

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

NAME OF COMMITTEE (In Full) LAW ENFORCEMENT FOR A SAFER AMERICA PAC		FEC IDENTIFICATION NUMBER ▼ C C00681825
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY / /

Full Name of Payee THE BOWLINE GROUP LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2024
Mailing Address 330 MOUNTS CORNER DRIVE #119		Amount 40000.00
City FREEHOLD	State NJ	Zip Code 07728
Purpose of Expenditure DIGITAL VIDEO ADVERTISEMENTS	Category/ Type 004	Transaction ID : SE-S1675063 Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2024
Name of Federal Candidate HARRIS, KAMALA, , ,		Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee THE BOWLINE GROUP LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2024
Mailing Address 330 MOUNTS CORNER DRIVE #119		Amount 25000.00
City FREEHOLD	State NJ	Zip Code 07728
Purpose of Expenditure PHONE CALLS (PA, WI, AND GA)	Category/ Type 004	Transaction ID : SE-S1675065 Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2024
Name of Federal Candidate HARRIS, KAMALA, , ,		Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	65000.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	65000.00

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.

NELSON, MARK, , ,

Signature

Date

MM / DD / YYYY
10 / 17 / 2024