

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

NAME OF COMMITTEE (In Full) INLAND EMPIRE UNITED FEDERAL ACTION FUND			FEC IDENTIFICATION NUMBER ▼ C C00821728		
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 INLAND EMPIRE UNITED			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 18 / 2024		
Mailing Address 515 S. FIGUEROA ST., STE. 1110			Amount 525.23		
City LOS ANGELES		State CA	Zip Code 90071		Transaction ID : PDT.E.128
Purpose of Expenditure CANVASSING (ESTIMATE)		Category/ Type 24E		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 18 / 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			276706.43 Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		
Full Name of Payee INLAND EMPIRE UNITED			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 18 / 2024		
Mailing Address 515 S. FIGUEROA ST., STE. 1110			Amount 1832.50		
City LOS ANGELES		State CA	Zip Code 90071		Transaction ID : PDT.E.129
Purpose of Expenditure CANVASSING (ESTIMATE)		Category/ Type 24E		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 18 / 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			276706.43 Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			2357.73		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			2357.73		
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 DAVIDSON, CARY, , ,			Date M M / D D / Y Y Y Y Y Y 10 / 19 / 2024		