

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Working America Coalition

ADDRESS (number and street)

815 16th Street, NW

Check if different  
than previously  
reported. (ACC)

Washington

DC

20006

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00620583

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☒ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

King, Crystal, , ,

Type or Print Name of Treasurer

Signature of Treasurer

King, Crystal, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing 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

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 07 / 01 / 2016

To:

 M M / D D / Y Y Y Y Y  
 09 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	700003.84	
(c) Total Receipts (from Line 19) .....	4631338.05	5331341.89
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	5331341.89	5331341.89
7. Total Disbursements (from Line 31).....	4895393.12	4895393.12
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	435948.77	435948.77
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	175043.34	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**Working America Coalition**

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
07	/	01	/	2016

To:

M M	/	D D	/	Y Y Y Y Y Y
09	/	30	/	2016

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

3933532.14

4633532.14

(ii) Unitemized .....

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

3933532.14

4633532.14

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

697653.42

697653.42

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

4631185.56

5331185.56

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

152.49

156.33

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(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)) .....

4631338.05

5331341.89

## 20. Total Federal Receipts

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

4631338.05

5331341.89

**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
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	4677529.75	4677529.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	4677529.75	4677529.75
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	92250.00	92250.00
24. Independent Expenditures (use Schedule E) .....	103007.71	103007.71
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other 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 (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	22605.66	22605.66
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(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 Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4895393.12	4895393.12
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4895393.12	4895393.12

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	4631185.56	5331185.56
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4631185.56	5331185.56
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	4677529.75	4677529.75
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	4677529.75	4677529.75

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Working America Coalition

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. AFL-CIO COPE Treasury**

Mailing Address 815 16th St NW

City  
WashingtonState  
DCZip Code  
20006-4101FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3020505.56

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 01 / 2016

Transaction ID : VTEAMBXYCP0

Amount of Each Receipt this Period

914.86

☐ Memo Item

\* In-Kind: Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. AFL-CIO COPE Treasury**

Mailing Address 815 16th St NW

City  
WashingtonState  
DCZip Code  
20006-4101FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3020505.56

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 08 / 2016

Transaction ID : VTEAMBXYM54

Amount of Each Receipt this Period

44567.33

☐ Memo Item

\* In-Kind: Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. AFL-CIO COPE Treasury**

Mailing Address 815 16th St NW

City  
WashingtonState  
DCZip Code  
20006-4101FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3020505.56

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

Transaction ID : VTEAMBXYJ82

Amount of Each Receipt this Period

78907.89

☐ Memo Item

\* In-Kind: Administrative Staff

SUBTOTAL of Receipts This Page (optional).....▶

124390.08

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

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Working America Coalition

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. AFL-CIO COPE Treasury**

Mailing Address 815 16th St NW

City  
WashingtonState  
DCZip Code  
20006-4101FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3020505.56

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2016

Transaction ID : VTEAMBXYG13

Amount of Each Receipt this Period

100578.41

☐ Memo Item

\* In-Kind: Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. AFL-CIO COPE Treasury**

Mailing Address 815 16th St NW

City  
WashingtonState  
DCZip Code  
20006-4101FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3020505.56

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 29 / 2016

Transaction ID : VTEAMBXYGB2

Amount of Each Receipt this Period

90061.28

☐ Memo Item

\* In-Kind: Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. AFL-CIO COPE Treasury**

Mailing Address 815 16th St NW

City  
WashingtonState  
DCZip Code  
20006-4101FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3020505.56

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 05 / 2016

Transaction ID : VTEAMBXYD90

Amount of Each Receipt this Period

102676.91

☐ Memo Item

\* In-Kind: Administrative Staff

SUBTOTAL of Receipts This Page (optional)..... ►

293316.60

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

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. AFL-CIO COPE Treasury**

Mailing Address 815 16th St NW

City  
Washington

State  
DC

Zip Code  
20006-4101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3020505.56

Date of Receipt

09 / 12 / 2016

**Transaction ID : VTEAMBXYET5**

Amount of Each Receipt this Period

105163.00

☐ Memo Item

\* In-Kind: Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. AFL-CIO COPE Treasury**

Mailing Address 815 16th St NW

City  
Washington

State  
DC

Zip Code  
20006-4101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3020505.56

Date of Receipt

09 / 19 / 2016

**Transaction ID : VTEAMBXYE77**

Amount of Each Receipt this Period

112451.29

☐ Memo Item

\* In-Kind: Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. AFL-CIO COPE Treasury**

Mailing Address 815 16th St NW

City  
Washington

State  
DC

Zip Code  
20006-4101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3020505.56

Date of Receipt

09 / 26 / 2016

**Transaction ID : VTEAMBXYHX5**

Amount of Each Receipt this Period

115802.62

☐ Memo Item

\* In-Kind: Administrative Staff

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

333416.91

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Working America Coalition

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. AFL-CIO COPE Treasury**

Mailing Address 815 16th St NW

City  
Washington

State  
DC

Zip Code  
20006-4101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3020505.56

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : VTEAMBXYCS3

Amount of Each Receipt this Period

426107.66

☐ Memo Item

\* In-Kind: Staff Salaries and Benefits

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. AFL-CIO COPE Treasury**

Mailing Address 815 16th St NW

City  
Washington

State  
DC

Zip Code  
20006-4101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3020505.56

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : VTEAMBXYDE9

Amount of Each Receipt this Period

71738.65

☐ Memo Item

\* In-Kind: Travel Expenses

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. AFL-CIO COPE Treasury**

Mailing Address 815 16th St NW

City  
Washington

State  
DC

Zip Code  
20006-4101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3020505.56

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : VTEAMBXYEP5

Amount of Each Receipt this Period

46220.46

☐ Memo Item

\* In-Kind: Travel Expenses

SUBTOTAL of Receipts This Page (optional).....▶

544066.77

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

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Working America Coalition

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. AFL-CIO COPE Treasury**

Mailing Address 815 16th St NW

City  
Washington

State  
DC

Zip Code  
20006-4101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3020505.56

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : VTEAMBXYEV3

Amount of Each Receipt this Period

22342.50

☐ Memo Item

\* In-Kind: Data and Field Operations Services

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. AFL-CIO COPE Treasury**

Mailing Address 815 16th St NW

City  
Washington

State  
DC

Zip Code  
20006-4101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3020505.56

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : VTEAMBXYF52

Amount of Each Receipt this Period

59092.86

☐ Memo Item

\* In-Kind: Staff Salaries and Benefits

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. AFL-CIO COPE Treasury**

Mailing Address 815 16th St NW

City  
Washington

State  
DC

Zip Code  
20006-4101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3020505.56

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : VTEAMBXYGR5

Amount of Each Receipt this Period

592770.49

☐ Memo Item

\* In-Kind: Staff Salaries and Benefits

SUBTOTAL of Receipts This Page (optional).....▶

674205.85

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

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. AFL-CIO COPE Treasury**

Mailing Address 815 16th St NW

City  
Washington

State  
DC

Zip Code  
20006-4101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3020505.56

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : VTEAMBXYGS2**

Amount of Each Receipt this Period

60428.10

☐ Memo Item

\* In-Kind: Staff Salaries and Benefits

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. AFL-CIO COPE Treasury**

Mailing Address 815 16th St NW

City  
Washington

State  
DC

Zip Code  
20006-4101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3020505.56

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : VTEAMBXYJM7**

Amount of Each Receipt this Period

86182.34

☐ Memo Item

\* In-Kind: Staff Salaries and Benefits

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. AFL-CIO COPE Treasury**

Mailing Address 815 16th St NW

City  
Washington

State  
DC

Zip Code  
20006-4101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3020505.56

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : VTEAMBXYJW0**

Amount of Each Receipt this Period

92940.30

☐ Memo Item

\* In-Kind: Staff Salaries and Benefits

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

239550.74

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Working America Coalition

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. AFL-CIO COPE Treasury**

Mailing Address 815 16th St NW

City  
Washington

State  
DC

Zip Code  
20006-4101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3020505.56

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : VTEAMBXYKX0

Amount of Each Receipt this Period

56835.57

☐ Memo Item

\* In-Kind: Staff Salaries and Benefits

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. AFL-CIO COPE Treasury**

Mailing Address 815 16th St NW

City  
Washington

State  
DC

Zip Code  
20006-4101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3020505.56

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : VTEAMBXYMG1

Amount of Each Receipt this Period

54723.04

☐ Memo Item

\* In-Kind: Staff Salaries and Benefits

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. AFSCME Council 32 PEOPLE Fund**

Mailing Address 8033 Excelsior Dr

City  
Madison

State  
WI

Zip Code  
53717-2900

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5880.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 01 / 2016

Transaction ID : VTEAMBXYEQ3

Amount of Each Receipt this Period

60.00

☐ Memo Item

\* In-Kind: Administrative Staff

SUBTOTAL of Receipts This Page (optional).....▶

111618.61

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

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. AFSCME Council 32 PEOPLE Fund**

Mailing Address 8033 Excelsior Dr

City  
Madison

State  
WI

Zip Code  
53717-2900

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5880.00

Date of Receipt

08 / 08 / 2016

**Transaction ID : VTEAMBXYHN4**

Amount of Each Receipt this Period

360.00

☐ Memo Item

\* In-Kind: Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. AFSCME Council 32 PEOPLE Fund**

Mailing Address 8033 Excelsior Dr

City  
Madison

State  
WI

Zip Code  
53717-2900

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5880.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : VTEAMBXYJV2**

Amount of Each Receipt this Period

300.00

☐ Memo Item

\* In-Kind: Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. AFSCME Council 32 PEOPLE Fund**

Mailing Address 8033 Excelsior Dr

City  
Madison

State  
WI

Zip Code  
53717-2900

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5880.00

Date of Receipt

08 / 22 / 2016

**Transaction ID : VTEAMBXYFA1**

Amount of Each Receipt this Period

540.00

☐ Memo Item

\* In-Kind: Administrative Staff

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1200.00

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Working America Coalition

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. AFSCME Council 32 PEOPLE Fund**

Mailing Address 8033 Excelsior Dr

City  
MadisonState  
WIZip Code  
53717-2900FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5880.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 29 / 2016

Transaction ID : VTEAMBXYE85

Amount of Each Receipt this Period

900.00

☐ Memo Item

\* In-Kind: Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. AFSCME Council 32 PEOPLE Fund**

