

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..... 303050.60

7. TOTAL INDEPENDENT EXPENDITURES 82770.56

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
Kramer, Erin, , ,	<i>Kramer, Erin, , ,</i>	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.

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)
ONE PITTSBURGH

A. Full Name (Last, First, Middle Initial) AMERICA VOTES ACTION FUND			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 03 / 2016		
Mailing Address 1155 CONNECTICUT AVENUE, NW SUITE 600			Transaction ID : F56.4391		
City WASHINGTON	State DC	Zip Code 20036	Amount of Each Receipt this Period 50000.00		
FEC ID number of contributing federal political committee.			C C00492520		
Name of Employer			Occupation		

B. Full Name (Last, First, Middle Initial) FOR OUR FUTURE			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 04 / 2016		
Mailing Address 888 16TH ST., NW, STE. 650			Transaction ID : F56.4512		
City WASHINGTON	State DC	Zip Code 20006	Amount of Each Receipt this Period 65750.00		
FEC ID number of contributing federal political committee.			C C00620971		
Name of Employer			Occupation		

C. Full Name (Last, First, Middle Initial) General Fund, SEIU, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 03 / 2016		
Mailing Address 1800 Massachusetts Ave., NW			Transaction ID : F56.4522		
City Washington	State DC	Zip Code 20036	Amount of Each Receipt this Period 26500.20		
FEC ID number of contributing federal political committee.			C		
Name of Employer			Occupation		

D. Full Name (Last, First, Middle Initial) General Fund, SEIU, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 12 / 2016		
Mailing Address 1800 Massachusetts Ave., NW			Transaction ID : F56.4523		
City Washington	State DC	Zip Code 20036	Amount of Each Receipt this Period 53000.40		
FEC ID number of contributing federal political committee.			C		
Name of Employer			Occupation		

SUBTOTAL of Receipts This Page (optional)	195250.60
TOTAL This Period (last page carry total to Line 6)	195250.60

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)
ONE PITTSBURGH

A. Full Name (Last, First, Middle Initial) NEXTGEN CLIMATE ACTION COMMITTEE			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 12 / 2016 Transaction ID : F56.4519		
Mailing Address 700 13TH STREET, NW SUITE 600			Amount of Each Receipt this Period 50000.00		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : F56.4519		
FEC ID number of contributing federal political committee.			C C00547349		
Name of Employer			Occupation		

B. Full Name (Last, First, Middle Initial) NEXTGEN CLIMATE ACTION COMMITTEE			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2016 Transaction ID : F56.4520		
Mailing Address 700 13TH STREET, NW SUITE 600			Amount of Each Receipt this Period 35000.00		
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : F56.4520		
FEC ID number of contributing federal political committee.			C C00547349		
Name of Employer			Occupation		

C. Full Name (Last, First, Middle Initial) Popular Democracy, The Center For, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 14 / 2016 Transaction ID : F56.4517		
Mailing Address 449 Troutman Street, Suite A			Amount of Each Receipt this Period 22800.00		
City Brooklyn	State NY	Zip Code 11237	Transaction ID : F56.4517		
FEC ID number of contributing federal political committee.			C		
Name of Employer			Occupation		

D. Full Name (Last, First, Middle Initial)			Date of Receipt M M M / D D D / Y Y Y Y Y Y		
Mailing Address			Amount of Each Receipt this Period		
City	State	Zip Code	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.			C		
Name of Employer			Occupation		

SUBTOTAL of Receipts This Page (optional)	107800.00
TOTAL This Period (last page carry total to Line 6)	303050.60

