

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 Working America		3. FEC Identification Number C C90011156
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 815 16th St. NW		
(c) City, State and ZIP Code Washington DC 20006		
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

M M M	/	D D D	/	Y Y Y Y Y Y
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5. COVERING PERIOD:

FROM	M M M	/	D D D	/	Y Y Y Y Y Y
	07		30		2016
THROUGH	M M M	/	D D D	/	Y Y Y Y Y Y
	07		30		2016

6. TOTAL CONTRIBUTIONS.....	0.00
7. TOTAL INDEPENDENT EXPENDITURES	4416.80

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

[Electronically Filed]

Mr. James Cobb Jr.

Mr. James Cobb Jr.

07/31/2016

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**

NAME OF FILER (In Full)
Working America

Full Name (Last, First, Middle Initial) of Payee Bailey Beckman		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 5439 Lakeside Dr		Amount 27.93	
City Fairfield	State OH	Zip Code 45014-9104	
Purpose of Expenditure Salary and Benefits		Category/ Type	Transaction ID : VN7CZA203S6
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Calendar Year-To-Date Per Election for Office Sought 202019.63		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	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 Bailey Beckman		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 5439 Lakeside Dr		Amount 27.93	
City Fairfield	State OH	Zip Code 45014-9104	
Purpose of Expenditure Salary and Benefits		Category/ Type	Transaction ID : VN7CZA20427
Name of Federal Candidate Supported or Opposed by Expenditure: Donald Trump		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Calendar Year-To-Date Per Election for Office Sought 202019.63		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	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 Bailey Beckman		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 5439 Lakeside Dr		Amount 27.93	
City Fairfield	State OH	Zip Code 45014-9104	
Purpose of Expenditure Salary and Benefits		Category/ Type	Transaction ID : VN7CZA204B8
Name of Federal Candidate Supported or Opposed by Expenditure: Rob Portman		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 00
Calendar Year-To-Date Per Election for Office Sought 199802.46		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	83.79
(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)
Working America

Full Name (Last, First, Middle Initial) of Payee Bailey Beckman		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 5439 Lakeside Dr		Amount 27.93	
City Fairfield	State OH	Zip Code 45014-9104	Transaction ID : VN7CZA204M0
Purpose of Expenditure Salary and Benefits	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Ted Strickland		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 199802.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Nikkia Betts		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 6655 Montgomery Rd		Amount 27.93	
City Cincinnati	State OH	Zip Code 45213-1873	Transaction ID : VN7CZA203T4
Purpose of Expenditure Salary and Benefits	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202019.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Nikkia Betts		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 6655 Montgomery Rd		Amount 27.93	
City Cincinnati	State OH	Zip Code 45213-1873	Transaction ID : VN7CZA20435
Purpose of Expenditure Salary and Benefits	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Donald Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202019.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	83.79
(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)
Working America

Full Name (Last, First, Middle Initial) of Payee Nikkia Betts		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 6655 Montgomery Rd		Amount 27.93	
City Cincinnati	State OH	Zip Code 45213-1873	
Purpose of Expenditure Salary and Benefits		Category/ Type	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rob Portman		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 199802.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Transaction ID : VN7CZA204C6

Full Name (Last, First, Middle Initial) of Payee Nikkia Betts		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 6655 Montgomery Rd		Amount 27.93	
City Cincinnati	State OH	Zip Code 45213-1873	
Purpose of Expenditure Salary and Benefits		Category/ Type	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Ted Strickland		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 199802.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Transaction ID : VN7CZA204N7

Full Name (Last, First, Middle Initial) of Payee Budget -Cincinnati		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 212 W 4th St		Amount 11.49	
City Cincinnati	State OH	Zip Code 45202-2602	
Purpose of Expenditure Rental Van		Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202019.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Transaction ID : VN7CZA204P5

(a) SUBTOTAL of Itemized Independent Expenditures.....	67.35
(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)
Working America

Full Name (Last, First, Middle Initial) of Payee Budget -Cincinnati		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 212 W 4th St		Amount 11.68	
City Cincinnati	State OH	Zip Code 45202-2602	Transaction ID : VN7CZA204Q3
Purpose of Expenditure Rental Van	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton		Check One: <input checked="" type="checkbox"/> Support	<input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202019.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Budget -Cincinnati		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 212 W 4th St		Amount 12.11	
City Cincinnati	State OH	Zip Code 45202-2602	Transaction ID : VN7CZA204R1
Purpose of Expenditure Rental Van	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton		Check One: <input checked="" type="checkbox"/> Support	<input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202019.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Budget -Cincinnati		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 212 W 4th St		Amount 11.49	
City Cincinnati	State OH	Zip Code 45202-2602	Transaction ID : VN7CZA204S9
Purpose of Expenditure Rental Van	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton		Check One: <input checked="" type="checkbox"/> Support	<input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 202019.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	35.28
(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)
Working America

Full Name (Last, First, Middle Initial) of Payee Budget -Cincinnati		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 212 W 4th St		Amount 11.49	
City Cincinnati	State OH	Zip Code 45202-2602	Transaction ID : VN7CZA204X1
Purpose of Expenditure Rental Van	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Donald Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202019.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Budget -Cincinnati		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 212 W 4th St		Amount 11.68	
City Cincinnati	State OH	Zip Code 45202-2602	Transaction ID : VN7CZA204Y9
Purpose of Expenditure Rental Van	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Donald Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202019.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Budget -Cincinnati		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 212 W 4th St		Amount 12.11	
City Cincinnati	State OH	Zip Code 45202-2602	Transaction ID : VN7CZA204Z6
Purpose of Expenditure Rental Van	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Donald Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202019.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	35.28
(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)
Working America

Full Name (Last, First, Middle Initial) of Payee Budget -Cincinnati		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 212 W 4th St		Amount 11.49	
City Cincinnati	State OH	Zip Code 45202-2602	Transaction ID : VN7CZA20504
Purpose of Expenditure Rental Van	Category/ Type	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: Donald Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202019.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Budget -Cincinnati		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 212 W 4th St		Amount 11.49	
City Cincinnati	State OH	Zip Code 45202-2602	Transaction ID : VN7CZA20546
Purpose of Expenditure Rental Van	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Rob Portman		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 199802.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Budget -Cincinnati		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 212 W 4th St		Amount 11.68	
City Cincinnati	State OH	Zip Code 45202-2602	Transaction ID : VN7CZA20554
Purpose of Expenditure Rental Van	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Rob Portman		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 199802.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	34.66
(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)
Working America

Full Name (Last, First, Middle Initial) of Payee Budget -Cincinnati		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 212 W 4th St		Amount 12.11	
City Cincinnati	State OH	Zip Code 45202-2602	Transaction ID : VN7CZA20562
Purpose of Expenditure Rental Van	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Rob Portman		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 199802.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Budget -Cincinnati		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 212 W 4th St		Amount 11.49	
City Cincinnati	State OH	Zip Code 45202-2602	Transaction ID : VN7CZA20570
Purpose of Expenditure Rental Van	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Rob Portman		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 199802.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Budget -Cincinnati		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 212 W 4th St		Amount 11.49	
City Cincinnati	State OH	Zip Code 45202-2602	Transaction ID : VN7CZA205B1
Purpose of Expenditure Rental Van	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Ted Strickland		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 199802.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	35.09
(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)
Working America

Full Name (Last, First, Middle Initial) of Payee Budget -Cincinnati		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 212 W 4th St		Amount 11.68	
City Cincinnati	State OH	Zip Code 45202-2602	Transaction ID : VN7CZA205C9
Purpose of Expenditure Rental Van	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Ted Strickland		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		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 Budget -Cincinnati		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 212 W 4th St		Amount 12.11	
City Cincinnati	State OH	Zip Code 45202-2602	Transaction ID : VN7CZA205D7
Purpose of Expenditure Rental Van	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Ted Strickland		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		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 Budget -Cincinnati		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 212 W 4th St		Amount 11.49	
City Cincinnati	State OH	Zip Code 45202-2602	Transaction ID : VN7CZA205E5
Purpose of Expenditure Rental Van	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Ted Strickland		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	35.28
(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)
Working America

Full Name (Last, First, Middle Initial) of Payee Budget-Bala Cynwyd		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 1 Belmont Ave		Amount 11.77	
City Bala Cynwyd	State PA	Zip Code 19004-1617	
Purpose of Expenditure Rental Van		Category/ Type	Transaction ID : VN7CZA20020
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Calendar Year-To-Date Per Election for Office Sought 202019.63		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	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 Budget-Bala Cynwyd		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 1 Belmont Ave		Amount 11.77	
City Bala Cynwyd	State PA	Zip Code 19004-1617	
Purpose of Expenditure Rental Van		Category/ Type	Transaction ID : VN7CZA20038
Name of Federal Candidate Supported or Opposed by Expenditure: Donald Trump		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Calendar Year-To-Date Per Election for Office Sought 202019.63		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	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 Budget-Bala Cynwyd		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 1 Belmont Ave		Amount 11.77	
City Bala Cynwyd	State PA	Zip Code 19004-1617	
Purpose of Expenditure Rental Van		Category/ Type	Transaction ID : VN7CZA20044
Name of Federal Candidate Supported or Opposed by Expenditure: Patrick Toomey		Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: 00
Calendar Year-To-Date Per Election for Office Sought 17578.58		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	35.31
(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**

NAME OF FILER (In Full)
Working America

Full Name (Last, First, Middle Initial) of Payee Budget-Bala Cynwyd		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 1 Belmont Ave		Amount 11.77	
City Bala Cynwyd	State PA	Zip Code 19004-1617	Transaction ID : VN7CZA20052
Purpose of Expenditure Rental Van	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Kathleen McGinty		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 17578.58		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 Budget-Columbus		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 1030 W 3rd Ave		Amount 12.57	
City Columbus	State OH	Zip Code 43212-3128	Transaction ID : VN7CZA1ZYV2
Purpose of Expenditure Rental Van	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202019.63		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 Budget-Columbus		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 1030 W 3rd Ave		Amount 12.57	
City Columbus	State OH	Zip Code 43212-3128	Transaction ID : VN7CZA1ZYY6
Purpose of Expenditure Rental Van	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Donald Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202019.63		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	36.91
(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)
Working America

Full Name (Last, First, Middle Initial) of Payee Budget-Columbus		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 1030 W 3rd Ave		Amount 12.57	
City Columbus	State OH	Zip Code 43212-3128	Transaction ID : VN7CZA1ZZ19
Purpose of Expenditure Rental Van	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Rob Portman		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 199802.46		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 Budget-Columbus		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 1030 W 3rd Ave		Amount 12.57	
City Columbus	State OH	Zip Code 43212-3128	Transaction ID : VN7CZA1ZZ43
Purpose of Expenditure Rental Van	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Ted Strickland		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 199802.46		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 Budget-Upper Arlington		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 1917 Northwest Blvd		Amount 12.20	
City Upper Arlington	State OH	Zip Code 43212-1158	Transaction ID : VN7CZA1ZYT4
Purpose of Expenditure Rental Van	Category/ Type	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: Hillary Clinton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202019.63		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	37.34
(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**

NAME OF FILER (In Full)
Working America

Full Name (Last, First, Middle Initial) of Payee Budget-Upper Arlington		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 1917 Northwest Blvd		Amount 12.20	
City Upper Arlington	State OH	Zip Code 43212-1158	
Purpose of Expenditure Rental Van		Category/ Type	Transaction ID : VN7CZA1ZYX8
Name of Federal Candidate Supported or Opposed by Expenditure: Donald Trump		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Calendar Year-To-Date Per Election for Office Sought 202019.63		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	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 Budget-Upper Arlington		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 1917 Northwest Blvd		Amount 12.20	
City Upper Arlington	State OH	Zip Code 43212-1158	
Purpose of Expenditure Rental Van		Category/ Type	Transaction ID : VN7CZA1ZZ02
Name of Federal Candidate Supported or Opposed by Expenditure: Rob Portman		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 00
Calendar Year-To-Date Per Election for Office Sought 199802.46		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	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 Budget-Upper Arlington		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 1917 Northwest Blvd		Amount 12.20	
City Upper Arlington	State OH	Zip Code 43212-1158	
Purpose of Expenditure Rental Van		Category/ Type	Transaction ID : VN7CZA1ZZ35
Name of Federal Candidate Supported or Opposed by Expenditure: Ted Strickland		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 00
Calendar Year-To-Date Per Election for Office Sought 199802.46		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	36.60
(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)
Working America

Full Name (Last, First, Middle Initial) of Payee Samir Butt		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 737 Melon Ter Apt B		Amount 27.93	
City Philadelphia	State PA	Zip Code 19123-3428	
Purpose of Expenditure Salary and Benefits		Category/ Type	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: Hillary Clinton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202019.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : VN7CZA1ZZF0

Full Name (Last, First, Middle Initial) of Payee Samir Butt		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 737 Melon Ter Apt B		Amount 27.93	
City Philadelphia	State PA	Zip Code 19123-3428	
Purpose of Expenditure Salary and Benefits		Category/ Type	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: Donald Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202019.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : VN7CZA1ZZN7

Full Name (Last, First, Middle Initial) of Payee Samir Butt		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 737 Melon Ter Apt B		Amount 27.93	
City Philadelphia	State PA	Zip Code 19123-3428	
Purpose of Expenditure Salary and Benefits		Category/ Type	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Patrick Toomey		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 17578.58		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : VN7CZA1ZZV5

(a) SUBTOTAL of Itemized Independent Expenditures.....	83.79
(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)
Working America

Full Name (Last, First, Middle Initial) of Payee Samir Butt		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 737 Melon Ter Apt B		Amount 27.93	
City Philadelphia	State PA	Zip Code 19123-3428	Transaction ID : VN7CZA20012
Purpose of Expenditure Salary and Benefits	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Kathleen McGinty		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 17578.58		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Nolan Champer		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 66 E Maynard Ave		Amount 41.90	
City Columbus	State OH	Zip Code 43202-2941	Transaction ID : VN7CZA1ZXK6
Purpose of Expenditure Salary and Benefits	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202019.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Nolan Champer		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 66 E Maynard Ave		Amount 41.90	
City Columbus	State OH	Zip Code 43202-2941	Transaction ID : VN7CZA1ZXY3
Purpose of Expenditure Salary and Benefits	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Donald Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202019.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	111.73
(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)
Working America

Full Name (Last, First, Middle Initial) of Payee Nolan Champer		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 66 E Maynard Ave		Amount 41.90	
City Columbus	State OH	Zip Code 43202-2941	Transaction ID : VN7CZA1ZY90
Purpose of Expenditure Salary and Benefits	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Rob Portman		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 199802.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Nolan Champer		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 66 E Maynard Ave		Amount 41.90	
City Columbus	State OH	Zip Code 43202-2941	Transaction ID : VN7CZA1ZYM7
Purpose of Expenditure Salary and Benefits	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Ted Strickland		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 199802.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Marion Clarke		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 6830 Grace Ave		Amount 52.18	
City North College Hill	State OH	Zip Code 45239-4831	Transaction ID : VN7CZA203N5
Purpose of Expenditure Salary and Benefits	Category/ Type	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: Hillary Clinton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202019.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	135.98
(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)
Working America

Full Name (Last, First, Middle Initial) of Payee Marion Clarke		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 6830 Grace Ave		Amount 52.18	
City North College Hill	State OH	Zip Code 45239-4831	
Purpose of Expenditure Salary and Benefits		Category/Type	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: Donald Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202019.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Transaction ID : VN7CZA203Y6

Full Name (Last, First, Middle Initial) of Payee Marion Clarke		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 6830 Grace Ave		Amount 52.18	
City North College Hill	State OH	Zip Code 45239-4831	
Purpose of Expenditure Salary and Benefits		Category/Type	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rob Portman		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 199802.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Transaction ID : VN7CZA20477

Full Name (Last, First, Middle Initial) of Payee Marion Clarke		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 6830 Grace Ave		Amount 52.18	
City North College Hill	State OH	Zip Code 45239-4831	
Purpose of Expenditure Salary and Benefits		Category/Type	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Ted Strickland		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 199802.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Transaction ID : VN7CZA204G8

(a) SUBTOTAL of Itemized Independent Expenditures.....	156.54
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working America

Full Name (Last, First, Middle Initial) of Payee Miranda Dean		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 40 Rowland Ave		Amount 51.30	
City Delaware	State OH	Zip Code 43015-2313	
Purpose of Expenditure Salary and Benefits		Category/ Type	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: Hillary Clinton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202019.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : VN7CZA1ZXQ8

Full Name (Last, First, Middle Initial) of Payee Miranda Dean		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 40 Rowland Ave		Amount 51.30	
City Delaware	State OH	Zip Code 43015-2313	
Purpose of Expenditure Salary and Benefits		Category/ Type	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: Donald Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202019.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : VN7CZA1ZY25

Full Name (Last, First, Middle Initial) of Payee Miranda Dean		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 40 Rowland Ave		Amount 51.30	
City Delaware	State OH	Zip Code 43015-2313	
Purpose of Expenditure Salary and Benefits		Category/ Type	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rob Portman		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 199802.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : VN7CZA1ZYD1

(a) SUBTOTAL of Itemized Independent Expenditures.....	153.90
(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)
Working America

Full Name (Last, First, Middle Initial) of Payee Miranda Dean		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 40 Rowland Ave		Amount 51.30	
City Delaware	State OH	Zip Code 43015-2313	Transaction ID : VN7CZA1ZYR8
Purpose of Expenditure Salary and Benefits	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Ted Strickland		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 199802.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Erika Diloreto		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 3219 Jefferson Ave		Amount 27.93	
City Cincinnati	State OH	Zip Code 45220-2216	Transaction ID : VN7CZA203Q0
Purpose of Expenditure Salary and Benefits	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202019.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Erika Diloreto		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 3219 Jefferson Ave		Amount 27.93	
City Cincinnati	State OH	Zip Code 45220-2216	Transaction ID : VN7CZA20402
Purpose of Expenditure Salary and Benefits	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Donald Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202019.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	107.16
(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**

NAME OF FILER (In Full)
Working America

Full Name (Last, First, Middle Initial) of Payee Erika Diloreto		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 3219 Jefferson Ave		Amount 27.93	
City Cincinnati	State OH	Zip Code 45220-2216	
Purpose of Expenditure Salary and Benefits		Category/Type	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rob Portman		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
		Transaction ID : VN7CZA20493	

Full Name (Last, First, Middle Initial) of Payee Erika Diloreto		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 3219 Jefferson Ave		Amount 27.93	
City Cincinnati	State OH	Zip Code 45220-2216	
Purpose of Expenditure Salary and Benefits		Category/Type	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Ted Strickland		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
		Transaction ID : VN7CZA204J4	

Full Name (Last, First, Middle Initial) of Payee Kevin Duncan		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 105 S Watt St		Amount 41.90	
City Chillicothe	State OH	Zip Code 45601-3570	
Purpose of Expenditure Salary and Benefits		Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
		Transaction ID : VN7CZA1ZXH0	

(a) SUBTOTAL of Itemized Independent Expenditures.....	97.76
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working America

