

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

NAME OF COMMITTEE (In Full) Americans 4 Security PAC			FEC IDENTIFICATION NUMBER ▼ C C00733352		
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 Strategic Media Placement Inc			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 31 / 2024		
Mailing Address 7669 Stagers Loop			Amount 90000.00		
City Delaware	State OH	Zip Code 43015	Transaction ID : SE.4506		
Purpose of Expenditure Cable TV		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 31 / 2024		
Name of Federal Candidate ROLLINS, WILL, , ,		☐ Support ☒ Oppose	Office Sought: ☒ House District: 41 ☐ President ☐ Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought		1103850.00	Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		
Full Name of Payee			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y		
Mailing Address			Amount 		
City	State	Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y		
Purpose of Expenditure		Category/ Type			
Name of Federal Candidate		☐ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			90000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			90000.00		
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.					
Signature Karas, Matthew, , ,			Date M M / D D / Y Y Y Y Y Y 10 / 31 / 2024		