**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 10 / 03 / 2016	
Mailing Address 600 Pennsylvania Ave., SE Suite 303		Amount 260.00	
City Washington	State DC	Zip Code 20003	Transaction ID : F57.4392
Purpose of Expenditure Voter 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: CLINTON, HILLARY RODHAM, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 40017.45		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 10 / 03 / 2016	
Mailing Address 600 Pennsylvania Ave., SE Suite 303		Amount 260.00	
City Washington	State DC	Zip Code 20003	Transaction ID : F57.4393
Purpose of Expenditure Voter 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: TRUMP, DONALD J., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 40277.45		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 10 / 03 / 2016	
Mailing Address 600 Pennsylvania Ave., SE Suite 303		Amount 260.00	
City Washington	State DC	Zip Code 20003	Transaction ID : F57.4394
Purpose of Expenditure Voter 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: MCGINTY, KATHLEEN ALANA, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 20466.66		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(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 MM / DD / YYYY 10 / 10 / 2016	
Mailing Address 600 Pennsylvania Ave., SE Suite 303		Amount 260.00	
City Washington	State DC	Zip Code 20003	Transaction ID : F57.4412
Purpose of Expenditure Voter 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: CLINTON, HILLARY RODHAM, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 47546.49		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 10 / 10 / 2016	
Mailing Address 600 Pennsylvania Ave., SE Suite 303		Amount 260.00	
City Washington	State DC	Zip Code 20003	Transaction ID : F57.4413
Purpose of Expenditure Voter 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: TRUMP, DONALD J., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 47806.49		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 10 / 10 / 2016	
Mailing Address 600 Pennsylvania Ave., SE Suite 303		Amount 260.00	
City Washington	State DC	Zip Code 20003	Transaction ID : F57.4414
Purpose of Expenditure Voter 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: MCGINTY, KATHLEEN ALANA, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 24231.18		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(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 10 / 17 / 2016	
Mailing Address 600 Pennsylvania Ave., SE Suite 303		Amount 260.00	
City Washington	State DC	Zip Code 20003	Transaction ID : F57.4432
Purpose of Expenditure Voter Canvass Literature	Category/ Type 006	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY RODHAM, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 56395.53		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 10 / 17 / 2016	
Mailing Address 600 Pennsylvania Ave., SE Suite 303		Amount 260.00	
City Washington	State DC	Zip Code 20003	Transaction ID : F57.4433
Purpose of Expenditure Voter 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: MCGINTY, KATHLEEN ALANA, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 28655.70		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 10 / 17 / 2016	
Mailing Address 600 Pennsylvania Ave., SE Suite 303		Amount 260.00	
City Washington	State DC	Zip Code 20003	Transaction ID : F57.4434
Purpose of Expenditure Voter Canvass Literature	Category/ Type 006	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD J., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 56655.53		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(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 10 / 24 / 2016	
Mailing Address 600 Pennsylvania Ave., SE Suite 303		Amount 260.00	
City Washington	State DC	Zip Code 20003	Transaction ID : F57.4451
Purpose of Expenditure Voter Canvass Literature	Category/ Type 006	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY RODHAM, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 64009.57		Disbursement For: <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 10 / 24 / 2016	
Mailing Address 600 Pennsylvania Ave., SE Suite 303		Amount 260.00	
City Washington	State DC	Zip Code 20003	Transaction ID : F57.4452
Purpose of Expenditure Voter 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: MCGINTY, KATHLEEN ALANA, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 32462.72		Disbursement For: <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 10 / 24 / 2016	
Mailing Address 600 Pennsylvania Ave., SE Suite 303		Amount 260.00	
City Washington	State DC	Zip Code 20003	Transaction ID : F57.4453
Purpose of Expenditure Voter Canvass Literature	Category/ Type 006	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD J., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 64269.57		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(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 MM / DD / YYYY 10 / 31 / 2016	
Mailing Address 600 Pennsylvania Ave., SE Suite 303		Amount 260.00	
City Washington	State DC	Zip Code 20003	
Purpose of Expenditure Voter Canvass Literature		Category/ Type 006	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY RODHAM, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 74119.89		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : F57.4471

Full Name (Last, First, Middle Initial) of Payee Mission Control		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2016	
Mailing Address 600 Pennsylvania Ave., SE Suite 303		Amount 260.00	
City Washington	State DC	Zip Code 20003	
Purpose of Expenditure Voter Canvass Literature		Category/ Type 006	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD J., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 74379.89		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : F57.4472

