

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

NAME OF COMMITTEE (In Full) WFW ACTION FUND INC			FEC IDENTIFICATION NUMBER ▼ C C00698936		
Check if ☐ 24-hour report ☒ 48-hour report ☒ New report ☐ Amends report filed on M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y					
Full Name of Payee 360 TOUCH ADVERTISING			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 05 / 07 / 2024 M M / D D / Y Y Y Y Y Y		
Mailing Address PO BOX 982467			Amount 76371.75		
City PARK CITY		State UT	Zip Code 84098		Transaction ID : SE24.4358
Purpose of Expenditure NON-CONTRIBUTION ACCT: MEDIA PLACEMENT		Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 05 / 02 / 2024 M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate TEMPLETON, CATHERINE, , ,			☒ Support ☐ Oppose		Office Sought: ☒ House District: 01 ☐ President ☐ Senate State: SC
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☒ Primary ☐ General 2024 ☐ Other (specify) ▶		
Full Name of Payee			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y 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 M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y
Purpose of Expenditure		Category/ Type		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y	
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..... ▶			76371.75		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			76371.75		
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 RUTLAND, JANNA, , ,			Date M M / D D / Y Y Y Y Y Y 05 / 09 / 2024 M M / D D / Y Y Y Y Y Y		