

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation Working America		3. FEC Identification Number C C90011156			
(b) Address (number and street) ☐ check if different than previously reported 815 16th St NW					
(c) City, State and ZIP Code Washington DC 20006					
2.	Corporate filers only Is the filer a qualified nonprofit corporation? ☒ Yes ☐ No				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">Individual filers only</td> <td style="width: 65%;">Name of Employer</td> <td style="width: 30%;">Occupation</td> </tr> </table>			Individual filers only	Name of Employer	Occupation
Individual filers only	Name of Employer	Occupation			
4. TYPE OF REPORT (check appropriate boxes): (a) ☐ April 15 Quarterly Report ☐ 24-Hour Notice ☒ 48-Hour Notice ☐ July 15 Quarterly Report ☐ October Quarterly Report ☐ January 31 Year-End Report (b) Is this Report an amendment? Yes ☐ No ☒					
5. COVERING PERIOD: FROM M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 1 0 THROUGH M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 1 0					
6. TOTAL CONTRIBUTIONS 0.00					
7. TOTAL INDEPENDENT EXPENDITURES..... 1664.61					

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM**SIGNATURE****DATE**

Michael Lausch

09/16/2010

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

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
AB Petroelum

Date

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 1 0Mailing Address
502 Sheridan Blvd

Amount

18.17

City State Zip Code
Denver CO 80226Purpose of Expenditure
GasCategory/
TypeOffice Sought: ☐ House State: CO☒ Senate☐ President District: _____Check One: ☒ Support ☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
MICHAEL F BENNETCalendar Year-To-Date Per Election
for Office Sought 80.82Disbursement For: ☐ Primary ☒ General
2010☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
AB Petroelum

Date

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 1 0Mailing Address
502 Sheridan Blvd

Amount

18.60

City State Zip Code
Denver CO 80226Purpose of Expenditure
GasCategory/
TypeOffice Sought: ☐ House State: CO☒ Senate☐ President District: _____Check One: ☒ Support ☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
MICHAEL F BENNETCalendar Year-To-Date Per Election
for Office Sought 99.42Disbursement For: ☐ Primary ☒ General
2010☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
AB Petroelum

Date

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 1 0Mailing Address
502 Sheridan Blvd

Amount

11.01

City State Zip Code
Denver CO 80226Purpose of Expenditure
GasCategory/
TypeOffice Sought: ☐ House State: CO☒ Senate☐ President District: _____Check One: ☒ Support ☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
MICHAEL F BENNETCalendar Year-To-Date Per Election
for Office Sought 110.43Disbursement For: ☐ Primary ☒ General
2010☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

47.78

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

Image# 10991167300
SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
AB Petroelum

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	0

Mailing Address
502 Sheridan Blvd

Amount

15.86

City State Zip Code
Denver CO 80226

Purpose of Expenditure
Gas

Category/
Type

Office Sought: ☐ House State: CO
☒ Senate
☐ President District: _____

Check One: ☒ Support ☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
MICHAEL F BENNET

Calendar Year-To-Date Per Election
for Office Sought 126.29

Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Angel Armenta

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	0

Mailing Address
4581 Pierce St

Amount

67.65

City State Zip Code
Wheat Ridge CO 80033

Purpose of Expenditure
Salary and benefits

Category/
Type

Office Sought: ☐ House State: CO
☒ Senate
☐ President District: _____

Check One: ☒ Support ☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
MICHAEL F BENNET

Calendar Year-To-Date Per Election
for Office Sought 473.55

Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee
Jordan Armijo

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	0

Mailing Address
4555 W 8th Ave #301

Amount

67.65

City State Zip Code
Denver CO 80204

Purpose of Expenditure
Salary and benefits

Category/
Type

Office Sought: ☐ House State: CO
☒ Senate
☐ President District: _____

Check One: ☒ Support ☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:
MICHAEL F BENNET

Calendar Year-To-Date Per Election
for Office Sought 405.90

Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____

(a) **SUBTOTAL** of Itemized Independent Expenditures

151.16

(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

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
David Bovie

Date

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 1 0

Mailing Address

8290 N. Federal Blvd Apt 70

Amount

62.83

City

Westminster

State

CO

Zip Code

80031

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: CO

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

MICHAEL F BENNET

Calendar Year-To-Date Per Election
for Office Sought

502.64

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Melinda Bustamante

Date

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 1 0

Mailing Address

388 E 88th Ave
Apt 236

Amount

62.83

City

Thornton

State

CO

Zip Code

80229

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: CO

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

MICHAEL F BENNET

Calendar Year-To-Date Per Election
for Office Sought

62.83

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Jason Butler

Date

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 1 0

Mailing Address

6124 Steed Way

Amount

88.26

City

Colorado Springs

State

CO

Zip Code

80922

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: CO

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

MICHAEL F BENNET

Calendar Year-To-Date Per Election
for Office Sought

706.08

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

213.92

(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

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Benjamin Chenery Nan

Date

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 1 0Mailing Address
9375 E 17th Ave Apt #2

Amount

62.83

City State Zip Code
Aurora CO 80010Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: CO
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
MICHAEL F BENNETCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 188.49Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Craigslis

Date

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 1 0Mailing Address
1381 9th Ave.

Amount

6.25

City State Zip Code
San Francisco CA 94122Purpose of Expenditure
AdvertisingCategory/
TypeOffice Sought: ☐ House State: CO
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
MICHAEL F BENNETCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 6.25Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Carly Danielsen

Date

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 1 0Mailing Address
455 Write St #107

Amount

88.26

City State Zip Code
Lakewood CO 80228Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: CO
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
MICHAEL F BENNETCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 706.08Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

157.34

(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

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Melissa Dronen

Date

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 1 0

Mailing Address

9995 E. Harvard Ave Unit # M-170

Amount

105.90

City
DenverState
COZip Code
80231Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: CO

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
MICHAEL F BENNETCalendar Year-To-Date Per Election
for Office Sought

847.20

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Philip Fraser

Date

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 1 0

Mailing Address

3272 E 103rd Dr
Apt 1712

Amount

62.83

City
ThorntonState
COZip Code
80229Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: CO

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
MICHAEL F BENNETCalendar Year-To-Date Per Election
for Office Sought

62.83

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
David Gomez

Date

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 1 0

Mailing Address

111 S Elliot St

Amount

62.83

City
DenverState
COZip Code
80219Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: CO

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
MICHAEL F BENNETCalendar Year-To-Date Per Election
for Office Sought

502.64

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

231.56

(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

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Thomas Henry

Date

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 1 0Mailing Address
306 Elizabeth Apt 5

Amount

62.83

City State Zip Code
Denver CO 80206Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: CO
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
MICHAEL F BENNETCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 439.81Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Justin Kelley

Date

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 1 0Mailing Address
1136 Glen Creighton Dr

Amount

62.83

City State Zip Code
Dacono CO 80514Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: CA
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
MICHAEL F BENNETCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 376.98Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Allan Kisoma

Date

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 1 0Mailing Address
2256 Grey St

Amount

67.65

City State Zip Code
Edgewater CO 80214Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: CO
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
MICHAEL F BENNETCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 541.20Disbursement For: ☐ Primary ☒ General
2010
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

193.31

(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

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Jennifer Liebold

Date

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 1 0Mailing Address
1480 High St #10

Amount

88.26

City
DenverState
COZip Code
80218Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: CO

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
MICHAEL F BENNETCalendar Year-To-Date Per Election
for Office Sought

706.08

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Don MacLeod

Date

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 1 0Mailing Address
4085 Harlan St Apt # 3A

Amount

62.83

City
Wheat RidgeState
COZip Code
80011Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: CO

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
MICHAEL F BENNETCalendar Year-To-Date Per Election
for Office Sought

502.64

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Brianna Ortiz

Date

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 1 0Mailing Address
4480 W 11th Ave

Amount

62.83

City
DenverState
COZip Code
80204Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: CO

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
MICHAEL F BENNETCalendar Year-To-Date Per Election
for Office Sought

314.15

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

213.92

(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

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee

Marie Panglose

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	0

Mailing Address

2208 S. Galapago

Amount

62.83

City

Denver

State

CO

Zip Code

80223

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: CO

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

MICHAEL F BENNET

Calendar Year-To-Date Per Election
for Office Sought

125.66

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Emily Richard

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	0

Mailing Address

1203 Emerson St #21

Amount

88.26

City

Denver

State

CO

Zip Code

80218

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: CO

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

MICHAEL F BENNET

Calendar Year-To-Date Per Election
for Office Sought

706.08

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Darrin Ross

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	1	0

Mailing Address

2936 W Denver Pl

Amount

62.83

City

Denver

State

CO

Zip Code

80211

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ House

State: CO

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

MICHAEL F BENNET

Calendar Year-To-Date Per Election
for Office Sought

502.64

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

213.92

(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

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Anthony Serna

Date

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 1 0Mailing Address
4480 W 11th Ave

Amount

62.83

City
DenverState
COZip Code
80204Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: CO

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
MICHAEL F BENNETCalendar Year-To-Date Per Election
for Office Sought

188.49

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Monique Sifuentes

Date

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 1 0Mailing Address
4555 W 8th Ave
Apt 301

Amount

62.83

City
DenverState
COZip Code
80204Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: CO

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
MICHAEL F BENNETCalendar Year-To-Date Per Election
for Office Sought

62.83

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Thrifty Rental

Date

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 1 0Mailing Address
23520 E 78th Ave

Amount

29.01

City
DevnerState
COZip Code
80249Purpose of Expenditure
Car rentalCategory/
Type

Office Sought:

☐ House

State: CO

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
MICHAEL F BENNETCalendar Year-To-Date Per Election
for Office Sought

1421.49

Disbursement For:
2010☐ Primary☒ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

154.67

(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

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Thrifty Rental

Date

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 1 0Mailing Address
23520 E 78th Ave

Amount

City State Zip Code
Devner CO 80249

29.01

Purpose of Expenditure
Car rentalCategory/
TypeOffice Sought: ☐ House State: COSenate ☒ Senate District: _____☐ PresidentCheck One: ☒ Support ☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
MICHAEL F BENNETCalendar Year-To-Date Per Election
for Office Sought 1450.50Disbursement For: ☐ Primary ☒ General
2010☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Thrifty Rental

Date

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 1 0Mailing Address
23520 E 78th Ave

Amount

City State Zip Code
Devner CO 80249

29.01

Purpose of Expenditure
Car rentalCategory/
TypeOffice Sought: ☐ House State: COSenate ☒ Senate District: _____☐ PresidentCheck One: ☒ Support ☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
MICHAEL F BENNETCalendar Year-To-Date Per Election
for Office Sought 1479.51Disbursement For: ☐ Primary ☒ General
2010☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Thrifty Rental

Date

M M / D D / Y Y Y Y
0 9 / 1 4 / 2 0 1 0Mailing Address
23520 E 78th Ave

Amount

City State Zip Code
Devner CO 80249

29.01

Purpose of Expenditure
Car rentalCategory/
TypeOffice Sought: ☐ House State: COSenate ☒ Senate District: _____☐ PresidentCheck One: ☒ Support ☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
MICHAEL F BENNETCalendar Year-To-Date Per Election
for Office Sought 1508.52Disbursement For: ☐ Primary ☒ General
2010☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

87.03

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

1664.61