Full Name (Last, First, Middle Initial) of Payee Mission Control		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 31 / 2016	
Mailing Address 600 Pennsylvania Ave., SE Suite 303		Amount 260.00	
City Washington	State DC	Zip Code 20003	
Purpose of Expenditure Voter Canvass Literature		Category/ Type 006	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MCGINTY, KATHLEEN ALANA, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 37517.88		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : F57.4473

(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 MM / DD / YYYY 11 / 07 / 2016	
Mailing Address 600 Pennsylvania Ave., SE Suite 303		Amount 260.00	
City Washington	State DC	Zip Code 20003	Transaction ID : F57.4503
Purpose of Expenditure Voter Canvass Literature	Category/ Type 006	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY RODHAM, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 91630.05		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 11 / 07 / 2016	
Mailing Address 600 Pennsylvania Ave., SE Suite 303		Amount 260.00	
City Washington	State DC	Zip Code 20003	Transaction ID : F57.4504
Purpose of Expenditure Voter 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: MCGINTY, KATHLEEN ALANA, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 46272.95		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 11 / 07 / 2016	
Mailing Address 600 Pennsylvania Ave., SE Suite 303		Amount 260.00	
City Washington	State DC	Zip Code 20003	Transaction ID : F57.4505
Purpose of Expenditure Voter Canvass Literature	Category/ Type 006	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD J., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 91890.05		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(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 One PA		Date of Public Distribution/Dissemination 10 / 04 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 1985.00	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4398
Purpose of Expenditure Actual Cost: Salary, Benefits & Other Canvass-Related Expenses from 10/4-10/8		Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY RODHAM, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 45301.49		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 10 / 04 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 1985.00	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4399
Purpose of Expenditure Actual Cost: Salary, Benefits & Other Canvass-Related Expenses from 10/4-10/8		Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD J., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 47286.49		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 10 / 04 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 1985.00	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4400
Purpose of Expenditure Actual Cost: Salary, Benefits & Other Canvass-Related Expenses		Category/Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MCGINTY, KATHLEEN ALANA, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 23971.18		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	5955.00
(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 One PA		Date of Public Distribution/Dissemination 10 / 11 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 2645.00	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4418
Purpose of Expenditure Actual Cost: Salary, Benefits & Other Canvass Related Expenses from 10/11-10/15		Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY RODHAM, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 53490.53		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 10 / 11 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 2645.00	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4419
Purpose of Expenditure Actual Cost: Salary, Benefits & Other Canvass-Related Expenses from 10/11-10/15		Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD J., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 56135.53		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 10 / 11 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 2645.00	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4420
Purpose of Expenditure Actual Cost: Salary, Benefits & Other Canvass-Related Expenses from 10/11-10/15		Category/Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MCGINTY, KATHLEEN ALANA, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 28395.70		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	7935.00
(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 One PA		Date of Public Distribution/Dissemination 10 / 18 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 2027.50	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4438
Purpose of Expenditure Actual Cost: Salary, Benefits & Other Canvass-Related Expenses from 10/18-10/22		Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY RODHAM, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 61722.07		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 10 / 18 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 2027.50	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4439
Purpose of Expenditure Actual Cost: Salary, Benefits & Other Canvass-Related Expenses from 10/18-10/22		Category/Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MCGINTY, KATHLEEN ALANA, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 32202.72		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 10 / 18 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 2027.50	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4440
Purpose of Expenditure Actual Cost: Salary, Benefits & Other Canvass-Related Expenses from 10/18-10/22		Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD J., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 63749.57		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	6082.50
(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 10 / 25 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 2481.70	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4457
Purpose of Expenditure Actual Cost: Salary, Benefits & Other Canvass-Related Expenses from 10/25-10-29		Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY RODHAM, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 71378.19		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 10 / 25 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 2481.70	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4458
Purpose of Expenditure Estimated Cost: Salary, Benefits & Other Canvass-Related Expenses from 10/25-10/29		Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD J., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 73859.89		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 10 / 25 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 2481.70	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4459
Purpose of Expenditure Actual Cost: Salary, Benefits & Other Canvass-Related Expenses from 10/25-10/29		Category/Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MCGINTY, KATHLEEN ALANA, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 37257.88		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	7445.10
(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 MM / DD / YYYY 11 / 01 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 4253.43	
City Harrisburg	State PA	Zip Code 17102	
Purpose of Expenditure Actual Cost: Salary, Benefits & Other Canvass-Related Expenses from 11/1-11/5		Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY RODHAM, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 83260.24		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 MM / DD / YYYY 11 / 01 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 4253.43	
City Harrisburg	State PA	Zip Code 17102	
Purpose of Expenditure Actual Cost: Salary, Benefits & Other Canvass-Related Expenses from 11/1-11/5		Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD J., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 87513.67		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 MM / DD / YYYY 11 / 01 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 4253.43	
City Harrisburg	State PA	Zip Code 17102	
Purpose of Expenditure Actual Cost: Salary, Benefits & Other Canvass-Related Expenses from 11/1-11/5		Category/Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MCGINTY, KATHLEEN ALANA, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 44084.77		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	12760.29
(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 MM / DD / YYYY 11 / 07 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 850.67	
City Harrisburg	State PA	Zip Code 17102	
Purpose of Expenditure Actual Cost: Salary, Benefits & Other Canvass-Related Expenses from 11/7-11/8		Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY RODHAM, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 94087.16		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 MM / DD / YYYY 11 / 07 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 850.67	
City Harrisburg	State PA	Zip Code 17102	
Purpose of Expenditure Actual Cost: Salary, Benefits & Other Canvass-Related Expenses from 11/7-11/8		Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD J., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 94937.83		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 MM / DD / YYYY 11 / 07 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 850.67	
City Harrisburg	State PA	Zip Code 17102	
Purpose of Expenditure Actual Cost: Salary, Benefits & Other Canvass-Related Expenses 11/7-11/8		Category/Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MCGINTY, KATHLEEN ALANA, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 47796.84		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	2552.01
(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 10 / 03 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 1519.52	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4395
Purpose of Expenditure Actual Cost: Salary, Benefits & Other Canvass-Related Expenses from 10/3-10/7	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY RODHAM, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 41796.97		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 10 / 03 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 1519.52	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4396
Purpose of Expenditure Actual Cost: Salary, Benefits & Other Canvass-Related Expenses from 10/3-10/7	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD J., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 43316.49		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 10 / 03 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 1519.52	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4397
Purpose of Expenditure Actual Cost: Salary, Benefits & Other Canvass-Related Expenses from 10/3-10/7	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: MCGINTY, KATHLEEN ALANA, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 21986.18		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	4558.56
(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**

