

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
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 / D D / Y Y Y Y Y Y					
Full Name of Payee SEIU Local 521 Independent Expenditure Committee			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 18 / 2024		
Mailing Address 2302 Zanker Rd			Amount 4593.78		
City State Zip Code San Jose CA 95131-1115		Transaction ID : 500020123 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 18 / 2024			
Purpose of Expenditure Estimated Cost - Staff Salaries & Benefits for Canvass		Category/ Type 001			
Name of Federal Candidate Harris, Kamala, , ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			1022573.02 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
Full Name of Payee SEIU Local 521 Independent Expenditure Committee			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 18 / 2024		
Mailing Address 2302 Zanker Rd			Amount 4593.77		
City State Zip Code San Jose CA 95131-1115		Transaction ID : 500020124 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 18 / 2024			
Purpose of Expenditure Estimated Cost - Staff Salaries & Benefits for Canvass		Category/ Type 001			
Name of Federal Candidate ROSEN, JACKY, , ,			☒ Support ☐ Oppose		Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: NV
Calendar Year-To-Date Per Election for Office Sought			282898.39 Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			9187.55		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
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 / D D / Y Y Y Y Y Y 10 / 19 / 2024		

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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	

Full Name of Payee SEIU Michigan State Council			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2024		
Mailing Address 2604 4th St			Amount 15420.89		
City Detroit	State MI	Zip Code 48201-2546	Transaction ID : 500020125		
Purpose of Expenditure Estimated Cost - Direct Mail		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2024		
Name of Federal Candidate Harris, Kamala, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☒ President ☐ Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		1022573.02	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		

Full Name of Payee SEIU Michigan State Council			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2024		
Mailing Address 2604 4th St			Amount 7710.44		
City Detroit	State MI	Zip Code 48201-2546	Transaction ID : 500020126		
Purpose of Expenditure Estimated Cost - Direct Mail		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2024		
Name of Federal Candidate SLOTKIN, ELISSA, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☒ Senate State: MI		
Calendar Year-To-Date Per Election for Office Sought		14631.08	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	23131.33
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	32318.88

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 MM / DD / YYYY
10 / 19 / 2024