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Image# 201707209067015036

**FEC** FORM 3X

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

	or Other Than An Aut	morized Committee	Office Use Only
NAME OF T     COMMITTEE (in full)	YPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Working America Coalit	ion		
ADDRESS (number and street)	815 16th Street, NW		
▼ Check if different			
than previously reported. (ACC)	Washington 		DC 20006 -
2. FEC IDENTIFICATION NUM	MBER ▼ CI	ГҮ▲	STATE ▲ ZIP CODE ▲
C C00620583		S THIS NEW (N)	OR AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20	(Non-Election Year Only)
(a) Quarterly Reports:			(Non-Election Year Only)
April 15 Quarterly Report (Q1		20 (M4) Jul 20 (M	M7) Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q2	PRE-Election	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (Q3	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (YE		on on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day  POST-Election  Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election	on on	in the State of
5. Covering Period 11	29 / 2016		2 31 2016
I certify that I have examined this		f my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasurer	King, Crystal, , ,		
Signature of Treasurer  King, C	Erystal, , ,	[Electronically Filed]	Date 07 / 20 / 2017
NOTE: Submission of false, erroned	ous, or incomplete information	n may subject the person sign	ing this Report to the penalties of 52 U.S.C. § 30109
Office Use Only			FEC FORM 3X Rev. 05/2016

### **SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name Working America Coalition 11 29 2016 12 31 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 0.00 January 1, 2016 (b) Cash on Hand at 210525.25 Beginning of Reporting Period..... 310469.57 16478011.12 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 16478011.12 520994.82 6(a) and 6(c) for Column B)..... 369514.03 16326530.33 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 151480.79 151480.79 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 45.00 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .......▶

### **DETAILED SUMMARY PAGE**

of Receipts FEC Form 3X (Rev. 05/2016) Page 3 Write or Type Committee Name Working America Coalition 29 2016 31 2016 12 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 269647.94 12829815.53 (i) Itemized (use Schedule A)..... 0.00 0.00 (ii) Unitemized ..... (iii) TOTAL (add 12829815.53 269647.94 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees ..... (c) Other Political Committees 40768.80 3647944.37 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 16477759.90 310416.74 Totals to Line 33, page 5) .....▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... 0.00 0.00 17. Other Federal Receipts 251.22 (Dividends, Interest, etc.)..... 52.83 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 (from Schedule H3)..... 0.00 0.00 0.00 (b) Levin Funds (from Schedule H5) ....... (c) Total Transfers (add 18(a) and 18(b)).. 0.00 0.00 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))......▶ 310469.57 16478011.12

310469.57

16478011.12

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Operating Expenditures:     (a) Allocated Federal/Non-Federal     Activity (from Schedule H4)		Caronaa. Tour to Date		
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating	4 4 4			
Expenditures	328230.62	14960067.65		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	328230.62	14960067.65		
. Transfers to Affiliated/Other Party				
CommitteesContributions to	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	0.00	92250.00		
Independent Expenditures (use Schedule E)	26470.00	934417.99		
Coordinated Party Expenditures (52 U.S.C. § 30116(d))	2017.00	304417.00		
(use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Loans Made	0.00	0.00		
Refunds of Contributions To: (a) Individuals/Persons Other	0.00	7 7 7		
Than Political Committees	0.00	0.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees (such as PACs)	0.00	0.00		
(d) Total Contribution Refunds	0.00	0.00		
(add Lines 28(a), (b), and (c))	0.00	0.00		
Other Disbursements (Including				
Non-Federal Donations)	14813.41	339794.69		
Federal Election Activity (52 U.S.C. § 30101(2 (a) Allocated Federal Election Activity (from Schedule H6)	0))			
(i) Federal Share	0.00	0.00		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add	0.00	0.00		
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	369514.03	16326530.33		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	369514.03	16326530.33		

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	310416.74	16477759.90
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
85. Net Contributions (other than loans) (subtract Line 34 from Line 33)	310416.74	16477759.90
86. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	328230.62	14960067.65
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	328230.62	14960067.65

### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the

						PAGE	=	6	OF	80
		ck only	or	ne)						
	×	11a		11b		11c		12		
		13		14		15		16	;	17

Detailed Summary Page 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 COMMITTEE (In Full) Working America Coalition Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **AFL-CIO COPE Treasury** Date of Receipt Mailing Address 815 16th St NW 2016 City Zip Code State Transaction ID: VTEAMBXYEG8 DC 20006-4101 Washington Amount of Each Receipt this Period FEC ID number of contributing C 104275.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General \* In-Kind: Travel Expenses 5570322.57 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. AFL-CIO COPE Treasury Date of Receipt Mailing Address 815 16th St NW 14 2016 City State Zip Code Transaction ID: VTEAMBXYD16 DC Washington 20006-4101 Amount of Each Receipt this Period FEC ID number of contributing 165372.94 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General \* In-Kind: Travel Expenses Other (specify) 5570322.57 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 269647.94 SUBTOTAL of Receipts This Page (optional)..... 269647.94 TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 OF 80 (check only one)  11a 11b
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  Working America Coalition			
Full Name of Individual (Last, First, Middle In COMMITTEE FOR WORKING FAMILIES SPONSORED  Mailing Address 555 Capitol Mall Ste 1425  City Sacramento  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For: Primary General Other (specify)	State CA	Organization Name RNIA LABOR FEDERATION AFL-CIO  Zip Code 95814-4602  Eupation (for Individual)  Year-to-Date ▼  92966.89	Date of Receipt  12 08 2016  Transaction ID: VTEAMBYJF02  Amount of Each Receipt this Period  40768.80  Memo Item  * In-Kind: In-kind Lodging and Travel expenses fo canyassing
Full Name of Individual (Last, First, Middle In Mailing Address  City  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For:  Primary General Other (specify)   Other (specify)	State	Zip Code  Zip Code  cupation (for Individual)  Year-to-Date ▼	Date of Receipt  M M / D D / Y Y Y Y Y  Amount of Each Receipt this Period  Memo Item
Full Name of Individual (Last, First, Middle In Mailing Address  City  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For:  Primary General Other (specify)	State	· ·	Date of Receipt  M M / D D / Y Y Y Y Y  Amount of Each Receipt this Period  Memo Item
SUBTOTAL of Receipts This Page (optional)			40768.80

TOTAL This Period (last page this line number only).....

40768.80

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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 OF 80 (check only one)					
IT	ITEMIZED RECEIPTS		for each category of the						
			Detailed Summary Page	11a   11b   11c   12 13   14   15   16   <b>x</b> 17					
	ny information copied from such Reports and State for commercial purposes, other than using the			erson for the purpose of soliciting contributions					
	NAME OF COMMITTEE (In Full)								
$ \rangle$	Working America Coalition								
Α.	Full Name of Individual (Last, First, Middle Initial Amalgamated Bank of Chicago	al) or Full C	Organization Name	Date of Receipt					
	Mailing Address 30 N La Salle St			11 30 Y Y Y Y Y Y					
	City	State	Zip Code	Transaction ID : VTEAMBXYEN7					
	Chicago	IL	60602-2590	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		39.85					
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item					
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 251.22	Interest					
_	Full Name of Individual /Lock First Middle Initi	al) as Full C	Dunamination Name						
R	Full Name of Individual (Last, First, Middle Initial Amalgamated Bank of Chicago	al) or Full C	organization Name	Date of Receipt					
υ.	Mailing Address 30 N La Salle St			M M / D D / Y Y Y Y					
	30 N La Gaile Gt			12 30 2016					
	City	State	Zip Code	Transaction ID : VTEAMBXYGZ0					
	Chicago	IL	60602-2590	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		12.98					
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item					
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General	Aggregate	Teal-to-Date V	Interest					
	Other (specify) ▼		251.22						
С.	Full Name of Individual (Last, First, Middle Initia	al) or Full C	Organization Name	Date of Receipt					
	Mailing Address			M = M / D = D / Y = Y = Y					
	City	State	Zip Code	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С							
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item					
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General	, iggi ogale	Total to Duto .						
	Other (specify)		7 7 7						
s	SUBTOTAL of Receipts This Page (optional)			52.83					

TOTAL This Period (last page this line number only).....

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SCHEDULE B (FEC Form 3X)	llaa	water allegated a ( )	FOR LINE NUMBER: PAGE 9 (				
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	(check only		loo		
		Summary Page	<b>X</b> 21b 28a	22 28b	23 28c	26 27 29 30b	
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NAME OF COMMITTEE (In Full)							
Working America Coalition							
Full Name (Last, First, Middle Initial)				Data of Di			
A. AFL-CIO COPE Treasury				Date of Di			
Mailing Address 815 16th St NW				12 01 2016			
,	State DC	Zip Code 20006-4101		FEC Ident	fication Nu	ımber	
Purpose of Disbursement				C			
Travel Expenses					action ID :	VTEAMBXYE	
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	Other (spec	ify) ▼		* In-Kind Received  Memo Item			
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	Primary	General			* In-	Kind Received	
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,	State	Zip Code		FEC Ident	fication Nu	umber	
Washington Purpose of Disbursement	DC	20006-4101			-		
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Candidate Name			Category/ Type			: VTDBC9SER oursement this Period	
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	Primary	General			7	7	
	Other (spec	ify) ▼		Memo	Item		
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NAME OF COMMITTEE (In Full)						
Working America Coalition						
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Full Name (Last, First, Middle Initial)				Date of D	isburseme	ent
A. Amalgamated Bank of Chicago				M M	/ D D	/
Mailing Address 30 N La Salle St				11	30	2016
City	State	Zip Code		FEC Iden	tification N	lumher
Chicago	IL	60602-2590			inoation i	
Purpose of Disbursement Bank Fees			001	C		
Candidate Name						: VTDBC9S9A)
			Category/ Type	Amount 0	ı ⊏acıı Dis	sbursement this Period
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	Primary	General			,	,
President State: District:	Other (spec	cify) 🔻		Memo	ltem	
Full Name (Last, First, Middle Initial)						
B. Amalgamated Bank of Chicago				Date of D	isburseme	ent
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Mailing Address 30 N La Salle St				12	31	2016
		I=				
City Chicago	State IL	Zip Code 60602-2590		FEC Iden	tification N	lumber
Purpose of Disbursement		00002 2330		C		
Bank Fees	001			Transaction ID : VTDBC9S9		· VTDBCQSQA I
Candidate Name			Category/			sbursement this Period
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Office Sought: House Disbursen Senate	Primary	General			7	32.04
	Other (spec			п		
State: District:				Memo	) Item	
Full Name (Last, First, Middle Initial)						
C. COMMITTEE FOR WORKING FAMILIES SPONSOI FEDERATION AFL-CIO	RED BY TH	E CALIFORNIA LA	BOR	Date of D	isburseme	ent
				M = M	/ D D	/ Y Y Y Y Y
Mailing Address 555 Capitol Mall Ste 1425				12	08	2016
	State	Zip Code		FFC Iden	tification N	lumber
Sacramento	CA	95814-4602				
Purpose of Disbursement In-kind Lodging and Travel expenses for canvassing	3			C		
Candidate Name	-		Ontonii::/			: VTEAMBYJF sbursement this Period
			Category/ Type	Amount 0	Lacii Dis	soursement this renou
Office Sought: House Disbursen	nent For:				45	40768.80
	Primary	General			* Ir	n-Kind Received
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	for commercial purposes, other than using the name								
$\setminus$	NAME OF COMMITTEE (In Full)								
	Working America Coalition								
_	Full Name (Last, First, Middle Initial)				Data of	Di-1	1		
Α.	Evans & Katz, LLC					Disburseme			
	Mailing Address PO Box 75357			12 22 2016					
	Washington	State DC	Zip Code 20013-0357		FEC Ide	ntification N	lumber		
	Purpose of Disbursement Compliance Services			001	C	saction ID	: VTDB0	C9SBE	
	Candidate Name			Category/ Type	Amount	of Each Dis	sburseme	ent this Pe	eriod
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		Primary	General			7	7-		
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_	Full Name (Last, First, Middle Initial)								
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	Mailing Address 10300 Farnham Dr				12	22	ľ	2016	
	,	State MD	Zip Code 20814-2218		FEC Ide	ntification N	lumber		
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	Office Sought: House Disbursen Senate		Conoral			7	-	1897.50	
		Primary Other (spec	General (ifv)						
_	State: District:				Mem	o Item			
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	Mailing Address 10300 Farnham Dr				12	22	ľ	2016	
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s	UBTOTAL of Disbursements This Page (optional)			·····•		7		4951.95	5
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SCHEDULE B (FEC Form 3X)	lles	wata ach adul - (-)	FOR LINE NUMBER: PAGE 12				12 OF	80
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NAME OF COMMITTEE (In Full)								
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A. Lexicon				Date of D	isbursemer		N Y N Y	-
Mailing Address 10300 Farnham Dr			12 22 2016					
Bethesda	State MD	Zip Code 20814-2218		FEC Ident	ification Nu	umber	_	
Purpose of Disbursement Design Services			004	C	action ID :	VTDBC9	S9B1	
Candidate Name			Category/ Type	Amount of			t this Per	riod
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B. Lexicon				Date of D	isbursemer		<b>Y Y</b>	-
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,	State MD	Zip Code 20814-2218		FEC Ident	ification Nu	umber		
Bethesda Purpose of Disbursement								
Design Services			004	C				
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Senate	Primary	General			7	<del></del>		
State: President District:	Other (spec	cify)		Memo	Item			
Full Name (Last, First, Middle Initial)  C. Lexicon				Date of D	isbursemer	nt		
				M M	D D	/ Y Y	YYY	1
Mailing Address 10300 Farnham Dr				12	22	20	016	
,	State	Zip Code		FEC Ident	ification Nu	umber		
Bethesda Purpose of Disbursement	MD	20814-2218						
Design Services			004			VITABASA		
Candidate Name			Category/ Type	Amount of	action ID : Each Disl			riod
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Senate	Primary	General			7	7	- 40	_
President District:	Other (spec	cify) 🔻		Memo	Item			
State: District:								
SUBTOTAL of Disbursements This Page (optional)			······		7		990.00	
TOTAL This Period (last page this line number only)								П

SCHEDULE B (FEC Form 3X)	lles com	woto och saled - (-)	FOR LINE NUMBER: PAGE 13					
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	(check or					
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NAME OF COMMITTEE (In Full)								
Working America Coalition								
Full Name (Last, First, Middle Initial)								
A. Lexicon				Date of	Disbursem			
Mailing Address 10300 Farnham Dr				12	7 1 1 1 1 1 1			
Bethesda	State MD	Zip Code 20814-2218			entification	Number		
Purpose of Disbursement Design Services			004					
Candidate Name			Category/ Type			D: VTDBC9S9CI Disbursement this Period		
Office Sought: House Disbursen	nent For:		1906		45	412.50		
	Primary Other (spec	General			,	,		
State: District:	Other (Spec	/··y) ▼		Mei	mo Item			
Full Name (Last, First, Middle Initial)								
B. Lexicon				Date of	Disbursem			
Mailing Address 10300 Farnham Dr				12	22	2016		
,	State MD	Zip Code 20814-2218		FEC Ide	entification	Number		
Bethesda Purpose of Disbursement	C							
Design Services			004		noostion II	D. VTDBC0C0C3		
Candidate Name	Category/ Type			Transaction ID: VTDBC9S9C2 Amount of Each Disbursement this Period				
Office Sought: House Disbursen				T L	7	165.00		
	Primary	General			·	·		
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Full Name (Last, First, Middle Initial)								
C. Lexicon					Disbursen			
Mailing Address 10300 Farnham Dr				12	22			
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Purpose of Disbursement Design Services			004					
Candidate Name			Category/ Type			D: VTDBC9S9E: Disbursement this Period		
Office Sought: House Disbursen	nent For:		.,,,,			165.00		
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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 14 C						
ITEMIZED DISBURSEMENTS		category of the	(check or			26 27			
		Summary Page	28		23 28c	26 27 29 30b			
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NAME OF COMMITTEE (In Full)									
Working America Coalition									
Full Name (Last, First, Middle Initial)					D: 1				
A. Lexicon					Disburse				
Mailing Address 10300 Farnham Dr				12	12 22 2016				
City	State	Zip Code		FEC Ide	entification	n Number			
Bethesda	MD	20814-2218			Ji itili Gatioi	Transor			
Purpose of Disbursement Design Services			004	C					
Candidate Name						ID : VTDBC9S9E2			
			Category/ Type	Amount	of Each	Disbursement this Period			
Office Sought: House Disburse	ment For:			T   [		742.50			
Senate	Primary	General			, , , , ,				
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B. Mosaic				Date of	Disburse	ment			
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Mailing Address 4801 Viewpoint PI				12 22 2016					
City Hyattsville	State MD	Zip Code 20781-1100		FEC Id	entification	n Number			
Purpose of Disbursement	004 Category/ Type			C	Transaction ID : VTDBC9SBQ: Amount of Each Disbursement this Period				
Shipping									
Candidate Name				1					
Office Sought: House Disburse				4882.89					
Senate	ment For: Primary	General			-	4002.09			
President	Other (spe			Пм	П., .				
State: District:	1			Ivie	mo Item				
Full Name (Last, First, Middle Initial)					5				
C. NALC 1091 Inc.					Disburse				
Mailing Address 4790 Deauville Dr				12	2				
Ste 100									
City Orlando	State FL	Zip Code 32808-7753		FEC Id	entification	n Number			
Purpose of Disbursement	1 -	32000-1133		С					
Voided Check from 9/14/2016			001		nsaction	ID: VTDBC9SAS			
Candidate Name			Category/	1		Disbursement this Period			
Office Sought: House Disburse			Туре			- 800.00			
Office Sought: House Disburse Senate	ment For: Primary	General			7	-000.00			
President	Other (spe				14				
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SUBTOTAL of Disbursements This Page (optional).			·····•		-	4825.39			
TOTAL This Period (last page this line number only	<u> </u>								

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SCHEDULE B (FEC Form 3X)	Use separate schedu		INE NUMBER: PAGE 15 OF 80
ITEMIZED DISBURSEMENTS	for each category of Detailed Summary P	the age	only one) 21b 22 23 26 27 28a 28b 28c 29 30b
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or for commercial purposes, other than using the nan			
NAME OF COMMITTEE (In Full)			
Working America Coalition			
Full Name (Last, First, Middle Initial) A. NGP VAN, INC.			Date of Disbursement
Mailing Address 1225 I St NW Ste 1225			12 19 2016
City Washington	State Zip Code 20005-59	918	FEC Identification Number
Purpose of Disbursement Software and Support	20000 00		C
Candidate Name		O01	Transaction ID: VTDBC9S8JF  Amount of Each Disbursement this Period
		Category Type	
Office Sought: House Disburser Senate	ment For:  Primary Gene	eral	600.00
President	Other (specify) ▼		Memo Item
State: District:			
Full Name (Last, First, Middle Initial)  3. PoliOps, LLC			Date of Disbursement
Mailing Address 210 Rocketts Way Unit 411			12 19 2016
City Richmond	State Zip Code VA 23231-30	061	FEC Identification Number
Purpose of Disbursement Software & Support	2020100	001	C
Candidate Name		Category Type	Transaction ID: VTDBC9SET1  / Amount of Each Disbursement this Period
Office Sought: House Disburser			5250.00
Senate President	Other (specify) Gene	eral	
State: District:			Memo Item
Full Name (Last, First, Middle Initial)			Date of Disbursement
Mailing Address			M M / D D / Y Y Y Y
City	State Zip Code		FEC Identification Number
Purpose of Disbursement	C		
Candidate Name	Amount of Each Disbursement this Period		
Office Sought: House Disburser		Type	
Senate President	Primary Gene Other (specify) ▼	eral	Mome Maria
State: District:			Memo Item
SUBTOTAL of Disbursements This Page (optional)			5850.00
TOTAL This Period (last page this line number only)	)		328130.62

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate for each categ	ory of the	FOR LINE N (check only 21b		PAGE 16 OF 80	
	Detailed Sumr	mary Page	28a	28b 28c <b>x</b>	29 30b	
Any information copied from such Reports and State or for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full) Working America Coalition						
Full Name (Last, First, Middle Initial)  A. Lexicon				Date of Disburseme	ent	
Mailing Address 10300 Farnham Dr		12 16	2016			
City Bethesda		Code )814-2218		FEC Identification N	lumber	
Purpose of Disbursement Non Federal Fliers  Candidate Name  Category/				Transaction ID Amount of Each Dis	: VTDBC9S9A7 sbursement this Period	
Office Sought: House Disburse Senate President	ment For: Primary Other (specify)	General	Type	Memo Item	330.00	
State: District:		•		Memo item		
Full Name (Last, First, Middle Initial)  B. Lexicon				Date of Disburseme	ent	
Mailing Address 10300 Farnham Dr						
City Bethesda		Code 0814-2218		FEC Identification N	lumber	
Purpose of Disbursement Design Non Fed Flier	ement			C Transaction ID : VTDBC9S9AF		
Candidate Name			Category/ Type	Amount of Each Disbursement this Period		
Office Sought: House Disburse Senate President	ment For: 2016 Primary Other (specify)	General		Memo Item	247.50	
State: District:				Це.не неш		
Full Name (Last, First, Middle Initial)  C. Lexicon				Date of Disburseme	ent	
Mailing Address 10300 Farnham Dr		12 22	2016			
City Bethesda Purpose of Disbursement Design Non Fed Flier	·	Code 0814-2218	004	FEC Identification N		
Candidate Name	004				: VTDBC9S9B	
Office Sought:    House   Disburse	ment For: 2016 Primary Other (specify)			Memo Item	82.50	
SUBTOTAL of Disbursements This Page (optional).				45	660.00	
TOTAL This Period (last page this line number only	·)					

	EMIZED DISBURSEMENTS	for each of	rate schedule(s) category of the Summary Page	FOR LINE N (check only 21b 28a				
	ny information copied from such Reports and Statem for commercial purposes, other than using the nam							
$\rangle$	NAME OF COMMITTEE (In Full) Working America Coalition							
Α.	Full Name (Last, First, Middle Initial)  Lexicon  Mailing Address 10300 Farnham Dr	Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
		State MD	Zip Code 20814-2218		FEC Identification Number			
	Design Non Fed Flier Candidate Name		[	004 Category/	Transaction ID: VTDBC9S9B6 Amount of Each Disbursement this Period			
	Senate	Type nent For: 2016 Primary   General  Other (specify) ▼			82.50  Memo Item			
В.	Full Name (Last, First, Middle Initial)  Lexicon		Date of Disbursement					
	Mailing Address 10300 Farnham Dr		12 22 2016					
	,	State MD	004	FEC Identification Number				
	Candidate Name			Category/ Type	Transaction ID: VTDBC9S9BF  Amount of Each Disbursement this Period			
	Senate	nent For: 2 Primary Other (spec	<b>✗</b> General		825.00 Memo Item			
c.	Full Name (Last, First, Middle Initial) Lexicon	Date of Disbursement						
	Mailing Address 10300 Farnham Dr				12 22 2016			
	City State Zip Code Bethesda MD 20814-2218 Purpose of Disbursement Design Non Fed Flier 0004				FEC Identification Number			
	Candidate Name		,	Category/ Type	Transaction ID: VTDBC9S9B  Amount of Each Disbursement this Period			
	Senate	nent For: 2 Primary Other (spec	<b>✗</b> General		165.00 Memo Item			
s	SUBTOTAL of Disbursements This Page (optional)				1072.50			
Т	TOTAL This Period (last page this line number only)							

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s	Oncok only	
	Detailed Summary Page	28a	28b 28c <b>x</b> 29 30b
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NAME OF COMMITTEE (In Full)	und address of ally poll	oar committee ((	5 CONOR CONTRIBUTIONS ITOM SUCH CONTINUED.
Working America Coalition			
Full Name (Last, First, Middle Initial)			Data of Dichuranes
A. Lexicon			Date of Disbursement
Mailing Address 10300 Farnham Dr			12 22 2016
Bethesda	State Zip Code MD 20814-2218		FEC Identification Number
Purpose of Disbursement Design Non Fed Flier		004	C
Candidate Name			Transaction ID: VTDBC9S9C2 Amount of Each Disbursement this Period
		Category/ Type	
	ement For:		1567.50
Senate President	Primary General Other (specify) ▼		П.,
State: District:			Memo Item
Full Name (Last, First, Middle Initial)			
3. Lexicon		Date of Disbursement	
Mailing Address 10300 Farnham Dr			12 22 2016
City	State Zip Code MD 20814-2218		FEC Identification Number
Bethesda Purpose of Disbursement	MD 20814-2218		C
Design Non Fed Flier		004	Transaction ID : VTDBC9S9CI
Candidate Name		Category/ Type	Amount of Each Disbursement this Period
	ement For: 2016		825.00
Senate President	Primary General Other (specify)		
State: District:	Office (opcority)		Memo Item
Full Name (Last, First, Middle Initial)			
C. Mosaic			Date of Disbursement
Mailing Address 4801 Viewpoint PI			12 22 2016
City	State Zip Code		FEC Identification Number
Hyattsville	MD 20781-1100		
Purpose of Disbursement Non Federal Fliers	<del>_</del> _	004	C
Candidate Name		Category/ Type	Transaction ID: VTDBC9SBP Amount of Each Disbursement this Period
Office Sought: House Disburse	ement For:	.,,,,,	450.00
Senate	Primary General		
President District:	Other (specify) ▼		Memo Item
State: District:			
SUBTOTAL of Disbursements This Page (optional).			2842.50
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	for each of	rate schedule(s) category of the Summary Page	FOR LINE (check only	one) 22 23 26 27		
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A. Mosaic				Date of Disbursement		
Mailing Address 4801 Viewpoint PI		T		12 22 2016		
Hyattsville	State MD	Zip Code 20781-1100		FEC Identification Number		
Purpose of Disbursement Non Federal Fliers Candidate Name				Transaction ID : VTDBC9SBQ		
Candidate Name			Category/ Type	Amount of Each Disbursement this Period		
Senate	ment For: Primary	General	21: 2	2405.00		
State: District:	Other (spec	cify) 🔻		Memo Item		
Full Name (Last, First, Middle Initial)						
3- Mosaic				Date of Disbursement		
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,	State MD	Zip Code 20781-1100		FEC Identification Number		
Hyattsville Purpose of Disbursement Non Federal Fliers	IVID	20781-1100		C Transaction ID : VTDBC9SBQI		
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City Hyattsville	State MD	Zip Code 20781-1100		FEC Identification Number		
Purpose of Disbursement Non Federal Fliers		20701-1100		C Transaction ID : VTDBC9SET		
Candidate Name			Category/ Type	Amount of Each Disbursement this Period		
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State: District:  SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only				2645.		

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IT	EMIZED DISBURSEMENTS	for each	rate schedule(s) category of the	(check only		] 22	26 27	
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A.	Mosaic				Date of Di	sbursemen	/ Y Y Y Y Y	
	Mailing Address 4801 Viewpoint PI				12	22	2016	
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	Non Federal Fliers			004		action ID :	VTDBC9SEW	
	Candidate Name						oursement this Period	
	Office Sought:   House   Disbursement For:						30.00	
	Senate Disburser	Primary	General				7	
	President	Other (spec	cify) 🔻		Memo	Item		
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٠.	B. Mosaic					M M / D D / Y Y Y Y		
	Mailing Address 4801 Viewpoint PI	·			12 22 2016			
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	on Federal Fliers 004					action ID ·	VTDBC9SEY(	
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	Non Federal Fliers	ose of Disbursement Federal Fliers			C			
	Candidate Name			004 Category/			VTDBC9SEY oursement this Period	
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule for each category of the	ne Concoll only		
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NAME OF COMMITTEE (In Full) Working America Coalition	The second secon	22	The state of the s	
Full Name (Last, First, Middle Initial)				
A. Mosaic			Date of Disbursement	
Mailing Address 4801 Viewpoint PI			12 22 2016	
City Hyattsville	State Zip Code 20781-110	0	FEC Identification Number	
Purpose of Disbursement Non Federal Fliers Candidate Name		004	Transaction ID : VTDBC9SEY\	
Candidate Name		Category/ Type	Amount of Each Disbursement this Period	
Senate	ement For: Primary Genera		420.00	
President State: District:	Other (specify) ▼		Memo Item	
Full Name (Last, First, Middle Initial)				
B. Mosaic			Date of Disbursement	
Mailing Address 4801 Viewpoint PI			12 22 2016	
City Hyattsville	State Zip Code MD 20781-110	0	FEC Identification Number	
Purpose of Disbursement Non Federal Fliers	20/81-110	004	Transaction ID : VTDBC9SEZI	
Candidate Name	11 - 47 -			
Senate	ement For: Primary Genera		270.00	
State: President District:	Other (specify)		Memo Item	
Full Name (Last, First, Middle Initial)  C. Mosaic			Date of Disbursement	
Mailing Address 4801 Viewpoint PI			12 22 2016	
City Hyattsville	State Zip Code MD 20781-110	0	FEC Identification Number	
Purpose of Disbursement Non Federal Fliers		004	Transaction ID : VTDBC9SF2I	
Candidate Name		Category/ Type	Amount of Each Disbursement this Period	
Office Sought: House Disburse Senate President	ement For:  Primary Genera  Other (specify) ▼	al	30.00 Memo Item	
State: District:			L	
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Mailing Address 4801 Viewpoint PI  City Hyattsville Purpose of Disbursement Non Federal Fliers  Candidate Name  Office Sought: House Senate Primary President Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  B. Mosaic  Mailing Address 4801 Viewpoint PI  City Hyattsville Purpose of Disbursement Non Federal Fliers  Candidate Name  Office Sought: House Disbursement For: Senate Primary Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C. Mosaic  Mailing Address 4801 Viewpoint PI  City Hyattsville State District:  Full Name (Last, First, Middle Initial)  C. Mosaic  Mailing Address 4801 Viewpoint PI  City State MD					
A. Mosaic  Mailing Address 4801 Viewpoint PI  City Hyattsville Purpose of Disbursement Non Federal Fliers Candidate Name  Office Sought: House Senate Primary Other (specify) State: District:  Full Name (Last, First, Middle Initial)  B. Mosaic  Mailing Address 4801 Viewpoint PI  City Hyattsville Purpose of Disbursement Non Federal Fliers Candidate Name  Office Sought: House Disbursement Non Federal Fliers  Candidate Name  Office Sought: House Primary President State: District:  Full Name (Last, First, Middle Initial)  C. Mosaic  Mailing Address 4801 Viewpoint PI  City Hyattsville  MD  State Z  Primary Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C. Mosaic  Mailing Address 4801 Viewpoint PI  City Hyattsville  State Z  MD		M M / D D / Y			
Hyattsville Purpose of Disbursement Non Federal Fliers  Candidate Name  Office Sought: House Senate Primary Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  B. Mosaic  Mailing Address 4801 Viewpoint PI  City Hyattsville Purpose of Disbursement Non Federal Fliers  Candidate Name  Office Sought: House Senate Primary Other (specify)  State Purpose of Disbursement Non Federal Fliers  Candidate Name  Office Sought: House Primary Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C. Mosaic  Mailing Address 4801 Viewpoint PI  City Hyattsville  State Z MD	A. Mosaic				
B. Mosaic  Mailing Address 4801 Viewpoint PI  City State MD  Purpose of Disbursement Non Federal Fliers  Candidate Name  Office Sought: House Disbursement For: Senate Primary President State: District:  Full Name (Last, First, Middle Initial)  C. Mosaic  Mailing Address 4801 Viewpoint PI  City Hyattsville  State Z MD	General	Transaction ID : VTDBC Amount of Each Disbursement  Memo Item			
State: District:  Full Name (Last, First, Middle Initial)  C. Mosaic  Mailing Address 4801 Viewpoint PI  City Hyattsville  State MD	General	Date of Disbursement    M			
	State: District:  Full Name (Last, First, Middle Initial)  Mosaic  Mailing Address 4801 Viewpoint PI  City State Zip Code Hyattsville MD 20781-1100  Purpose of Disbursement				
Non Federal Fliers  Candidate Name  Office Sought: House Disbursement For: Senate Primary President State: District:	General	Category/ Type  Category/ Type  Memo Item			

Hyattsville Purpose of Disbursement Non Federal Fliers  Candidate Name  Office Sought: House Disbursement	ents may ne and addre	Zip Code 20781-1100		
NAME OF COMMITTEE (In Full)  Working America Coalition  Full Name (Last, First, Middle Initial)  Mosaic  Mailing Address 4801 Viewpoint Pl  City Hyattsville Purpose of Disbursement Non Federal Fliers  Candidate Name  Office Sought:  House  Disbursement	tate MD ent For:	Zip Code 20781-1100	004 Category/	Date of Disbursement    M
NAME OF COMMITTEE (In Full)  Working America Coalition  Full Name (Last, First, Middle Initial)  Mosaic  Mailing Address 4801 Viewpoint PI  City Hyattsville Purpose of Disbursement Non Federal Fliers  Candidate Name  Office Sought: House  Disbursement	tate MD ent For: Primary	Zip Code 20781-1100	004 Category/	Date of Disbursement  12 22 2016  FEC Identification Number  C  Transaction ID: VTDBC9SF7I  Amount of Each Disbursement this Period
Mailing Address 4801 Viewpoint PI  City St Hyattsville Non Federal Fliers  Candidate Name  Office Sought: House Disbursement	ent For: Primary	20781-1100	Category/	FEC Identification Number  C  Transaction ID: VTDBC9SF7I  Amount of Each Disbursement this Period
City Hyattsville Purpose of Disbursement Non Federal Fliers Candidate Name  Office Sought: House Disbursement	ent For: Primary	20781-1100	Category/	FEC Identification Number  C  Transaction ID: VTDBC9SF7I  Amount of Each Disbursement this Period
Hyattsville Purpose of Disbursement Non Federal Fliers  Candidate Name  Office Sought: House Disbursement	ent For: Primary	20781-1100	Category/	Transaction ID: VTDBC9SF7I Amount of Each Disbursement this Period
Non Federal Fliers  Candidate Name  Office Sought: House Disburseme	Primary		Category/	Transaction ID: VTDBC9SF7I Amount of Each Disbursement this Period
	Primary			90.00
President C				Memo Item
Full Name (Last, First, Middle Initial)  3. Mosaic  Mailing Address 4801 Viewpoint Pl				Date of Disbursement  12 22 2016
City	tate MD	Zip Code 20781-1100		FEC Identification Number
Non Federal Fliers Candidate Name	004 Category/ Type	Transaction ID : VTDBC9SGHI Amount of Each Disbursement this Period		
	ent For: Primary Other (spec	General ify)		90.00  Memo Item
Full Name (Last, First, Middle Initial)  Mosaic				Date of Disbursement
Mailing Address 4801 Viewpoint PI				12 22 2016
Hyattsville Purpose of Disbursement Non Federal Fliers	tate MD	Zip Code 20781-1100	004	FEC Identification Number  C  Transaction ID : VTDBC9SGK
Candidate Name			Category/ Type	Amount of Each Disbursement this Period
	ent For: Primary Other (spec	General ify) ▼		60.00  Memo Item
SUBTOTAL of Disbursements This Page (optional)			·····	240.00

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			solicit contributions from such committee.	
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Mailing Address 4801 Viewpoint PI				
state MD	Zip Code 20781-1100		FEC Identification Number	
		004 Category/	Transaction ID : VTDBC9SGM Amount of Each Disbursement this Period	
nent For: Primary Other (spec	General	Туре	120.00 Memo Item	
			Date of Disbursement  12 22 2016	
state	Zip Code		FEC Identification Number	
le MD 20781-110 of Disbursement deral Shipping		004	C Transaction ID : VTDBC9SGR	
Туре			Amount of Each Disbursement this Period 1553.41	
Primary	General		Memo Item	
			Date of Disbursement	
			12 22 2016	
state MD	Zip Code 20781-1100	004	FEC Identification Number  C  Transaction ID: VTDBC9SGS	
		Category/	Amount of Each Disbursement this Period	
nent For: Primary Other (spec	General General		60.00 Memo Item	
	ment For: Primary Other (special state MD)  The state MD  The state MD	MD 20781-1100  Thent For: Primary General Other (specify) ▼  State Zip Code 20781-1100  Thent For: Primary General Other (specify)  State Zip Code 20781-1100  Thent For: Primary General Other (specify)  Thent For: Primary General Other (specify) ▼	MD 20781-1100  Out Category/ Type  Type	

SCHEDULE B (FEC Form 3X)	lles	wata ach adula (a)	FOR LINE NUMBER: PAGE 25 O			
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the	(check only		22 26 27	
	Detailed	Summary Page	21b 28a		23 26 27 28c <b>x</b> 29 30b	
Any information copied from such Reports and Staten	nents may r	not be sold or use	ed by any pers	on for the purp		
or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full)						
Working America Coalition						
Full Name (Last, First, Middle Initial)				D . (D)		
A. Mosaic				Date of Disl	oursement	
Mailing Address 4801 Viewpoint PI				12	22 2016	
,	State MD	Zip Code 20781-1100		FEC Identific	cation Number	
Hyattsville Purpose of Disbursement	IVID	20781-1100		С		
Non Federal Fliers	004		ction ID : VTDBC9SGS			
Candidate Name					Each Disbursement this Period	
Office Sought: House Disburser	nent For:		Туре		15.00	
Senate	Primary	General			45 45	
President	Other (spec	cify) 🔻		Memo I	tem	
State: District:						
Full Name (Last, First, Middle Initial) <b>B. Mosaic</b>				Date of Dist	hursement	
- Iviosaic		M M / D D / Y Y Y Y				
Mailing Address 4801 Viewpoint PI	SS 4801 Viewpoint PI			12 22 2016		
,	State MD	Zip Code		FEC Identific	cation Number	
Hyattsville Purpose of Disbursement	IVID	20781-1100		C		
Non Federal Fliers		004			ction ID : VTDBC9SGT	
Candidate Name			Category/		Each Disbursement this Period	
Office Sought: House Disburser	nent For:		Type		420.00	
Senate	Primary	General				
	Other (spec	cify)		Memo I	tem	
State: District:						
Full Name (Last, First, Middle Initial)  C. New Hampshire AFL-CIO				Date of Dist	bursement	
				M = M /	D D / Y Y Y Y	
Mailing Address 161 Londonderry Trunpike				12	19 2016	
City	State	Zip Code		FEC Identifi	cation Number	
Hooksett Purpose of Disbursement	NH	03106			oddon rambol	
Non-Federal Canvassing			001	C		
Candidate Name			Category/		ction ID: VTDBC9SBQ Each Disbursement this Period	
Office Sought: House Disburser	nent Eor		Туре		4000.00	
Senate Dispurser	Primary	General			400.00	
President	Other (spec			Memo I	tem	
State: District:				Wiemie		
					4435.00	
SUBTOTAL of Disbursements This Page (optional)			······		. 100.00	
TOTAL This Period (last page this line number only)					14813.41	

# SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 26 OF
FOR LINE NUMBER:
(check only one)

9 10

80

NAME OF COMMITTEE (In Full) Working America Coalition A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Nonfederal Fliers AFL-CIO Mailing Address 815 16th St NW State Zip Code Washington DC 20006-4101 Transaction ID: VTBCW9H8675 Outstanding Balance Beginning This Period 45.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 45.00 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Fliers Mosaic Mailing Address 4801 Viewpoint PI City State Zip Code Hyattsville 20781-1100 MD Outstanding Balance Beginning This Period Transaction ID: VTBCW9H86A9 26470.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 26470.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 45.00 1) SUBTOTALS This Period This Page (optional)..... 45.00 2) TOTALS This Period (last page this line number only)..... 0.00 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 45.00 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Working America Coalition				
				C C00620583
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Mosaic				11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint Pl				
				Amount
City	State	Zip Code		120.00
Hyattsville	MD	20781-1100		Transaction ID: VTDBC9SBNZ7 Date of Disbursement or Obligation
Purpose of Expenditure Payment-Fliers				
Name of Federal Candidate:		<b>✗</b> Support	Office	e Sought: House District:
FEINGOLD, RUSSELL DANA, , ,		Oppose		President State: WI
Calendar Year-To-Date Per Election for Office Sought	, , , ,	22510.48	Disbu 2016	rsement For: Primary <b>X</b> General  Other (specify) ▶
Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination
Mosaic				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint PI				11 00 2010
icer Viempenier i				Amount
City	State	Zip Code		15.00
Hyattsville	MD	20781-1100		Transaction ID : VTDBC9SBP96 Date of Disbursement or Obligation
Purpose of Expenditure	1	Category/		M M / D D / Y Y Y Y
Payment - Fliers		Type 004	-	12 22 2016
Name of Federal Candidate:		<b>✗</b> Support	Office	e Sought: House District:
FEINGOLD, RUSSELL DANA, , ,		Oppose		President Senate State: WI
Calendar Year-To-Date		22510.48	1	rsement For: Primary 🗶 General
Per Election for Office Sought	7 7		2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			▶	135.00
(b) SUBTOTAL of Unitemized Independent Expenditur	200			
(b) GOD TO TALL OF OTHER MIZE OF MACHINETIC EXPERIMENT	03		•	
(c) TOTAL Independent Expenditures			▶	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
King, Crystal, , ,	Electronically Fil	ed]	M	7 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Dat	e 0	7 20 2017

TEMIZED INDEFENDENT EXPENDITORES	'		PAGE 28 OF 80 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Working America Coalition			C C00620583
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on M M M / D D / Y Y Y Y Y
Full Name of Payee Mosaic		☐ Memo	M = M / D = D / Y = Y = Y
Mailing Address 4801 Viewpoint PI			11 06 2016 Amount
	1 0: :	7: 0 1	750
City Hyattsville	State MD	Zip Code 20781-1100	7.50  Transaction ID : VTDBC9SBPR4  Date of Disbursement or Obligation
Purpose of Expenditure Payment - Fliers	1	Category/ Type 004	M M / D D / Y Y Y Y
Name of Federal Candidate:		<b>✗</b> Support	Office Sought: House District:
Clinton, Hillary, Rodham, ,		Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	7 1 7	384639.62	Disbursement For:  Primary  General 2016  Other (specify) ▶
Full Name of Payee		☐ Memo	Item Date of Public Distribution/Dissemination
Mosaic			11 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint PI			Amount
City	State	Zip Code	450.00
Hyattsville	MD	20781-1100	Transaction ID : VTDBC9SBQ08  Date of Disbursement or Obligation
Purpose of Expenditure Payment - Fliers		Category/ Type 004	12 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>✗</b> Support	Office Sought: House District:
Clinton, Hillary, Rodham, ,		Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	7 1 7	384639.62	Disbursement For: ☐ Primary
(a) SUBTOTAL of Itemized Independent Expenditures	S		. • 457.50
(b) SUBTOTAL of Unitemized Independent Expenditu	res		<b>&gt;</b>
(c) TOTAL Independent Expenditures			. •
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized	•	
	[Electronically File	ed] Date	e 07 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

TEMIZED INDEFENDENT EXPENDITORES			PAGE 29 OF 80 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Working America Coalition			C C00620583
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on M M / D D / Y Y Y Y
Full Name of Payee Mosaic		☐ Memo	Item Date of Public Distribution/Dissemination
Mailing Address 4801 Viewpoint PI			11 03 2016
			Amount
City	State	Zip Code	60.00
Hyattsville	MD	20781-1100	Transaction ID: VTDBC9SBQQ7 Date of Disbursement or Obligation
Purpose of Expenditure Payment - Fliers		Category/ Type 004	M M / D D / Y Y Y
Name of Federal Candidate:		<b>✗</b> Support	Office Sought: House District:
FEINGOLD, RUSSELL DANA, , ,		Oppose	President X Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	22510.48	Disbursement For:  Primary  General 2016  Other (specify) ▶
Full Name of Payee		☐ Memo	Item Date of Public Distribution/Dissemination
Mosaic			11 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint PI			Amount
City	State	Zip Code	30.00
Hyattsville	MD	20781-1100	Transaction ID : VTDBC9SBQR5  Date of Disbursement or Obligation
Purpose of Expenditure Payment - Fliers		Category/ Type 004	M M / D D / Y Y Y Y
Name of Federal Candidate:		<b>x</b> Support	Office Sought: House District:
Clinton, Hillary, Rodham, ,		Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	384639.62	Disbursement For: ☐ Primary <b>X</b> General 2016 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·		90.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· •
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized	•	
King, Crystal, , ,	[Electronically File	ed] Date	e 07 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

TEMIZED INDEPENDENT EXPENDITURES				PAGE 30 OF 80	
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X	
Working America Coalition				FEC IDENTIFICATION NUMBER ▼	
S .				C C00620583	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y	
Full Name of Payee		☐ Memo	Item Dat	e of Public Distribution/Dissemination	
Mosaic				11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 4801 Viewpoint PI				ount	
City	State	Zip Code	— F	60.00	
Hyattsville	MD	20781-1100		insaction ID : VTDBC9SBQW7 e of Disbursement or Obligation	
Purpose of Expenditure Payment -Fliers		Category/ Type 004		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate:		<b>✗</b> Support	Office Sou	ıght: House District:	
Clinton, Hillary, Rodham, ,		Oppose	<b>x</b> Pres		
Calendar Year-To-Date Per Election for Office Sought	7	384639.62	Disbursem 2016	nent For: ☐ Primary <b>X</b> General  Other (specify) ▶	
Full Name of Payee		☐ Memo	Item Dat	e of Public Distribution/Dissemination	
Mosaic				11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 4801 Viewpoint PI					
4001 Viewpoint 11			Am	ount	
City	State	Zip Code		30.00	
Hyattsville	MD	20781-1100		e of Disbursement or Obligation	
Purpose of Expenditure Payment - Fliers		Category/ Type 004		12 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Fadaval Candidate.					
Name of Federal Candidate: FEINGOLD, RUSSELL DANA, , ,		<b>✗</b> Support	Office Sou		
FEINGOLD, ROSSELL DANA, , ,		Oppose	Pres	sident X Senate State: WI	
Calendar Year-To-Date Per Election for Office Sought		22510.48	Disbursem 2016	_ , _	
r dr Elodion for emod edagni	7 7			Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized	•		•	
King, Crystal, , ,	[Electronicall. E:	adl	M = M	/ D D / Y Y Y Y Y	
Signature	Electronically Fil	eaj Date	9 07	20 2017	

PAGE 31 OF 80 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ Working America Coalition C00620583 Check if 24-hour report 48-hour report New report Amends report filed on Date of Public Distribution/Dissemination Full Name of Payee Mosaic 11 03 2016 Mailing Address 4801 Viewpoint Pl Amount City State Zip Code 140.00 MD 20781-1100 Transaction ID: VTDBC9SBR66 Hyattsville Date of Disbursement or Obligation Purpose of Expenditure Category/ Payment-Fliers 004 12 22 2016 Type Name of Federal Candidate: 01 **X** Support Office Sought: **X** House District: SHEA-PORTER, CAROL, , , NH Oppose President State: Senate Disbursement For: Primary **X** General Calendar Year-To-Date 1235.00 2016 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item Mosaic 2016 03 Mailing Address 4801 Viewpoint PI Amount 30.00 City State Zip Code Hyattsville Transaction ID: VTDBC9SBRD1 MD 20781-1100 Date of Disbursement or Obligation Purpose of Expenditure Category/ Payment - Fliers 004 22 2016 12 Type Name of Federal Candidate: x Support Office Sought: House District: FEINGOLD, RUSSELL DANA, , , WI Oppose President **X** Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 22510.48 2016 Per Election for Office Sought Other (specify) ▶ 170.00 (a) SUBTOTAL of Itemized Independent Expenditures ...... (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures ..... 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 (if the reporting entity is not a political party committee) any political party committee or its agent. King, Crystal,,, [Electronically Filed] 20 2017 Date Signature

TEMIZED INDEPENDENT EXPENDITURES				PAGE 32 OF 80 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Working America Coalition				C C00620583
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Mosaic				11 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint PI			Amou	int
City	State	Zip Code	$ \Gamma$	120.00
Hyattsville	MD	20781-1100	Trans Date	saction ID : VTDBC9SBRK8 of Disbursement or Obligation
Purpose of Expenditure Payment -Fliers		Category/ Type 004		12 22 7 2016
Name of Federal Candidate:		<b>✗</b> Support	Office Sough	ht: House District:
MCGINTY, KATHLEEN ALANA, , ,		Oppose	Presid	lent Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	, , ,	28524.30	Disbursemer 2016	nt For:  Primary
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Mosaic				11 03 2016
Mailing Address 4801 Viewpoint PI			Amou	int
City	State	Zip Code	— r	225.00
Hyattsville	MD	20781-1100		saction ID : VTDBC9SBRN4 of Disbursement or Obligation
Purpose of Expenditure Payment-Fliers		Category/ Type 004		12 22 2016
Name of Federal Candidate:		<b>✗</b> Support	Office Sough	ht: House District:
Clinton, Hillary, Rodham, ,		Oppose	<b>X</b> Presid	lent Senate State:
Calendar Year-To-Date Per Election for Office Sought	7	384639.62	Disbursemei 2016	nt For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures.			· .	345.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es			
(4, 002.00.112.00.0111.00.00	2			
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
King, Crystal, , ,	Electronically File	ed]	M M /	20 / 2017
Signature		Date	9 07	2017

TEMIZED INDEFENDENT EXPENDITORES			PAGE 33 OF 80 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Working America Coalition			C C00620583
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on M M / D D / Y Y Y Y
Full Name of Payee Mosaic		Memo	
Mailing Address 4801 Viewpoint PI			11 02 7 2016
4601 Viewpoint PI			Amount
City	State	Zip Code	1440.00
Hyattsville	MD	20781-1100	Transaction ID : VTDBC9SBSP5  Date of Disbursement or Obligation
Purpose of Expenditure Payment-Fliers		Category/ Type 004	12 / 22 / 2016
Name of Federal Candidate:		<b>X</b> Support	Office Sought:  House District: 04
KIHUEN, RUBEN, , ,		Oppose	President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	19484.35	Disbursement For: ☐ Primary
Full Name of Payee		☐ Memo	Item Date of Public Distribution/Dissemination
Mosaic			11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint PI			Amount
City	State	Zip Code	60.00
Hyattsville	MD	20781-1100	Transaction ID : VTDBC9SBTF2 Date of Disbursement or Obligation
Purpose of Expenditure Payment - Fliers		Category/ Type 004	M M / D D / Y Y Y Y
Name of Federal Candidate:		<b>✗</b> Support	Office Sought:  House District: 08
NELSON, TOM, , ,		Oppose	President Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	7 7	3790.50	Disbursement For:  Primary  General 2016  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	s		. • 1500.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		-
(c) TOTAL Independent Expenditures			·
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized	•	• • • • • • • • • • • • • • • • • • • •
King, Crystal, , ,	[Electronically File	ed] Date	07 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_ Duit	

TEMIZED INDEPENDENT EXPENDITURES				PAGE 34 OF 80
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X  FEC IDENTIFICATION NUMBER ▼
Working America Coalition				C C00620583
Check if 24-hour report 48-hour report	New repo	ort Amends repo		/ M = M / D = D / Y = Y = Y
Full Name of Payee Mosaic		☐ Memo	Item Date	of Public Distribution/Dissemination
Mailing Address 4801 Viewpoint PI			Amou	11 05 2016
			Amot	
City	State	Zip Code		450.00
Hyattsville	MD	20781-1100		saction ID : VTDBC9SBV95 of Disbursement or Obligation
Purpose of Expenditure Payment - Fliers		Category/ Type 004		12 / 22 / 2016
Name of Federal Candidate:		<b>✗</b> Support	Office Soug	ht: House District:
Clinton, Hillary, Rodham, ,		Oppose	<b>x</b> Presid	dent Senate State:
Calendar Year-To-Date Per Election for Office Sought	7 1 7	384639.62	Disburseme	nt For: Primary <b>X</b> General  Other (specify) ▶
Full Name of Payee		Memo		of Public Distribution/Dissemination
Mosaic			r	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint PI				11 06 2016
4001 VICWPOINTT			Amou	unt
City	State	Zip Code	- II	24.00
Hyattsville	MD	20781-1100		nsaction ID : VTDBC9SBVC9 of Disbursement or Obligation
Purpose of Expenditure Payment - Fliers		Category/ Type 004		12 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>x</b> Support	Office Soug	ht: House District:
MURPHY, PATRICK, , ,		Oppose	Presid	dent 🗴 Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	2   2	108649.59	Disburseme	nt For:
				Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	í		· •	474.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
King, Crystal, , ,	[Electronically Fil	led1	M = M /	D D / Y Y Y Y Y
Signature	I'II	_ Date	e 07	20 2017

TEMIZED INDEPENDENT EXPENDITURES				PAGE 35 OF 80
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X  FEC IDENTIFICATION NUMBER ▼
Working America Coalition				C C00620583
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
Mosaic				11 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint PI			Ar	mount
City	State	Zip Code	— Г	90.00
Hyattsville	MD	20781-1100		ransaction ID : VTDBC9SBVP8
Purpose of Expenditure Payment - Fliers		Category/ Type 004		ate of Disbursement or Obligation  12 22 2016
Name of Federal Candidate:		<b>X</b> Support	Office Sc	ought: House District:
Clinton, Hillary, Rodham, ,		Oppose	l —	esident Senate State:
Calendar Year-To-Date Per Election for Office Sought	7	384639.62	Disburse	ment For: Primary   General  Other (specify) ▶
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
Mosaic				M M / D D / Y Y Y Y Y 1
Mailing Address 4801 Viewpoint PI				11 02 2010
isos vienpenki.			Ar	nount
City	State	Zip Code		200.00
Hyattsville	MD	20781-1100		ransaction ID: VTDBC9SBW56 ate of Disbursement or Obligation
Purpose of Expenditure Payment-Fliers		Category/ Type 004		12 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>✗</b> Support	Office Sc	ought:   House District: 08
Santarsiero, Steven, J., ,		Oppose	Pre	esident Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	7 7	1688.00	Disburse 2016	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures				290.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		· • _	
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
King, Crystal, , ,	[Electronically File	led1	M = M	/ D D / Y Y Y Y Y
Signature		Date	e 07	20 2017

TEMIZED INDEPENDENT EXPENDITURES				PAGE 36 OF 80 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Working America Coalition				C C00620583
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		Memo	Item Date	e of Public Distribution/Dissemination
Mosaic		_ Mono	nom	11 03 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint PI			Amo	ount
City	State	Zip Code	— Г	1500.00
Hyattsville	MD	20781-1100		nsaction ID : VTDBC9SBW64 e of Disbursement or Obligation
Purpose of Expenditure Payment-Fliers		Category/ Type 004		12 22 2016
Name of Federal Candidate:		Support	Office Sou	ght: House District:
TRUMP, DONALD, J., ,		x Oppose	<b>x</b> Pres	ident Senate State:
Calendar Year-To-Date		384639.62	Disbursem	ent For: Primary X General
Per Election for Office Sought	7 7	304033.02	2016	Other (specify) ▶
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
Mosaic				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint PI				
·			Amo	ount
City	State	Zip Code		30.00
Hyattsville	MD	20781-1100		insaction ID : VTDBC9SBWT2 e of Disbursement or Obligation
Purpose of Expenditure Payment -Fliers		Category/ Type		12 / 22 / 2016
Name of Federal Candidate:		<b>x</b> Support	Office Sou	ght: House District:
MCGINTY, KATHLEEN ALANA, , ,		Oppose	Pres	ident Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	7 7	28524.30	Disbursem 2016	ent For: ☐ Primary <b>X</b> General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			[	1530.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· • _	7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
King, Crystal, , ,	[Electronically Fil	ed]	M = M	20 2017
Signature		Date	e 07	2017

TEMIZED INDEPENDENT EXPENDITURES				PAGE 37 OF 80 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Working America Coalition				C C00620583
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
Mosaic				11 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint PI			Ar	mount
City	State	Zip Code	— I	90.00
Hyattsville	MD	20781-1100		ransaction ID : VTDBC9SBXD2
Purpose of Expenditure Payment - Fliers	<u> </u>	Category/ Type 004		ate of Disbursement or Obligation  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>✗</b> Support	Office So	ought: House District:
Clinton, Hillary, Rodham, ,		Oppose	l	esident Senate State:
Calendar Year-To-Date				ment For: Primary X General
Per Election for Office Sought	7-1-1-7-	384639.62	2016	Other (specify) ▶
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
Mosaic				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint PI				11 00 2010
			Ar	nount
City	State	Zip Code		30.00
Hyattsville	MD	20781-1100		ransaction ID : VTDBC9SBYE1 ate of Disbursement or Obligation
Purpose of Expenditure Payment - Fliers		Category/ 004		12 22 2016
Taymont There		Type 004		12 22 2010
Name of Federal Candidate:		<b>x</b> Support	Office So	ought: House District:
Clinton, Hillary, Rodham, ,		Oppose	<b>X</b> Pro	esident Senate State:
Calendar Year-To-Date		384639.62	Disburse	ment For: Primary X General
Per Election for Office Sought	7 7		2010	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			· • _	120.00
(b) SUBTOTAL of Unitemized Independent Expenditure	<b>100</b>		, г	
(b) GOD TO TALL OF OTHER MIZE OF MICE PER MICE EXPENDICING	03		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
King, Crystal, , ,	Electronically Fil	od1	M = M	/ D D / Y Y Y Y Y
Signature	ъссы описину <b>Г</b> Ш	Date	9 07	20 2017

				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Working America Coalition				
				C C00620583
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y
Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination
Mosaic				11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint PI				
·				Amount
City	State	Zip Code		210.00
Hyattsville	MD	20781-1100		Transaction ID : VTDBC9SERQ1 Date of Disbursement or Obligation
Purpose of Expenditure Payment - Fliers		Category/ Type 004	4	12 / D D / Y Y Y Y Y Y Y 2016
Name of Federal Candidate:		<b>✗</b> Support	Office	Sought: House District:
MCGINTY, KATHLEEN ALANA, , ,		Oppose		President Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	7	28524.30	Disbu 2016	rsement For: Primary <b>X</b> General  Other (specify) ▶
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Mosaic				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint PI				
·				Amount
City	State	Zip Code		22.50
Hyattsville	MD	20781-1100		Transaction ID: VTDBC9SES28  Date of Disbursement or Obligation
Purpose of Expenditure Payment - Fliers		Category/ 004		12 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
·		Type 004		12 22 2010
Name of Federal Candidate:		<b>x</b> Support	Office	Sought: House District:
Clinton, Hillary, Rodham, ,		Oppose	×	President Senate State:
Calendar Year-To-Date		384639.62	Disbu 2016	rrsement For: Primary General
Per Election for Office Sought	7		2010	Other (specify) ▶
() 2007-7-1 (1) (1) (1) (1) (1)				200 50
(a) SUBTOTAL of Itemized Independent Expenditures			. •	232.50
(b) SUBTOTAL of Unitemized Independent Expenditur	es		. •	
			,	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
King, Crystal, , ,	Electronically Fil	ed1 –	M	M / D D / Y Y Y Y
Signature		Date	e 0	7 20 2017

TEMIZED INDEPENDENT EXPENDITURES				PAGE 39 OF 80 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Working America Coalition				C C00620583
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Mosaic			[	11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint PI			Amou	unt
City	State	Zip Code	-	150.00
Hyattsville	MD	20781-1100		saction ID : VTDBC9SETC0 of Disbursement or Obligation
Purpose of Expenditure Payment-Fliers		Category/ Type		12
Name of Federal Candidate:		<b>X</b> Support	Office Soug	ht: K House District: 16
HARTMAN, CHRISTINA MARIE, , ,		Oppose	Presid	dent Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	1434.00	Disburseme 2016	ent For:  Primary
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Mosaic				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint PI			Amou	unt
City	State	Zip Code		450.00
Hyattsville	MD	20781-1100		nsaction ID : VTDBC9SEV57 of Disbursement or Obligation
Purpose of Expenditure Payment - Fliers		Category/ Type 004		12 / 22 / 2016
Name of Federal Candidate:		<b>✗</b> Support	Office Soug	ht: House District:
Clinton, Hillary, Rodham, ,		Oppose	<b>X</b> Presid	dent Senate State:
Calendar Year-To-Date Per Election for Office Sought		384639.62	Disburseme	ont For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	·		<b>.</b>	600.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· [	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
King, Crystal, , ,	[Electronically File	[ed] Date	e 07	20 / 2017
Signature			, ,,	2011

TEMIZED INDEPENDENT EXPENDITURES				PAGE 40 OF 80
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
Working America Coalition				FEC IDENTIFICATION NUMBER ▼  C C00620583
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		Memo	Item Da	te of Public Distribution/Dissemination
Mosaic				11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint PI			Am	nount
City	State	Zip Code	$ \Gamma$	225.00
Hyattsville	MD	20781-1100		ansaction ID: VTDBC9SEVK6 te of Disbursement or Obligation
Purpose of Expenditure Payment-Fliers	,	Category/ Type 004		12
Name of Federal Candidate:		<b>X</b> Support	Office Soi	ught: House District:
MURPHY, PATRICK, , ,		Oppose	l	sident Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	7 1 7	108649.59	Disbursen 2016	nent For:
Full Name of Payee		☐ Memo	Item Da	te of Public Distribution/Dissemination
Mosaic				11 03 7 2016
Mailing Address 4801 Viewpoint PI			Am	nount
City	State	Zip Code	— г	720.00
Hyattsville	MD	20781-1100		ansaction ID : VTDBC9SEVW7 te of Disbursement or Obligation
Purpose of Expenditure Payment-Fliers		Category/ Type 004		12 / 22 / 2016
Name of Federal Candidate:		<b>x</b> Support	Office Sor	ught:  House District: 04
KIHUEN, RUBEN, , ,		Oppose	Pre	sident Senate State: NV
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	19484.35	Disbursen 2016	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures				945.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		. •	
(c) TOTAL Independent Expenditures			• •	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
King, Crystal, , ,	[Electronically Fil	led1 _	M = M	/ D D / Y Y Y Y
Signature		Date	e 07	20 2017

TEMIZED INDEPENDENT EXPENDITURES				PAGE 41 OF 80
NAME OF COMMITTEE (In Full)			FEC	FOR LINE 24 OF FORM 3X DENTIFICATION NUMBER ▼
Working America Coalition				C00620583
			C	C00620583
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	/ D D / Y T Y T Y
Full Name of Payee		☐ Memo	Item Date of Pu	blic Distribution/Dissemination
Mosaic			M M M	03 / 2016
Mailing Address 4801 Viewpoint Pl			Amount	
City	State	Zip Code		60.00
Hyattsville	MD	20781-1100		on ID: VTDBC9SEWG5 sbursement or Obligation
Purpose of Expenditure Payment - Fliers		Category/ Type 004	M M 12	/ 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>X</b> Support	Office Sought:	House District:
FEINGOLD, RUSSELL DANA, , ,		Oppose	President	Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	7 1 7	22510.48	Disbursement For 2016 Other	r: Primary ✗ General (specify) ▶
Full Name of Payee		☐ Memo	Item Date of Pu	blic Distribution/Dissemination
Mosaic			M - M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint Pl			Amount	
			Amount	
City	State	Zip Code		60.00
Hyattsville	MD	20781-1100		on ID: VTDBC9SEWJ1 Sbursement or Obligation
Purpose of Expenditure Payment -Fliers		Category/ Type 004	M M 12	/ 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>✗</b> Support	Office Sought:	House District:
Clinton, Hillary, Rodham, ,		Oppose	<b>X</b> President	Senate State:
Calendar Year-To-Date		384639.62	Disbursement For	: Primary Seneral
Per Election for Office Sought	7 7	00-1000.02	2016 Other	(specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			<b>.</b>	120.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		<b>&gt;</b>	7
(c) TOTAL Independent Expenditures			<b>•</b>	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
King, Crystal, , ,	Electronically Fil	led1	M = M / D =	
Signature	ъссиониши Ги	_ Date	07 20	2017

TEMIZED INDEPENDENT EXPENDITURES				PAGE 42 OF 80
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
Working America Coalition				FEC IDENTIFICATION NUMBER ▼
G				C C00620583
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Mosaic				11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint PI			Amo	unt
City	State	Zip Code		60.00
Hyattsville	MD	20781-1100		saction ID : VTDBC9SEX43 of Disbursement or Obligation
Purpose of Expenditure Payment - Fliers		Category/ Type 004	_	M M / D D / Y Y Y Y Y 12 22 2016
Name of Federal Candidate:		<b>✗</b> Support	Office Soug	ght: House District:
FEINGOLD, RUSSELL DANA, , ,		Oppose	Presi	\\\\\
Calendar Year-To-Date Per Election for Office Sought	7 1 7	22510.48	Disburseme	ent For: Primary <b>X</b> General  Other (specify) ▶
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Mosaic				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint PI				11 02 2010
4001 Viewpolik 11			Amo	unt
City	State	Zip Code		150.00
Hyattsville	MD	20781-1100		nsaction ID : VTDBC9SEYT7 of Disbursement or Obligation
Purpose of Expenditure Payment-Fliers		Category/		M M / D D / Y Y Y Y Y Y 12 22 2016
,		Type 004		للتتنا لتا لت
Name of Federal Candidate:		<b>x</b> Support	Office Soug	
MCGINTY, KATHLEEN ALANA, , ,		Oppose	Presi	dent Senate State: PA
Calendar Year-To-Date		28524.30	Disburseme	ent For: Primary Seneral
Per Election for Office Sought	7 7		2016	Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	3			210.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· -	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized	•		·
King, Crystal, , ,	[Electronically Fil	ed1	M = M /	D D / Y Y Y Y Y
Signature	Laconomicumy I'll	Date	9 07	20 2017

TEMIZED INDEPENDENT EXPENDITURES				PAGE 43 OF 80
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X  FEC IDENTIFICATION NUMBER ▼
Working America Coalition				C C00620583
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		Memo	Item Da	te of Public Distribution/Dissemination
Mosaic				11 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint PI			Am	nount
City	State	Zip Code	— Г	450.00
Hyattsville	MD	20781-1100		ansaction ID : VTDBC9SEZ38 te of Disbursement or Obligation
Purpose of Expenditure Payment - Fliers	l	Category/ Type 004		12 22 2016
Name of Federal Candidate:		Support	Office So	ught: House District:
TRUMP, DONALD, J., ,		X Oppose	<b>x</b> Pre	
Calendar Year-To-Date Per Election for Office Sought	7 1 7	384639.62	Disburser 2016	nent For:  Primary
Full Name of Payee		Memo	Item Da	te of Public Distribution/Dissemination
Mosaic				11 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint PI			Λ ~~	Land Land Land
				nount
City	State	Zip Code		90.00
Hyattsville	MD	20781-1100		ransaction ID: VTDBC9SEZC0 te of Disbursement or Obligation
Purpose of Expenditure Payment - Fliers		Category/ Type 004		12 22 2016
Name of Federal Candidate:		<b>✗</b> Support	Office So	ught: House District:
FEINGOLD, RUSSELL DANA, , ,		Oppose	Pre	sident Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	7 7	22510.48	Disburser 2016	nent For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	·			540.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res			
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
King, Crystal, , ,	[Electronically Fil	led1	M = M	/ D D / Y Y Y Y Y
Signature	I'II	_ Date	e 07	20 2017

TEMIZED INDEPENDENT EXPENDITURES				PAGE 44 OF 80
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
Working America Coalition				FEC IDENTIFICATION NUMBER ▼
· ·				C C00620583
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Dat	e of Public Distribution/Dissemination
Mosaic				11 04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint PI			Amo	ount
City	State	Zip Code	<u> —</u> Г	45.00
Hyattsville	MD	20781-1100		nsaction ID : VTDBC9SEZG1 e of Disbursement or Obligation
Purpose of Expenditure Payment - Fliers		Category/ Type 004		12 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>X</b> Support	Office Sou	ight: House District:
FEINGOLD, RUSSELL DANA, , ,		Oppose		sident State: WI
Calendar Year-To-Date Per Election for Office Sought	7   1   7	22510.48	Disbursem	nent For:
Full Name of Payee		☐ Memo	Item Dat	e of Public Distribution/Dissemination
Mosaic				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint PI				11 01 2010
leer viempenker			Amo	ount
City	State	Zip Code		45.00
Hyattsville	MD	20781-1100		e of Disbursement or Obligation
Purpose of Expenditure Payment - Fliers		Category/ Type 004		12 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>✗</b> Support	Office Sou	ıght: House District:
Clinton, Hillary, Rodham, ,		Oppose	<b>X</b> Pres	sident Senate State:
Calendar Year-To-Date		20.4020.00	Disbursem	ent For: Primary X General
Per Election for Office Sought	7 7	384639.62	2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	;		· [	90.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized	•		· · · · · · · · · · · · · · · · · · ·
King, Crystal, , ,	[Electronically Fil	led1	M = M	/ D D / Y Y Y Y
Signature	<sub>г</sub> _исиониану Г н	_ Date	9 07	20 2017

TEMIZED INDEPENDENT EXPENDITURES				PAGE 45 OF 80
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X  FEC IDENTIFICATION NUMBER ▼
Working America Coalition				C C00620583
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		Memo	Item D	ate of Public Distribution/Dissemination
Mosaic				11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint PI			A	mount
City	State	Zip Code	— [	60.00
Hyattsville	MD	20781-1100		ransaction ID : VTDBC9SF065 ate of Disbursement or Obligation
Purpose of Expenditure Payment -Fliers		Category/ Type 004		12 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>X</b> Support	Office S	ought: House District:
MCGINTY, KATHLEEN ALANA, , ,		Oppose	l	esident X Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	7	28524.30	Disburse 2016	ement For:
Full Name of Payee		☐ Memo	Item D	ate of Public Distribution/Dissemination
Mosaic				11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint PI			A	mount
		7: 0 !		
City Hyattsville	State	Zip Code		1500.00 Transaction ID : VTDBC9SF073
Purpose of Expenditure	MD	20781-1100		ate of Disbursement or Obligation
Payment-Fliers		Category/ Type 004		12 / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>✗</b> Support	Office S	ought: House District:
MCGINTY, KATHLEEN ALANA, , ,		Oppose	Pr	esident Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	28524.30	Disburse 2016	ement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures			• [	1560.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res			
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
King, Crystal, , ,	[Electronically File	led1 -	M = M	/ D D / Y Y Y Y
Signature		_ Date	e 07	20 2017

TEMIZED INDEPENDENT EXPENDITURES				PAGE 46 OF 80
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X  FEC IDENTIFICATION NUMBER ▼
Working America Coalition				C C00620583
Check if 24-hour report 48-hour report	New repo	ort Amends repo		/ D D / Y Y Y Y Y
Full Name of Payee Mosaic		☐ Memo	itom _	of Public Distribution/Dissemination
Mailing Address 4801 Viewpoint PI			— L	11 03 2016
			Amou	
City	State	Zip Code		60.00
Hyattsville	MD	20781-1100		saction ID: VTDBC9SF099 of Disbursement or Obligation
Purpose of Expenditure Payment - Fliers		Category/ Type 004		12 / 22 / 2016
Name of Federal Candidate:		<b>X</b> Support	Office Soug	ht: House District:
Clinton, Hillary, Rodham, ,		Oppose	<b>x</b> Presid	dent Senate State:
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	384639.62	Disbursemen 2016	nt For:
Full Name of Payee		Memo		of Public Distribution/Dissemination
Mosaic			Г	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint PI				11 03 2010
ioer viempeiiki i			Amou	ınt
City	State	Zip Code		15.00
Hyattsville	MD	20781-1100		nsaction ID : VTDBC9SF0E8 of Disbursement or Obligation
Purpose of Expenditure Payment - Fliers		Category/ Type 004		M M / D D / Y Y Y Y Y 12 2016
Name of Federal Candidate:		<b>✗</b> Support	Office Sough	ht: House District:
Clinton, Hillary, Rodham, ,		Oppose	<b>X</b> Presid	
Calendar Year-To-Date Per Election for Office Sought	· · · · ·	384639.62	Disbursemen	nt For: Primary   General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			<b>•</b>	75.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•	7 1 7 1 1 7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
King, Crystal, , ,	Electronically File	led]	M M /	20 2017
Signature		_ Date	9 07	20 2017

TEMIZED INDEPENDENT EXPENDITURES				PAGE 47 OF 80
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
Working America Coalition				FEC IDENTIFICATION NUMBER ▼  C C00620583
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		Memo	Item Dat	te of Public Distribution/Dissemination
Mosaic				11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint PI			Am	ount
City	State	Zip Code	$ \Gamma$	120.00
Hyattsville	MD	20781-1100		ansaction ID: VTDBC9SF0J0 te of Disbursement or Obligation
Purpose of Expenditure Payment-Fliers		Category/ Type		12 D D / Y Y Y Y Y 2016
Name of Federal Candidate:		<b>X</b> Support	Office Soi	ught: House District:
Clinton, Hillary, Rodham, ,		Oppose	X Pre	sident Senate State:
Calendar Year-To-Date Per Election for Office Sought	7	384639.62	Disbursen 2016	nent For:  Primary
Full Name of Payee		☐ Memo	Item Dat	te of Public Distribution/Dissemination
Mosaic				11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint PI			Am	ount
City	State	Zip Code	— г	60.00
Hyattsville	MD	20781-1100		ansaction ID : VTDBC9SF0Y5 te of Disbursement or Obligation
Purpose of Expenditure Payment -Fliers		Category/ Type 004		12 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>✗</b> Support	Office Soi	ught: House District:
Clinton, Hillary, Rodham, ,		Oppose	X Pre	sident Senate State:
Calendar Year-To-Date Per Election for Office Sought	<i></i>	384639.62	Disbursen 2016	nent For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	·		• [	180.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
King, Crystal, , ,	[Electronically Fil	ledl –	M = M	/ D D / Y Y Y Y
Signature		Date	e 07	20 2017

TEMIZED INDEPENDENT EXPENDITURES				PAGE 48 OF 80
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X  FEC IDENTIFICATION NUMBER ▼
Working America Coalition				C C00620583
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee Mosaic		☐ Memo	Item Date	of Public Distribution/Dissemination
Mailing Address 4801 Viewpoint PI			Amo	11 06 2016
O'h	04-4-	7:- 0-1-		
City Hyattsville	State	Zip Code 20781-1100	Tran	15.00 saction ID : VTDBC9SF100
Purpose of Expenditure Payment - Fliers		Category/ Type 004		of Disbursement or Obligation  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>✗</b> Support	Office Soug	ht: House District:
MURPHY, PATRICK, , ,		Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	7 1 7	108649.59	Disburseme	ont For:  Primary
Full Name of Payee		☐ Memo		of Public Distribution/Dissemination
Mosaic				M M / D D / Y Y Y Y Y 1 1 1 04 2016
Mailing Address 4801 Viewpoint PI			Amo	unt
		I	Amo	
City Hyattsville	State	Zip Code 20781-1100		450.00 nsaction ID : VTDBC9SF1N6
Purpose of Expenditure Payment - Fliers		Category/		of Disbursement or Obligation
rayment - riiets		Type 004		12 22 2016
Name of Federal Candidate:		<b>x</b> Support	Office Soug	ht: House District:
Clinton, Hillary, Rodham, ,		Oppose	X Presid	
Calendar Year-To-Date Per Election for Office Sought	1 1 1	384639.62	Disburseme	ont For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	i			465.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· -	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
King, Crystal, , ,	[Electronically File	ed]	M M /	20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_ Date	e 07	20 2017

PAGE 49 OF 80 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ Working America Coalition C00620583 Check if 24-hour report 48-hour report New report Amends report filed on Date of Public Distribution/Dissemination Full Name of Payee Mosaic 11 05 2016 Mailing Address 4801 Viewpoint Pl Amount City State Zip Code 210.00 MD 20781-1100 Transaction ID: VTDBC9SF1R8 Hyattsville Date of Disbursement or Obligation Purpose of Expenditure Category/ Payment - Fliers 004 12 22 2016 Type Name of Federal Candidate: **X** Support Office Sought: House District: Clinton, Hillary, Rodham, , Oppose **x** President Senate State: Primary Disbursement For: **X** General Calendar Year-To-Date 384639.62 2016 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item Mosaic 2016 03 Mailing Address 4801 Viewpoint PI Amount 1500.00 City State Zip Code Hyattsville Transaction ID: VTDBC9SF269 MD 20781-1100 Date of Disbursement or Obligation Purpose of Expenditure Category/ Payment-Fliers 004 22 2016 12 Type Name of Federal Candidate: x Support Office Sought: House District: Clinton, Hillary, Rodham, , Oppose **X** President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 384639.62 2016 Per Election for Office Sought Other (specify) ▶ 1710.00 (a) SUBTOTAL of Itemized Independent Expenditures ..... (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures ..... 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 (if the reporting entity is not a political party committee) any political party committee or its agent. King, Crystal,,, [Electronically Filed] 20 2017 Date Signature

TEMIZED INDEPENDENT EXPENDITURES				PAGE 50 OF 80 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Working America Coalition				C C00620583
				C C00020383
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item Date o	f Public Distribution/Dissemination
Mosaic				11 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint Pl			Amoun	t
City	State	Zip Code	— F.	450.00
Hyattsville	MD	20781-1100		action ID : VTDBC9SF2F0 f Disbursement or Obligation
Purpose of Expenditure Payment - Fliers		Category/ Type 004		12 22 2016
Name of Federal Candidate:		<b>X</b> Support	Office Sought	: House District:
Clinton, Hillary, Rodham, ,		Oppose	<b>x</b> Preside	nt Senate State:
Calendar Year-To-Date Per Election for Office Sought	7 1 7	384639.62	Disbursement 2016 Ot	For: Primary <b>X</b> General her (specify) ▶
Full Name of Payee		☐ Memo	Item Date o	f Public Distribution/Dissemination
Mosaic			М	11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint PI			Amoun	
			Amoun	
City	State	Zip Code	ــــا ا	300.00
Hyattsville	MD	20781-1100	<b>I</b>	action ID: VTDBC9SF2R1 f Disbursement or Obligation
Purpose of Expenditure Payment-Fliers		Category/ Type 004		12 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>✗</b> Support	Office Sought	:: House District:
Clinton, Hillary, Rodham, ,		Oppose	<b>X</b> Preside	nt Senate State:
Calendar Year-To-Date		384639.62	Disbursement	For: Primary General
Per Election for Office Sought	7 7	304033.02	2016 Ot	her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				750.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		<b>•</b>	
(c) TOTAL Independent Expenditures			<b>•</b>	. , ,
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
King, Crystal, , ,	[Electronically Fil	led]	M = M /	D D / Y Y Y Y Y
Signature		Date	9 07	20 2017

TEMIZED INDEPENDENT EXPENDITURES				PAGE 51 OF 80
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X  FEC IDENTIFICATION NUMBER ▼
Working America Coalition				C C00620583
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
Mosaic				M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
Mailing Address 4801 Viewpoint PI			Ar	mount
City	State	Zip Code	— I	140.00
Hyattsville	MD	20781-1100		ransaction ID : VTDBC9SF2W2 ate of Disbursement or Obligation
Purpose of Expenditure Payment-Fliers		Category/ Type 004		12 22 2016
Name of Federal Candidate:		<b>✗</b> Support	Office So	ought: House District:
Clinton, Hillary, Rodham, ,		Oppose		esident Senate State:
Calendar Year-To-Date Per Election for Office Sought	7	384639.62	Disburse 2016	ment For:  Primary
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
Mosaic				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint PI				11 00 2010
isos vienpenki.			Ar	mount
City	State	Zip Code		60.00
Hyattsville	MD	20781-1100		ransaction ID: VTDBC9SF353 ate of Disbursement or Obligation
Purpose of Expenditure Payment - Fliers		Category/ Type 004		12 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>✗</b> Support	Office So	ought: House District:
FEINGOLD, RUSSELL DANA, , ,		Oppose	Pre	esident Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	7 7	22510.48	Disburse 2016	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures			• [	200.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
King, Crystal, , ,	[Electronically File	ledl –	M = M	/ D D / Y Y Y Y Y
Signature		Date	e 07	20 2017

TEMIZED INDEPENDENT EXPENDITURES				PAGE 52 OF 80
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
Working America Coalition				FEC IDENTIFICATION NUMBER ▼
G				C C00620583
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Dat	te of Public Distribution/Dissemination
Mosaic				11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint PI			Am	ount
City	State	Zip Code		120.00
Hyattsville	MD	20781-1100		insaction ID: VTDBC9SF3A3 te of Disbursement or Obligation
Purpose of Expenditure Payment-Fliers		Category/ Type		12 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>X</b> Support	Office So	ught: House District:
MCGINTY, KATHLEEN ALANA, , ,		Oppose		sident Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	28524.30	Disbursen 2016	nent For: Primary <b>X</b> General Other (specify) ▶
Full Name of Payee		Memo	Item Dat	te of Public Distribution/Dissemination
Mosaic				M M / D D / Y Y Y Y
Mailing Address 4801 Viewpoint PI				11 03 2016
4801 Viewpoint Fi			Am	ount
City	State	Zip Code	-	140.00
Hyattsville	MD	20781-1100		ansaction ID: VTDBC9SF415 te of Disbursement or Obligation
Purpose of Expenditure Payment-Fliers		Category/ 004		M M / D D / Y Y Y Y
1 ayrılcılı i ildis		Type 004		12 22 2016
Name of Federal Candidate:		<b>x</b> Support	Office Sor	ught: House District:
Clinton, Hillary, Rodham, ,		Oppose	X Pres	sident Senate State:
Calendar Year-To-Date		384639.62	Disbursen	nent For: Primary 🗶 General
Per Election for Office Sought	7-1-1-7	304033.02	2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·		· [	260.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized	•		· · · · · · · · · · · · · · · · · · ·
King, Crystal, , ,	[Electronically Fil	led1	M = M	/ D D / Y Y Y Y Y
Signature		Date	9 07	20 2017

TEMIZED INDEPENDENT EXPENDITURES				PAGE 53 OF 80 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Working America Coalition				C C00620583
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		Memo	Item Dat	e of Public Distribution/Dissemination
Mosaic				11 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint PI			Am	ount
City	State	Zip Code	<u> —</u> Г	90.00
Hyattsville	MD	20781-1100	-	Insaction ID: VTDBC9SF4J9 e of Disbursement or Obligation
Purpose of Expenditure Payment - Fliers		Category/ Type 004		12 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>X</b> Support	Office Sou	ught: House District:
FEINGOLD, RUSSELL DANA, , ,		Oppose	Pres	sident Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	7	22510.48	Disbursem 2016	nent For:  Primary
Full Name of Payee	,	□ Mama	Itam Dat	e of Public Distribution/Dissemination
Mosaic		∐ Memo	item Dat	11 03 2016
Mailing Address 4801 Viewpoint PI			A-m	
			Am	ount
City Hyattsville	State	Zip Code 20781-1100		140.00 ansaction ID : VTDBC9SF5H2
Purpose of Expenditure			Dat	e of Disbursement or Obligation
Payment-Fliers		Category/ Type 004		12 22 2016
Name of Federal Candidate:		<b>✗</b> Support	Office Sou	ught: House District:00
Hassan, Margaret Wood, , ,		Oppose	Pres	sident Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	A     A	2245.00	Disbursem 2016	_ , _
				Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				230.00
(-,				
(b) SUBTOTAL of Unitemized Independent Expenditu	res		. •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
King, Crystal, , ,	Electronically Fil	[ed]	e 07	20 2017
Signature		_ Date	5 01	2017

TEMIZED INDEFENDENT EXPENDITORES			PAGE 54 OF 80 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Working America Coalition			C C00620583
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on M M M / D D / Y Y Y Y Y
Full Name of Payee Mosaic		☐ Memo	
Mailing Address			11 03 7 2016
4801 Viewpoint Pl			Amount
City	State	Zip Code	30.00
Hyattsville	MD	20781-1100	Transaction ID : VTDBC9SF676 Date of Disbursement or Obligation
Purpose of Expenditure Payment - Fliers		Category/ Type 004	12 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>X</b> Support	Office Sought: House District:
Clinton, Hillary, Rodham, ,		Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	7 1 7	384639.62	Disbursement For:  Primary  General 2016  Other (specify) ▶
Full Name of Payee		☐ Memo	Item Date of Public Distribution/Dissemination
Mosaic			11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint PI			Amount
			Amount
City	State	Zip Code	120.00
Hyattsville	MD	20781-1100	Transaction ID : VTDBC9SF6B7  Date of Disbursement or Obligation
Purpose of Expenditure Payment-Fliers		Category/ Type	12 / 22 / Y 2016
Name of Federal Candidate:		<b>x</b> Support	Office Sought: House District:
Clinton, Hillary, Rodham, ,		Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	7 7	384639.62	Disbursement For:  Primary    General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	;		150.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		·
(c) TOTAL Independent Expenditures			· •
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized	•	
King, Crystal, , ,	[Electronically File	ed] Date	07 20 / 2017
Signature		_ Duit	

TEMIZED INDEPENDENT EXPENDITURES				PAGE 55 OF 80
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X  FEC IDENTIFICATION NUMBER ▼
Working America Coalition				C C00620583
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M   M / D   D / Y   Y   Y   Y
Full Name of Payee Mosaic		☐ Memo	Item Da	ate of Public Distribution/Dissemination
Mailing Address 4801 Viewpoint PI				11 03 7 2016
4001 Viewpoint 1			Ar	mount
City	State	Zip Code		60.00
Hyattsville	MD	20781-1100		ransaction ID: VTDBC9SF6N6 ate of Disbursement or Obligation
Purpose of Expenditure Payment - Fliers		Category/ Type 004	4	12 / D D / Y Y Y Y Y Y 2016
Name of Federal Candidate:		<b>X</b> Support	Office So	ought: House District:
Clinton, Hillary, Rodham, ,		Oppose		esident Senate State:
Calendar Year-To-Date Per Election for Office Sought	7	384639.62	Disburse 2016	ement For:  Primary
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
Mosaic				11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint PI			Aı	mount
City	State	Zip Code	— г	30.00
Hyattsville	MD	20781-1100		Transaction ID : VTDBC9SF6Y7 ate of Disbursement or Obligation
Purpose of Expenditure		Category/		M M / D D / Y Y Y Y
Payment -Fliers		Type 004		12 22 2016
Name of Federal Candidate:		<b>x</b> Support	Office So	ought: House District:
FEINGOLD, RUSSELL DANA, , ,		Oppose	Pre	esident Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	7	22510.48	Disburse 2016	ement For: Primary <b>X</b> General  Other (specify) ▶
	,			
(a) SUBTOTAL of Itemized Independent Expenditures				90.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res			
(c) TOTAL Independent Expenditures			• [	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
King, Crystal, , ,	[Electronically Fil	led1	M = M	/ D D / Y Y Y Y Y
Signature		Date	e 07	20 2017

PAGE 56 OF 80 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ Working America Coalition C00620583 Check if 24-hour report 48-hour report New report Amends report filed on Date of Public Distribution/Dissemination Full Name of Payee Mosaic 11 03 2016 Mailing Address 4801 Viewpoint Pl Amount City State Zip Code 1500.00 MD 20781-1100 Transaction ID: VTDBC9SF737 Hyattsville Date of Disbursement or Obligation Purpose of Expenditure Category/ Payment-Fliers 004 12 22 2016 Type Name of Federal Candidate: **X** Support Office Sought: House District: Clinton, Hillary, Rodham, , Oppose **x** President Senate State: Primary Disbursement For: **X** General Calendar Year-To-Date 384639.62 2016 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item Mosaic 2016 03 Mailing Address 4801 Viewpoint PI Amount 60.00 City State Zip Code Hyattsville Transaction ID: VTDBC9SF745 MD 20781-1100 Date of Disbursement or Obligation Purpose of Expenditure Category/ Payment -Fliers 004 22 2016 12 Type Name of Federal Candidate: x Support Office Sought: House District: Clinton, Hillary, Rodham, , Oppose **X** President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 384639.62 2016 Per Election for Office Sought Other (specify) ▶ 1560.00 (a) SUBTOTAL of Itemized Independent Expenditures ..... (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures ..... 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 (if the reporting entity is not a political party committee) any political party committee or its agent. King, Crystal,,, [Electronically Filed] 20 2017 Date Signature

TEMIZED INDEPENDENT EXPENDITURES				PAGE 57 OF 80
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X  FEC IDENTIFICATION NUMBER ▼
Working America Coalition				C C00620583
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed or	1
Full Name of Payee		Memo	Item [	Date of Public Distribution/Dissemination
Mosaic				11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint PI			,	Amount
City	State	Zip Code		120.00
Hyattsville	MD	20781-1100		Transaction ID : VTDBC9SF778
Purpose of Expenditure Payment-Fliers		Category/ Type		Date of Disbursement or Obligation  12 22 2016
Name of Federal Candidate:		<b>X</b> Support	Office S	Sought: House District:
MCGINTY, KATHLEEN ALANA, , ,		Oppose		resident Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	7 7	28524.30	Disburs 2016	ement For:  Primary
Full Name of Payee		☐ Memo	Item [	Date of Public Distribution/Dissemination
Mosaic				11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint PI				11 02 20.0
·			<i>                                     </i>	Amount
City	State	Zip Code		300.00
Hyattsville	MD	20781-1100		Transaction ID: VTDBC9SF7P7 Date of Disbursement or Obligation
Purpose of Expenditure Payment-Fliers		Category/ Type 004		12 22 7 2016
Name of Federal Candidate:		<b>✗</b> Support	Office S	Sought: House District:
MCGINTY, KATHLEEN ALANA, , ,		Oppose	P	resident Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	7	28524.30	Disburs 2016	ement For:
(a) SUBTOTAL of Itemized Independent Expenditures			[	420.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
King, Crystal, , ,	[Electronically File	ledl -	M = N	70 70 70 70 70 70 70 70 70 70 70 70 70 7
Signature		Date	e 07	20 2017

PAGE 58 OF 80 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ Working America Coalition C00620583 Check if 24-hour report 48-hour report New report Amends report filed on Date of Public Distribution/Dissemination Full Name of Payee Mosaic 11 03 2016 Mailing Address 4801 Viewpoint Pl Amount City State Zip Code 45.00 MD 20781-1100 Transaction ID: VTDBC9SF8Q6 Hyattsville Date of Disbursement or Obligation Purpose of Expenditure Category/ Payment - Fliers 004 12 22 2016 Type Name of Federal Candidate: **X** Support Office Sought: House District: STRICKLAND, TED, , , OH Oppose President **x** Senate State: Disbursement For: Primary **X** General Calendar Year-To-Date 42322.50 2016 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item Mosaic 04 2016 Mailing Address 4801 Viewpoint PI Amount 360.00 City State Zip Code Hyattsville Transaction ID: VTDBC9SF8S1 MD 20781-1100 Date of Disbursement or Obligation Purpose of Expenditure Category/ Payment - Fliers 004 22 2016 12 Type Name of Federal Candidate: x Support Office Sought: House District: MURPHY, PATRICK, , , FL Oppose President **X** Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 108649.59 2016 Per Election for Office Sought Other (specify) ▶ 405.00 (a) SUBTOTAL of Itemized Independent Expenditures ..... (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures ..... 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 (if the reporting entity is not a political party committee) any political party committee or its agent. King, Crystal,,, [Electronically Filed] 20 2017 Date Signature

TEMIZED INDEPENDENT EXPENDITURES				PAGE 59 OF 80 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Working America Coalition				C C00620583
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
Mosaic		_ Memo	itom _	11 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint PI			Amou	ınt
City	State	Zip Code	— Г	27.00
Hyattsville	MD	20781-1100		saction ID: VTDBC9SF9C2 of Disbursement or Obligation
Purpose of Expenditure Payment - Fliers		Category/ Type 004		12
Name of Federal Candidate:		<b>✗</b> Support	Office Sough	ht: House District:
Clinton, Hillary, Rodham, ,		Oppose	<b>✗</b> Presid	lent Senate State:
Calendar Year-To-Date Per Election for Office Sought		384639.62	Disbursemer	
5 W.W. (D			1_	Other (specify)
Full Name of Payee  Mosaic		∐ Memo	ROIII	of Public Distribution/Dissemination
Mailian Address			L	11 03 2016
Mailing Address 4801 Viewpoint PI			Amou	int
City	State	Zip Code		22.50
Hyattsville	MD	20781-1100		saction ID : VTDBC9SFBB7 of Disbursement or Obligation
Purpose of Expenditure Payment - Fliers		Category/ Type 004		12 22 7 2016
Name of Federal Candidate:		<b>x</b> Support	Office Sough	ht: House District:
Clinton, Hillary, Rodham, ,		Oppose	<b>X</b> Presid	lent Senate State:
Calendar Year-To-Date Per Election for Office Sought		384639.62	Disbursemer	nt For: Primary 🗶 General
Tot Election for Office Godgite	7			Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures			· [	49.50
(b) SUBTOTAL of Unitemized Independent Expenditur	es		· •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
King, Crystal, , ,	Electronically Fil	od1	M = M /	DED / YEYEYE
Signature	<u>ысы опишу</u> Ей	eaj Date	9 07	20 2017

TEMIZED INDEPENDENT EXPENDITURES				PAGE 60 OF 80
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
Working America Coalition				FEC IDENTIFICATION NUMBER ▼  C C00620583
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item Dat	te of Public Distribution/Dissemination
Mosaic				11 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint PI			Am	ount
City	State	Zip Code	— Г	140.00
Hyattsville	MD	20781-1100		nsaction ID: VTDBC9SFBS8 te of Disbursement or Obligation
Purpose of Expenditure Payment-Fliers		Category/ Type 004		12 / 22 / 2016
Name of Federal Candidate:		<b>X</b> Support	Office Sou	ught: House District:00
Hassan, Margaret Wood, , ,		Oppose		sident State: NH
Calendar Year-To-Date Per Election for Office Sought		2245.00	Disbursen 2016	nent For:  Primary
Full Name of Payee		Memo	Itom Dat	te of Public Distribution/Dissemination
Mosaic		□ Memo	item Da	M M / D D / Y Y Y Y
Mailing Address				11 06 2016
4801 Viewpoint Pl			Am	ount
City	State	Zip Code	— Г	7.50
Hyattsville	MD	20781-1100		ansaction ID: VTDBC9SFE98 te of Disbursement or Obligation
Purpose of Expenditure Payment - Fliers		Category/ 004		12
,		Type 004		12 22 2010
Name of Federal Candidate:		<b>✗</b> Support	Office Sou	
MURPHY, PATRICK, , ,		Oppose	Pres	sident Senate State: FL
Calendar Year-To-Date		108649.59	Disbursen 2016	nent For: Primary General
Per Election for Office Sought	7 7		2010	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	i			147.50
(b) SUBTOTAL of Unitemized Independent Expenditu	res			
(1, 222 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
(c) TOTAL Independent Expenditures			• •	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
King, Crystal, , ,	[Electronically File	ed1	M = M	/ D D / Y Y Y Y
Signature		Date	e 07	20 2017

TEMIZED INDEPENDENT EXPENDITURES				PAGE 61 OF 80
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
Working America Coalition				FEC IDENTIFICATION NUMBER ▼
				C C00620583
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
Mosaic				11 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint PI			An	nount
City	State	Zip Code	— I	45.00
Hyattsville	MD	20781-1100		ansaction ID: VTDBC9SFEZ2 ate of Disbursement or Obligation
Purpose of Expenditure Payment - Fliers		Category/ Type 004		12 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>X</b> Support	Office Sc	ought: House District:
Clinton, Hillary, Rodham, ,		Oppose	<b>✗</b> Pre	esident Senate State:
Calendar Year-To-Date Per Election for Office Sought	<b>7</b>     <b>7</b>	384639.62	Disburser 2016	ment For:  Primary
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
Mosaic				11 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint PI				11 03 2010
4001 Viewpolitt i			An	nount
City	State	Zip Code		1500.00
Hyattsville	MD	20781-1100		ransaction ID : VTDBC9SGKR5 ate of Disbursement or Obligation
Purpose of Expenditure Payment-Fliers		Category/ Type 004		12 / 22 / 2016
Name of Federal Candidate:		<b>✗</b> Support	Office Sc	ought: House District:
MCGINTY, KATHLEEN ALANA, , ,		Oppose	Pre	esident Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		28524.30	Disbursei 2016	ment For: Primary 🗶 General
Tel Election for Office Sought	7 7			Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			•	1545.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized	•		· · · · · · · · · · · · · · · · · · ·
King, Crystal, , ,	[Electronicall. E:	lad]	M = M	/ D D / Y D Y T Y T Y
Signature	Electronically Fil	eaj Date	9 07	20 2017

TEMIZED INDEPENDENT EXPENDITURES				PAGE 62 OF 80
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
Working America Coalition				FEC IDENTIFICATION NUMBER ▼
G				C C00620583
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
Mosaic				M M / D D / Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
Mailing Address 4801 Viewpoint PI			Amo	ount
City	State	Zip Code	— Г	90.00
Hyattsville	MD	20781-1100		nsaction ID : VTDBC9SGKW7 e of Disbursement or Obligation
Purpose of Expenditure Payment - Fliers		Category/ Type 004		12 22 2016
Name of Federal Candidate:		<b>✗</b> Support	Office Sou	ght: House District:
FEINGOLD, RUSSELL DANA, , ,		Oppose		ident Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	7 7	22510.48	Disbursem 2016	ent For:  Primary
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
Mosaic				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint PI				11 03 2010
4001 Viewpoint 11			Amo	ount
City	State	Zip Code		1500.00
Hyattsville	MD	20781-1100		insaction ID: VTDBC9SGM73 e of Disbursement or Obligation
Purpose of Expenditure Payment-Fliers		Category/ Type 004		12 D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sou	ght: House District:
TRUMP, DONALD, J., ,		<b>x</b> Oppose	<b>X</b> Pres	ident Senate State:
Calendar Year-To-Date		20.4020.00	Disbursem	ent For: Primary X General
Per Election for Office Sought	7	384639.62	2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			· [	1590.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· -	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		·
King, Crystal, , ,	[Flootronicall. F:1	adl	M = M	/ D D / Y T Y T Y
Signature	Electronically Fil	Date	9 07	20 2017

TEMIZED INDEPENDENT EXPENDITURES				PAGE 63 OF 80
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X  FEC IDENTIFICATION NUMBER ▼
Working America Coalition				C C00620583
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Mosaic		☐ Memo	Item C	Date of Public Distribution/Dissemination
				11 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint PI			А	mount
City	State	Zip Code		60.00
Hyattsville	MD	20781-1100		Transaction ID : VTDBC9SGMC3 Date of Disbursement or Obligation
Purpose of Expenditure Payment - Fliers		Category/ Type 004		12 22 2016
Name of Federal Candidate:		<b>X</b> Support	Office S	Sought: House District:
FEINGOLD, RUSSELL DANA, , ,		Oppose	l	resident State: WI
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	22510.48	Disburse 2016	ement For:
Full Name of Payee		Memo	Item C	Date of Public Distribution/Dissemination
Mosaic				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint PI			Δ	mount
City	State	Zip Code		60.00
Hyattsville	MD	20781-1100		Transaction ID : VTDBC9SGN92 Date of Disbursement or Obligation
Purpose of Expenditure Payment -Fliers		Category/ Type 004		12 22 / 2016
Name of Federal Candidate:		<b>✗</b> Support	Office S	Sought: House District:
MCGINTY, KATHLEEN ALANA, , ,		Oppose	P	resident Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	· · · · ·	28524.30	Disburse 2016	ement For:
(a) SUBTOTAL of Itemized Independent Expenditures			[	120.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
King, Crystal, , ,	[Electronically File	ledl –	M = M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	e 07	20 2017

TEMIZED INDEPENDENT EXPENDITURES				PAGE 64 OF 80
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X  FEC IDENTIFICATION NUMBER ▼
Working America Coalition				C C00620583
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item D	ate of Public Distribution/Dissemination
Mosaic				11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint PI				mount
	1 .	1		
City	State	Zip Code	Ţ	450.00
Hyattsville	MD	20781-1100		ransaction ID: VTDBC9SGND4 ate of Disbursement or Obligation
Purpose of Expenditure Payment - Fliers		Category/ Type 004	4	12 / D D / Y Y Y Y Y Y 2016
Name of Federal Candidate:		<b>✗</b> Support	Office So	ought: House District:
MCGINTY, KATHLEEN ALANA, , ,		Oppose	Pr	esident Senate State: PA
Calendar Year-To-Date		20504.00	1	ement For: Primary General
Per Election for Office Sought	7	28524.30	2016	Other (specify) ▶
Full Name of Payee		☐ Memo	Item D	ate of Public Distribution/Dissemination
Mosaic				M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
Mailing Address 4801 Viewpoint PI				
·			Ai	mount
City	State	Zip Code		60.00
Hyattsville	MD	20781-1100		Transaction ID: VTDBC9SGNR1 ate of Disbursement or Obligation
Purpose of Expenditure Payment -Fliers		Category/		M M / D D / Y Y Y Y Y 1 1 2 22 2016
Taymon Tiolo		Type 004		12 22 2010
Name of Federal Candidate:		<b>x</b> Support	Office So	
FEINGOLD, RUSSELL DANA, , ,		Oppose	Pr	esident Senate State: WI
Calendar Year-To-Date		22510.48		ement For: Primary X General
Per Election for Office Sought	7	22310.40	2016	Other (specify) ▶
			_	
(a) SUBTOTAL of Itemized Independent Expenditures			· •	510.00
(h) SUPTOTAL of Unitemized Independent Expanditure	roo		. г	
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	
(c) TOTAL Independent Expenditures			. •	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
King, Crystal, , ,	[Electronically File	led1	M = M	/ D D / Y Y Y Y
Signature		Date	e 07	20 2017

TEMIZED INDEPENDENT EXPENDITURES				PAGE 65 OF 80 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Working America Coalition				C C00620583
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Dat	e of Public Distribution/Dissemination
Mosaic				11 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint PI			Am	ount
City	State	Zip Code	<u> —</u> Г	22.50
Hyattsville	MD	20781-1100		nsaction ID : VTDBC9SGNW2
Purpose of Expenditure Payment - Fliers		Category/ Type 004		e of Disbursement or Obligation  12 22 2016
Name of Federal Candidate:		<b>✗</b> Support	Office Sou	ught: House District:
FEINGOLD, RUSSELL DANA, , ,		Oppose		sident X Senate State: WI
Calendar Year-To-Date			Disbursem	nent For: Primary K General
Per Election for Office Sought	7 7	22510.48	2016	Other (specify) ▶
Full Name of Payee		☐ Memo	Item Dat	e of Public Distribution/Dissemination
Mosaic				11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint PI				
·			Am	ount
City	State	Zip Code		150.00
Hyattsville	MD	20781-1100		e of Disbursement or Obligation
Purpose of Expenditure Payment-Fliers		Category/ Type 004		12 22 7 2016
Name of Federal Candidate:		<b>✗</b> Support	Office Sou	ight: House District:
Clinton, Hillary, Rodham, ,		Oppose	<b>✗</b> Pres	sident Senate State:
Calendar Year-To-Date		384639.62	Disbursem	ent For: Primary K General
Per Election for Office Sought	7	384039.02	2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			•	172.50
(b) SUBTOTAL of Unitemized Independent Expenditure	res		· •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
King, Crystal, , ,	Electronically Fil	ed]	M = M	/ D D / Y Y Y Y Y
Signature	zacaomenny Fu	Date	9 07	20 2017

TEMIZED INDEPENDENT EXPENDITURES				PAGE 66 OF 80 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Working America Coalition				C C00620583
Check if 24-hour report 48-hour report	New repo	ort Amends repo		/ B / D D / Y B Y B Y B Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Mosaic				11 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint PI			Amou	unt
City	State	Zip Code	ΠГ.	22.50
Hyattsville	MD	20781-1100		saction ID : VTDBC9SGPE4 of Disbursement or Obligation
Purpose of Expenditure Payment - Fliers		Category/ Type 004		12 22 2016
Name of Federal Candidate:		<b>x</b> Support	Office Soug	ht: House District:
FEINGOLD, RUSSELL DANA, , ,		Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	7 7	22510.48	Disburseme 2016	nt For:  Primary
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Mosaic			_   r	M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
Mailing Address 4801 Viewpoint PI				
			Amou	unt
City	State	Zip Code		60.00
Hyattsville	MD	20781-1100	I	saction ID : VTDBC9SGPF2 of Disbursement or Obligation
Purpose of Expenditure Payment - Fliers		Category/ Type 004		12 / 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>✗</b> Support	Office Soug	ht: House District:
Clinton, Hillary, Rodham, ,		Oppose	<b>✗</b> Presid	dent Senate State:
Calendar Year-To-Date Per Election for Office Sought	1	384639.62	Disburseme	nt For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures			<b>.</b>	82.50
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
King, Crystal, , ,	Electronically File	ed1 -	M = M /	D D / Y Y Y Y Y
Signature		_ Date	9 07	20 2017

				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Working America Coalition				
				C C00620583
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Mosaic				11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint PI				11 02 2010
				Amount
City	State	Zip Code		150.00
Hyattsville	MD	20781-1100		Transaction ID : VTDBC9SGPP8 Date of Disbursement or Obligation
Purpose of Expenditure Payment-Fliers		Category/ Type 004	4	12 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>X</b> Support	Office	Sought: House District:
MCGINTY, KATHLEEN ALANA, , ,		Oppose		President State: PA
Calendar Year-To-Date Per Election for Office Sought	7	28524.30	Disbu 2016	rsement For: Primary <b>X</b> General  Other (specify) ▶
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Mosaic				M M / D D / Y Y Y Y Y 1
Mailing Address 4801 Viewpoint PI				
·				Amount
City	State	Zip Code		450.00
Hyattsville	MD	20781-1100		Transaction ID: VTDBC9SGPQ5  Date of Disbursement or Obligation
Purpose of Expenditure Payment - Fliers		Category/ Type 004	ı	12 / 22 / 2016
Name of Federal Candidate:		<b>✗</b> Support	Office	Sought: House District:
Clinton, Hillary, Rodham, ,		Oppose	×	President Senate State:
Calendar Year-To-Date			Disbu	rsement For: Primary X General
Per Election for Office Sought	g	384639.62	2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			▶	600.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es		▶	
(c) TOTAL Independent Expenditures				
(c) 10 M2 maoponaoni Exponentiaco			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
King, Crystal, , ,	Electronically Fil	ed1 –	M	M / D D / Y Y Y Y Y
Signature		Date	e 0	7 20 2017

TEMIZED INDEPENDENT EXPENDITURES				PAGE 68 OF 80 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Working America Coalition			ľ	
				C C00620583
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y
Full Name of Payee		Memo	Item Date of	Public Distribution/Dissemination
Mosaic				1 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint PI			Amount	
City	State	Zip Code		24.00
Hyattsville	MD	20781-1100		ction ID : VTDBC9SGQD6 Disbursement or Obligation
Purpose of Expenditure Payment - Fliers		Category/ Type 004	M	2 2 2 2016
Name of Federal Candidate:		<b>X</b> Support	Office Sought:	House District:
Clinton, Hillary, Rodham, ,		Oppose	<b>x</b> Presider	nt Senate State:
Calendar Year-To-Date Per Election for Office Sought	7 1 7	384639.62	Disbursement 2016 Otl	For: Primary <b>X</b> General ner (specify) ▶
Full Name of Payee		☐ Memo		Public Distribution/Dissemination
Mosaic				M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint PI				2010
iss in the input i			Amount	
City	State	Zip Code		90.00
Hyattsville	MD	20781-1100	<b>I</b>	oction ID: VTDBC9SGQR3 Disbursement or Obligation
Purpose of Expenditure Payment - Fliers		Category/ Type 004		12
Name of Federal Candidate:		<b>✗</b> Support	Office Sought	House District:
Clinton, Hillary, Rodham, ,		Oppose	Y Presider	
Calendar Year-To-Date			Disbursement	
Per Election for Office Sought	7 7	384639.62	2016 Otl	ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			<b>.</b>	114.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· [	7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
King, Crystal, , ,	Electronically Fil	led1	M = M /	D D / Y T Y T Y
Signature	T	Date	9 07	20 2017

TEMIZED INDEPENDENT EXPENDITURES				PAGE 69 OF 80
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X  FEC IDENTIFICATION NUMBER ▼
Working America Coalition				C C00620583
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item D	Pate of Public Distribution/Dissemination
Mosaic				11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint PI			А	mount
City	State	Zip Code		1500.00
Hyattsville	MD	20781-1100		ransaction ID : VTDBC9SGQS1 Date of Disbursement or Obligation
Purpose of Expenditure Payment-Fliers		Category/ Type 004		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>X</b> Support	Office S	lought: House District:
Clinton, Hillary, Rodham, ,		Oppose	X Pi	resident Senate State:
Calendar Year-To-Date Per Election for Office Sought	7	384639.62	Disburse 2016	ement For: Primary <b>X</b> General  Other (specify) ▶
Full Name of Payee		☐ Memo	Item D	Pate of Public Distribution/Dissemination
Mosaic				10 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint PI				
			A	mount
City	State	Zip Code		120.00
Hyattsville	MD	20781-1100		Transaction ID: VTDBC9SGQZ8 Pate of Disbursement or Obligation
Purpose of Expenditure Payment-Fliers		Category/ Type		12 / 22 / 2016
Name of Federal Candidate:		<b>✗</b> Support	Office S	lought: X House District: 16
HARTMAN, CHRISTINA MARIE, , ,		Oppose	Pr	resident Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		1434.00	Disburse 2016	ement For:
(a) SUBTOTAL of Itemized Independent Expenditures			· • [	1620.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res			
(c) TOTAL Independent Expenditures			• [	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
King, Crystal, , ,	[Electronically Fil	led1 -	M = M	/ D D / Y Y Y Y Y
Signature		Date	e 07	20 2017

				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Working America Coalition				
-				C C00620583
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M / D D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Mosaic				11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint Pl				
			Amou	int
City	State	Zip Code		30.00
Hyattsville	MD	20781-1100		saction ID : VTDBC9SGR06 of Disbursement or Obligation
Purpose of Expenditure Payment -Fliers		Category/ Type 004		12 22 7 2016
Name of Federal Candidate:		<b>✗</b> Support	Office Sough	ht: House District:
Clinton, Hillary, Rodham, ,		Oppose	<b>X</b> Presid	
Calendar Year-To-Date Per Election for Office Sought	7	384639.62	Disbursemer 2016	nt For:
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
Mosaic				11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint Pl				2010
·			Amou	int
City	State	Zip Code		30.00
Hyattsville	MD	20781-1100		saction ID: VTDBC9SGR14 of Disbursement or Obligation
Purpose of Expenditure Payment - Fliers		Category/ 004		12 22 2016
		Type 004		12 22 2010
Name of Federal Candidate:		<b>✗</b> Support	Office Sough	ht: House District:
Clinton, Hillary, Rodham, ,		Oppose	<b>X</b> Presid	ent Senate State:
Calendar Year-To-Date Per Election for Office Sought	2	384639.62	Disbursemer	nt For:  Primary
				other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures				60.00
(a) 30210112 of Normales mappendent Experience				00.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res			
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Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
King, Crystal, , ,	Electronically Fil	led1	M = M /	D D / Y Y Y Y Y Y
Signature	Tuning I'll	Date	e 07	20 2017

Working America Coalition  FEC IDENTIFICATION NUMBER ▼  C 000620583	TEMIZED INDEPENDENT EXPENDITURES				PAGE 71 OF 80
Working America Coalition    C   Cooscoss   C   C   Cooscoss   C   C   C   C   C   C   C   C   C	NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
Theck if	,				
Full Name of Payee   Memo Item   Memo It	<u> </u>				C C00620583
Mosaic  Mailing Address 4801 Viewpoint PI  City State Zp Code 1500.00  Transaction ID : VTDBC9SoS17  Date of Disbursement or Otilgation  Type 004  Name of Federal Candidate:  Calendar Year-To-Date Per Election for Office Sought  Physitsville  Mailing Address 4801 Viewpoint PI  Calendar Year-To-Date Payment - Filers  Mailing Address 4801 Viewpoint PI  Amount  Transaction ID : VTDBC9SoS17  Date of Disbursement or Otilgation  Tale 2 2 2 2 2016  Transaction ID : VTDBC9SoS17  Date of Disbursement For: Primary IX General 2016  Other (specify) ▶  Transaction ID : VTDBC9SoS13  Disbursement For: Primary IX General 2016  Other (specify) ▶  Transaction ID : VTDBC9SoS3  Disbursement For: Primary IX General 2016  Other (specify) ▶  Transaction ID : VTDBC9SoS3  Date of Disbursement or Otilgation  Transaction ID : VTDBC9SoS3  Date of Disbursement or Otilgation  Transaction ID : VTDBC9SoS3  Date of Disbursement or Otilgation  Transaction ID : VTDBC9SoS3  Date of Disbursement or Otilgation  Transaction ID : VTDBC9SoS3  Date of Disbursement or Otilgation  Transaction ID : VTDBC9SoS3  Date of Disbursement or Otilgation  Transaction ID : VTDBC9SoS3  Date of Disbursement or Otilgation  Transaction ID : VTDBC9SoS3  Date of Disbursement or Otilgation  Transaction ID : VTDBC9SoS3  Date of Disbursement or Otilgation  Transaction ID : VTDBC9SoS3  Date of Disbursement or Otilgation  Transaction ID : VTDBC9SoS3  Date of Disbursement or Otilgation  Transaction ID : VTDBC9SoS3  Date of Disbursement or Otilgation  Transaction ID : VTDBC9SoS3  Transaction ID : VTDBC9SoS3  Date of Disbursement or Otilgation  Transaction ID : VTDBC9SoS3  Date of Disbursement or Otilgation  Transaction ID : VTDBC9SoS3  Date of Disbursement or Otilgation  Transaction ID : VTDBC9SoS3  Date of Disbursement or Otilgation  Transaction ID : VTDBC9SoS3  Transaction ID : VTDBC9SoS3  Date of Disbursement For:  Date of Disbursement For:  Total Other (specify) ▶  Transaction ID : VTDBC9SoS3  Transaction ID : VTDBC9SoS3  Date of Disbursement For:  Transaction ID : VTDBC9So	Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Mailing Address 4801 Viewpoint PI  City State Zip Code 2018-1100 Transaction ID: VTDBC9SG11  Purpose of Expenditure Payment-Fliers Category/ Topose of Expenditure Payment-Fliers Disbursement or Obligation 12 22 2016  Name of Federal Candidate:	Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
City Hyatsville MD 20781-1100  Purpose of Expenditure Payment-Fliers  Name of Federal Candidate: Clinton, Hillary, Rodham, Oppose President State Per Election for Office Sought  Full Name of Payee MoSalic  Mailing Address 4801 Viewpoint Pl  City Hyatsville  Purpose of Expenditure Payment-Fliers  Calegory/ To Other (specify)  Memo Item MoSalic  Amount  Amount  Transaction ID: VTDBCSSS17  Tate of Disbursement or Obligation  President Senate State:    President Senate State:   President Senate State:   President Senate State:   President Senate State:   Disbursement For: Primary	Mosaic				
Hyatsville  MD  20781-1100  Transaction ID : VTDBC3SQS17 Date of Disbursement or Obligation  Payment-Filers  Name of Federal Candidate: Clinton, Hillary, Rodham.  Calendar Year-To-Date Per Election for Office Sought  Amount  City Hyatsville  Name of Payee MoSaic  Mailing Address 4801 Viewpoint PI  City Hyatsville Payment - Filers  Category/ Type  Amount  Transaction ID : VTDBC3SQS17 Date of Disbursement or Obligation  Primary	Mailing Address 4801 Viewpoint PI			Amo	ount
Purpose of Expenditure Payment-Filers  Category/ Name of Federal Candidate:  Clinton, Hilary, Rodham.  Calendar Year-To-Date Payment - Filers  Amount  City Hyattsville Payment - Filers  Category/ Hyattsville Payment - Filers  Category/ Hyattsville  Category/ Category/ Lategory/ L	City	State	Zip Code		1500.00
Purpose of Expenditure Payment.Filers  Category/ Type	Hyattsville	MD	20781-1100		
Clinton, Hillary, Rodham,					M M / D D / Y Y Y Y
Clinton, Hillary, Rodham, Oppose	Name of Federal Candidate:		<b>X</b> Support	Office Sou	ght: House District:
Per Election for Office Sought  Full Name of Payee  MoSaic  Mailing Address  4801 Viewpoint PI  City  Hyattsville  Purpose of Expenditure Payment - Filers  Category/ Type  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  As Substort As Disbursement For:  Calendar Year-To-Date Per Election for Office Sought  City  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sough	Clinton, Hillary, Rodham, ,			l	
Malling Address  4801 Viewpoint PI  City		7	384639.62		
Mailing Address  4801 Viewpoint PI  City Hyattsville  Purpose of Expenditure Payment - Filers  Category/ Type  Out Transaction ID : VTDBC9SG33 Date of Disbursement or Obligation  Per Sought: FEINGOLD, RUSSELL DANA, ,	Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
Mailing Address 4801 Viewpoint PI  City	Mosaic				M M / D D / Y Y Y Y
City Hyattsville MD 20781-1100  Purpose of Expenditure Payment - Filers  Category/ Type 004  Transaction ID : VTDBC9SGS33 Date of Disbursement or Obligation  M12	Mailing Address				11 04 2016
Hyattsville  Purpose of Expenditure Payment - Fliers  Category/ Type  O04  Name of Federal Candidate: FEINGOLD, RUSSELL DANA,  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Unitemized Independent Expenditures  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 (if the reporting entity is not a political party committee) any political party committee or its agent.  Transaction ID: VTDBC9SG533 Date of Disbursement or Obligation  Type  004  Type 006  Type 102  Type 004  Ty	4601 Viewpoint Fi			Amo	ount
Purpose of Expenditure Payment - Fliers  Category/ Type  Ou4  Office Sought: House District: FEINGOLD, RUSSELL DANA, , .  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  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 (if the reporting entity is not a political party committee) any political party committee or its agent.  IElectronically Filed  Date  Office Sought: House District: President	City	State	Zip Code		45.00
Payment - Fliers    Category   Type   004   12   22   2016		MD	20781-1100		
Name of Federal Candidate:  FEINGOLD, RUSSELL DANA, , ,					M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEINGOLD, RUSSELL DANA, , ,	Fayment - Filets		Type 004		12 22 2016
Calendar Year-To-Date Per Election for Office Sought  22510.48  Disbursement For: Primary  (Context)  (a) SUBTOTAL of Itemized Independent Expenditures			<b>x</b> Support	Office Sou	ght: House District:
Per Election for Office Sought  22510.48  2016  Other (specify) ▶  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  (c) TOTAL Independent Expenditures  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 (if the reporting entity is not a political party committee) any political party committee or its agent.  [Electronically Filed]	FEINGOLD, RUSSELL DANA, , ,		Oppose	Pres	ident 🗶 Senate State: WI
(a) SUBTOTAL of Itemized Independent Expenditures			22510.48		ent For: Primary 🗶 General
(c) TOTAL Independent Expenditures	Per Election for Office Sought	7 7	22010.40	2016	Other (specify)
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 (if the reporting entity is not a political party committee) any political party committee or its agent.  **Electronically Filed**  Date**    Part   Pa	(a) SUBTOTAL of Itemized Independent Expenditures	3		•	1545.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  **Electronically Filed**  Date **Date**    Part   Pa	(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  **Electronically Filed**   Date   O7   20   2017**	(c) TOTAL Independent Expenditures			•	
[Electronically Filed] Date 07 20 2017	with, or at the request or suggestion of, any candida	ate or authorized	•		· · · · · · · · · · · · · · · · · · ·
Date 07 20 2017	King, Crystal, , ,	[Flootronicall. E2	adl	M = M	
		<sub>Г</sub> ълеси описану F и	Date	9 07	20 2017

				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				
Working America Coalition				FEC IDENTIFICATION NUMBER ▼
				C C00620583
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y Y
Full Name of Payee Mosaic		☐ Memo	Item	Date of Public Distribution/Dissemination
				11 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint PI				Amount
City	State	Zip Code		360.00
Hyattsville	MD	20781-1100		Transaction ID : VTDBC9SGS82 Date of Disbursement or Obligation
Purpose of Expenditure Payment - Fliers		Category/ Type 004	4	12 / 22 / 2016
Name of Federal Candidate:		<b>✗</b> Support	Office	e Sought: House District:
Clinton, Hillary, Rodham, ,		Oppose	×	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	7	384639.62	Disbu 2016	ursement For: Primary   General  Other (specify) ▶
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Mosaic				11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint PI				Amount
Oth	T01-1-	750 On the		120.00
City Hyattsville	State	Zip Code 20781-1100		120.00 Transaction ID: VTDBC9SGSD2
Purpose of Expenditure				Date of Disbursement or Obligation
Payment-Fliers		Category/ Type 004		12 22 2016
Name of Federal Candidate:		<b>✗</b> Support	Office	e Sought: House District:
Clinton, Hillary, Rodham, ,		Oppose	x	President Senate State:
Calendar Year-To-Date Per Election for Office Sought		384639.62	Disbu 2016	ursement For: Primary X General
Tel Election for Office Sought	7 7		2010	Other (specify) ▶
(a) SUPTOTAL of Itamized Independent Expanditures				480.00
(a) SUBTOTAL of Itemized Independent Expenditures				480.00
(b) SUBTOTAL of Unitemized Independent Expenditur	es			
(a) TOTAL Independent Expenditures				
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
King, Crystal, , ,	Electronically File	ed] Dots	M 0	7 20 2017
Signature		_ Date	e 0	7 20 2017

TEMIZED INDEPENDENT EXPENDITURES				PAGE 73 OF 80
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X  FEC IDENTIFICATION NUMBER ▼
Working America Coalition				C C00620583
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed or	1 M M / D D / Y Y Y Y Y
Full Name of Payee		☐ Memo	Item [	Date of Public Distribution/Dissemination
Mosaic				11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint PI			A	Amount
City	State	Zip Code		90.00
Hyattsville	MD	20781-1100		Fransaction ID : VTDBC9SGSJ1 Date of Disbursement or Obligation
Purpose of Expenditure Payment - Fliers		Category/ Type 004		12 22 2016
Name of Federal Candidate:		<b>✗</b> Support	Office S	Sought: House District:
Clinton, Hillary, Rodham, ,		Oppose	l	resident Senate State:
Calendar Year-To-Date Per Election for Office Sought	7 1 7	384639.62	Disburs 2016	ement For:  Primary
Full Name of Payee		☐ Memo	Item [	Date of Public Distribution/Dissemination
Mosaic				11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint PI				11 02 2010
·			<i>F</i>	Amount
City	State	Zip Code		120.00
Hyattsville	MD	20781-1100		Transaction ID : VTDBC9SGSZ4 Date of Disbursement or Obligation
Purpose of Expenditure Payment-Fliers		Category/ Type		12 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>✗</b> Support	Office S	Sought: House District:
Clinton, Hillary, Rodham, ,		Oppose	X P	resident Senate State:
Calendar Year-To-Date		384639.62	Disburs	ement For: Primary Seneral
Per Election for Office Sought	7 7		2010	Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	i			210.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res			
(c) TOTAL Independent Expenditures			• •	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
King, Crystal, , ,	[Electronically Fil	ledl –	M = N	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	e 07	20 2017

TEMIZED INDEPENDENT EXPENDITURES				PAGE 74 OF 80 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Working America Coalition				C C00620583
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Mosaic				11 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint PI			Amo	unt
City	State	Zip Code	— F	30.00
Hyattsville	MD	20781-1100		nsaction ID : VTDBC9SGT59 of Disbursement or Obligation
Purpose of Expenditure Payment -Fliers		Category/ Type 004		12 / 22 / 2016
Name of Federal Candidate:		<b>✗</b> Support	Office Sou	ght: House District:
Clinton, Hillary, Rodham, ,		Oppose	<b>✗</b> Presi	dent Senate State:
Calendar Year-To-Date Per Election for Office Sought		384639.62	Disburseme	, .
Full Name of Payee	,	Memo	1_	Other (specify) ▶  of Public Distribution/Dissemination
Mosaic		іметю	Item Date	M M / D D / Y Y Y
Mailing Address 4801 Viewpoint PI				11 03 2016
+oo1 viewpoint i			Amo	unt
City	State	Zip Code		60.00
Hyattsville	MD	20781-1100	I	nsaction ID : VTDBC9SGTM8 of Disbursement or Obligation
Purpose of Expenditure Payment - Fliers		Category/ Type 004		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>✗</b> Support	Office Sou	ght: House District:
Clinton, Hillary, Rodham, ,		Oppose	<b>X</b> Presi	dent Senate State:
Calendar Year-To-Date Per Election for Office Sought	7 7	384639.62	Disburseme	ent For: Primary <b>X</b> General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			· • [	90.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		· •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
King, Crystal, , ,	Electronically Fil	ed]	M M M	20 2017
Signature		_ Date	9 07	2017

			FOR LINE 24 OF FO	RM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	
Working America Coalition				JEK V
			C C00620583	
Check if 24-hour report 48-hour report	New re	port Amends repo	rt filed on	YYY
Full Name of Payee		☐ Memo	Item Date of Public Distribution/Dissemina	ation
Mosaic			M M / D D / Y Y 1	Y Y 16
Mailing Address 4801 Viewpoint PI			11 04 20	10
leer viempenki i			Amount	
City	State	Zip Code	90	0.00
Hyattsville	MD	20781-1100	Transaction ID: VTDBC9SGVS0 Date of Disbursement or Obligation	
Purpose of Expenditure Payment - Fliers		Category/ Type 004	M M / D D / Y Y	16
Name of Federal Candidate:		<b>✗</b> Support	Office Sought: House District: _	
MURPHY, PATRICK, , ,		Oppose	President Senate State:	FL
Calendar Year-To-Date Per Election for Office Sought		108649.59	2016	Seneral
Full Name of Davis			Other (specify) ▶  Item   Date of Public Distribution/Dissemina	otion
Full Name of Payee  Mosaic		☐ Memo		YYY
Mailing Address 4004 Visuars and DI			11 02 20	
4801 Viewpoint PI			Amount	
City	State	Zip Code	120	0.00
Hyattsville	MD	20781-1100	Transaction ID : VTDBC9SGWC0  Date of Disbursement or Obligation	
Purpose of Expenditure Payment -Fliers		Category/ Type 004	12 / D D / Y Y 201	16
Name of Federal Candidate:		<b>✗</b> Support	Office Sought: House District: _	
MCGINTY, KATHLEEN ALANA, , ,		Oppose	President Senate State:	PA
Calendar Year-To-Date Per Election for Office Sought		28524.30	2016	General
	1 1		Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditure	·s		210.0	00
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		<b>•</b>	
(c) TOTAL Independent Expenditures			<b>&gt;</b>	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	date or authorize			
King, Crystal, , ,	[Electronically F	iled1 –	M = M / D = D / Y = Y = Y = Y	
Signature	T	Date	07 20 2017	

PAGE 76 OF 80 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ Working America Coalition C00620583 Check if 24-hour report 48-hour report New report Amends report filed on Date of Public Distribution/Dissemination Full Name of Payee Mosaic 11 03 2016 Mailing Address 4801 Viewpoint Pl Amount City State Zip Code 140.00 MD 20781-1100 Transaction ID: VTDBC9SGXA5 Hyattsville Date of Disbursement or Obligation Purpose of Expenditure Category/ Payment-Fliers 004 12 22 2016 Type Name of Federal Candidate: 02 **X** Support Office Sought: **X** House District: KUSTER, ANN MCLANE, , , NH Oppose President State: Senate Disbursement For: Primary **X** General Calendar Year-To-Date 1343.98 2016 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item Mosaic 2016 03 Mailing Address 4801 Viewpoint PI Amount 30.00 City State Zip Code Hyattsville Transaction ID: VTDBC9SGXB3 MD 20781-1100 Date of Disbursement or Obligation Purpose of Expenditure Category/ Payment - Fliers 004 22 2016 12 Type Name of Federal Candidate: x Support Office Sought: House District: FEINGOLD, RUSSELL DANA, , , WI Oppose President **X** Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 22510.48 2016 Per Election for Office Sought Other (specify) ▶ 170.00 (a) SUBTOTAL of Itemized Independent Expenditures ..... (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures ..... 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 (if the reporting entity is not a political party committee) any political party committee or its agent. King, Crystal,,, [Electronically Filed] 20 2017 Date Signature

TEMIZED INDEPENDENT EXPENDITURES				PAGE 77 OF 80
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X  FEC IDENTIFICATION NUMBER ▼
Working America Coalition				C C00620583
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee Mosaic		☐ Memo	Item Dat	te of Public Distribution/Dissemination
				11 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint PI			Am	ount
City	State	Zip Code	$ \Gamma$	60.00
Hyattsville	MD	20781-1100		nsaction ID : VTDBC9SGXH1 te of Disbursement or Obligation
Purpose of Expenditure Payment - Fliers		Category/ Type 004		12 22 2016
Name of Federal Candidate:		<b>X</b> Support	Office Soi	ught: House District:
FEINGOLD, RUSSELL DANA, , ,		Oppose		sident Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	22510.48	Disbursen 2016	nent For:  Primary
Full Name of Payee		☐ Memo	Item Dat	te of Public Distribution/Dissemination
Mosaic				11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint PI			Am	ount
City	Otata	7:n Code		30.00
City Hyattsville	State	Zip Code 20781-1100	Tra	ansaction ID : VTDBC9SGXM4
Purpose of Expenditure			Dat	te of Disbursement or Obligation
Payment - Fliers		Category/ Type 004		12 / 22 / 2016
Name of Federal Candidate:		<b>✗</b> Support	Office Soi	ught: House District:
FEINGOLD, RUSSELL DANA, , ,		Oppose	Pre	sident Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	1 1 1	22510.48	Disbursen 2016	nent For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures			· L	90.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res			
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
King, Crystal, , ,	[Electronically File	ed]	M M M	20 2017
Signature		Date	9 07	20 2017

EMIZED INDEPENDENT EXPENDITURES	5			PAGE 78 OF 80 FOR LINE 24 OF FORM 3X	
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
Working America Coalition					
				C C00620583	
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y	
Full Name of Payee		☐ Memo	Item D	ate of Public Distribution/Dissemination	
Mosaic				M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y	
Mailing Address 4801 Viewpoint PI			A	mount	
		T =	— г	700.00	
City	State	Zip Code	L	720.00	
Hyattsville	MD	20781-1100		ransaction ID: VTDBC9SGXS4 ate of Disbursement or Obligation	
Purpose of Expenditure Payment-Fliers		Category/ Type 004		12 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate:		<b>X</b> Support	Office S	ought: X House District: 04	
KIHUEN, RUBEN, , ,		Oppose		esident Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	19484.35	Disburse	ment For: Primary <b>X</b> General  Other (specify) ▶	
Full Name of Payee		Memo	Item D	ate of Public Distribution/Dissemination	
Mosaic		ivicino	item 2	M M / D D / Y Y Y Y	
Mailing Address 4004 Viscons and DI				11 02 2016	
4801 Viewpoint Pl Amount					
City	State	Zip Code	— I	75.00	
Hyattsville	MD	20781-1100		ransaction ID : VTDBC9SGYF8 ate of Disbursement or Obligation	
Purpose of Expenditure		Category/		M = M / D = D / Y = Y = Y	
Payment -Fliers		Туре		12 22 2016	
Name of Federal Candidate:		<b>x</b> Support	Office S	ought: House District:	
MCGINTY, KATHLEEN ALANA, , ,		Oppose	Pr	esident 🗶 Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought		28524.30	Disburse	ement For: Primary Seneral	
Per Election for Office Sought	7 7		2010	Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditure	98		Г	795.00	
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorized				
King, Crystal, , ,	[Electronically Fit	led1	M = M	/ D D / Y Y Y Y	
Signature	Lawen omenny Tu	Date	9 07	20 2017	

TEMIZED INDEPENDENT EXPENDITURES				PAGE 79 OF 80 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Working America Coalition				C C00620583
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
Mosaic				M M / D D / Y Y Y Y Y 1 1 1 02 2016
Mailing Address 4801 Viewpoint PI			Amo	
City	State	Zip Code	$ \Gamma$	200.00
Hyattsville	MD	20781-1100		nsaction ID : VTDBC9SGYH3
Purpose of Expenditure Payment-Fliers		Category/ Type 004		e of Disbursement or Obligation  12 22 2016
Name of Federal Candidate:		<b>✗</b> Support	Office Sou	ght: House District:
MCGINTY, KATHLEEN ALANA, , ,		Oppose		ident Senate State: PA
Calendar Year-To-Date			Disbursem	
Per Election for Office Sought	7	28524.30	2016	Other (specify) ▶
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
Mosaic				M M / D D / Y Y Y Y Y 1 Y 1 1 04 2016
Mailing Address 4801 Viewpoint PI				
,			Amo	ount
City	State	Zip Code		27.00
Hyattsville	MD	20781-1100		insaction ID: VTDBC9SGZ85 of Disbursement or Obligation
Purpose of Expenditure Payment - Fliers		Category/ Type 004		12 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>✗</b> Support	Office Sou	ght: House District:
MURPHY, PATRICK, , ,		Oppose	Pres	ident Senate State: FL
Calendar Year-To-Date		100010 50	Disbursem	ent For: Primary X General
Per Election for Office Sought	7 7	108649.59	2016	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures			•	227.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•	
(c) TOTAL Independent Expenditures			• [	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
King, Crystal, , ,	Electronically Fil	ed1	M = M	/ D D / Y Y Y Y Y
Signature	zacaomenny Fu	Date	9 07	20 2017

TEMIZED INDEPENDENT EXPENDITURES				PAGE 80 OF 80	
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X	
Working America Coalition				FEC IDENTIFICATION NUMBER ▼	
•				C C00620583	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y	
Full Name of Payee		Memo	Item Date of	of Public Distribution/Dissemination	
Mosaic				11 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 4801 Viewpoint Pl			Amou	nt	
City	State	Zip Code	─ I :	48.00	
Hyattsville	MD	20781-1100		action ID: VTDBC9SH0G9 of Disbursement or Obligation	
Purpose of Expenditure Payment - Fliers		Category/ Type 004	N	12 22 2016	
Name of Federal Candidate:		<b>✗</b> Support	Office Sough	it: House District:	
MURPHY, PATRICK, , ,		Oppose	Preside		
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	108649.59	Disbursemen	t For: Primary <b>X</b> General	
Full Name of Payee		Memo		of Public Distribution/Dissemination	
				M	
Mailing Address			— L		
3			Amou	nt	
City	State	Zip Code	-15		
			Data	of Disbursement or Obligation	
Purpose of Expenditure	-	Category/		DI DISBUISEMENT OF Obligation	
		Type	_     _		
Name of Federal Candidate:		Support	Office Sough	it: House District:	
		Oppose	Preside	ent Senate State:	
Calendar Year-To-Date			Disbursemen	t For: Primary General	
Per Election for Office Sought	7-1-5-		o	ther (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	3		· [	48.00	
(b) SUBTOTAL of Unitemized Independent Expenditu	res		. —		
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures			•	26470.00	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
King, Crystal, , ,	[Electronically Fil	led1	M = M /	D D / Y Y Y Y	
Signature	при применти при применения приме	_ Date	9 07	20 2017	