

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 One Pittsburgh		3. FEC Identification Number C C90016205
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1500 N. 2nd Street, Second Floor		
(c) City, State and ZIP Code Harrisburg PA 17102		
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..... .00

7. TOTAL INDEPENDENT EXPENDITURES 17023.95

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
Erin Kramer	<i>Erin Kramer</i>	09/02/2016

[Electronically Filed]

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

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
One Pittsburgh

Full Name (Last, First, Middle Initial) of Payee Mission Control		Date of Public Distribution/Dissemination 08 / 23 / 2016	
Mailing Address 600 Pennsylvania Ave., SE Suite 303		Amount 260.00	
City Washington	State DC	Zip Code 20003	
Purpose of Expenditure Estimated Cost: Canvass Literature		Category/ Type 006	Office Sought: <input type="checkbox"/> House State: DC <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Rodham Clinton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) _____	
		260.00	

Transaction ID : F57.000001

Full Name (Last, First, Middle Initial) of Payee Mission Control		Date of Public Distribution/Dissemination 08 / 23 / 2016	
Mailing Address 600 Pennsylvania Ave., SE Suite 303		Amount 260.00	
City Washington	State DC	Zip Code 20003	
Purpose of Expenditure Estimated Cost: Canvass Literature		Category/ Type 006	Office Sought: <input type="checkbox"/> House State: DC <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Donald J Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) _____	
		520.00	

Transaction ID : F57.000002

Full Name (Last, First, Middle Initial) of Payee Mission Control		Date of Public Distribution/Dissemination 08 / 30 / 2016	
Mailing Address 600 Pennsylvania Ave., SE Suite 303		Amount 260.00	
City Washington	State DC	Zip Code 20003	
Purpose of Expenditure Estimated Cost: Canvass Literature		Category/ Type 006	Office Sought: <input type="checkbox"/> House State: DC <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Rodham Clinton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) _____	
		780.00	

Transaction ID : F57.000003

(a) SUBTOTAL of Itemized Independent Expenditures.....	780.00
(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)
One Pittsburgh

Full Name (Last, First, Middle Initial) of Payee Mission Control		Date of Public Distribution/Dissemination 08 / 30 / 2016	
Mailing Address 600 Pennsylvania Ave., SE Suite 303		Amount 260.00	
City Washington	State DC	Zip Code 20003	Transaction ID : F57.000004
Purpose of Expenditure Estimated Cost: Canvass Literature	Category/ Type 006	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Donald J Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1040.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Pennsylvania		Date of Public Distribution/Dissemination 08 / 23 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 3076.18	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.000005
Purpose of Expenditure Estimated Cost for Salary, Benefits & Other Canvass Related-Expenses	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Rodham Clinton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4116.18		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Pennsylvania		Date of Public Distribution/Dissemination 08 / 23 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 3076.18	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.000006
Purpose of Expenditure Estimated Cost for Salary, Benefits & Other Canvass-Related Expenses	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Donald J Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 7192.36		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	6412.36
(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)
One Pittsburgh

Full Name (Last, First, Middle Initial) of Payee One PA		Date of Public Distribution/Dissemination 08 / 23 / 2016	
Mailing Address 1500 N. 2nd St. Suite 11		Amount 1370.42	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.000007
Purpose of Expenditure Estimated Cost for Salary, Benefits & Other Canvass Related-Expenses	Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Rodham Clinton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8562.78		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee One PA		Date of Public Distribution/Dissemination 08 / 23 / 2016	
Mailing Address 1500 N. 2nd St. Suite 11		Amount 1370.42	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.000008
Purpose of Expenditure Estimated Cost for Salary, Benefits & Other Canvass-Related Expenses	Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Donald J Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 9933.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Pennsylvania		Date of Public Distribution/Dissemination 08 / 31 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 512.70	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.000009
Purpose of Expenditure Estimated Cost for Salary, Benefits & Other Canvass-Related Expenses	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Rodham Clinton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 10445.90		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	3253.54
(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)
One Pittsburgh

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Pennsylvania		Date of Public Distribution/Dissemination 08 / 31 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 512.70	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.000010
Purpose of Expenditure Estimated Cost for Salary, Benefits & Other Canvass-Related Expenses	Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Donald J Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 10958.60		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee One PA		Date of Public Distribution/Dissemination 08 / 31 / 2016	
Mailing Address 1500 N. 2nd Street, Suite 11		Amount 207.03	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.000011
Purpose of Expenditure Estimated Cost for Salary, Benefits & Other Canvass-Related Expenses	Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Rodham Clinton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 11165.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee One PA		Date of Public Distribution/Dissemination 08 / 31 / 2016	
Mailing Address 1500 N. 2nd Street, Suite 11		Amount 207.03	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.000012
Purpose of Expenditure Estimated Cost for Salary, Benefits & Other Canvass-Related Expenses	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Donald J Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 11372.66		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	926.76
(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)
One Pittsburgh

Full Name (Last, First, Middle Initial) of Payee Mission Control		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 23 / 2016	
Mailing Address 600 Pennsylvania Ave., SE Suite 303		Amount 260.00	
City Washington	State DC	Zip Code 20003	Transaction ID : F57.000013
Purpose of Expenditure Canvass Literature	Category/ Type 006	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Kathleen Alana McGinty		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 260.00		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Mission Control		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 30 / 2016	
Mailing Address 600 Pennsylvania Ave., SE Suite 303		Amount 260.00	
City Washington	State DC	Zip Code 20003	Transaction ID : F57.000014
Purpose of Expenditure Canvass Literature	Category/ Type 006	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Kathleen Alana McGinty		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 520.00		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Pennsylvania		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 23 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 3030.27	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.000015
Purpose of Expenditure Estimated Cost for Salary, Benefits & Other Canvass-Related Expenses	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Kathleen Alana McGinty		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3570.27		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	3550.27
(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)
One Pittsburgh

Full Name (Last, First, Middle Initial) of Payee One PA		Date of Public Distribution/Dissemination 08 / 23 / 2016	
Mailing Address 1500 N. 2nd Street, Suite 11		Amount 1363.60	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.000016
Purpose of Expenditure Estimated Cost for Salary, Benefits & Other Canvass-Related Expenses	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Kathleen Alana McGinty		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4933.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Pennsylvania		Date of Public Distribution/Dissemination 08 / 31 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 510.15	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.000017
Purpose of Expenditure Estimated Cost for Salary, Benefits & Other Canvass-Related Expenses	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Kathleen Alana McGinty		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5444.02		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee One PA		Date of Public Distribution/Dissemination 08 / 31 / 2016	
Mailing Address 1500 N. 2nd Street, Suite 11		Amount 227.27	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.000018
Purpose of Expenditure Estimated Cost for Salary, Benefits & Other Canvass-Related Expenses	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Kathleen Alana McGinty		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5671.29		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	2101.02
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	17023.95