NAME OF FILER (In Full)
ONE PITTSBURGH

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Pennsylvania		Date of Public Distribution/Dissemination 10 / 10 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 1519.52	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4415
Purpose of Expenditure Actual Cost: Salary, Benefits & Other Canvass-Related Expenses from 10/10-10/14	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY RODHAM, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 49326.01		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 10 / 10 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 1519.52	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4416
Purpose of Expenditure Actual Cost: Salary, Benefits & Other Canvass-Related Expenses from 10/10-10/14	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD J., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 50845.53		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 10 / 10 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 1519.52	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4417
Purpose of Expenditure Actual Cost: Salary, Benefits & Other Canvass-Related Expenses from 10/10-10/14	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: MCGINTY, KATHLEEN ALANA, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 25750.70		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	4558.56
(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**

NAME OF FILER (In Full)
ONE PITTSBURGH

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Pennsylvania		Date of Public Distribution/Dissemination 10 / 17 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 1519.52	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4435
Purpose of Expenditure Actual Cost: Salary, Benefits & Other Canvass-Related Expenses from 10/17-10/21		Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY RODHAM, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 58175.05		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 10 / 17 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 1519.52	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4436
Purpose of Expenditure Actual Cost: Salary, Benefits & Other Canvass-Related Expenses from 10/17-10/21		Category/Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MCGINTY, KATHLEEN ALANA, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 30175.22		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 10 / 17 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 1519.52	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4437
Purpose of Expenditure Actual Cost: Salary, Benefits & Other Canvass-Related Expenses from 10/17-10/21		Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD J., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 59694.57		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	4558.56
(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**

NAME OF FILER (In Full)
ONE PITTSBURGH

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Pennsylvania		Date of Public Distribution/Dissemination 10 / 24 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 2313.46	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4454
Purpose of Expenditure Actual Cost: Salary, Benefits & Other Canvass-Related Expenses from 10/24-10/28	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: CLINTON, HILLARY RODHAM, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 66583.03		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 10 / 24 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 2313.46	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4455
Purpose of Expenditure Actual Cost: Salary, Benefits & Other Canvass-Related Expenses from 10/24-10/28	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: TRUMP, DONALD J., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 68896.49		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 10 / 24 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 2313.46	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4456
Purpose of Expenditure Actual Cost: Salary, Benefits & Other Canvass-Related Expenses from 10/24-10/28	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: MCGINTY, KATHLEEN ALANA, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 34776.18		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	6940.38
(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 10 / 31 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 2313.46	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4474
Purpose of Expenditure Actual Cost: Salary, Benefits & Other Canvass-Related Expenses from 10/31-11/4	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY RODHAM, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 76693.35		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 10 / 31 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 2313.46	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4475
Purpose of Expenditure Actual Cost: Salary, Benefits & Other Canvass-Related Expenses from 10/31-11/4	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD J., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 79006.81		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 10 / 31 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 2313.46	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4476
Purpose of Expenditure Actual Cost: Salary, Benefits & Other Canvass-Related Expenses from 10/31-11/4	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: MCGINTY, KATHLEEN ALANA, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 39831.34		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	6940.38
(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 MM / DD / YYYY 11 / 07 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 673.22	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4506
Purpose of Expenditure Actual Cost: Salary, Benefits & Other Canvass-Related Expenses from 11/7-11/8	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY RODHAM, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 92563.27		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 11 / 07 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 673.22	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4507
Purpose of Expenditure Actual Cost: Salary, Benefits & Other Canvass-Related Expenses from 11/7-11/8	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD J., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 93236.49		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 11 / 07 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 673.22	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4508
Purpose of Expenditure Actual Cost: Salary, Benefits & Other Canvass-Related Expenses from 11/7-11/8	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: MCGINTY, KATHLEEN ALANA, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 46946.17		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	2019.66
(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 Sequal Consulting		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2016	
Mailing Address 800 Vinial St, Ste 303B		Amount 957.05	
City Pittsburgh	State PA	Zip Code 15212	Transaction ID : F57.4484
Purpose of Expenditure Telephone Number List Aquisition	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: CLINTON, HILLARY RODHAM, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 88470.72		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Sequal Consulting		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2016	
Mailing Address 800 Vinial St, Ste 303B		Amount 957.05	
City Pittsburgh	State PA	Zip Code 15212	Transaction ID : F57.4485
Purpose of Expenditure Telephone Number List Aquisition	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: TRUMP, DONALD J., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 89427.77		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Sequal Consulting		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2016	
Mailing Address 800 Vinial St, Ste 303B		Amount 957.04	
City Pittsburgh	State PA	Zip Code 15212	Transaction ID : F57.4486
Purpose of Expenditure Telephone Number List Aquisition	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: MCGINTY, KATHLEEN ALANA, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 45041.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	2871.14
(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 Sequal Consulting		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2016	
Mailing Address 800 Vinial St, Ste 303B		Amount 971.14	
City Pittsburgh	State PA	Zip Code 15212	Transaction ID : F57.4481
Purpose of Expenditure Office Equipment	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY RODHAM, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 90398.91		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Sequal Consulting		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2016	
Mailing Address 800 Vinial St, Ste 303B		Amount 971.14	
City Pittsburgh	State PA	Zip Code 15212	Transaction ID : F57.4482
Purpose of Expenditure Office Equipment	Category/ Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD J., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 91370.05		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Sequal Consulting		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2016	
Mailing Address 800 Vinial St, Ste 303B		Amount 971.14	
City Pittsburgh	State PA	Zip Code 15212	Transaction ID : F57.4483
Purpose of Expenditure Office Equipment	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: MCGINTY, KATHLEEN ALANA, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 46012.95		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	2913.42
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	82770.56