Mailing Address 8033 Excelsior Dr

City  
MadisonState  
WIZip Code  
53717-2900FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5880.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 05 / 2016

Transaction ID : VTEAMBXYHT3

Amount of Each Receipt this Period

900.00

☐ Memo Item

\* In-Kind: Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. AFSCME Council 32 PEOPLE Fund**

Mailing Address 8033 Excelsior Dr

City  
MadisonState  
WIZip Code  
53717-2900FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5880.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2016

Transaction ID : VTEAMBXYKE2

Amount of Each Receipt this Period

1020.00

☐ Memo Item

\* In-Kind: Administrative Staff

SUBTOTAL of Receipts This Page (optional)..... ►

2820.00

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

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. AFSCME Council 32 PEOPLE Fund**

Mailing Address 8033 Excelsior Dr

City  
Madison

State  
WI

Zip Code  
53717-2900

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5880.00

Date of Receipt

09 / 19 / 2016

**Transaction ID : VTEAMBXYDS6**

Amount of Each Receipt this Period

900.00

☐ Memo Item

\* In-Kind: Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. AFSCME Council 32 PEOPLE Fund**

Mailing Address 8033 Excelsior Dr

City  
Madison

State  
WI

Zip Code  
53717-2900

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5880.00

Date of Receipt

09 / 26 / 2016

**Transaction ID : VTEAMBXYD58**

Amount of Each Receipt this Period

900.00

☐ Memo Item

\* In-Kind: Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. AFSCME Florida Special Account**

Mailing Address 1625 L St NW

City  
Washington

State  
DC

Zip Code  
20036-5665

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

96863.68

Date of Receipt

08 / 22 / 2016

**Transaction ID : VTEAMBXYC14**

Amount of Each Receipt this Period

2147.96

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

3947.96

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. AFSCME Florida Special Account**

Mailing Address 1625 L St NW

City  
Washington

State  
DC

Zip Code  
20036-5665

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

96863.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 29 / 2016

**Transaction ID : VTEAMBXYB05**

Amount of Each Receipt this Period

5475.18

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. AFSCME Florida Special Account**

Mailing Address 1625 L St NW

City  
Washington

State  
DC

Zip Code  
20036-5665

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

96863.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

**Transaction ID : VTEAMBXYBH9**

Amount of Each Receipt this Period

7966.70

☐ Memo Item

\* In-Kind: Travel Expenses

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. AFSCME Florida Special Account**

Mailing Address 1625 L St NW

City  
Washington

State  
DC

Zip Code  
20036-5665

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

96863.68

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 05 / 2016

**Transaction ID : VTEAMBXYHA7**

Amount of Each Receipt this Period

10529.64

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

23971.52

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Working America Coalition

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. AFSCME Florida Special Account**

Mailing Address 1625 L St NW

City  
Washington

State  
DC

Zip Code  
20036-5665

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

96863.68

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2016

Transaction ID : VTEAMBXYA44

Amount of Each Receipt this Period

15016.66

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. AFSCME Florida Special Account**

Mailing Address 1625 L St NW

City  
Washington

State  
DC

Zip Code  
20036-5665

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

96863.68

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 19 / 2016

Transaction ID : VTEAMBXYBD8

Amount of Each Receipt this Period

14698.12

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. AFSCME Florida Special Account**

Mailing Address 1625 L St NW

City  
Washington

State  
DC

Zip Code  
20036-5665

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

96863.68

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2016

Transaction ID : VTEAMBXYAA1

Amount of Each Receipt this Period

12508.51

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

SUBTOTAL of Receipts This Page (optional).....▶

42223.29

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

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Working America Coalition

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. AFSCME Florida Special Account**

Mailing Address 1625 L St NW

City  
WashingtonState  
DCZip Code  
20036-5665FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

96863.68

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2016

Transaction ID : VTEAMBXY9Q1

Amount of Each Receipt this Period

28520.91

☐ Memo Item

\* In-Kind: Travel Expenses

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. AFSCME Ohio PCE**

Mailing Address 1625 L St NW

City  
WashingtonState  
DCZip Code  
20036-5665FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

145630.17

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2016

Transaction ID : VTEAMBXY5B0

Amount of Each Receipt this Period

1184.24

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. AFSCME Ohio PCE**

Mailing Address 1625 L St NW

City  
WashingtonState  
DCZip Code  
20036-5665FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

145630.17

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 29 / 2016

Transaction ID : VTEAMBXYPDO

Amount of Each Receipt this Period

6046.84

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

SUBTOTAL of Receipts This Page (optional)..... ►

35751.99

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

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Working America Coalition

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. AFSCME Ohio PCE**

Mailing Address 1625 L St NW

City  
Washington

State  
DC

Zip Code  
20036-5665

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

145630.17

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2016

Transaction ID : VTEAMBXYN70

Amount of Each Receipt this Period

6177.54

☐ Memo Item

\* In-Kind: Travel Expenses

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. AFSCME Ohio PCE**

Mailing Address 1625 L St NW

City  
Washington

State  
DC

Zip Code  
20036-5665

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

145630.17

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 05 / 2016

Transaction ID : VTEAMBXYNX4

Amount of Each Receipt this Period

12457.14

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. AFSCME Ohio PCE**

Mailing Address 1625 L St NW

City  
Washington

State  
DC

Zip Code  
20036-5665

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

145630.17

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 12 / 2016

Transaction ID : VTEAMBXP24

Amount of Each Receipt this Period

22309.42

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

SUBTOTAL of Receipts This Page (optional).....▶

40944.10

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

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. AFSCME Ohio PCE**

Mailing Address 1625 L St NW

City  
Washington

State  
DC

Zip Code  
20036-5665

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

145630.17

Date of Receipt

09 / 19 / 2016

**Transaction ID : VTEAMBXYQG7**

Amount of Each Receipt this Period

20958.12

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. AFSCME Ohio PCE**

Mailing Address 1625 L St NW

City  
Washington

State  
DC

Zip Code  
20036-5665

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

145630.17

Date of Receipt

09 / 26 / 2016

**Transaction ID : VTEAMBXYNZ0**

Amount of Each Receipt this Period

19853.06

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. AFSCME Ohio PCE**

Mailing Address 1625 L St NW

City  
Washington

State  
DC

Zip Code  
20036-5665

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

145630.17

Date of Receipt

09 / 30 / 2016

**Transaction ID : VTEAMBXYN96**

Amount of Each Receipt this Period

56643.81

☐ Memo Item

\* In-Kind: Travel Expenses

**SUBTOTAL** of Receipts This Page (optional)..... ►

97454.99

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

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. AFSCME Pennsylvania Special Account**

Mailing Address 1625 L St NW

City  
Washington

State  
DC

Zip Code  
20036-5665

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2114.48

Date of Receipt

09 / 19 / 2016

**Transaction ID : VTEAMBXYCX5**

Amount of Each Receipt this Period

457.98

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. AFSCME Pennsylvania Special Account**

Mailing Address 1625 L St NW

City  
Washington

State  
DC

Zip Code  
20036-5665

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2114.48

Date of Receipt

09 / 26 / 2016

**Transaction ID : VTEAMBXYBY0**

Amount of Each Receipt this Period

228.99

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. AFSCME Pennsylvania Special Account**

Mailing Address 1625 L St NW

City  
Washington

State  
DC

Zip Code  
20036-5665

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2114.48

Date of Receipt

09 / 30 / 2016

**Transaction ID : VTEAMBXYC89**

Amount of Each Receipt this Period

1427.51

☐ Memo Item

\* In-Kind: Travel Expenses

**SUBTOTAL** of Receipts This Page (optional).....▶

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

2114.48

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. AFSCME Special Account**

Mailing Address 1625 L St NW

City  
Washington

State  
DC

Zip Code  
20036-5665

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

37130.93

Date of Receipt

09 / 05 / 2016

**Transaction ID : VTEAMBXYER9**

Amount of Each Receipt this Period

1891.35

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. AFSCME Special Account**

Mailing Address 1625 L St NW

City  
Washington

State  
DC

Zip Code  
20036-5665

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

37130.93

Date of Receipt

09 / 12 / 2016

**Transaction ID : VTEAMBXYJ66**

Amount of Each Receipt this Period

5395.12

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. AFSCME Special Account**

Mailing Address 1625 L St NW

City  
Washington

State  
DC

Zip Code  
20036-5665

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

37130.93

Date of Receipt

09 / 19 / 2016

**Transaction ID : VTEAMBXYJQ0**

Amount of Each Receipt this Period

5647.44

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

12933.91

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. AFSCME Special Account**

Mailing Address 1625 L St NW

City  
Washington

State  
DC

Zip Code  
20036-5665

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

37130.93

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 26 / 2016

**Transaction ID : VTEAMBXYF10**

Amount of Each Receipt this Period

5899.75

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. AFSCME Special Account**

Mailing Address 1625 L St NW

City  
Washington

State  
DC

Zip Code  
20036-5665

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

37130.93

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

**Transaction ID : VTEAMBXYK69**

Amount of Each Receipt this Period

18297.27

☐ Memo Item

\* In-Kind: Travel Expenses

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. AFT Solidarity 527**

Mailing Address 555 New Jersey Ave NW

City  
Washington

State  
DC

Zip Code  
20001-2029

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

417843.18

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 01 / 2016

**Transaction ID : VTEAMBXYA10**

Amount of Each Receipt this Period

27689.85

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

**SUBTOTAL** of Receipts This Page (optional)..... ►

51886.87

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

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. AFT Solidarity 527**

Mailing Address 555 New Jersey Ave NW

City  
Washington

State  
DC

Zip Code  
20001-2029

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

417843.18

Date of Receipt

08 / 08 / 2016

**Transaction ID : VTEAMBXYA28**

Amount of Each Receipt this Period

23883.61

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. AFT Solidarity 527**

Mailing Address 555 New Jersey Ave NW

City  
Washington

State  
DC

Zip Code  
20001-2029

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

417843.18

Date of Receipt

08 / 15 / 2016

**Transaction ID : VTEAMBXY874**

Amount of Each Receipt this Period

21280.32

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. AFT Solidarity 527**

Mailing Address 555 New Jersey Ave NW

City  
Washington

State  
DC

Zip Code  
20001-2029

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

417843.18

Date of Receipt

08 / 22 / 2016

**Transaction ID : VTEAMBXY6N9**

Amount of Each Receipt this Period

29983.49

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

75147.42

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Working America Coalition

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. AFT Solidarity 527**

Mailing Address 555 New Jersey Ave NW

City  
Washington

State  
DC

Zip Code  
20001-2029

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

417843.18

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2016

Transaction ID : VTEAMBXYBB2

Amount of Each Receipt this Period

6442.18

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. AFT Solidarity 527**

Mailing Address 555 New Jersey Ave NW

City  
Washington

State  
DC

Zip Code  
20001-2029

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

417843.18

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 29 / 2016

Transaction ID : VTEAMBXY9Z4

Amount of Each Receipt this Period

28629.69

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. AFT Solidarity 527**

Mailing Address 555 New Jersey Ave NW

City  
Washington

State  
DC

Zip Code  
20001-2029

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

417843.18

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 05 / 2016

Transaction ID : VTEAMBXY9W1

Amount of Each Receipt this Period

36597.40

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

SUBTOTAL of Receipts This Page (optional).....▶

71669.27

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

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Working America Coalition

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. AFT Solidarity 527**

Mailing Address 555 New Jersey Ave NW

City  
Washington

State  
DC

Zip Code  
20001-2029

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

417843.18

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 12 / 2016

Transaction ID : VTEAMBXY7N2

Amount of Each Receipt this Period

47224.55

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. AFT Solidarity 527**

Mailing Address 555 New Jersey Ave NW

City  
Washington

State  
DC

Zip Code  
20001-2029

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

417843.18

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 19 / 2016

Transaction ID : VTEAMBXY8T2

Amount of Each Receipt this Period

80089.61

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. AFT Solidarity 527**

Mailing Address 555 New Jersey Ave NW

City  
Washington

State  
DC

Zip Code  
20001-2029

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

417843.18

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 26 / 2016

Transaction ID : VTEAMBXYB47

Amount of Each Receipt this Period

116022.48

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

SUBTOTAL of Receipts This Page (optional).....▶

243336.64

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

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

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Working America Coalition

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. American Postal Workers Union Separate Segregated Account**

Mailing Address 1300 L St NW

City  
WashingtonState  
DCZip Code  
20005-4107FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7411.10

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2016

Transaction ID : VTEAMBXYGY2

Amount of Each Receipt this Period

1709.25

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. American Postal Workers Union Separate Segregated Account**

Mailing Address 1300 L St NW

City  
WashingtonState  
DCZip Code  
20005-4107FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7411.10

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2016

Transaction ID : VTEAMBXYH73

Amount of Each Receipt this Period

5701.85

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Central Pennsylvania Area Labor Federation, AFL-CIO**

Mailing Address 4031 Executive Park Dr

City  
HarrisburgState  
PAZip Code  
17111-1507FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

7746.47

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2016

Transaction ID : VTEAMBXYGP9

Amount of Each Receipt this Period

1921.60

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

SUBTOTAL of Receipts This Page (optional)..... ►

9332.70

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

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. Central Pennsylvania Area Labor Federation, AFL-CIO**

Mailing Address 4031 Executive Park Dr

City  
Harrisburg

State  
PA

Zip Code  
17111-1507

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7746.47

Date of Receipt

09 / 19 / 2016

**Transaction ID : VTEAMBXYH08**

Amount of Each Receipt this Period

2658.59

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. Central Pennsylvania Area Labor Federation, AFL-CIO**

Mailing Address 4031 Executive Park Dr

City  
Harrisburg

State  
PA

Zip Code  
17111-1507

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7746.47

Date of Receipt

09 / 26 / 2016

**Transaction ID : VTEAMBXYG96**

Amount of Each Receipt this Period

3166.28

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. Florida AFL-CIO General Fund**

Mailing Address 135 S Monroe St

City  
Tallahassee

State  
FL

Zip Code  
32301-4100

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

91356.14

Date of Receipt

07 / 25 / 2016

**Transaction ID : VTEAMBXYJB5**

Amount of Each Receipt this Period

1915.13

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

7740.00

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. Florida AFL-CIO General Fund**

Mailing Address 135 S Monroe St

City  
Tallahassee

State  
FL

Zip Code  
32301-4100

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

91356.14

Date of Receipt

08 / 01 / 2016

**Transaction ID : VTEAMBXYJH3**

Amount of Each Receipt this Period

12213.35

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. Florida AFL-CIO General Fund**

Mailing Address 135 S Monroe St

City  
Tallahassee

State  
FL

Zip Code  
32301-4100

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

91356.14

Date of Receipt

08 / 08 / 2016

**Transaction ID : VTEAMBXYM62**

Amount of Each Receipt this Period

12860.15

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. Florida AFL-CIO General Fund**

Mailing Address 135 S Monroe St

City  
Tallahassee

State  
FL

Zip Code  
32301-4100

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

91356.14

Date of Receipt

08 / 15 / 2016

**Transaction ID : VTEAMBXYD09**

Amount of Each Receipt this Period

12303.32

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

37376.82

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 OF 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. Florida AFL-CIO General Fund**

Mailing Address 135 S Monroe St

City  
Tallahassee

State  
FL

Zip Code  
32301-4100

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

91356.14

Date of Receipt

08 / 22 / 2016

Transaction ID : VTEAMBXYFZ7

Amount of Each Receipt this Period

11343.00

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. Florida AFL-CIO General Fund**

Mailing Address 135 S Monroe St

City  
Tallahassee

State  
FL

Zip Code  
32301-4100

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

91356.14

Date of Receipt

08 / 29 / 2016

Transaction ID : VTEAMBXYKZ6

Amount of Each Receipt this Period

7698.78

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. Florida AFL-CIO General Fund**

Mailing Address 135 S Monroe St

City  
Tallahassee

State  
FL

Zip Code  
32301-4100

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

91356.14

Date of Receipt

09 / 05 / 2016

Transaction ID : VTEAMBXYCG2

Amount of Each Receipt this Period

8342.08

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

27383.86

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 OF 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. Florida AFL-CIO General Fund**

Mailing Address 135 S Monroe St

City  
Tallahassee

State  
FL

Zip Code  
32301-4100

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

91356.14

Date of Receipt

09 / 12 / 2016

Transaction ID : VTEAMBXYCZ1

Amount of Each Receipt this Period

8695.41

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. Florida AFL-CIO General Fund**

Mailing Address 135 S Monroe St

City  
Tallahassee

State  
FL

Zip Code  
32301-4100

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

91356.14

Date of Receipt

09 / 19 / 2016

Transaction ID : VTEAMBXYEJ4

Amount of Each Receipt this Period

8297.12

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. Florida AFL-CIO General Fund**

Mailing Address 135 S Monroe St

City  
Tallahassee

State  
FL

Zip Code  
32301-4100

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

91356.14

Date of Receipt

09 / 26 / 2016

Transaction ID : VTEAMBXYEK1

Amount of Each Receipt this Period

7687.80

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

**SUBTOTAL** of Receipts This Page (optional)..... ►

24680.33

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

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 OF 210

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. Nevada State AFL-CIO**

Mailing Address 1891 Whitney Mesa Dr

City  
Henderson

State  
NV

Zip Code  
89014-2069

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6200.00

Date of Receipt

08 / 08 / 2016

**Transaction ID : VTEAMBXYK85**

Amount of Each Receipt this Period

800.00

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. Nevada State AFL-CIO**

Mailing Address 1891 Whitney Mesa Dr

City  
Henderson

State  
NV

Zip Code  
89014-2069

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6200.00

Date of Receipt

08 / 15 / 2016

**Transaction ID : VTEAMBXYMX3**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. Nevada State AFL-CIO**

Mailing Address 1891 Whitney Mesa Dr

City  
Henderson

State  
NV

Zip Code  
89014-2069

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

6200.00

Date of Receipt

08 / 22 / 2016

**Transaction ID : VTEAMBXYGQ7**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

4800.00

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 OF 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. Nevada State AFL-CIO**

Mailing Address 1891 Whitney Mesa Dr

City  
Henderson

State  
NV

Zip Code  
89014-2069

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 29 / 2016

**Transaction ID : VTEAMBXYHF6**

Amount of Each Receipt this Period

1400.00

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. North Carolina State AFL-CIO**

Mailing Address PO Box 10805

City  
Raleigh

State  
NC

Zip Code  
27605-0805

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9730.07

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 29 / 2016

**Transaction ID : VTEAMBXYN88**

Amount of Each Receipt this Period

759.08

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. North Carolina State AFL-CIO**

Mailing Address PO Box 10805

City  
Raleigh

State  
NC

Zip Code  
27605-0805

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

9730.07

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 05 / 2016

**Transaction ID : VTEAMBXYN62**

Amount of Each Receipt this Period

4377.23

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

6536.31

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. North Carolina State AFL-CIO**

Mailing Address PO Box 10805

City  
Raleigh

State  
NC

Zip Code  
27605-0805

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9730.07

Date of Receipt

09 / 12 / 2016

**Transaction ID : VTEAMBXYPA7**

Amount of Each Receipt this Period

2451.05

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. North Carolina State AFL-CIO**

Mailing Address PO Box 10805

City  
Raleigh

State  
NC

Zip Code  
27605-0805

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9730.07

Date of Receipt

09 / 19 / 2016

**Transaction ID : VTEAMBXYPJ0**

Amount of Each Receipt this Period

766.94

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. North Carolina State AFL-CIO**

Mailing Address PO Box 10805

City  
Raleigh

State  
NC

Zip Code  
27605-0805

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

9730.07

Date of Receipt

09 / 26 / 2016

**Transaction ID : VTEAMBXYPT3**

Amount of Each Receipt this Period

1375.77

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

4593.76

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. Northwestern PA Area Labor Federation**

Mailing Address 1276 Liberty St

City  
Franklin

State  
PA

Zip Code  
16323-1373

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3186.00

Date of Receipt

09 / 05 / 2016

**Transaction ID : VTEAMBXY7S3**

Amount of Each Receipt this Period

531.00

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. Northwestern PA Area Labor Federation**

Mailing Address 1276 Liberty St

City  
Franklin

State  
PA

Zip Code  
16323-1373

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3186.00

Date of Receipt

09 / 12 / 2016

**Transaction ID : VTEAMBXY6D6**

Amount of Each Receipt this Period

885.00

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. Northwestern PA Area Labor Federation**

Mailing Address 1276 Liberty St

City  
Franklin

State  
PA

Zip Code  
16323-1373

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3186.00

Date of Receipt

09 / 19 / 2016

**Transaction ID : VTEAMBXY8H1**

Amount of Each Receipt this Period

885.00

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

2301.00

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. Northwestern PA Area Labor Federation**

Mailing Address 1276 Liberty St

City  
Franklin

State  
PA

Zip Code  
16323-1373

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3186.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 26 / 2016

**Transaction ID : VTEAMBXYA02**

Amount of Each Receipt this Period

885.00

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. Ohio AFL-CIO General Fund**

Mailing Address 395 E Broad St  
Ste 300

City  
Columbus

State  
OH

Zip Code  
43215-3844

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

99916.93

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 25 / 2016

**Transaction ID : VTEAMBXYN39**

Amount of Each Receipt this Period

8307.70

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. Ohio AFL-CIO General Fund**

Mailing Address 395 E Broad St  
Ste 300

City  
Columbus

State  
OH

Zip Code  
43215-3844

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

99916.93

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 01 / 2016

**Transaction ID : VTEAMBXYN21**

Amount of Each Receipt this Period

10817.49

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

20010.19

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. Ohio AFL-CIO General Fund**

Mailing Address 395 E Broad St  
Ste 300

City  
Columbus

State  
OH

Zip Code  
43215-3844

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

99916.93

Date of Receipt

08 / 08 / 2016

**Transaction ID : VTEAMBXYJP2**

Amount of Each Receipt this Period

10817.49

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. Ohio AFL-CIO General Fund**

Mailing Address 395 E Broad St  
Ste 300

City  
Columbus

State  
OH

Zip Code  
43215-3844

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

99916.93

Date of Receipt

08 / 15 / 2016

**Transaction ID : VTEAMBXYN54**

Amount of Each Receipt this Period

10817.49

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. Ohio AFL-CIO General Fund**

Mailing Address 395 E Broad St  
Ste 300

City  
Columbus

State  
OH

Zip Code  
43215-3844

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

99916.93

Date of Receipt

08 / 22 / 2016

**Transaction ID : VTEAMBXYKV5**

Amount of Each Receipt this Period

11026.30

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

**SUBTOTAL** of Receipts This Page (optional)..... ►

32661.28

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

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Working America Coalition

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ohio AFL-CIO General Fund**

Mailing Address 395 E Broad St  
Ste 300

City  
Columbus

State  
OH

Zip Code  
43215-3844

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

99916.93

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 29 / 2016

Transaction ID : VTEAMBXYMQ6

Amount of Each Receipt this Period

10629.31

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ohio AFL-CIO General Fund**

Mailing Address 395 E Broad St  
Ste 300

City  
Columbus

State  
OH

Zip Code  
43215-3844

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

99916.93

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 05 / 2016

Transaction ID : VTEAMBXYKG8

Amount of Each Receipt this Period

7641.72

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Ohio AFL-CIO General Fund**

Mailing Address 395 E Broad St  
Ste 300

City  
Columbus

State  
OH

Zip Code  
43215-3844

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

99916.93

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2016

Transaction ID : VTEAMBXYK19

Amount of Each Receipt this Period

10191.05

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

SUBTOTAL of Receipts This Page (optional).....▶

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

28462.08

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Working America Coalition

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ohio AFL-CIO General Fund**

Mailing Address 395 E Broad St  
Ste 300

City  
Columbus

State  
OH

Zip Code  
43215-3844

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

99916.93

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 19 / 2016

Transaction ID : VTEAMBXYHV1

Amount of Each Receipt this Period

9477.33

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ohio AFL-CIO General Fund**

Mailing Address 395 E Broad St  
Ste 300

City  
Columbus

State  
OH

Zip Code  
43215-3844

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

99916.93

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2016

Transaction ID : VTEAMBXYJ40

Amount of Each Receipt this Period

10191.05

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Philadelphia AFL-CIO Council General Fund**

Mailing Address 22 S 22nd St  
FI 2

City  
Philadelphia

State  
PA

Zip Code  
19103-3005

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3855.87

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 01 / 2016

Transaction ID : VTEAMBXYBV6

Amount of Each Receipt this Period

3855.87

☐ Memo Item

\* In-Kind: Inkind Administrative staff

SUBTOTAL of Receipts This Page (optional)..... ►

23524.25

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

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 OF 210  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. South Central Federation of Labor**

Mailing Address 1602 S Park St

City  
Madison

State  
WI

Zip Code  
53715-2159

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1280.67

Date of Receipt

09 / 12 / 2016

**Transaction ID : VTEAMBXYNA4**

Amount of Each Receipt this Period

457.38

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. South Central Federation of Labor**

Mailing Address 1602 S Park St

City  
Madison

State  
WI

Zip Code  
53715-2159

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1280.67

Date of Receipt

09 / 19 / 2016

**Transaction ID : VTEAMBXYNF3**

Amount of Each Receipt this Period

457.38

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. South Central Federation of Labor**

Mailing Address 1602 S Park St

City  
Madison

State  
WI

Zip Code  
53715-2159

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1280.67

Date of Receipt

09 / 26 / 2016

**Transaction ID : VTEAMBXYNR5**

Amount of Each Receipt this Period

365.91

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1280.67

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 OF 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. Southeastern Pennsylvania Area Labor Federation General Fund**

Mailing Address 1000 Germantown Pike Road  
Building K5

City  
Plymouth Meeting

State  
PA

Zip Code  
19462

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

14084.60

Date of Receipt

MM / DD / YYYY  
07 / 25 / 2016

Transaction ID : VTEAMBXYF02

Amount of Each Receipt this Period

1266.03

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. Southeastern Pennsylvania Area Labor Federation General Fund**

Mailing Address 1000 Germantown Pike Road  
Building K5

City  
Plymouth Meeting

State  
PA

Zip Code  
19462

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

14084.60

Date of Receipt

MM / DD / YYYY  
08 / 01 / 2016

Transaction ID : VTEAMBXYDZ3

Amount of Each Receipt this Period

1582.54

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. Southeastern Pennsylvania Area Labor Federation General Fund**

Mailing Address 1000 Germantown Pike Road  
Building K5

City  
Plymouth Meeting

State  
PA

Zip Code  
19462

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

14084.60

Date of Receipt

MM / DD / YYYY  
08 / 08 / 2016

Transaction ID : VTEAMBXYJA8

Amount of Each Receipt this Period

1582.54

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

4431.11

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 OF 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

**A. Southeastern Pennsylvania Area Labor Federation General Fund**

Mailing Address 1000 Germantown Pike Road  
 Building K5

City

Plymouth Meeting

State

PA

Zip Code

19462

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

14084.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2016

Transaction ID : VTEAMBXYMY1

Amount of Each Receipt this Period

158.25

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Southeastern Pennsylvania Area Labor Federation General Fund**

Mailing Address 1000 Germantown Pike Road  
 Building K5

City

Plymouth Meeting

State

PA

Zip Code

19462

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

14084.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 08 / 22 / 2016

Transaction ID : VTEAMBXYF44

Amount of Each Receipt this Period

1582.54

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Southeastern Pennsylvania Area Labor Federation General Fund**

Mailing Address 1000 Germantown Pike Road  
 Building K5

City

Plymouth Meeting

State

PA

Zip Code

19462

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary☐ General☐ Other (specify)

Aggregate Year-to-Date ▼

14084.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 08 / 29 / 2016

Transaction ID : VTEAMBXYJR8

Amount of Each Receipt this Period

1582.54

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

SUBTOTAL of Receipts This Page (optional).....▶

3323.33

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

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

## **A. Southeastern Pennsylvania Area Labor Federation General Fund**

Mailing Address 1000 Germantown Pike Road  
Building K5

City  
Plymouth Meeting

State  
PA

Zip Code  
19462

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

14084.60

Date of Receipt

MM / DD / YYYY  
09 / 05 / 2016

Transaction ID : VTEAMBXYFR2

Amount of Each Receipt this Period

1582.54

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. Southeastern Pennsylvania Area Labor Federation General Fund**

Mailing Address 1000 Germantown Pike Road  
Building K5

City  
Plymouth Meeting

State  
PA

Zip Code  
19462

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

14084.60

Date of Receipt

MM / DD / YYYY  
09 / 12 / 2016

Transaction ID : VTEAMBXYJN4

Amount of Each Receipt this Period

1582.54

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. Southeastern Pennsylvania Area Labor Federation General Fund**

Mailing Address 1000 Germantown Pike Road  
Building K5

City  
Plymouth Meeting

State  
PA

Zip Code  
19462

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

14084.60

Date of Receipt

MM / DD / YYYY  
09 / 19 / 2016

Transaction ID : VTEAMBXYJ24

Amount of Each Receipt this Period

1582.54

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

4747.62

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 44 OF 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Working America Coalition

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Southeastern Pennsylvania Area Labor Federation General Fund**

Mailing Address 1000 Germantown Pike Road  
Building K5

City  
Plymouth Meeting

State  
PA

Zip Code  
19462

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

14084.60

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2016

Transaction ID : VTEAMBXYEZ4

Amount of Each Receipt this Period

1582.54

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Transportation Trades Department, AFL-CIO Political Education Fund**

Mailing Address 815 16th St NW

City  
Washington

State  
DC

Zip Code  
20006-4101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4047.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2016

Transaction ID : VTEAMBXYMF3

Amount of Each Receipt this Period

1256.12

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Transportation Trades Department, AFL-CIO Political Education Fund**

Mailing Address 815 16th St NW

City  
Washington

State  
DC

Zip Code  
20006-4101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

4047.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 19 / 2016

Transaction ID : VTEAMBXYG62

Amount of Each Receipt this Period

1395.69

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

SUBTOTAL of Receipts This Page (optional)..... ►

4234.35

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

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. Transportation Trades Department, AFL-CIO Political Education Fund**

Mailing Address 815 16th St NW

City  
Washington

State  
DC

Zip Code  
20006-4101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4047.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 26 / 2016

**Transaction ID : VTEAMBXYE35**

Amount of Each Receipt this Period

1395.69

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. UNITE HERE TIP STATE & LOCAL FUND**

Mailing Address 275 7th Ave  
FI 16

City  
New York

State  
NY

Zip Code  
10001-8408

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

616666.95

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 22 / 2016

**Transaction ID : VTEAMBXYDR8**

Amount of Each Receipt this Period

673.08

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. UNITE HERE TIP STATE & LOCAL FUND**

Mailing Address 275 7th Ave  
FI 16

City  
New York

State  
NY

Zip Code  
10001-8408

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

616666.95

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 05 / 2016

**Transaction ID : VTEAMBXY8F7**

Amount of Each Receipt this Period

637.49

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

**SUBTOTAL** of Receipts This Page (optional).....▶

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

2706.26

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

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. UNITE HERE TIP STATE & LOCAL FUND**

Mailing Address 275 7th Ave

FI 16

City

New York

State

NY

Zip Code

10001-8408

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

616666.95

Date of Receipt

09 / 12 / 2016

Transaction ID : VTEAMBXYBP7

Amount of Each Receipt this Period

117163.66

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. UNITE HERE TIP STATE & LOCAL FUND**

Mailing Address 275 7th Ave

FI 16

City

New York

State

NY

Zip Code

10001-8408

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

616666.95

Date of Receipt

09 / 19 / 2016

Transaction ID : VTEAMBXYBK5

Amount of Each Receipt this Period

134221.44

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. UNITE HERE TIP STATE & LOCAL FUND**

Mailing Address 275 7th Ave

FI 16

City

New York

State

NY

Zip Code

10001-8408

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General

Aggregate Year-to-Date ▼

616666.95

Date of Receipt

09 / 26 / 2016

Transaction ID : VTEAMBXY917

Amount of Each Receipt this Period

130855.67

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

382240.77

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 OF 210

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Working America Coalition

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. UNITE HERE TIP STATE & LOCAL FUND**

Mailing Address 275 7th Ave  
 Fl 16

City  
 New York

State  
 NY

Zip Code  
 10001-8408

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

616666.95

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2016

Transaction ID : VTEAMBXY832

Amount of Each Receipt this Period

233115.61

☐ Memo Item

\* In-Kind: Travel Expenses

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WI State AFL-CIO: New Alliance**

Mailing Address 6333 W Bluemound Rd

City

Milwaukee

State

WI

Zip Code

53213-4146

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

42081.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2016

Transaction ID : VTEAMBXYA85

Amount of Each Receipt this Period

464.00

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WI State AFL-CIO: New Alliance**

Mailing Address 6333 W Bluemound Rd

City

Milwaukee

State

WI

Zip Code

53213-4146

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

42081.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2016

Transaction ID : VTEAMBXYAS0

Amount of Each Receipt this Period

951.08

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

SUBTOTAL of Receipts This Page (optional).....▶

234530.69

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

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 OF 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

**A. WI State AFL-CIO: New Alliance**

Mailing Address 6333 W Bluemound Rd

City  
MilwaukeeState  
WIZip Code  
53213-4146FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

42081.84

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 01 / 2016

Transaction ID : VTEAMBXYAG9

Amount of Each Receipt this Period

4570.15

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WI State AFL-CIO: New Alliance**

Mailing Address 6333 W Bluemound Rd

City  
MilwaukeeState  
WIZip Code  
53213-4146FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

42081.84

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 08 / 2016

Transaction ID : VTEAMBXYB70

Amount of Each Receipt this Period

3526.15

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WI State AFL-CIO: New Alliance**

Mailing Address 6333 W Bluemound Rd

City  
MilwaukeeState  
WIZip Code  
53213-4146FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

42081.84

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 15 / 2016

Transaction ID : VTEAMBXYB21

Amount of Each Receipt this Period

4651.54

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

SUBTOTAL of Receipts This Page (optional)..... ►

12747.84

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

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Working America Coalition

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. WI State AFL-CIO: New Alliance**

Mailing Address 6333 W Bluemound Rd

City  
MilwaukeeState  
WIZip Code  
53213-4146FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

42081.84

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 22 / 2016

Transaction ID : VTEAMBXY9Y6

Amount of Each Receipt this Period

4524.00

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. WI State AFL-CIO: New Alliance**

Mailing Address 6333 W Bluemound Rd

City  
MilwaukeeState  
WIZip Code  
53213-4146FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

42081.84

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
08 / 29 / 2016

Transaction ID : VTEAMBXYA27

Amount of Each Receipt this Period

4431.08

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. WI State AFL-CIO: New Alliance**

Mailing Address 6333 W Bluemound Rd

City  
MilwaukeeState  
WIZip Code  
53213-4146FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

42081.84

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 05 / 2016

Transaction ID : VTEAMBXYB62

Amount of Each Receipt this Period

4732.31

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

SUBTOTAL of Receipts This Page (optional)..... ►

13687.39

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

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 OF 210

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. WI State AFL-CIO: New Alliance**

Mailing Address 6333 W Bluemound Rd

City  
Milwaukee

State  
WI

Zip Code  
53213-4146

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

42081.84

Date of Receipt

09 / 12 / 2016

**Transaction ID : VTEAMBXYA93**

Amount of Each Receipt this Period

4720.77

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. WI State AFL-CIO: New Alliance**

Mailing Address 6333 W Bluemound Rd

City  
Milwaukee

State  
WI

Zip Code  
53213-4146

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

42081.84

Date of Receipt

09 / 19 / 2016

**Transaction ID : VTEAMBXYBR3**

Amount of Each Receipt this Period

4755.38

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. WI State AFL-CIO: New Alliance**

Mailing Address 6333 W Bluemound Rd

City  
Milwaukee

State  
WI

Zip Code  
53213-4146

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

42081.84

Date of Receipt

09 / 26 / 2016

**Transaction ID : VTEAMBXY8C3**

Amount of Each Receipt this Period

4755.38

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

14231.53

3933532.14

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 OF 210

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES**

Mailing Address 501 3rd St NW

City  
Washington

State  
DC

Zip Code  
20001-2760

FEC ID number of contributing  
federal political committee.

**C**

C00488486

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20025.65

Date of Receipt

**07 / 25 / 2016**

**Transaction ID : VTEAMBXYEE2**

Amount of Each Receipt this Period

942.38

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES**

Mailing Address 501 3rd St NW

City  
Washington

State  
DC

Zip Code  
20001-2760

FEC ID number of contributing  
federal political committee.

**C**

C00488486

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20025.65

Date of Receipt

**08 / 01 / 2016**

**Transaction ID : VTEAMBXYKY8**

Amount of Each Receipt this Period

2355.96

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES**

Mailing Address 501 3rd St NW

City  
Washington

State  
DC

Zip Code  
20001-2760

FEC ID number of contributing  
federal political committee.

**C**

C00488486

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

20025.65

Date of Receipt

**08 / 08 / 2016**

**Transaction ID : VTEAMBXYH49**

Amount of Each Receipt this Period

2355.96

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

**SUBTOTAL** of Receipts This Page (optional)..... ►

5654.30

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

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 OF 210

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

## **A. COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES**

Mailing Address 501 3rd St NW

City  
Washington

State  
DC

Zip Code  
20001-2760

FEC ID number of contributing  
federal political committee.

**C**

C00488486

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20025.65

Date of Receipt

**08** / **15** / **2016**

**Transaction ID : VTEAMBXYCT1**

Amount of Each Receipt this Period

2355.96

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES**

Mailing Address 501 3rd St NW

City  
Washington

State  
DC

Zip Code  
20001-2760

FEC ID number of contributing  
federal political committee.

**C**

C00488486

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20025.65

Date of Receipt

**08** / **22** / **2016**

**Transaction ID : VTEAMBXYEX8**

Amount of Each Receipt this Period

471.19

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES**

Mailing Address 501 3rd St NW

City  
Washington

State  
DC

Zip Code  
20001-2760

FEC ID number of contributing  
federal political committee.

**C**

C00488486

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

20025.65

Date of Receipt

**08** / **29** / **2016**

**Transaction ID : VTEAMBXYE19**

Amount of Each Receipt this Period

2355.96

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

**SUBTOTAL** of Receipts This Page (optional)..... ►

5183.11

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 53 OF 210  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	---	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Working America Coalition

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES**

Mailing Address 501 3rd St NW

City  
WashingtonState  
DCZip Code  
20001-2760FEC ID number of contributing  
federal political committee.

C

C00488486

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20025.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2016

Transaction ID : VTEAMBXYCM4

Amount of Each Receipt this Period

2355.96

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES**

Mailing Address 501 3rd St NW

City  
WashingtonState  
DCZip Code  
20001-2760FEC ID number of contributing  
federal political committee.

C

C00488486

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20025.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2016

Transaction ID : VTEAMBXYEW1

Amount of Each Receipt this Period

2120.36

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES**

Mailing Address 501 3rd St NW

City  
WashingtonState  
DCZip Code  
20001-2760FEC ID number of contributing  
federal political committee.

C

C00488486

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

20025.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2016

Transaction ID : VTEAMBXYG05

Amount of Each Receipt this Period

2355.96

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

SUBTOTAL of Receipts This Page (optional)..... ►

6832.28

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

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 OF 210

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES**

Mailing Address 501 3rd St NW

City  
Washington

State  
DC

Zip Code  
20001-2760

FEC ID number of contributing  
federal political committee.

**C** C00488486

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20025.65

Date of Receipt

**09** / **26** / **2016**

**Transaction ID : VTEAMBXYN47**

Amount of Each Receipt this Period

2355.96

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. ENGINEERS POLITICAL EDUCATION COMMITTEE (EPEC)/INTERNATIONAL UNION**

Mailing Address 1125 17th St NW

City  
Washington

State  
DC

Zip Code  
20036-4709

FEC ID number of contributing  
federal political committee.

**C** C00029504

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7584.36

Date of Receipt

**09** / **12** / **2016**

**Transaction ID : VTEAMBXYP99**

Amount of Each Receipt this Period

2528.12

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. ENGINEERS POLITICAL EDUCATION COMMITTEE (EPEC)/INTERNATIONAL UNION**

Mailing Address 1125 17th St NW

City  
Washington

State  
DC

Zip Code  
20036-4709

FEC ID number of contributing  
federal political committee.

**C** C00029504

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

7584.36

Date of Receipt

**09** / **19** / **2016**

**Transaction ID : VTEAMBXYNW6**

Amount of Each Receipt this Period

2528.12

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

7412.20

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 OF 210

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Working America Coalition

## **A. ENGINEERS POLITICAL EDUCATION COMMITTEE (EPEC)/INTERNATIONAL UNION**

Mailing Address 1125 17th St NW

City  
Washington

State  
DC

Zip Code  
20036-4709

FEC ID number of contributing  
federal political committee.

**C** C00029504

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7584.36

Date of Receipt

**09** / **26** / **2016**

Transaction ID : VTEAMBXYQ76

Amount of Each Receipt this Period

2528.12

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

## **B. For Our Future**

Mailing Address 888 16th St NW

City  
Washington

State  
DC

Zip Code  
20006-4103

FEC ID number of contributing  
federal political committee.

**C** C00620971

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

110680.01

Date of Receipt

**09** / **16** / **2016**

Transaction ID : VTEAMBXYEY6

Amount of Each Receipt this Period

110680.01

☐ Memo Item

## **C. International Union of Painters and Allied Trades Political Action Together Political Comm**

Mailing Address 1750 New York Ave NW

City  
Washington

State  
DC

Zip Code  
20006-5301

FEC ID number of contributing  
federal political committee.

**C** C00000885

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

272.03

Date of Receipt

**09** / **26** / **2016**

Transaction ID : VTEAMBXYMW5

Amount of Each Receipt this Period

272.03

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

SUBTOTAL of Receipts This Page (optional)..... ►

113480.16

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

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 OF 210

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. LETTER CARRIER POLITICAL FUND**

Mailing Address 100 Indiana Ave NW

City  
Washington

State  
DC

Zip Code  
20001-2144

FEC ID number of contributing  
federal political committee.

**C** C00023580

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210216.69

Date of Receipt

**09** / **05** / **2016**

**Transaction ID : VTEAMBXYM46**

Amount of Each Receipt this Period

24370.78

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. LETTER CARRIER POLITICAL FUND**

Mailing Address 100 Indiana Ave NW

City  
Washington

State  
DC

Zip Code  
20001-2144

FEC ID number of contributing  
federal political committee.

**C** C00023580

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210216.69

Date of Receipt

**09** / **12** / **2016**

**Transaction ID : VTEAMBXYMNO**

Amount of Each Receipt this Period

60104.63

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. LETTER CARRIER POLITICAL FUND**

Mailing Address 100 Indiana Ave NW

City  
Washington

State  
DC

Zip Code  
20001-2144

FEC ID number of contributing  
federal political committee.

**C** C00023580

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210216.69

Date of Receipt

**09** / **19** / **2016**

**Transaction ID : VTEAMBXYJY6**

Amount of Each Receipt this Period

60852.20

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

145327.61

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 210

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. LETTER CARRIER POLITICAL FUND**

Mailing Address 100 Indiana Ave NW

City  
Washington

State  
DC

Zip Code  
20001-2144

FEC ID number of contributing  
federal political committee.

C

C00023580

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210216.69

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2016

Transaction ID : VTEAMBXYK43

Amount of Each Receipt this Period

64889.08

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. LOS ANGELES COUNTY FEDERATION OF LABOR AFL-CIO COUNCIL ON POLITICAL EDUCATION**

Mailing Address 2130 James M Wood Blvd

City  
Los Angeles

State  
CA

Zip Code  
90006-2202

FEC ID number of contributing  
federal political committee.

C

C00627612

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12128.43

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 16 / 2016

Transaction ID : VTEAMBXYQ01

Amount of Each Receipt this Period

12128.43

☐ Memo Item

\* In-Kind: Field Expenses

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. National Treasury Employees Union Advocacy Cmtee**

Mailing Address 1750 H St NW

City  
Washington

State  
DC

Zip Code  
20006-4600

FEC ID number of contributing  
federal political committee.

C

C00623355

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

927.34

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2016

Transaction ID : VTEAMBXYKB8

Amount of Each Receipt this Period

927.34

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

SUBTOTAL of Receipts This Page (optional).....▶

77944.85

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

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 OF 210

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. UFCW Int'l Union Working Families Advocacy Project**

Mailing Address 1775 K St NW

City  
Washington

State  
DC

Zip Code  
20006-1502

FEC ID number of contributing  
federal political committee.

**C** C00484253

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

97223.29

Date of Receipt

**09** / **05** / **2016**

**Transaction ID : VTEAMBXYGJ7**

Amount of Each Receipt this Period

4635.51

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. UFCW Int'l Union Working Families Advocacy Project**

Mailing Address 1775 K St NW

City  
Washington

State  
DC

Zip Code  
20006-1502

FEC ID number of contributing  
federal political committee.

**C** C00484253

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

97223.29

Date of Receipt

**09** / **12** / **2016**

**Transaction ID : VTEAMBXYED4**

Amount of Each Receipt this Period

126.15

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. UFCW Int'l Union Working Families Advocacy Project**

Mailing Address 1775 K St NW

City  
Washington

State  
DC

Zip Code  
20006-1502

FEC ID number of contributing  
federal political committee.

**C** C00484253

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

97223.29

Date of Receipt

**09** / **12** / **2016**

**Transaction ID : VTEAMBXYFE3**

Amount of Each Receipt this Period

25960.83

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

30722.49

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 OF 210

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Working America Coalition

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. UFCW Int'l Union Working Families Advocacy Project**

Mailing Address 1775 K St NW

City  
WashingtonState  
DCZip Code  
20006-1502FEC ID number of contributing  
federal political committee.

C C00484253

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

97223.29

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2016

Transaction ID : VTEAMBXYDD1

Amount of Each Receipt this Period

30736.63

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. UFCW Int'l Union Working Families Advocacy Project**

Mailing Address 1775 K St NW

City  
WashingtonState  
DCZip Code  
20006-1502FEC ID number of contributing  
federal political committee.

C C00484253

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

97223.29

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2016

Transaction ID : VTEAMBXYN05

Amount of Each Receipt this Period

377.86

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. UFCW Int'l Union Working Families Advocacy Project**

Mailing Address 1775 K St NW

City  
WashingtonState  
DCZip Code  
20006-1502FEC ID number of contributing  
federal political committee.

C C00484253

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

97223.29

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2016

Transaction ID : VTEAMBXYFH6

Amount of Each Receipt this Period

35200.08

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

SUBTOTAL of Receipts This Page (optional)..... ►

66314.57

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

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 OF 210

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. UFCW Int'l Union Working Families Advocacy Project**

Mailing Address 1775 K St NW

City  
WashingtonState  
DCZip Code  
20006-1502FEC ID number of contributing  
federal political committee.

C

C00484253

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

97223.29

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2016

Transaction ID : VTEAMBXYJG5

Amount of Each Receipt this Period

186.23

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Voices of the Amer. Federation of Gov't Employees**

Mailing Address 80 F St NW

City  
WashingtonState  
DCZip Code  
20001-1528FEC ID number of contributing  
federal political committee.

C

C00512293

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238595.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2016

Transaction ID : VTEAMBXYEH6

Amount of Each Receipt this Period

4763.04

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Voices of the Amer. Federation of Gov't Employees**

Mailing Address 80 F St NW

City  
WashingtonState  
DCZip Code  
20001-1528FEC ID number of contributing  
federal political committee.

C

C00512293

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

238595.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2016

Transaction ID : VTEAMBXYFP6

Amount of Each Receipt this Period

10515.64

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

SUBTOTAL of Receipts This Page (optional)..... ►

15464.91

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

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 OF 210

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

## **A. Voices of the Amer. Federation of Gov't Employees**

Mailing Address 80 F St NW

City  
Washington

State  
DC

Zip Code  
20001-1528

FEC ID number of contributing  
federal political committee.

**C** C00512293

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238595.62

Date of Receipt

**08** / **01** / **2016**

**Transaction ID : VTEAMBXYGD8**

Amount of Each Receipt this Period

12457.76

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. Voices of the Amer. Federation of Gov't Employees**

Mailing Address 80 F St NW

City  
Washington

State  
DC

Zip Code  
20001-1528

FEC ID number of contributing  
federal political committee.

**C** C00512293

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238595.62

Date of Receipt

**08** / **08** / **2016**

**Transaction ID : VTEAMBXYHB5**

Amount of Each Receipt this Period

13548.44

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. Voices of the Amer. Federation of Gov't Employees**

Mailing Address 80 F St NW

City  
Washington

State  
DC

Zip Code  
20001-1528

FEC ID number of contributing  
federal political committee.

**C** C00512293

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

238595.62

Date of Receipt

**08** / **15** / **2016**

**Transaction ID : VTEAMBXYGX4**

Amount of Each Receipt this Period

12174.88

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

38181.08

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 OF 210

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. Voices of the Amer. Federation of Gov't Employees**

Mailing Address 80 F St NW

City  
Washington

State  
DC

Zip Code  
20001-1528

FEC ID number of contributing  
federal political committee.

C

C00512293

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238595.62

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 22 / 2016

**Transaction ID : VTEAMBXYK51**

Amount of Each Receipt this Period

20344.18

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. Voices of the Amer. Federation of Gov't Employees**

Mailing Address 80 F St NW

City  
Washington

State  
DC

Zip Code  
20001-1528

FEC ID number of contributing  
federal political committee.

C

C00512293

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238595.62

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 29 / 2016

**Transaction ID : VTEAMBXYHW7**

Amount of Each Receipt this Period

21755.35

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. Voices of the Amer. Federation of Gov't Employees**

Mailing Address 80 F St NW

City  
Washington

State  
DC

Zip Code  
20001-1528

FEC ID number of contributing  
federal political committee.

C

C00512293

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

238595.62

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 05 / 2016

**Transaction ID : VTEAMBXYHH2**

Amount of Each Receipt this Period

30841.54

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

**SUBTOTAL** of Receipts This Page (optional)..... ►

72941.07

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

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 OF 210

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. Voices of the Amer. Federation of Gov't Employees**

Mailing Address 80 F St NW

City  
Washington

State  
DC

Zip Code  
20001-1528

FEC ID number of contributing  
federal political committee.

**C** C00512293

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238595.62

Date of Receipt

**09 / 12 / 2016**

**Transaction ID : VTEAMBXYKP5**

Amount of Each Receipt this Period

32493.96

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. Voices of the Amer. Federation of Gov't Employees**

Mailing Address 80 F St NW

City  
Washington

State  
DC

Zip Code  
20001-1528

FEC ID number of contributing  
federal political committee.

**C** C00512293

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238595.62

Date of Receipt

**09 / 19 / 2016**

**Transaction ID : VTEAMBXYH24**

Amount of Each Receipt this Period

34323.42

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. Voices of the Amer. Federation of Gov't Employees**

Mailing Address 80 F St NW

City  
Washington

State  
DC

Zip Code  
20001-1528

FEC ID number of contributing  
federal political committee.

**C** C00512293

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

238595.62

Date of Receipt

**09 / 26 / 2016**

**Transaction ID : VTEAMBXYH99**

Amount of Each Receipt this Period

45377.41

☐ Memo Item

\* In-Kind: Inkind Administrative Staff

**SUBTOTAL** of Receipts This Page (optional)..... ►

112194.79

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

697653.42

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 64 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Working America Coalition

Full Name (Last, First, Middle Initial)

**A. AFL-CIO COPE Treasury**

Mailing Address 815 16th St NW

City  
WashingtonState  
DCZip Code  
20006-4101Purpose of Disbursement  
Administrative Staff

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2016

FEC Identification Number

C

Transaction ID : VTEAMBXYC

Amount of Each Disbursement this Period

914.86

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AFL-CIO COPE Treasury**

Mailing Address 815 16th St NW

City  
WashingtonState  
DCZip Code  
20006-4101Purpose of Disbursement  
Administrative Staff

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2016

FEC Identification Number

C

Transaction ID : VTEAMBXYM

Amount of Each Disbursement this Period

44567.33

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. AFL-CIO COPE Treasury**

Mailing Address 815 16th St NW

City  
WashingtonState  
DCZip Code  
20006-4101Purpose of Disbursement  
Administrative Staff

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2016

FEC Identification Number

C

Transaction ID : VTEAMBXYJ

Amount of Each Disbursement this Period

78907.89

\* In-Kind Received

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

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

124390.08

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 65 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Working America Coalition

Full Name (Last, First, Middle Initial)

**A. AFL-CIO COPE Treasury**

Mailing Address 815 16th St NW

City  
WashingtonState  
DCZip Code  
20006-4101Purpose of Disbursement  
Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		22		2016

FEC Identification Number

C

Transaction ID : VTEAMBXYG

Amount of Each Disbursement this Period

100578.41

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AFL-CIO COPE Treasury**

Mailing Address 815 16th St NW

City  
WashingtonState  
DCZip Code  
20006-4101Purpose of Disbursement  
Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		29		2016

FEC Identification Number

C

Transaction ID : VTEAMBXYG

Amount of Each Disbursement this Period

90061.28

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. AFL-CIO COPE Treasury**

Mailing Address 815 16th St NW

City  
WashingtonState  
DCZip Code  
20006-4101Purpose of Disbursement  
Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		05		2016

FEC Identification Number

C

Transaction ID : VTEAMBXYC

Amount of Each Disbursement this Period

102676.91

\* In-Kind Received

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

293316.60

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 66 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 (Last, First, Middle Initial)

**A. AFL-CIO COPE Treasury**

Mailing Address 815 16th St NW

City  
WashingtonState  
DCZip Code  
20006-4101Purpose of Disbursement  
Administrative Staff

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	2			2	0	1	6		

FEC Identification Number

C

Transaction ID : VTEAMBXYE

Amount of Each Disbursement this Period

105163.00

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AFL-CIO COPE Treasury**

Mailing Address 815 16th St NW

City  
WashingtonState  
DCZip Code  
20006-4101Purpose of Disbursement  
Administrative Staff

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	9			2	0	1	6		

FEC Identification Number

C

Transaction ID : VTEAMBXYE

Amount of Each Disbursement this Period

112451.29

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. AFL-CIO COPE Treasury**

Mailing Address 815 16th St NW

City  
WashingtonState  
DCZip Code  
20006-4101Purpose of Disbursement  
Administrative Staff

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	6			2	0	1	6		

FEC Identification Number

C

Transaction ID : VTEAMBXYE

Amount of Each Disbursement this Period

115802.62

\* In-Kind Received

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

333416.91

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 67 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 (Last, First, Middle Initial)

**A. AFL-CIO COPE Treasury**

Mailing Address 815 16th St NW

City  
WashingtonState  
DCZip Code  
20006-4101Purpose of Disbursement  
Staff Salaries and Benefits

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

C

Transaction ID : VTEAMBXYC

Amount of Each Disbursement this Period

426107.66

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AFL-CIO COPE Treasury**

Mailing Address 815 16th St NW

City  
WashingtonState  
DCZip Code  
20006-4101Purpose of Disbursement  
Travel Expenses

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

C

Transaction ID : VTEAMBXYD

Amount of Each Disbursement this Period

71738.65

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. AFL-CIO COPE Treasury**

Mailing Address 815 16th St NW

City  
WashingtonState  
DCZip Code  
20006-4101Purpose of Disbursement  
Travel Expenses

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

C

Transaction ID : VTEAMBXYE

Amount of Each Disbursement this Period

46220.46

\* In-Kind Received

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

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

544066.77

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 68 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Working America Coalition

Full Name (Last, First, Middle Initial)

**A. AFL-CIO COPE Treasury**

Mailing Address 815 16th St NW

City  
WashingtonState  
DCZip Code  
20006-4101Purpose of Disbursement  
Data and Field Operations Services

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

C

Transaction ID : VTEAMBXYE

Amount of Each Disbursement this Period

22342.50

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AFL-CIO COPE Treasury**

Mailing Address 815 16th St NW

City  
WashingtonState  
DCZip Code  
20006-4101Purpose of Disbursement  
Staff Salaries and Benefits

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

C

Transaction ID : VTEAMBXYF

Amount of Each Disbursement this Period

59092.86

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. AFL-CIO COPE Treasury**

Mailing Address 815 16th St NW

City  
WashingtonState  
DCZip Code  
20006-4101Purpose of Disbursement  
Staff Salaries and Benefits

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

C

Transaction ID : VTEAMBXYC

Amount of Each Disbursement this Period

592770.49

\* In-Kind Received

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

674205.85

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 69 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Working America Coalition

Full Name (Last, First, Middle Initial)

**A. AFL-CIO COPE Treasury**

Mailing Address 815 16th St NW

City  
WashingtonState  
DCZip Code  
20006-4101Purpose of Disbursement  
Staff Salaries and Benefits

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

C

Transaction ID : VTEAMBXYG

Amount of Each Disbursement this Period

60428.10

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AFL-CIO COPE Treasury**

Mailing Address 815 16th St NW

City  
WashingtonState  
DCZip Code  
20006-4101Purpose of Disbursement  
Staff Salaries and Benefits

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

C

Transaction ID : VTEAMBXYJI

Amount of Each Disbursement this Period

86182.34

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. AFL-CIO COPE Treasury**

Mailing Address 815 16th St NW

City  
WashingtonState  
DCZip Code  
20006-4101Purpose of Disbursement  
Staff Salaries and Benefits

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

C

Transaction ID : VTEAMBXYJ

Amount of Each Disbursement this Period

92940.30

\* In-Kind Received

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

239550.74

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 70 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Working America Coalition

Full Name (Last, First, Middle Initial)

**A. AFL-CIO COPE Treasury**

Mailing Address 815 16th St NW

City  
WashingtonState  
DCZip Code  
20006-4101Purpose of Disbursement  
Staff Salaries and Benefits

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2016

FEC Identification Number

C

Transaction ID : VTEAMBXYK

Amount of Each Disbursement this Period

56835.57

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AFL-CIO COPE Treasury**

Mailing Address 815 16th St NW

City  
WashingtonState  
DCZip Code  
20006-4101Purpose of Disbursement  
Staff Salaries and Benefits

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2016

FEC Identification Number

C

Transaction ID : VTEAMBXYM

Amount of Each Disbursement this Period

54723.04

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. AFL-CIO**

Mailing Address 815 16th St NW

City  
WashingtonState  
DCZip Code  
20006-4101Purpose of Disbursement  
Reimbursement for Office Supplies

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2016

FEC Identification Number

C

Transaction ID : VTDBC9SES

Amount of Each Disbursement this Period

14185.34

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

125743.95

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 71 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Working America Coalition

Full Name (Last, First, Middle Initial)

**A. AFSCME Council 32 PEOPLE Fund**

Mailing Address 8033 Excelsior Dr

City  
MadisonState  
WIZip Code  
53717-2900Purpose of Disbursement  
Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2016

FEC Identification Number

C 

Transaction ID : VTEAMBXYE

Amount of Each Disbursement this Period

 60.00

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AFSCME Council 32 PEOPLE Fund**

Mailing Address 8033 Excelsior Dr

City  
MadisonState  
WIZip Code  
53717-2900Purpose of Disbursement  
Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2016

FEC Identification Number

C 

Transaction ID : VTEAMBXYH

Amount of Each Disbursement this Period

 360.00

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. AFSCME Council 32 PEOPLE Fund**

Mailing Address 8033 Excelsior Dr

City  
MadisonState  
WIZip Code  
53717-2900Purpose of Disbursement  
Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2016

FEC Identification Number

C 

Transaction ID : VTEAMBXYJ

Amount of Each Disbursement this Period

 300.00

\* In-Kind Received

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

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

 720.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 72 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Working America Coalition

Full Name (Last, First, Middle Initial)

**A. AFSCME Council 32 PEOPLE Fund**

Mailing Address 8033 Excelsior Dr

City  
MadisonState  
WIZip Code  
53717-2900Purpose of Disbursement  
Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2016

FEC Identification Number

C

Transaction ID : VTEAMBXYF

Amount of Each Disbursement this Period

540.00

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AFSCME Council 32 PEOPLE Fund**

Mailing Address 8033 Excelsior Dr

City  
MadisonState  
WIZip Code  
53717-2900Purpose of Disbursement  
Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2016

FEC Identification Number

C

Transaction ID : VTEAMBXYF

Amount of Each Disbursement this Period

900.00

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. AFSCME Council 32 PEOPLE Fund**

Mailing Address 8033 Excelsior Dr

City  
MadisonState  
WIZip Code  
53717-2900Purpose of Disbursement  
Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2016

FEC Identification Number

C

Transaction ID : VTEAMBXYF

Amount of Each Disbursement this Period

900.00

\* In-Kind Received

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

2340.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 73 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Working America Coalition

Full Name (Last, First, Middle Initial)

**A. AFSCME Council 32 PEOPLE Fund**

Mailing Address 8033 Excelsior Dr

City  
MadisonState  
WIZip Code  
53717-2900Purpose of Disbursement  
Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2016

FEC Identification Number

C

Transaction ID : VTEAMBXYK

Amount of Each Disbursement this Period

1020.00

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AFSCME Council 32 PEOPLE Fund**

