

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	

Full Name of Payee SEIU Michigan State Council		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2024	
Mailing Address 2604 4th St		Amount 77600.00	
City Detroit	State MI	Zip Code 48201-2546	Transaction ID : 500020311
Purpose of Expenditure Estimated Cost - Direct Mail		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 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		1200180.11	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____

Full Name of Payee SEIU Michigan State Council		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 23 / 2024	
Mailing Address 2604 4th St		Amount 19400.00	
City Detroit	State MI	Zip Code 48201-2546	Transaction ID : 500020312
Purpose of Expenditure Estimated Cost - Direct Mail		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 23 / 2024
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		1200180.11	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	97000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	97000.00

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 MM / DD / YYYY
10 / 24 / 2024