

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                    |                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>WFW ACTION FUND INC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                    | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00698936</div>                                                                                                                                                                                                  |                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                   |
| Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                    |                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                   |
| Full Name of Payee<br>360 TOUCH ADVERTISING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                    | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div><br>04 / 30 / 2024 |                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                   |
| Mailing Address PO BOX 982467                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                    | Amount<br><div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div><br>76371.75                                                                                                                                                                                                                             |                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                   |
| City<br>PARK CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | State<br>UT                                                                        | Zip Code<br>84098                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                             | <b>Transaction ID : SE24.4339</b>                                                                                                                                                                                                                                                                                 |
| Purpose of Expenditure<br>NON-CONTRIBUTION ACCT: MEDIA PLACEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Category/<br>Type <div style="border-bottom: 1px solid black; width: 60px;"></div> | Date of Disbursement or Obligation<br><div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div><br>04 / 26 / 2024        |                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                   |
| Name of Federal Candidate<br>TEMPLETON, CATHERINE, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                    | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                                                                                                                                                                                             | Office Sought: <input checked="" type="checkbox"/> House    District: 01<br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: SC |                                                                                                                                                                                                                                                                                                                   |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                    | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2024 <input type="checkbox"/> Other (specify) ▶ _____                                                                                                                                                                                    |                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                   |
| Full Name of Payee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                    | Date of Public Distribution/Dissemination<br><div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>                   |                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                   |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                    | Amount<br><div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>                                                                                                                                                                                                                                         |                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                   |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | State                                                                              | Zip Code                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                             | Date of Disbursement or Obligation<br><div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> |
| Purpose of Expenditure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Category/<br>Type <div style="border-bottom: 1px solid black; width: 60px;"></div> |                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                   |
| Name of Federal Candidate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                    | <input type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                                                                                                                                                                                                        | Office Sought: <input type="checkbox"/> House    District: _____<br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____      |                                                                                                                                                                                                                                                                                                                   |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                    | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____                                                                                                                                                                                                    |                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                   |
| <div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶</div><div style="width: 35%; text-align: right;"><div style="border-bottom: 1px solid black; width: 100%;"></div><br/>76371.75</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶</div><div style="width: 35%; text-align: right;"><div style="border-bottom: 1px solid black; width: 100%;"></div><br/></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) <b>TOTAL</b> Independent Expenditures..... ▶</div><div style="width: 35%; text-align: right;"><div style="border-bottom: 1px solid black; width: 100%;"></div><br/>76371.75</div></div>                           |  |                                                                                    |                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                   |
| 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.<br><br><div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">Signature<br/><br/>RUTLAND, JANNA, , ,</div><div style="width: 20%; text-align: center;">Date</div><div style="width: 40%; text-align: center;"><div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div><br/>05 / 02 / 2024</div></div> |  |                                                                                    |                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                   |