

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

NAME OF COMMITTEE (In Full) PROTECT AND SERVE PAC			FEC IDENTIFICATION NUMBER ▼ C C00716704		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on			MM / DD / YYYY		
Full Name of Payee MURPHY NASICA			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2024		
Mailing Address PO BOX 1648			Amount 17978.81		
City AUSTIN		State TX	Zip Code 78767	Transaction ID : SE.9829	
Purpose of Expenditure DIRECT MAIL: PRINTING AND POSTAGE		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2024		
Name of Federal Candidate DESPOSITO, ANTHONY P, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 04 ☐ President ☐ Senate State: NY		
Calendar Year-To-Date Per Election for Office Sought		17978.81		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	
Full Name of Payee MURPHY NASICA			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2024		
Mailing Address PO BOX 1648			Amount 17978.80		
City AUSTIN		State TX	Zip Code 78767	Transaction ID : SE.9830	
Purpose of Expenditure DIRECT MAIL: PRINTING AND POSTAGE		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2024		
Name of Federal Candidate GILLEN, LAURA, , ,		☐ Support ☒ Oppose	Office Sought: ☒ House District: 04 ☐ President ☐ Senate State: NY		
Calendar Year-To-Date Per Election for Office Sought		35957.61		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			35957.61		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			35957.61		
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 GANTT, CHARLES, , ,			Date MM / DD / YYYY 10 / 25 / 2024		