

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

NAME OF COMMITTEE (In Full) LOWCOUNTRY CONSERVATIVES			FEC IDENTIFICATION NUMBER ▼ C C00872127		
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee 360 Touch Advertising			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 30 / 2024		
Mailing Address PO Box 982467			Amount 159740.70		
City Park City	State UT	Zip Code 84098	Transaction ID : SE.4109		
Purpose of Expenditure Media Placement		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 26 / 2024		
Name of Federal Candidate TEMPLETON, CATHERINE, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: SC		
Calendar Year-To-Date Per Election for Office Sought		159740.70	Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶		
Full Name of Payee Red Elephant Strategy LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 30 / 2024		
Mailing Address 25475 Marsh Landing Parkway			Amount 8500.00		
City Ponte Vedra Beach	State FL	Zip Code 32082	Transaction ID : SE.4105		
Purpose of Expenditure Media Production		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 29 / 2024		
Name of Federal Candidate TEMPLETON, CATHERINE, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: SC		
Calendar Year-To-Date Per Election for Office Sought		168240.70	Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			168240.70		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			168240.70		
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.					
Signature Wojciechowski, Maria, , ,			Date M M / D D / Y Y Y Y Y Y 05 / 02 / 2024		