Full Name (Last, First, Middle Initial) of Payee Kevin Duncan		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 105 S Watt St		Amount 41.90	
City Chillicothe	State OH	Zip Code 45601-3570	Transaction ID : VN7CZA1ZXW7
Purpose of Expenditure Salary and Benefits	Category/Type	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: Donald Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202019.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Kevin Duncan		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 105 S Watt St		Amount 41.90	
City Chillicothe	State OH	Zip Code 45601-3570	Transaction ID : VN7CZA1ZY74
Purpose of Expenditure Salary and Benefits	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Rob Portman		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 199802.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Kevin Duncan		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 105 S Watt St		Amount 41.90	
City Chillicothe	State OH	Zip Code 45601-3570	Transaction ID : VN7CZA1ZYJ1
Purpose of Expenditure Salary and Benefits	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Ted Strickland		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 199802.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	125.70
(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)
Working America

Full Name (Last, First, Middle Initial) of Payee Deanna Garrett		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 1012 Alexandria Pike		Amount 27.93	
City Fort Thomas	State KY	Zip Code 41075-2520	
Purpose of Expenditure Salary and Benefits		Category/ Type	Transaction ID : VN7CZA203M7
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Calendar Year-To-Date Per Election for Office Sought 202019.63		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	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 Deanna Garrett		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 1012 Alexandria Pike		Amount 27.93	
City Fort Thomas	State KY	Zip Code 41075-2520	
Purpose of Expenditure Salary and Benefits		Category/ Type	Transaction ID : VN7CZA203X8
Name of Federal Candidate Supported or Opposed by Expenditure: Donald Trump		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____
Calendar Year-To-Date Per Election for Office Sought 202019.63		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	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 Deanna Garrett		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 1012 Alexandria Pike		Amount 27.93	
City Fort Thomas	State KY	Zip Code 41075-2520	
Purpose of Expenditure Salary and Benefits		Category/ Type	Transaction ID : VN7CZA20469
Name of Federal Candidate Supported or Opposed by Expenditure: Rob Portman		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 00
Calendar Year-To-Date Per Election for Office Sought 199802.46		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	83.79
(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)
Working America

Full Name (Last, First, Middle Initial) of Payee Deanna Garrett		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 1012 Alexandria Pike		Amount 27.93	
City Fort Thomas	State KY	Zip Code 41075-2520	
Purpose of Expenditure Salary and Benefits		Category/ Type	Transaction ID : VN7CZA204F0
Name of Federal Candidate Supported or Opposed by Expenditure: Ted Strickland		Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 00
Calendar Year-To-Date Per Election for Office Sought 199802.46		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	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 Elijah Grantham		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 801 Sheridan Park Ct		Amount 41.90	
City Columbus	State OH	Zip Code 43209-2332	
Purpose of Expenditure Salary and Benefits		Category/ Type	Transaction ID : VN7CZA1ZXG2
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Calendar Year-To-Date Per Election for Office Sought 202019.63		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	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 Elijah Grantham		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 801 Sheridan Park Ct		Amount 41.90	
City Columbus	State OH	Zip Code 43209-2332	
Purpose of Expenditure Salary and Benefits		Category/ Type	Transaction ID : VN7CZA1ZXV9
Name of Federal Candidate Supported or Opposed by Expenditure: Donald Trump		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Calendar Year-To-Date Per Election for Office Sought 202019.63		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	111.73
(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)
Working America

Full Name (Last, First, Middle Initial) of Payee Elijah Grantham		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 801 Sheridan Park Ct		Amount 41.90	
City Columbus	State OH	Zip Code 43209-2332	Transaction ID : VN7CZA1ZY66
Purpose of Expenditure Salary and Benefits	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Rob Portman		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 199802.46		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 Elijah Grantham		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 801 Sheridan Park Ct		Amount 41.90	
City Columbus	State OH	Zip Code 43209-2332	Transaction ID : VN7CZA1ZYH3
Purpose of Expenditure Salary and Benefits	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Ted Strickland		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 199802.46		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 DeSota Haun		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 7187 Creekberry Ct		Amount 51.30	
City Pickerington	State OH	Zip Code 43147-7885	Transaction ID : VN7CZA1ZXJ8
Purpose of Expenditure Salary and Benefits	Category/Type	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: Hillary Clinton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202019.63		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	135.10
(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)
Working America

Full Name (Last, First, Middle Initial) of Payee DeSota Haun		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 7187 Creekberry Ct		Amount 51.30	
City Pickerington	State OH	Zip Code 43147-7885	
Purpose of Expenditure Salary and Benefits		Category/ Type	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: Donald Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202019.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : VN7CZA1ZXX5

Full Name (Last, First, Middle Initial) of Payee DeSota Haun		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 7187 Creekberry Ct		Amount 51.30	
City Pickerington	State OH	Zip Code 43147-7885	
Purpose of Expenditure Salary and Benefits		Category/ Type	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rob Portman		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 199802.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : VN7CZA1ZY82

Full Name (Last, First, Middle Initial) of Payee DeSota Haun		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 7187 Creekberry Ct		Amount 51.30	
City Pickerington	State OH	Zip Code 43147-7885	
Purpose of Expenditure Salary and Benefits		Category/ Type	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Ted Strickland		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 199802.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : VN7CZA1ZYG9

(a) SUBTOTAL of Itemized Independent Expenditures.....	153.90
(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)
Working America

Full Name (Last, First, Middle Initial) of Payee Rebecca Herlien		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 128 W 8th St		Amount 39.90	
City Beaver Dam	State KY	Zip Code 42320-1518	Transaction ID : VN7CZA1ZXM4
Purpose of Expenditure Salary and Benefits	Category/ Type	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: Hillary Clinton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202019.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Rebecca Herlien		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 128 W 8th St		Amount 39.90	
City Beaver Dam	State KY	Zip Code 42320-1518	Transaction ID : VN7CZA1ZXZ1
Purpose of Expenditure Salary and Benefits	Category/ Type	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: Donald Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202019.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Rebecca Herlien		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 128 W 8th St		Amount 39.90	
City Beaver Dam	State KY	Zip Code 42320-1518	Transaction ID : VN7CZA1ZYA8
Purpose of Expenditure Salary and Benefits	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Rob Portman		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 199802.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	119.70
(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)
Working America

Full Name (Last, First, Middle Initial) of Payee Rebecca Herlien		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 128 W 8th St		Amount 39.90	
City Beaver Dam	State KY	Zip Code 42320-1518	
Purpose of Expenditure Salary and Benefits		Category/ Type	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Ted Strickland		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 199802.46		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Transaction ID : VN7CZA1ZZN5

Full Name (Last, First, Middle Initial) of Payee Rebecca Herlien		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 128 W 8th St		Amount 6.25	
City Beaver Dam	State KY	Zip Code 42320-1518	
Purpose of Expenditure Per Diem		Category/ Type	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: Hillary Clinton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202019.63		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Transaction ID : VN7CZA1ZZ69

Full Name (Last, First, Middle Initial) of Payee Rebecca Herlien		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 128 W 8th St		Amount 6.25	
City Beaver Dam	State KY	Zip Code 42320-1518	
Purpose of Expenditure Per Diem		Category/ Type	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: Donald Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202019.63		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Transaction ID : VN7CZA1ZZ77

(a) SUBTOTAL of Itemized Independent Expenditures.....	52.40
(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)
Working America

Full Name (Last, First, Middle Initial) of Payee Rebecca Herlien		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 128 W 8th St		Amount 6.25	
City Beaver Dam	State KY	Zip Code 42320-1518	Transaction ID : VN7CZA1ZZ85
Purpose of Expenditure Per Diem	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Rob Portman		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 199802.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Rebecca Herlien		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 128 W 8th St		Amount 6.25	
City Beaver Dam	State KY	Zip Code 42320-1518	Transaction ID : VN7CZA1ZZ93
Purpose of Expenditure Per Diem	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Ted Strickland		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 199802.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Homewood Suites		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 5300 Parkcenter Ave		Amount 32.02	
City Dublin	State OH	Zip Code 43017-7555	Transaction ID : VN7CZA1ZYW0
Purpose of Expenditure Lodging	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202019.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	44.52
(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)
Working America

Full Name (Last, First, Middle Initial) of Payee Homewood Suites		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 5300 Parkcenter Ave		Amount 32.02	
City Dublin	State OH	Zip Code 43017-7555	
Transaction ID : VN7CZA1ZYZ4			
Purpose of Expenditure Lodging	Category/ Type	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: Donald Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202019.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Homewood Suites		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 5300 Parkcenter Ave		Amount 32.02	
City Dublin	State OH	Zip Code 43017-7555	
Transaction ID : VN7CZA1ZZZ7			
Purpose of Expenditure Lodging	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Rob Portman		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 199802.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Homewood Suites		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 5300 Parkcenter Ave		Amount 32.02	
City Dublin	State OH	Zip Code 43017-7555	
Transaction ID : VN7CZA1ZZZ51			
Purpose of Expenditure Lodging	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Ted Strickland		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 199802.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	96.06
(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)
Working America

Full Name (Last, First, Middle Initial) of Payee Kymberly Jacobs		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 280 W Johnstown Rd Apt D		Amount 36.87	
City Gahanna	State OH	Zip Code 43230-2762	Transaction ID : VN7CZA1ZXN2
Purpose of Expenditure Salary and Benefits	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought 202019.63			

Full Name (Last, First, Middle Initial) of Payee Kymberly Jacobs		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 280 W Johnstown Rd Apt D		Amount 36.87	
City Gahanna	State OH	Zip Code 43230-2762	Transaction ID : VN7CZA1ZY09
Purpose of Expenditure Salary and Benefits	Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Donald Trump		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought 202019.63			

Full Name (Last, First, Middle Initial) of Payee Kymberly Jacobs		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 280 W Johnstown Rd Apt D		Amount 36.87	
City Gahanna	State OH	Zip Code 43230-2762	Transaction ID : VN7CZA1ZYB6
Purpose of Expenditure Salary and Benefits	Category/ Type	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Rob Portman		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought 199802.46			

(a) SUBTOTAL of Itemized Independent Expenditures.....	110.61
(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)
Working America

Full Name (Last, First, Middle Initial) of Payee Kymberly Jacobs		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 280 W Johnstown Rd Apt D		Amount 36.87	
City Gahanna	State OH	Zip Code 43230-2762	
Purpose of Expenditure Salary and Benefits		Category/ Type	Transaction ID : VN7CZA1ZYP3
Name of Federal Candidate Supported or Opposed by Expenditure: Ted Strickland		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 00
Calendar Year-To-Date Per Election for Office Sought 199802.46		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	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 Donald Johnson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 2424 N 4th St		Amount 39.63	
City Columbus	State OH	Zip Code 43202-2707	
Purpose of Expenditure Salary and Benefits		Category/ Type	Transaction ID : VN7CZA1ZXR6
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Calendar Year-To-Date Per Election for Office Sought 202019.63		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	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 Donald Johnson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 2424 N 4th St		Amount 39.63	
City Columbus	State OH	Zip Code 43202-2707	
Purpose of Expenditure Salary and Benefits		Category/ Type	Transaction ID : VN7CZA1ZY32
Name of Federal Candidate Supported or Opposed by Expenditure: Donald Trump		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Calendar Year-To-Date Per Election for Office Sought 202019.63		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	116.13
(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)
Working America

Full Name (Last, First, Middle Initial) of Payee Donald Johnson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 2424 N 4th St		Amount 39.63	
City Columbus	State OH	Zip Code 43202-2707	Transaction ID : VN7CZA1ZYE9
Purpose of Expenditure Salary and Benefits	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Rob Portman		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 199802.46		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 Donald Johnson		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 2424 N 4th St		Amount 39.63	
City Columbus	State OH	Zip Code 43202-2707	Transaction ID : VN7CZA1ZYSE6
Purpose of Expenditure Salary and Benefits	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Ted Strickland		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 199802.46		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 Taylor Kern		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 410 King Ave Apt B		Amount 27.93	
City Columbus	State OH	Zip Code 43201-2667	Transaction ID : VN7CZA1ZXE7
Purpose of Expenditure Salary and Benefits	Category/ Type	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: Hillary Clinton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202019.63		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	107.19
(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)
Working America

Full Name (Last, First, Middle Initial) of Payee Taylor Kern		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 410 King Ave Apt B		Amount 27.93	
City Columbus	State OH	Zip Code 43201-2667	Transaction ID : VN7CZA1ZXS3
Purpose of Expenditure Salary and Benefits	Category/ Type	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: Donald Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202019.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Taylor Kern		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 410 King Ave Apt B		Amount 27.93	
City Columbus	State OH	Zip Code 43201-2667	Transaction ID : VN7CZA1ZY40
Purpose of Expenditure Salary and Benefits	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Rob Portman		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 199802.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Taylor Kern		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 410 King Ave Apt B		Amount 27.93	
City Columbus	State OH	Zip Code 43201-2667	Transaction ID : VN7CZA1ZYF7
Purpose of Expenditure Salary and Benefits	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Ted Strickland		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 199802.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	83.79
(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)
Working America

Full Name (Last, First, Middle Initial) of Payee Michael Logan		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 304 Pomona Dr Ste A		Amount 44.61	
City Greensboro	State NC	Zip Code 27407-1651	Transaction ID : VN7CZA203J1
Purpose of Expenditure Salary and Benefits	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202019.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Michael Logan		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 304 Pomona Dr Ste A		Amount 44.61	
City Greensboro	State NC	Zip Code 27407-1651	Transaction ID : VN7CZA203V2
Purpose of Expenditure Salary and Benefits	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Donald Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202019.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Michael Logan		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 304 Pomona Dr Ste A		Amount 44.61	
City Greensboro	State NC	Zip Code 27407-1651	Transaction ID : VN7CZA20443
Purpose of Expenditure Salary and Benefits	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Rob Portman		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 199802.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	133.83
(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)
Working America

Full Name (Last, First, Middle Initial) of Payee Michael Logan		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 304 Pomona Dr Ste A		Amount 44.61	
City Greensboro	State NC	Zip Code 27407-1651	
Purpose of Expenditure Salary and Benefits		Category/ Type	Transaction ID : VN7CZA204D4
Name of Federal Candidate Supported or Opposed by Expenditure: Ted Strickland		Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 00
Calendar Year-To-Date Per Election for Office Sought 199802.46		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	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 Deja Moore Goodwin		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 2446 Boudinot Ave		Amount 27.93	
City Cincinnati	State OH	Zip Code 45238-3434	
Purpose of Expenditure Salary and Benefits		Category/ Type	Transaction ID : VN7CZA203R8
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Calendar Year-To-Date Per Election for Office Sought 202019.63		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	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 Deja Moore Goodwin		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 2446 Boudinot Ave		Amount 27.93	
City Cincinnati	State OH	Zip Code 45238-3434	
Purpose of Expenditure Salary and Benefits		Category/ Type	Transaction ID : VN7CZA20419
Name of Federal Candidate Supported or Opposed by Expenditure: Donald Trump		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Calendar Year-To-Date Per Election for Office Sought 202019.63		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	100.47
(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)
Working America

Full Name (Last, First, Middle Initial) of Payee Deja Moore Goodwin		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 2446 Boudinot Ave		Amount 27.93	
City Cincinnati	State OH	Zip Code 45238-3434	Transaction ID : VN7CZA204A1
Purpose of Expenditure Salary and Benefits	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Rob Portman		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 199802.46		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 Deja Moore Goodwin		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 2446 Boudinot Ave		Amount 27.93	
City Cincinnati	State OH	Zip Code 45238-3434	Transaction ID : VN7CZA204K2
Purpose of Expenditure Salary and Benefits	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Ted Strickland		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 199802.46		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 Wisdom Presley		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 1952 Elston St		Amount 27.93	
City Philadelphia	State PA	Zip Code 19138-2719	Transaction ID : VN7CZA1ZZC6
Purpose of Expenditure Salary and Benefits	Category/Type	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: Hillary Clinton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202019.63		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	83.79
(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)
Working America

Full Name (Last, First, Middle Initial) of Payee Wisdom Presley		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 1952 Elston St		Amount 27.93	
City Philadelphia	State PA	Zip Code 19138-2719	Transaction ID : VN7CZA1ZZJ4
Purpose of Expenditure Salary and Benefits	Category/Type	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: Donald Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202019.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Wisdom Presley		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 1952 Elston St		Amount 27.93	
City Philadelphia	State PA	Zip Code 19138-2719	Transaction ID : VN7CZA1ZZR1
Purpose of Expenditure Salary and Benefits	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Patrick Toomey		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 17578.58		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Wisdom Presley		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 1952 Elston St		Amount 27.93	
City Philadelphia	State PA	Zip Code 19138-2719	Transaction ID : VN7CZA1ZZY9
Purpose of Expenditure Salary and Benefits	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Kathleen McGinty		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 17578.58		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	83.79
(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)
Working America

Full Name (Last, First, Middle Initial) of Payee Tarah Reppert		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 740 E Vernon Rd Apt 310		Amount 39.63	
City Philadelphia	State PA	Zip Code 19119-1508	
Purpose of Expenditure Salary and Benefits		Category/ Type	Transaction ID : VN7CZA1ZZA1
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Calendar Year-To-Date Per Election for Office Sought 202019.63		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	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 Tarah Reppert		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 740 E Vernon Rd Apt 310		Amount 39.63	
City Philadelphia	State PA	Zip Code 19119-1508	
Purpose of Expenditure Salary and Benefits		Category/ Type	Transaction ID : VN7CZA1ZZG8
Name of Federal Candidate Supported or Opposed by Expenditure: Donald Trump		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Calendar Year-To-Date Per Election for Office Sought 202019.63		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	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 Tarah Reppert		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 740 E Vernon Rd Apt 310		Amount 39.63	
City Philadelphia	State PA	Zip Code 19119-1508	
Purpose of Expenditure Salary and Benefits		Category/ Type	Transaction ID : VN7CZA1ZZP5
Name of Federal Candidate Supported or Opposed by Expenditure: Patrick Toomey		Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: 00
Calendar Year-To-Date Per Election for Office Sought 17578.58		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	118.89
(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)
Working America

Full Name (Last, First, Middle Initial) of Payee Tarah Reppert		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 740 E Vernon Rd Apt 310		Amount 39.63	
City Philadelphia	State PA	Zip Code 19119-1508	
Purpose of Expenditure Salary and Benefits		Category/ Type	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Kathleen McGinty		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 17578.58		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Transaction ID : VN7CZA1ZZW3

Full Name (Last, First, Middle Initial) of Payee Edlemira Rodriguez		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 2322 N 13th St		Amount 27.93	
City Philadelphia	State PA	Zip Code 19133-1011	
Purpose of Expenditure Salary and Benefits		Category/ Type	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: Hillary Clinton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202019.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Transaction ID : VN7CZA1ZZD4

Full Name (Last, First, Middle Initial) of Payee Edlemira Rodriguez		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 2322 N 13th St		Amount 27.93	
City Philadelphia	State PA	Zip Code 19133-1011	
Purpose of Expenditure Salary and Benefits		Category/ Type	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: Donald Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202019.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Transaction ID : VN7CZA1ZZK2

(a) SUBTOTAL of Itemized Independent Expenditures.....	95.49
(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)
Working America

