

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

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

4. TYPE OF REPORT (check appropriate boxes):

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

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

5. COVERING PERIOD: FROM / / 2016
THROUGH / / 2016

6. TOTAL CONTRIBUTIONS..... 134000.00

7. TOTAL INDEPENDENT EXPENDITURES 62318.10

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Kramer, Erin, , ,	<i>Kramer, Erin, , ,</i>	10/15/2016

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-A
ITEMIZED RECEIPTS**

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

NAME OF FILER (In Full)
ONE PITTSBURGH

A. Full Name (Last, First, Middle Initial) FOR OUR FUTURE			Date of Receipt 08 / 10 / 2016 Transaction ID : F56.4386		
Mailing Address 888 16TH ST., NW, STE. 650			Amount of Each Receipt this Period 67000.00		
City WASHINGTON	State DC	Zip Code 20006	Transaction ID : F56.4387		
FEC ID number of contributing federal political committee. C C00620971			Amount of Each Receipt this Period 67000.00		
Name of Employer			Occupation		

B. Full Name (Last, First, Middle Initial) FOR OUR FUTURE			Date of Receipt 09 / 02 / 2016 Transaction ID : F56.4387		
Mailing Address 888 16TH ST., NW, STE. 650			Amount of Each Receipt this Period 67000.00		
City WASHINGTON	State DC	Zip Code 20006	Transaction ID : F56.4387		
FEC ID number of contributing federal political committee. C C00620971			Amount of Each Receipt this Period 67000.00		
Name of Employer			Occupation		

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

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

SUBTOTAL of Receipts This Page (optional)	134000.00
TOTAL This Period (last page carry total to Line 6)	134000.00

**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 08 / 23 / 2016	
Mailing Address 600 Pennsylvania Ave., SE Suite 303		Amount 260.00	
City Washington	State DC	Zip Code 20003	Transaction ID : F57.4105
Purpose of Expenditure 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 260.00		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 08 / 23 / 2016	
Mailing Address 600 Pennsylvania Ave., SE Suite 303		Amount 260.00	
City Washington	State DC	Zip Code 20003	Transaction ID : F57.4106
Purpose of Expenditure 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 520.00		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 08 / 23 / 2016	
Mailing Address 600 Pennsylvania Ave., SE Suite 303		Amount 260.00	
City Washington	State DC	Zip Code 20003	Transaction ID : F57.4134
Purpose of Expenditure 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 260.00		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

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

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
ONE PITTSBURGH

Full Name (Last, First, Middle Initial) of Payee Mission Control		Date of Public Distribution/Dissemination 08 / 30 / 2016	
Mailing Address 600 Pennsylvania Ave., SE Suite 303		Amount 260.00	
City Washington	State DC	Zip Code 20003	Transaction ID : F57.4107
Purpose of Expenditure Canvass Literature	Category/ Type 006	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: DC 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 1837.49		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Mission Control		Date of Public Distribution/Dissemination 08 / 30 / 2016	
Mailing Address 600 Pennsylvania Ave., SE Suite 303		Amount 260.00	
City Washington	State DC	Zip Code 20003	Transaction ID : F57.4108
Purpose of Expenditure Canvass Literature	Category/ Type 006	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: DC 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 2097.49		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Mission Control		Date of Public Distribution/Dissemination 08 / 30 / 2016	
Mailing Address 600 Pennsylvania Ave., SE Suite 303		Amount 260.00	
City Washington	State DC	Zip Code 20003	Transaction ID : F57.4135
Purpose of Expenditure 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 3112.49		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

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

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
ONE PITTSBURGH

Full Name (Last, First, Middle Initial) of Payee Mission Control		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2016	
Mailing Address 600 Pennsylvania Ave., SE Suite 303		Amount 260.00	
City Washington	State DC	Zip Code 20003	Transaction ID : F57.4200
Purpose of Expenditure 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 10649.27		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Mission Control		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2016	
Mailing Address 600 Pennsylvania Ave., SE Suite 303		Amount 260.00	
City Washington	State DC	Zip Code 20003	Transaction ID : F57.4201
Purpose of Expenditure 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 10909.27		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Mission Control		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2016	
Mailing Address 600 Pennsylvania Ave., SE Suite 303		Amount 260.00	
City Washington	State DC	Zip Code 20003	Transaction ID : F57.4202
Purpose of Expenditure 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 6039.07		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

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

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
ONE PITTSBURGH

Full Name (Last, First, Middle Initial) of Payee Mission Control		Date of Public Distribution/Dissemination 09 / 12 / 2016	
Mailing Address 600 Pennsylvania Ave., SE Suite 303		Amount 260.00	
City Washington	State DC	Zip Code 20003	Transaction ID : F57.4322
Purpose of Expenditure 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 13946.43		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Mission Control		Date of Public Distribution/Dissemination 09 / 12 / 2016	
Mailing Address 600 Pennsylvania Ave., SE Suite 303		Amount 260.00	
City Washington	State DC	Zip Code 20003	Transaction ID : F57.4323
Purpose of Expenditure 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 14206.43		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Mission Control		Date of Public Distribution/Dissemination 09 / 12 / 2016	
Mailing Address 600 Pennsylvania Ave., SE Suite 303		Amount 260.00	
City Washington	State DC	Zip Code 20003	Transaction ID : F57.4324
Purpose of Expenditure 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 7431.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

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

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
ONE PITTSBURGH

Full Name (Last, First, Middle Initial) of Payee Mission Control		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2016	
Mailing Address 600 Pennsylvania Ave., SE Suite 303		Amount 260.00	
City Washington	State DC	Zip Code 20003	Transaction ID : F57.4344
Purpose of Expenditure Canvass Literature	Category/ Type 006	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY RODHAM, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 22918.21		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name (Last, First, Middle Initial) of Payee Mission Control		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2016	
Mailing Address 600 Pennsylvania Ave., SE Suite 303		Amount 260.00	
City Washington	State DC	Zip Code 20003	Transaction ID : F57.4345
Purpose of Expenditure 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 11917.04		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name (Last, First, Middle Initial) of Payee Mission Control		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 19 / 2016	
Mailing Address 600 Pennsylvania Ave., SE Suite 303		Amount 260.00	
City Washington	State DC	Zip Code 20003	Transaction ID : F57.4346
Purpose of Expenditure Canvass Literature	Category/ Type 006	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD J., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 23178.21		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

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

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
ONE PITTSBURGH

Full Name (Last, First, Middle Initial) of Payee Mission Control		Date of Public Distribution/Dissemination 09 / 26 / 2016	
Mailing Address 600 Pennsylvania Ave., SE Suite 303		Amount 260.00	
City Washington	State DC	Zip Code 20003	Transaction ID : F57.4363
Purpose of Expenditure 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 31724.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Mission Control		Date of Public Distribution/Dissemination 09 / 26 / 2016	
Mailing Address 600 Pennsylvania Ave., SE Suite 303		Amount 260.00	
City Washington	State DC	Zip Code 20003	Transaction ID : F57.4364
Purpose of Expenditure 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 31984.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Mission Control		Date of Public Distribution/Dissemination 09 / 26 / 2016	
Mailing Address 600 Pennsylvania Ave., SE Suite 303		Amount 260.00	
City Washington	State DC	Zip Code 20003	Transaction ID : F57.4366
Purpose of Expenditure 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 16320.43		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

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

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
ONE PITTSBURGH

Full Name (Last, First, Middle Initial) of Payee One PA		Date of Public Distribution/Dissemination 08 / 23 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 1015.00	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4121
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass Related Expenses		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 3112.49		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee One PA		Date of Public Distribution/Dissemination 08 / 23 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 1015.00	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4122
Purpose of Expenditure Actual Costs for Salary, Benefits & Other Canvass-Related Expenses		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 4127.49		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee One PA		Date of Public Distribution/Dissemination 08 / 23 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 1015.00	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4140
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass-Related Expenses		Category/Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MCGINTY, KATHLEEN ALANA, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2852.49		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	3045.00
(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 08 / 31 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 147.00	
City Harrisburg	State PA	Zip Code 17102	
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass-Related Expenses		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 4905.49		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : F57.4130

Full Name (Last, First, Middle Initial) of Payee One PA		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 31 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 147.00	
City Harrisburg	State PA	Zip Code 17102	
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass-Related Expenses		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 5052.49		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : F57.4131

Full Name (Last, First, Middle Initial) of Payee One PA		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 31 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 147.00	
City Harrisburg	State PA	Zip Code 17102	
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass-Related Expenses		Category/Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MCGINTY, KATHLEEN ALANA, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3574.99		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Transaction ID : F57.4142

(a) SUBTOTAL of Itemized Independent Expenditures.....	441.00
(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 09 / 01 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 147.00	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4185
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass-Related Expenses		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 5830.49		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee One PA		Date of Public Distribution/Dissemination 09 / 01 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 147.00	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4186
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass-Related Expenses		Category/Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MCGINTY, KATHLEEN ALANA, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4037.49		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee One PA		Date of Public Distribution/Dissemination 09 / 01 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 147.00	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4187
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass-Related Expenses		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 5977.49		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	441.00
(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 09 / 02 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 147.00	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4191
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass-Related Expenses		Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY RODHAM, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6755.49		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee One PA		Date of Public Distribution/Dissemination 09 / 02 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 147.00	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4192
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass-Related Expenses		Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD J., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6902.49		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee One PA		Date of Public Distribution/Dissemination 09 / 02 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 147.00	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4193
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass-Related Expenses		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 4499.99		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	441.00
(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 09 / 03 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 147.00	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4194
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass-Related Expenses		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 7049.49		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee One PA		Date of Public Distribution/Dissemination 09 / 03 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 147.00	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4195
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass-Related Expenses		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 7196.49		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee One PA		Date of Public Distribution/Dissemination 09 / 03 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 147.00	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4196
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass-Related Expenses		Category/Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MCGINTY, KATHLEEN ALANA, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4646.99		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	441.00
(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 09 / 06 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 256.50	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4206
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass-Related Expenses	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 9000.69		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 09 / 06 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 256.50	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4207
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass-Related Expenses	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 9257.19		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee One PA		Date of Public Distribution/Dissemination 09 / 06 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 256.50	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4208
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass-Related Expenses	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 5213.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	769.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
ONE PITTSBURGH

Full Name (Last, First, Middle Initial) of Payee One PA		Date of Public Distribution/Dissemination 09 / 07 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 256.50	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4212
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass-Related Expenses	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 10132.77		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee One PA		Date of Public Distribution/Dissemination 09 / 07 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 256.50	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4213
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass-Related Expenses	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 10389.27		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 09 / 07 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 256.50	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4214
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass-Related Expenses	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 5779.07		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	769.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
ONE PITTSBURGH

Full Name (Last, First, Middle Initial) of Payee One PA		Date of Public Distribution/Dissemination 09 / 08 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 256.50	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4215
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass-Related Expenses		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 11165.77		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 One PA		Date of Public Distribution/Dissemination 09 / 08 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 256.50	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4217
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass-Related Expenses		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 11422.27		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee One PA		Date of Public Distribution/Dissemination 09 / 08 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 256.50	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4218
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass-Related Expenses		Category/Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MCGINTY, KATHLEEN ALANA, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6295.57		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	769.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
ONE PITTSBURGH

Full Name (Last, First, Middle Initial) of Payee One PA		Date of Public Distribution/Dissemination 09 / 09 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 256.50	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4219
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass-Related Expenses	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY RODHAM, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 12297.85		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 One PA		Date of Public Distribution/Dissemination 09 / 09 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 256.50	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4220
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass-Related Expenses	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD J., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 12554.35		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee One PA		Date of Public Distribution/Dissemination 09 / 09 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 256.50	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4221
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass-Related Expenses	Category/Type 001	Office Sought: <input checked="" 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 6861.61		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	769.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
ONE PITTSBURGH

Full Name (Last, First, Middle Initial) of Payee One PA		Date of Public Distribution/Dissemination 09 / 10 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 256.50	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4319
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass-Related Expenses		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 13429.93		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 One PA		Date of Public Distribution/Dissemination 09 / 10 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 256.50	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4320
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass-Related Expenses		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 13686.43		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 One PA		Date of Public Distribution/Dissemination 09 / 10 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 256.50	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4321
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass-Related Expenses		Category/Type 001	Office Sought: <input type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: _____ <input checked="" 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 256.50		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	769.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
ONE PITTSBURGH

