10/19/2016 03 : 48

PAGE 1/4

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

| | ame of Individual, Organization or Corporation | |
|-----------|--|---|
| | Idress (number and street) check if different than previously reported N. 2ND STREET SECOND FLOOR | |
| (c) Cit | ty, State and ZIP Code | 3. FEC Identification Number |
| HARI | RISBURG PA 17102 | 3. I LO Identification Number |
| 2. Occur | pation and Name of Employer (for Individual Filers Only) | C C90016205 |
| Z. Occup | oation and Name of Employer (for individual Filets Only) | |
| | 4. TYPE OF REPORT (check appropriate boxes): | |
| | (a) April 15 Quarterly Report | |
| | July 15 Quarterly 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 | M / D D / Y Y Y Y Y |
| | 5. COVERING PERIOD: FROM FROM / DID / YIYIYIYI | |
| | Innough | |
| | 6. TOTAL CONTRIBUTIONS | 0.00 |
| | 7. TOTAL INDEPENDENT EXPENDITURES | 23280.00 |
| | alty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation didate or authorized committee or agent of either, or any political party committee or its agent. | n, or concert with, or at the request or suggestion |
| TYPE OR | R PRINT NAME OF PERSON COMPLETING FORM SIGNATURE | DATE lectronically Filed] |
| Kramer, I | Erin, , , Kramer, Erin, , , | 10/19/2016 |
| | 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

PAGE 2 OF 4 FOR LINE 7 OF FORM 5

| AME OF FILER (In Full) DNE PITTSBURGH | | | | |
|--|-----------------|-------------------|-------|---|
| Full Name (Last, First, Middle Initial) of Payee | | | | Date of Public Distribution/Dissemination |
| Mission Control | | | | 10 17 2016 |
| Mailing Address 600 Pennsylvania Ave., SE | | | | 10 17 2010 |
| Suite 303 | | | | Amount |
| City | State | Zip Code | | 260.00 |
| Washington | DC | 20003 | | Transaction ID : F57.4442 |
| Purpose of Expenditure Voter Canvass Literature | | Category/ Type | 006 | Office Sought: House State: Senate District: |
| Name of Federal Candidate Supported or Opp CLINTON, HILLARY RODHAM, , , | posed by Expend | liture: | | President Check One: Support Oppose |
| Calendar Year-To-Date Per Election for Office Sought | 115 | 8353 | 5.73 | Disbursement For: Primary General Other (specify) |
| Full Name (Last, First, Middle Initial) of Payee | | | | Date of Public Distribution/Dissemination |
| Mission Control | | | | 10 17 2016 |
| Mailing Address 600 Pennsylvania Ave., SE | | | | |
| Suite 303 | | | | Amount |
| City | State | Zip Code | | 260.00 |
| Washington | DC | 20003 | ı | Transaction ID: F57.4443 |
| Purpose of Expenditure Voter Canvass Literature | | Category/ Type | 006 | Office Sought: House State: PA Senate District: |
| Name of Federal Candidate Supported or Opp MCGINTY, KATHLEEN ALANA, , , | posed by Expend | liture: | | President Check One: Support Oppose |
| Calendar Year-To-Date Per Election for Office Sought | | 4100 | 05.53 | Disbursement For: Primary 2016 Other (specify) |
| Full Name (Last, First, Middle Initial) of Payee | | | | Date of Public Distribution/Dissemination |
| Mission Control | | | | 10 17 2016 |
| Mailing Address 600 Pennsylvania Ave., SE | | | | عنتما لتا لتا |
| Suite 303 | | | | Amount |
| City | State | Zip Code | | 260.00 |
| Washington | DC | 20003 | | Transaction ID : F57.4444 |
| Purpose of Expenditure Voter Canvass Literature | | Category/ Type | 006 | Office Sought: House State: |
| Name of Federal Candidate Supported or Opp | posed by Expend | _l liture: | | President District: |
| TRUMP, DONALD J., , , | | | | Check One: Support |
| Calendar Year-To-Date Per Election for Office Sought | 1 1 1 1 | 8379 | 5.73 | Disbursement For: Primary General Other (specify) |
| (a) SUBTOTAL of Itemized Independent Exper | nditures | | | 780.00 |
| (b) SUBTOTAL of Unitemized Independent Ex | oenditures | | | ····· > |
| (c) TOTAL Independent Expenditures(carry total from last page forward to | | | | |

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 3 OF 4 FOR LINE 7 OF FORM 5

| AME OF FILER (In Full) ONE PITTSBURGH | | | | | | |
|---|--------------------|-------------------|------|---------------------------------------|---------------------|----------------------|
| Full Name (Last, First, Middle Initial) of Pay | /ee | | | Date of Pub | lic Distribution/ | Dissemination |
| One PA | | | | Date of Tub | / D D / | Disseriiiiation |
| Mailing Address 4500 N 2nd Street | | | | 10 | 18 | 2016 |
| 1500 N. 2nd Street | | | | Amount | | |
| City | State | Zip Code | | | | 1 1 |
| Harrisburg | PA | 17102 | | Transactio | n ID : F57.444 | 2500.00 3 |
| Purpose of Expenditure Estimated Cost: Salary, Benefits & Other C Expenses from 10/18-10/22 | anvass-Related | Category/ Type | 001 | Office Sought: | House Senate | State: |
| Name of Federal Candidate Supported or CCLINTON, HILLARY RODHAM, , , | Opposed by Expendi | iture: | | Check One: | President Support | Oppose |
| Calendar Year-To-Date Per Election for Office Sought | | 9629 | 5.73 | Disbursement For: 2016 Other (s | | x General |
| Full Name (Last, First, Middle Initial) of Pay | /ee | | | Date of Pub | lic Distribution/ | Dissemination |
| One PA Mailing Address 1500 N 2nd Street | | | | 10 | 18 | 2016 |
| 1500 N. 2nd Street | | | | Amount | | |
| City | State | Zip Code | | | | 2500.00 |
| Harrisburg | PA | 17102 | | Transactio | n ID : F57.4449 | |
| Purpose of Expenditure Estimated Cost: Salary, Benefits & Other C Expenses from 10/18-10/22 | anvass-Related | Category/ Type | 001 | Office Sought: | House X Senate | State: PA District: |
| Name of Federal Candidate Supported or (MCGINTY, KATHLEEN ALANA, , , | Opposed by Expendi | iture: | | Check One: | President Support | Oppose |
| Calendar Year-To-Date Per Election for Office Sought | | 4850 | 5.53 | Disbursement For 2016 Other (s | | x General |
| Full Name (Last, First, Middle Initial) of Pay | /ee | | 1 | Date of Pub | lic Distribution/ | Dissemination |
| One PA Mailing Address 4500 N. 2nd Street | | | | 10 | / D D / | 2016 |
| 1500 N. 2nd Street | | | | Amount | | |
| City | State | Zip Code | | | | 2500.00 |
| Harrisburg | PA | 17102 | | Transactio | n ID : F57.4450 | |
| Purpose of Expenditure Estimated Cost: Salary, Benefits & Other C | anvass-Related | Category/ Type | 001 | Office Sought: | House | State: |
| Expenses from 10/18-10/22 Name of Federal Candidate Supported or 0 | Opposed by Expendi | | | ŀ | Senate President | District: |
| TRUMP, DONALD J., , , | | | | Check One: | Support | X Oppose |
| Calendar Year-To-Date Per Election for Office Sought | | 98795 | 5.73 | Disbursement For 2016 Other (s | Primary pecify) | ✗ General |
| (a) SUBTOTAL of Itemized Independent Ex | penditures | | | | | 7500.00 |
| (b) SUBTOTAL of Unitemized Independent | Expenditures | | | > | | |
| (c) TOTAL Independent Expenditures(carry total from last page forward | | | | ▶ | | |

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 4 OF 4 FOR LINE 7 OF FORM 5

| NAME OF FILER (In Full) ONE PITTSBURGH | | | · |
|---|--------------------|-----------------------|--|
| ONE FITTSBORGIT | | | |
| E II Nove (Lost Eigh Middle Initial) of D | | | |
| Full Name (Last, First, Middle Initial) of Pa | ayee | | Date of Public Distribution/Dissemination |
| , | | | 10 17 2016 |
| Mailing Address 1500 N. 2nd Street | | | Amount |
| City | Ctoto | Zin Codo | Amount |
| City Harrisburg | State PA | Zip Code 17102 | 5000.00 |
| | 17 | | Transaction ID : F57.4445 |
| Purpose of Expenditure Estimated Cost: Salary, Benefits & Other C Expenses from 10/17-10/21 | Canvass-Related | Category/ Type 001 | Office Sought: House State: Senate District: |
| Name of Federal Candidate Supported or CLINTON, HILLARY RODHAM, , , | Opposed by Expendi | iture: | President Check One: X Support Oppose |
| | | | ** |
| Calendar Year-To-Date Per Election for Office Sought | | 88795.73 | Disbursement For: Primary General 2016 Other (specify) |
| Full Name (Last, First, Middle Initial) of Pa | ayee | | Date of Public Distribution/Dissemination |
| SEIU Healthcare Pennsylvania | | | M = M / D = D / Y = Y = Y = Y |
| Mailing Address 1500 N. 2nd Street | | | 10 17 2016 |
| | | | Amount |
| City | State | Zip Code | 5000.00 |
| Harrisburg | PA | 17102 | Transaction ID : F57.4446 |
| Purpose of Expenditure Estimated Cost: Salary, Benefits & Other (Expenses from 10/17-10/21 | Canvass-Related | Category/ Type 001 | Office Sought: House State: PA |
| Name of Federal Candidate Supported or MCGINTY, KATHLEEN ALANA, , , | Opposed by Expendi | iture: | President District: |
| WOONTT, NATTIELEN ALANA, , , | | | Check One: Support Oppose |
| Calendar Year-To-Date Per Election for Office Sought | | 46005.53 | Disbursement For: Primary General 2016 Other (specify) |
| Full Name (Last, First, Middle Initial) of Pa | avee | | Date of Public Distribution/Dissemination |
| SEIU Healthcare Pennsylvania | ,, , , , | | M = M / D = D / Y = Y = Y = Y |
| Mailing Address 1500 N. 2nd Street | | | 10 17 2016 |
| 1886 IV. Zild Gilder | | | Amount |
| City | State | Zip Code | 5000.00 |
| Harrisburg | PA | 17102 | Transaction ID : F57.4447 |
| Purpose of Expenditure Estimated Cost: Salary, Benefits & Other (| Canvass-Related | Category/ Type 001 | Office Sought: House State: |
| Expenses from 10/17-10/21 | | | Senate President District: |
| Name of Federal Candidate Supported or TRUMP, DONALD J., , , | Opposed by Expendi | iture: | Check One: Support X Oppose |
| Calendar Year-To-Date Per Election for Office Sought | | 93795.73 | Disbursement For: Primary General 2016 Other (specify) |
| | | | <u> </u> |
| (a) SUBTOTAL of Itemized Independent Ex | rpenditures | | 15000.00 |
| (b) SUBTOTAL of Unitemized Independent | Expenditures | | |
| (c) TOTAL Independent Expenditures (carry total from last page forward | | | ≥ 23280.00 |