Full Name (Last, First, Middle Initial) of Payee Edlemira Rodriguez		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 2322 N 13th St		Amount 27.93	
City Philadelphia	State PA	Zip Code 19133-1011	
Purpose of Expenditure Salary and Benefits		Category/Type	Transaction ID : VN7CZA1ZZS9
Name of Federal Candidate Supported or Opposed by Expenditure: Patrick Toomey		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: 00
Calendar Year-To-Date Per Election for Office Sought		17578.58	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 Edlemira Rodriguez		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 2322 N 13th St		Amount 27.93	
City Philadelphia	State PA	Zip Code 19133-1011	
Purpose of Expenditure Salary and Benefits		Category/Type	Transaction ID : VN7CZA1ZZZ6
Name of Federal Candidate Supported or Opposed by Expenditure: Kathleen McGinty		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: 00
Calendar Year-To-Date Per Election for Office Sought		17578.58	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 Robin Romeo		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 114 E Walnut Ln		Amount 34.20	
City Philadelphia	State PA	Zip Code 19144-2005	
Purpose of Expenditure Salary and Benefits		Category/Type	Transaction ID : VN7CZA1ZZB8
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: District:
Calendar Year-To-Date Per Election for Office Sought		202019.63	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	90.06
(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)
Working America

Full Name (Last, First, Middle Initial) of Payee Robin Romeo		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 114 E Walnut Ln		Amount 34.20	
City Philadelphia	State PA	Zip Code 19144-2005	
Purpose of Expenditure Salary and Benefits		Category/ Type	Transaction ID : VN7CZA1ZZH6
Name of Federal Candidate Supported or Opposed by Expenditure: Donald Trump		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Calendar Year-To-Date Per Election for Office Sought 202019.63		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	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 Robin Romeo		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 114 E Walnut Ln		Amount 34.20	
City Philadelphia	State PA	Zip Code 19144-2005	
Purpose of Expenditure Salary and Benefits		Category/ Type	Transaction ID : VN7CZA1ZZQ3
Name of Federal Candidate Supported or Opposed by Expenditure: Patrick Toomey		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: 00
Calendar Year-To-Date Per Election for Office Sought 17578.58		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	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 Robin Romeo		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 114 E Walnut Ln		Amount 34.20	
City Philadelphia	State PA	Zip Code 19144-2005	
Purpose of Expenditure Salary and Benefits		Category/ Type	Transaction ID : VN7CZA1ZZX1
Name of Federal Candidate Supported or Opposed by Expenditure: Kathleen McGinty		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: 00
Calendar Year-To-Date Per Election for Office Sought 17578.58		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	102.60
(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)
Working America

Full Name (Last, First, Middle Initial) of Payee Elizabeth Schenker		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 3219 Jefferson Ave		Amount 27.93	
City Cincinnati	State OH	Zip Code 45220-2216	Transaction ID : VN7CZA203K9
Purpose of Expenditure Salary and Benefits	Category/Type	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: Hillary Clinton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202019.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Elizabeth Schenker		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 3219 Jefferson Ave		Amount 27.93	
City Cincinnati	State OH	Zip Code 45220-2216	Transaction ID : VN7CZA203W0
Purpose of Expenditure Salary and Benefits	Category/Type	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: Donald Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202019.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Elizabeth Schenker		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 3219 Jefferson Ave		Amount 27.93	
City Cincinnati	State OH	Zip Code 45220-2216	Transaction ID : VN7CZA20451
Purpose of Expenditure Salary and Benefits	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Rob Portman		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 199802.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	83.79
(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)
Working America

Full Name (Last, First, Middle Initial) of Payee Elizabeth Schenker		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 3219 Jefferson Ave		Amount 27.93	
City Cincinnati	State OH	Zip Code 45220-2216	Transaction ID : VN7CZA204E2
Purpose of Expenditure Salary and Benefits	Category/Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Ted Strickland		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 199802.46		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 Tyler Selby		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 3159 Magee Ave		Amount 41.90	
City Philadelphia	State PA	Zip Code 19149-2628	Transaction ID : VN7CZA1ZZE2
Purpose of Expenditure Salary and Benefits	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202019.63		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 Tyler Selby		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 3159 Magee Ave		Amount 41.90	
City Philadelphia	State PA	Zip Code 19149-2628	Transaction ID : VN7CZA1ZZM0
Purpose of Expenditure Salary and Benefits	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Donald Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202019.63		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	111.73
(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)
Working America

Full Name (Last, First, Middle Initial) of Payee Tyler Selby		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 3159 Magee Ave		Amount 41.90	
City Philadelphia	State PA	Zip Code 19149-2628	Transaction ID : VN7CZA1ZZT7
Purpose of Expenditure Salary and Benefits	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Patrick Toomey		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 17578.58		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 Tyler Selby		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 3159 Magee Ave		Amount 41.90	
City Philadelphia	State PA	Zip Code 19149-2628	Transaction ID : VN7CZA20004
Purpose of Expenditure Salary and Benefits	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Kathleen McGinty		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 17578.58		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 Shell		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 3337 Clifton Ave		Amount 9.49	
City Cincinnati	State OH	Zip Code 45220-2016	Transaction ID : VN7CZA204T7
Purpose of Expenditure Gas	Category/Type	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: Hillary Clinton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202019.63		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	93.29
(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)
Working America

Full Name (Last, First, Middle Initial) of Payee Shell		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 3337 Clifton Ave		Amount 7.02	
City Cincinnati	State OH	Zip Code 45220-2016	Transaction ID : VN7CZA204V5
Purpose of Expenditure Gas	Category/Type	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: Hillary Clinton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202019.63		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 Shell		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 3337 Clifton Ave		Amount 8.46	
City Cincinnati	State OH	Zip Code 45220-2016	Transaction ID : VN7CZA204W3
Purpose of Expenditure Gas	Category/Type	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: Hillary Clinton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202019.63		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 Shell		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 3337 Clifton Ave		Amount 9.49	
City Cincinnati	State OH	Zip Code 45220-2016	Transaction ID : VN7CZA20512
Purpose of Expenditure Gas	Category/Type	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: Donald Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202019.63		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	24.97
(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)
Working America

Full Name (Last, First, Middle Initial) of Payee Shell		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 3337 Clifton Ave		Amount 7.02	
City Cincinnati	State OH	Zip Code 45220-2016	
Purpose of Expenditure Gas		Category/Type	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: Donald Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202019.63		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : VN7CZA20520

Full Name (Last, First, Middle Initial) of Payee Shell		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 3337 Clifton Ave		Amount 8.46	
City Cincinnati	State OH	Zip Code 45220-2016	
Purpose of Expenditure Gas		Category/Type	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: Donald Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202019.63		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : VN7CZA20538

