labor  Mailing Address    Total Mailing Address   Total Ma			
Name of Bank, Depository, etc.  Bank of Labor  Mailing Address  756 Minnesota Avenue  Kansas City  KS  66101		Washington DC 20006	
Mailing Address    756 Minnesota Avenue		CITY ▲ STATE ▲	ZIP CODE ▲
Mailing Address    756 Minnesota Avenue	Name of Bank, D	epository, etc.	
Kansas City  KS  66101		Bank of Labor	
	Mailing Address	756 Minnesota Avenue	
CITY ▲ STATE ▲ ZIP CODE ▲		Kansas City KS 66101	
		CITY ▲ STATE ▲	ZIP CODE ▲

## : 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC' 5 'F9 DCF H Z G7 < 98 I @ 'CF' + H9 A = N5 H = CB

Form/Schedule: F1A Transaction ID:

This PAC occasionally operates using the following project names: Police Officers Support Association, National Emergency Responders Coalition, National Coalition for Police & Troopers, and Law Enforcement Officers Support Fund. All messaging and fundraising materials also reference Law Enforcement for a Safer America PAC to provide transparency.

Form/Schedule: Transaction ID: