

# 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 <b>ONE PITTSBURGH</b>		3. FEC Identification Number <b>C</b> C90016205
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1500 N. 2ND STREET SECOND FLOOR		
(c) City, State and ZIP Code HARRISBURG PA 17102		
2. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

- (a)  April 15 Quarterly Report
- July 15 Quarterly Report  24-Hour Report
- October 15 Quarterly Report  48-Hour Report
- January 31 Year-End Report

b) Is this Report an amendment?  No  Yes, it amends the report filed on  /  /

5. COVERING PERIOD: FROM  /  /   
THROUGH  /  /

6. TOTAL CONTRIBUTIONS.....  0.00

7. TOTAL INDEPENDENT EXPENDITURES .....  23280.00

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.

<b>TYPE OR PRINT NAME OF PERSON COMPLETING FORM</b>	<b>SIGNATURE</b>	<b>DATE</b>
Kramer, Erin, , ,	<i>Kramer, Erin, , ,</i>	10/12/2016

[Electronically Filed]

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

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
ONE PITTSBURGH

Full Name (Last, First, Middle Initial) of Payee Mission Control		Date of Public Distribution/Dissemination 10 / 10 / 2016	
Mailing Address 600 Pennsylvania Ave., SE Suite 303		Amount 260.00	
City Washington	State DC	Zip Code 20003	Transaction ID : F57.4421
Purpose of Expenditure Estimated Cost: Voter Canvass Literature	Category/ Type 006	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY RODHAM, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 68015.73		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Mission Control		Date of Public Distribution/Dissemination 10 / 10 / 2016	
Mailing Address 600 Pennsylvania Ave., SE Suite 303		Amount 260.00	
City Washington	State DC	Zip Code 20003	Transaction ID : F57.4422
Purpose of Expenditure Estimated Cost: Voter Canvass Literature	Category/ Type 006	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD J., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 68275.73		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Mission Control		Date of Public Distribution/Dissemination 10 / 10 / 2016	
Mailing Address 600 Pennsylvania Ave., SE Suite 303		Amount 260.00	
City Washington	State DC	Zip Code 20003	Transaction ID : F57.4423
Purpose of Expenditure Estimated Cost: Voter Canvass Literature	Category/ Type 006	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: MCGINTY, KATHLEEN ALANA, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 33245.53		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	780.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
ONE PITTSBURGH

Full Name (Last, First, Middle Initial) of Payee One PA		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 11 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 2500.00	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4427
Purpose of Expenditure Estimated Cost: Salary, Benefits & Other Canvass-Related Expenses from 10/11-10/15		Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD J., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 83275.73		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee One PA		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 11 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 2500.00	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4428
Purpose of Expenditure Estimated Cost: Salary, Benefits & Other Canvass-Related Expenses from 10/11-10/15		Category/Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MCGINTY, KATHLEEN ALANA, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 40745.53		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee One PA		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 11 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 2500.00	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4429
Purpose of Expenditure Estimated Cost: Salary, Benefits & Other Canvass Related Expenses from 10/11-10/15		Category/Type 001	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY RODHAM, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 80775.73		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	7500.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
ONE PITTSBURGH

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Pennsylvania		Date of Public Distribution/Dissemination 10 / 10 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 5000.00	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4424
Purpose of Expenditure Estimated Cost: Salary, Benefits & Other Canvass-Related Expenses from 10/10-10/14	Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY RODHAM, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 73275.73		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Pennsylvania		Date of Public Distribution/Dissemination 10 / 10 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 5000.00	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4425
Purpose of Expenditure Estimated Cost: Salary, Benefits & Other Canvass-Related Expenses from 10/10-10/14	Category/Type 001	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD J., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 78275.73		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Pennsylvania		Date of Public Distribution/Dissemination 10 / 10 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 5000.00	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4426
Purpose of Expenditure Estimated Cost: Salary, Benefits & Other Canvass-Related Expenses from 10/10-10/14	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: MCGINTY, KATHLEEN ALANA, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 38245.53		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	15000.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	23280.00