Full Name (Last, First, Middle Initial) of Payee One PA		Date of Public Distribution/Dissemination 09 / 13 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 1295.00	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4325
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass-Related Expenses from 9/13-9/17		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 21363.21		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 One PA		Date of Public Distribution/Dissemination 09 / 13 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 1295.00	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4326
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass-Related Expenses from 9/13-9/17		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 22658.21		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 One PA		Date of Public Distribution/Dissemination 09 / 13 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 1295.00	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4327
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass-Related Expenses from 9/13-9/17		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 11657.04		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	3885.00
(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 09 / 20 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 1212.50	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4350
Purpose of Expenditure Estimated Cost: Salary, Benefits & Other Canvass-Related Expenses from 9/20-9/24		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 30252.49		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee One PA		Date of Public Distribution/Dissemination 09 / 20 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 1212.50	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4351
Purpose of Expenditure Estimated Cost: Salary, Benefits & Other Canvass-Related Expenses from 9/20-9/24		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 31464.99		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 One PA		Date of Public Distribution/Dissemination 09 / 20 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 1212.50	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4352
Purpose of Expenditure Estimated Cost: Salary, Benefits & Other Canvass-Related Expenses from 9/20-9/24		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 16060.43		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	3637.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
ONE PITTSBURGH

Full Name (Last, First, Middle Initial) of Payee One PA		Date of Public Distribution/Dissemination 09 / 27 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 1212.50	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4371
Purpose of Expenditure Actual Cost: Salary, Benefits & Other Canvass-Related Expenses from 9/27-10/1		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 38544.95		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee One PA		Date of Public Distribution/Dissemination 09 / 27 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 1212.50	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4371
Purpose of Expenditure Actual Cost: Salary, Benefits & Other Canvass-Related Expenses from 9/27-10/1		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 39757.45		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee One PA		Date of Public Distribution/Dissemination 09 / 27 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 1212.50	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4371
Purpose of Expenditure Actual Cost: Salary, Benefits & Other Canvass-Related Expenses from 9/27-10/1		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 20206.66		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	3637.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
ONE PITTSBURGH

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Pennsylvania		Date of Public Distribution/Dissemination 08 / 23 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 1577.49	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4109
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass Related Expenses	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: DC 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 1577.49		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Pennsylvania		Date of Public Distribution/Dissemination 08 / 23 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 1577.49	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4119
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass Related Expenses	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD J., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 2097.49		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Pennsylvania		Date of Public Distribution/Dissemination 08 / 23 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 1577.49	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4136
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass-Related Expenses	Category/Type 001	Office Sought: <input checked="" 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 1837.49		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	4732.47
(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)
ONE PITTSBURGH

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Pennsylvania		Date of Public Distribution/Dissemination 08 / 31 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 315.50	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4123
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass-Related Expenses	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: CLINTON, HILLARY RODHAM, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4442.99		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 08 / 31 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 315.50	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4124
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass-Related Expenses	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 4758.49		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Pennsylvania		Date of Public Distribution/Dissemination 08 / 31 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 315.50	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4141
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass-Related Expenses	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: MCGINTY, KATHLEEN ALANA, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3427.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	946.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
ONE PITTSBURGH

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Pennsylvania		Date of Public Distribution/Dissemination 09 / 01 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 315.50	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4182
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass-Related Expenses	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 5367.99		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 09 / 01 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 315.50	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4183
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass-Related Expenses	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 5683.49		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Pennsylvania		Date of Public Distribution/Dissemination 09 / 01 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 315.50	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4184
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass-Related Expenses	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: MCGINTY, KATHLEEN ALANA, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 3890.49		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	946.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
ONE PITTSBURGH

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Pennsylvania		Date of Public Distribution/Dissemination 09 / 02 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 315.50	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4188
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass-Related Expenses	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 6292.99		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 09 / 02 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 315.50	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4189
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass-Related Expenses	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 6608.49		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Pennsylvania		Date of Public Distribution/Dissemination 09 / 02 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 315.50	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4190
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass-Related Expenses	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: MCGINTY, KATHLEEN ALANA, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4352.99		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	946.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
ONE PITTSBURGH

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Pennsylvania		Date of Public Distribution/Dissemination 09 / 05 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 309.54	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4197
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass-Related Expenses	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 7506.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Pennsylvania		Date of Public Distribution/Dissemination 09 / 05 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 309.54	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4198
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass-Related Expenses	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 7815.57		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Pennsylvania		Date of Public Distribution/Dissemination 09 / 05 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 309.54	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4199
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass-Related Expenses	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: MCGINTY, KATHLEEN ALANA, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 4956.53		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	928.62
(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 09 / 06 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 309.54	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4203
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass-Related Expenses	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 8125.11		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 09 / 06 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 309.54	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4204
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass-Related Expenses	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 8434.65		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 09 / 06 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 309.54	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4205
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass-Related Expenses	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: MCGINTY, KATHLEEN ALANA, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 8744.19		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	928.62
(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 09 / 07 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 309.54	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4209
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass-Related Expenses		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 9566.73		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 SEIU Healthcare Pennsylvania		Date of Public Distribution/Dissemination 09 / 07 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 309.54	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4210
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass-Related Expenses		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 9876.27		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Pennsylvania		Date of Public Distribution/Dissemination 09 / 07 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 309.54	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4211
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass-Related Expenses		Category/Type 001	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: MCGINTY, KATHLEEN ALANA, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 5522.57		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	928.62
(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 09 / 08 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 309.54	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4222
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass-Related Expenses	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 11731.81		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 09 / 08 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 309.54	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4222
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass-Related Expenses	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 12041.35		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 09 / 08 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 309.54	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4222
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass-Related Expenses	Category/Type 001	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: PA District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY RODHAM, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 6605.11		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	928.62
(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 09 / 09 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 309.54	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4225
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass-Related Expenses	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY RODHAM, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 12863.89		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Pennsylvania		Date of Public Distribution/Dissemination 09 / 09 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 309.54	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4226
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass-Related Expenses	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD J., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 13173.43		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Pennsylvania		Date of Public Distribution/Dissemination 09 / 09 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 309.54	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4227
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass-Related Expenses	Category/Type 001	Office Sought: <input checked="" 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 7171.15		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	928.62
(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 09 / 12 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 2930.89	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4328
Purpose of Expenditure Actual Cost for Salary, Benefits & Canvass-Related Expenses from 9/12-9/16		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 17137.32		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Pennsylvania		Date of Public Distribution/Dissemination 09 / 12 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 2930.89	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4329
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass-Related Expenses from 9/12-9/16		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 20068.21		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Pennsylvania		Date of Public Distribution/Dissemination 09 / 12 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 2930.89	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4330
Purpose of Expenditure Actual Cost for Salary, Benefits & Other Canvass-Related Expenses from 9/12-9/16		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 10362.04		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	8792.67
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
ONE PITTSBURGH

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Pennsylvania		Date of Public Distribution/Dissemination 09 / 19 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 2930.89	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4347
Purpose of Expenditure Actual Cost: Salary, Benefits & Other Canvass-Related Expenses from 9/19-9/23		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 26109.10		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Pennsylvania		Date of Public Distribution/Dissemination 09 / 19 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 2930.89	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4348
Purpose of Expenditure Actual Cost: Salary, Benefits & Other Canvass-Related Expenses from 9/19-9/23		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 29039.99		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Pennsylvania		Date of Public Distribution/Dissemination 09 / 19 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 2930.89	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4349
Purpose of Expenditure Actual Cost: Salary, Benefits & Other Canvass-Related Expenses from 9/19-9/23		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 14847.93		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	8792.67
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
ONE PITTSBURGH

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Pennsylvania		Date of Public Distribution/Dissemination 09 / 26 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 2673.73	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4367
Purpose of Expenditure Actual Cost: Salary, Benefits & Other Canvass-Related Expenses from 9/26-9/30	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: CLINTON, HILLARY RODHAM, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 34658.72		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Pennsylvania		Date of Public Distribution/Dissemination 09 / 26 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 2673.73	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4368
Purpose of Expenditure Actual Cost: Salary, Benefits & Other Canvass-Related Expenses from 9/26-9/30	Category/Type 001	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: TRUMP, DONALD J., , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 37332.45		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee SEIU Healthcare Pennsylvania		Date of Public Distribution/Dissemination 09 / 26 / 2016	
Mailing Address 1500 N. 2nd Street		Amount 2673.73	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : F57.4369
Purpose of Expenditure Actual Cost: Salary, Benefits & Other Canvass-Related Expenses from 9/26-9/30	Category/Type 001	Office Sought: <input checked="" 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 18994.16		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	8021.19
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	62318.10