Full Name (Last, First, Middle Initial) of Payee Shell		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 3337 Clifton Ave		Amount 9.49	
City Cincinnati	State OH	Zip Code 45220-2016	
Purpose of Expenditure Gas		Category/Type	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rob Portman		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 199802.46		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : VN7CZA20588

(a) SUBTOTAL of Itemized Independent Expenditures.....	24.97
(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)
Working America

Full Name (Last, First, Middle Initial) of Payee Shell		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 3337 Clifton Ave		Amount 7.02	
City Cincinnati	State OH	Zip Code 45220-2016	Transaction ID : VN7CZA20595
Purpose of Expenditure Gas	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Rob Portman		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 199802.46		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 Shell		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 3337 Clifton Ave		Amount 8.46	
City Cincinnati	State OH	Zip Code 45220-2016	Transaction ID : VN7CZA205A3
Purpose of Expenditure Gas	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Rob Portman		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 199802.46		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 Shell		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 3337 Clifton Ave		Amount 9.49	
City Cincinnati	State OH	Zip Code 45220-2016	Transaction ID : VN7CZA205F3
Purpose of Expenditure Gas	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Ted Strickland		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 199802.46		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	24.97
(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)
Working America

Full Name (Last, First, Middle Initial) of Payee Shell		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 3337 Clifton Ave		Amount 7.02	
City Cincinnati	State OH	Zip Code 45220-2016	
Purpose of Expenditure Gas		Category/Type	Transaction ID : VN7CZA205G1
Name of Federal Candidate Supported or Opposed by Expenditure: Ted Strickland		Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 00
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
		199802.46	2016

Full Name (Last, First, Middle Initial) of Payee Shell		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 3337 Clifton Ave		Amount 8.46	
City Cincinnati	State OH	Zip Code 45220-2016	
Purpose of Expenditure Gas		Category/Type	Transaction ID : VN7CZA205H9
Name of Federal Candidate Supported or Opposed by Expenditure: Ted Strickland		Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 00
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
		199802.46	2016

Full Name (Last, First, Middle Initial) of Payee Liliana Vela		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 410 King Ave Apt B		Amount 27.93	
City Columbus	State OH	Zip Code 43201-2667	
Purpose of Expenditure Salary and Benefits		Category/Type	Transaction ID : VN7CZA1ZXF4
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton		Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: District:
Calendar Year-To-Date Per Election for Office Sought		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
		202019.63	2016

(a) SUBTOTAL of Itemized Independent Expenditures.....	43.41
(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)
Working America

Full Name (Last, First, Middle Initial) of Payee Liliana Vela		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 410 King Ave Apt B		Amount 27.93	
City Columbus	State OH	Zip Code 43201-2667	
Purpose of Expenditure Salary and Benefits		Category/Type	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: Donald Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202019.63		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Transaction ID : VN7CZA1ZXT1

Full Name (Last, First, Middle Initial) of Payee Liliana Vela		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 410 King Ave Apt B		Amount 27.93	
City Columbus	State OH	Zip Code 43201-2667	
Purpose of Expenditure Salary and Benefits		Category/Type	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Rob Portman		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 199802.46		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Transaction ID : VN7CZA1ZY58

Full Name (Last, First, Middle Initial) of Payee Liliana Vela		Date of Public Distribution/Dissemination 07 / 30 / 2016	
Mailing Address 410 King Ave Apt B		Amount 27.93	
City Columbus	State OH	Zip Code 43201-2667	
Purpose of Expenditure Salary and Benefits		Category/Type	Office Sought: <input type="checkbox"/> House State: OH <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Ted Strickland		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 199802.46		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Transaction ID : VN7CZA1ZYG5

(a) SUBTOTAL of Itemized Independent Expenditures.....	83.79
(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)
Working America

Full Name (Last, First, Middle Initial) of Payee Damon Walker		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 1949 Millvale Ct		Amount 41.90	
City Cincinnati	State OH	Zip Code 45225-1210	Transaction ID : VN7CZA203P3
Purpose of Expenditure Salary and Benefits	Category/ Type	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: Hillary Clinton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202019.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Damon Walker		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 1949 Millvale Ct		Amount 41.90	
City Cincinnati	State OH	Zip Code 45225-1210	Transaction ID : VN7CZA203Z4
Purpose of Expenditure Salary and Benefits	Category/ Type	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: Donald Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202019.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Damon Walker		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 1949 Millvale Ct		Amount 41.90	
City Cincinnati	State OH	Zip Code 45225-1210	Transaction ID : VN7CZA20485
Purpose of Expenditure Salary and Benefits	Category/ Type	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Rob Portman		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 199802.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	125.70
(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)
Working America

Full Name (Last, First, Middle Initial) of Payee Damon Walker		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 1949 Millvale Ct		Amount 41.90	
City Cincinnati	State OH	Zip Code 45225-1210	Transaction ID : VN7CZA204H6
Purpose of Expenditure Salary and Benefits	Category/ Type	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: Ted Strickland		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 199802.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee John Young		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 89 Cedar Wood Ln		Amount 51.30	
City London	State OH	Zip Code 43140-9544	Transaction ID : VN7CZA1ZXP0
Purpose of Expenditure Salary and Benefits	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Hillary Clinton		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202019.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee John Young		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 89 Cedar Wood Ln		Amount 51.30	
City London	State OH	Zip Code 43140-9544	Transaction ID : VN7CZA1ZY17
Purpose of Expenditure Salary and Benefits	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Donald Trump		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 202019.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	144.50
(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)
Working America

Full Name (Last, First, Middle Initial) of Payee John Young		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 89 Cedar Wood Ln		Amount 51.30	
City London	State OH	Zip Code 43140-9544	
Purpose of Expenditure Salary and Benefits		Category/ Type	Transaction ID : VN7CZA1ZYC4
Name of Federal Candidate Supported or Opposed by Expenditure: Rob Portman		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 00
Calendar Year-To-Date Per Election for Office Sought 199802.46		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	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 John Young		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 30 / 2016	
Mailing Address 89 Cedar Wood Ln		Amount 51.30	
City London	State OH	Zip Code 43140-9544	
Purpose of Expenditure Salary and Benefits		Category/ Type	Transaction ID : VN7CZA1ZYQ0
Name of Federal Candidate Supported or Opposed by Expenditure: Ted Strickland		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: OH District: 00
Calendar Year-To-Date Per Election for Office Sought 199802.46		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	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		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure		Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		State: _____ District: _____	
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	102.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	4416.80