| Image# 202403129622402599 | | | | PAGE 1 / 5 |
|---|-------------------------------|--|--------------------------|-------------------|
| FEC FORM 1 | STATEME ORGANIZ | | | |
| | | | | Office Use Only |
| 1. NAME OF COMMITTEE (in full) | (Check if name is changed) | Example: If typing, type over the lines. | 12FE4M5 | |
| Law Enforcement f | or a Safer Americ | a PAC | | |
| | | | | |
| | 1032 15th Street NW #140 | | | |
| ADDRESS (number and street) | | | | |
| (Check if address is changed) | | | | |
| | Washington | | | 20005 |
| | CITY ▲ | | STATE ▲ | ZIP CODE▲ |
| COMMITTEE'S E-MAIL ADDRE | SS | | | |
| (Check if address is changed) | info@leoforasaferamerica. | org | | |
| is changed) | Optional Second E-Mail Ad | ldress | | |
| | | | | |
| (Check if address is changed) | | | | |
| 2. DATE 03 / 12 | | | | |
| B. FEC IDENTIFICATION NU | JMBER ► C C | :00681825 | | |
| I. IS THIS STATEMENT | NEW (N) OR | × AMENDED (A |) | |
| | | | 7 | |
| certify that I have examined the | nis Statement and to the best | t of my knowledge and belie | ef it is true, correct a | and complete. |
| ype or Print Name of Treasure | r Nelson, Mark, , , | | | |
| | | | | |
| Signature of Treasurer Nelso | on, Mark, , , | | Date 03 | 12 2024 |
| NOTE: Submission of false, errono | | may subject the person sign TION SHOULD BE REPORT | - | |
| Office | | For further information | | FEC FORM 1 |
| Use Only | | Federal Election Comr Toll Free 800-424-953 Local 202-694-1100 | | (Revised 06/2012) |

03/12/2024 10 : 24

| FEC F | Form 1 (Revised 03/2022) | Page 2 |
|------------------|--|-----------------------|
| 5. TY | PE OF COMMITTEE: | |
| Ca | andidate 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 t information below.) | he candidate |
| | Name of Candidate | |
| | Candidate Office Party Affiliation Sought: House Senate President | State |
| (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | District |
| | Name of Candidate | |
| Pa (d) | This committee is a (National, State (Democrat or subordinate) committee of the Republicar | ic, n, etc.) Party |
| Ро | Ditical Action Committee (PAC): | |
| (e) | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect | ed organization is a: |
| | Corporation Corporation w/o Capital Stock | Organization |
| | Membership Organization Trade Association Cooper | rative |
| | In addition, this committee is a Lobbyist/Registrant PAC. | |
| (f) | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee) | ed fund or party |
| | In addition, this committee is a Lobbyist/Registrant PAC. | |
| | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | |
| (g) | X 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 F | PAC). |

Joint 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
 2.

In addition, this committee is a Lobbyist/Registrant PAC.

| | FEC Form 1 (Revised 0 | 2/2009 |) | | | | | | | | | | | | | | | | | | | | | | | ſ | Pag | je 🕄 | 3 | | |
|----|------------------------------|---------|--------|-------|-------|------|-----|-------|------|------|------|----|------|------|------|-----|-----|----|------|----|------|----|----|-----|------|------|-----|------|----|-----|---|
| ٧ | Vrite or Type Committee Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Law Enforcemen | nt foi | a | Sat | fer | Α | me | eri | са | Ρ | Ά | С | | | | | | | | | | | | | | | | | | | |
| 6. | Name of Any Connected Or | rganiza | ation, | Affil | iateo | d Co | omr | nitte | е, . | Joir | nt F | un | drai | isir | ng I | Rep | res | en | tati | ve | , or | Le | ad | ers | ship |) P/ | AC | Sp | on | sor | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |] |
| | Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | - | | | | |

| Relationship: | | Connected Organization | | Affiliated Organization | | Joint Fundraising Representative | | Leadership PAC Sponsor |
|---------------|--|------------------------|--|-------------------------|--|----------------------------------|--|------------------------|
|---------------|--|------------------------|--|-------------------------|--|----------------------------------|--|------------------------|

STATE 🔺

ZIP CODE 🔺

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

CITY **▲**

| Nelso | on, Mark, , , | | |
|---------------------|----------------------|----------|----------|
| Full Name | | | |
| Mailing Address | 1032 15th St NW #140 | | |
| | | | |
| | Washington | DC 20005 | |
| | CITY A | STATE 🔺 | ZIP CODE |
| Title or Position ▼ | | | |
| Treasurer | Telephone | e number | |

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 of Treasurer | Nelson, Mark, , , | | | | | | |
|----------------------------------|---|--|--|--|--|--|--|
| Mailing Address | 1032 15th St NW #140 | | | | | | |
| | | | | | | | |
| | Washington DC 20005 Image: DC Image: DC Image: DC | | | | | | |
| | CITY ▲ STATE ▲ ZIP CODE ▲ | | | | | | |
| Title or Position ▼ | , | | | | | | |
| Treasurer Telephone number | | | | | | | |

| FEC Form 1 (Revised | 02/2009) |
|---------------------|----------|
|---------------------|----------|

| Full Name of Designated Agent | Kurtek, Iwona, , , | |
|-------------------------------------|-------------------------------------|--|
| Mailing Address | 1032 15th St NW #140 | |
| | | |
| | Washington DC 20005 | |
| | CITY ▲ STATE ▲ ZIP CODE ▲ | |
| Title or Position | | |
| Assistant Treasur | er Telephone number | |

9. 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.

| Ea | agle Bank | | |
|--------------------|----------------------------|----------|------------|
| Mailing Address | 2001 K Street NW Suite 150 | | |
| | | | |
| | Washington | DC 20006 | |
| | CITY 🔺 | STATE A | ZIP CODE ▲ |
| Name of Bank, Depo | ository, etc. | | |
| Ba | ank of Labor | | |
| Mailing Address | 756 Minnesota Avenue | | |
| | | | |
| | Kansas City | KS 66101 | |
| | CITY 🔺 | STATE A | ZIP CODE |

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=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, Law Enforcement Officers Support Fund, and United Police Sheriff and Troopers. All messaging and fundraising materials also reference Law Enforcement for a Safer America PAC to provide transparency.

Form/Schedule: Transaction ID: