

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation America Working Together		3. FEC Identification Number C C90016932
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 700 13th Street NW Suite 600		
(c) City, State and ZIP Code Washington DC 20005		
2. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report
- July 15 Quarterly Report 24-Hour Report
- October 15 Quarterly Report 48-Hour Report
- January 31 Year-End Report

b) Is this Report an amendment? No Yes, it amends the report filed on / /

5. COVERING PERIOD:
 FROM / /
 THROUGH / /

6. TOTAL CONTRIBUTIONS..... 0.00

7. TOTAL INDEPENDENT EXPENDITURES 451357.00

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 any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Reese, Ezra, , ,	Reese, Ezra, , ,	01/31/2017

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F5N

Transaction ID :

America Working Together has no contributors to report; as a matter of policy, it does not accept contributions earmarked for a specific political purpose.

Form/Schedule:

Transaction ID:

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
America Working Together

Full Name (Last, First, Middle Initial) of Payee Blueprint Interactive		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2016	
Mailing Address 1155 Connecticut Ave NW Ste 601		Amount 360040.00	
City Washington	State DC	Zip Code 20036-4306	Transaction ID : VN7GBA75S08
Purpose of Expenditure Online Advertising of 'Rigged'	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Johnson, Ronald, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 451357.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Blueprint Interactive		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 03 / 2016	
Mailing Address 1155 Connecticut Ave NW Ste 601		Amount 45000.00	
City Washington	State DC	Zip Code 20036-4306	Transaction ID : VN7GBA7A6Z3
Purpose of Expenditure Online Advertising of 'Rigged'	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Johnson, Ronald, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 451357.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Blueprint Interactive		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2016	
Mailing Address 1155 Connecticut Ave NW Ste 601		Amount 45000.00	
City Washington	State DC	Zip Code 20036-4306	Transaction ID : VN7GBA7A709
Purpose of Expenditure Online Advertising of 'Rigged'	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Johnson, Ronald, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 451357.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	450040.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
America Working Together

Full Name (Last, First, Middle Initial) of Payee Ralston Lapp Media		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2016	
Mailing Address 1054 31st St NW Ste 430		Amount 1317.00	
City Washington	State DC	Zip Code 20007-6042	Transaction ID : VN7GBA75T27
Purpose of Expenditure Production Costs of Online Advertisement 'Rigged'	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WI District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Johnson, Ronald, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 451357.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	1317.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	451357.00