

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

NAME OF COMMITTEE (In Full) United We Can			FEC IDENTIFICATION NUMBER ▼ C C00523621		
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on M M M / D D D / Y Y Y Y Y Y Y Y					
Full Name of Payee SEIU Michigan State Council			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 22 / 2024		
Mailing Address 2604 4th St			Amount 14400.00		
City State Zip Code Detroit MI 48201-2546		Transaction ID : 500020272 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 22 / 2024			
Purpose of Expenditure Estimated Cost - Direct Mail		Category/ Type 004			
Name of Federal Candidate Harris, Kamala, , ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			1103180.11 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee SEIU Michigan State Council			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y 10 / 22 / 2024		
Mailing Address 2604 4th St			Amount 1600.00		
City State Zip Code Detroit MI 48201-2546		Transaction ID : 500020273 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y 10 / 22 / 2024			
Purpose of Expenditure Estimated Cost - Direct Mail		Category/ Type 004			
Name of Federal Candidate TRUMP, DONALD, J., ,			☐ Support ☒ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			1103180.11 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			16000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			16000.00		
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 Saenz, Rocio, , ,			Date M M M / D D D / Y Y Y Y Y Y Y Y 10 / 23 / 2024		