Mailing Address 8033 Excelsior Dr

City  
MadisonState  
WIZip Code  
53717-2900Purpose of Disbursement  
Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2016

FEC Identification Number

C

Transaction ID : VTEAMBXYD

Amount of Each Disbursement this Period

900.00

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. AFSCME Council 32 PEOPLE Fund**

Mailing Address 8033 Excelsior Dr

City  
MadisonState  
WIZip Code  
53717-2900Purpose of Disbursement  
Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2016

FEC Identification Number

C

Transaction ID : VTEAMBXYL

Amount of Each Disbursement this Period

900.00

\* In-Kind Received

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

2820.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 74 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 (Last, First, Middle Initial)

**A. AFSCME Florida Special Account**

Mailing Address 1625 L St NW

City  
WashingtonState  
DCZip Code  
20036-5665Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		22		2016

FEC Identification Number

C

Transaction ID : VTEAMBXYC

Amount of Each Disbursement this Period

2147.96

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AFSCME Florida Special Account**

Mailing Address 1625 L St NW

City  
WashingtonState  
DCZip Code  
20036-5665Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		29		2016

FEC Identification Number

C

Transaction ID : VTEAMBXYB

Amount of Each Disbursement this Period

5475.18

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. AFSCME Florida Special Account**

Mailing Address 1625 L St NW

City  
WashingtonState  
DCZip Code  
20036-5665Purpose of Disbursement  
Travel Expenses

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		31		2016

FEC Identification Number

C

Transaction ID : VTEAMBXYE

Amount of Each Disbursement this Period

7966.70

\* In-Kind Received

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15589.84

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 75 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 (Last, First, Middle Initial)

**A. AFSCME Florida Special Account**

Mailing Address 1625 L St NW

City  
WashingtonState  
DCZip Code  
20036-5665Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		05		2016

FEC Identification Number

C

Transaction ID : VTEAMBXYH

Amount of Each Disbursement this Period

10529.64

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AFSCME Florida Special Account**

Mailing Address 1625 L St NW

City  
WashingtonState  
DCZip Code  
20036-5665Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2016

FEC Identification Number

C

Transaction ID : VTEAMBXYA

Amount of Each Disbursement this Period

15016.66

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. AFSCME Florida Special Account**

Mailing Address 1625 L St NW

City  
WashingtonState  
DCZip Code  
20036-5665Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		19		2016

FEC Identification Number

C

Transaction ID : VTEAMBXYE

Amount of Each Disbursement this Period

14698.12

\* In-Kind Received

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

40244.42

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 76 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 (Last, First, Middle Initial)

**A. AFSCME Florida Special Account**

Mailing Address 1625 L St NW

City  
WashingtonState  
DCZip Code  
20036-5665Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	6			2	0	1	6		

FEC Identification Number

C

Transaction ID : VTEAMBXYA

Amount of Each Disbursement this Period

12508.51

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AFSCME Florida Special Account**

Mailing Address 1625 L St NW

City  
WashingtonState  
DCZip Code  
20036-5665Purpose of Disbursement  
Travel Expenses

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	6		

FEC Identification Number

C

Transaction ID : VTEAMBXY9

Amount of Each Disbursement this Period

28520.91

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. AFSCME Ohio PCE**

Mailing Address 1625 L St NW

City  
WashingtonState  
DCZip Code  
20036-5665Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	2			2	0	1	6		

FEC Identification Number

C

Transaction ID : VTEAMBXY5

Amount of Each Disbursement this Period

1184.24

\* In-Kind Received

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

42213.66

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 77 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Working America Coalition

Full Name (Last, First, Middle Initial)

**A. AFSCME Ohio PCE**

Mailing Address 1625 L St NW

City  
WashingtonState  
DCZip Code  
20036-5665Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2016

FEC Identification Number

C

Transaction ID : VTEAMBXYYP

Amount of Each Disbursement this Period

6046.84

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AFSCME Ohio PCE**

Mailing Address 1625 L St NW

City  
WashingtonState  
DCZip Code  
20036-5665Purpose of Disbursement  
Travel Expenses

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2016

FEC Identification Number

C

Transaction ID : VTEAMBXYN

Amount of Each Disbursement this Period

6177.54

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. AFSCME Ohio PCE**

Mailing Address 1625 L St NW

City  
WashingtonState  
DCZip Code  
20036-5665Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2016

FEC Identification Number

C

Transaction ID : VTEAMBXYN

Amount of Each Disbursement this Period

12457.14

\* In-Kind Received

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

24681.52

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 78 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Working America Coalition

Full Name (Last, First, Middle Initial)

**A. AFSCME Ohio PCE**

Mailing Address 1625 L St NW

City  
WashingtonState  
DCZip Code  
20036-5665Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2016

FEC Identification Number

C

Transaction ID : VTEAMBXYYP

Amount of Each Disbursement this Period

22309.42

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AFSCME Ohio PCE**

Mailing Address 1625 L St NW

City  
WashingtonState  
DCZip Code  
20036-5665Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2016

FEC Identification Number

C

Transaction ID : VTEAMBXYQ

Amount of Each Disbursement this Period

20958.12

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. AFSCME Ohio PCE**

Mailing Address 1625 L St NW

City  
WashingtonState  
DCZip Code  
20036-5665Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2016

FEC Identification Number

C

Transaction ID : VTEAMBXYN

Amount of Each Disbursement this Period

19853.06

\* In-Kind Received

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

63120.60

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 79 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Working America Coalition

Full Name (Last, First, Middle Initial)

**A. AFSCME Ohio PCE**

Mailing Address 1625 L St NW

City  
WashingtonState  
DCZip Code  
20036-5665Purpose of Disbursement  
Travel Expenses

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2016

FEC Identification Number

C

Transaction ID : VTEAMBXYN

Amount of Each Disbursement this Period

56643.81

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AFSCME Pennsylvania Special Account**

Mailing Address 1625 L St NW

City  
WashingtonState  
DCZip Code  
20036-5665Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		19		2016

FEC Identification Number

C

Transaction ID : VTEAMBXYC

Amount of Each Disbursement this Period

457.98

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. AFSCME Pennsylvania Special Account**

Mailing Address 1625 L St NW

City  
WashingtonState  
DCZip Code  
20036-5665Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2016

FEC Identification Number

C

Transaction ID : VTEAMBXYE

Amount of Each Disbursement this Period

228.99

\* In-Kind Received

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

57330.78

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 80 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Working America Coalition

Full Name (Last, First, Middle Initial)

**A. AFSCME Pennsylvania Special Account**

Mailing Address 1625 L St NW

City  
WashingtonState  
DCZip Code  
20036-5665Purpose of Disbursement  
Travel Expenses

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2016

FEC Identification Number

C

Transaction ID : VTEAMBXYC

Amount of Each Disbursement this Period

1427.51

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AFSCME Special Account**

Mailing Address 1625 L St NW

City  
WashingtonState  
DCZip Code  
20036-5665Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2016

FEC Identification Number

C

Transaction ID : VTEAMBXYE

Amount of Each Disbursement this Period

1891.35

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. AFSCME Special Account**

Mailing Address 1625 L St NW

City  
WashingtonState  
DCZip Code  
20036-5665Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2016

FEC Identification Number

C

Transaction ID : VTEAMBXYJ

Amount of Each Disbursement this Period

5395.12

\* In-Kind Received

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

8713.98

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 81 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 (Last, First, Middle Initial)

**A. AFSCME Special Account**

Mailing Address 1625 L St NW

City  
WashingtonState  
DCZip Code  
20036-5665Purpose of Disbursement  
In-kind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	9			2	0	1	6		

FEC Identification Number

C

Transaction ID : VTEAMBXYJ

Amount of Each Disbursement this Period

5647.44

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AFSCME Special Account**

Mailing Address 1625 L St NW

City  
WashingtonState  
DCZip Code  
20036-5665Purpose of Disbursement  
In-kind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	6			2	0	1	6		

FEC Identification Number

C

Transaction ID : VTEAMBXYF

Amount of Each Disbursement this Period

5899.75

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. AFSCME Special Account**

Mailing Address 1625 L St NW

City  
WashingtonState  
DCZip Code  
20036-5665Purpose of Disbursement  
Travel Expenses

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	1	6		

FEC Identification Number

C

Transaction ID : VTEAMBXYK

Amount of Each Disbursement this Period

18297.27

\* In-Kind Received

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

29844.46

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 82 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 (Last, First, Middle Initial)

**A. AFT Solidarity 527**

Mailing Address 555 New Jersey Ave NW

City  
WashingtonState  
DCZip Code  
20001-2029Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	1			2	0	1	6		

FEC Identification Number

C Transaction ID : VTEAMBXYA

Amount of Each Disbursement this Period

27689.85

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AFT Solidarity 527**

Mailing Address 555 New Jersey Ave NW

City  
WashingtonState  
DCZip Code  
20001-2029Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	8			2	0	1	6		

FEC Identification Number

C Transaction ID : VTEAMBXYA

Amount of Each Disbursement this Period

23883.61

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. AFT Solidarity 527**

Mailing Address 555 New Jersey Ave NW

City  
WashingtonState  
DCZip Code  
20001-2029Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	5			2	0	1	6		

FEC Identification Number

C Transaction ID : VTEAMBXY8

Amount of Each Disbursement this Period

21280.32

\* In-Kind Received

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

72853.78

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 83 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 (Last, First, Middle Initial)

**A. AFT Solidarity 527**

Mailing Address 555 New Jersey Ave NW

City  
WashingtonState  
DCZip Code  
20001-2029Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2016

FEC Identification Number

C

Transaction ID : VTEAMBXY6I

Amount of Each Disbursement this Period

29983.49

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AFT Solidarity 527**

Mailing Address 555 New Jersey Ave NW

City  
WashingtonState  
DCZip Code  
20001-2029Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2016

FEC Identification Number

C

Transaction ID : VTEAMBXYB

Amount of Each Disbursement this Period

6442.18

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. AFT Solidarity 527**

Mailing Address 555 New Jersey Ave NW

City  
WashingtonState  
DCZip Code  
20001-2029Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2016

FEC Identification Number

C

Transaction ID : VTEAMBXY9

Amount of Each Disbursement this Period

28629.69

\* In-Kind Received

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

65055.36

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 84 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name (Last, First, Middle Initial)

**A. AFT Solidarity 527**

Mailing Address 555 New Jersey Ave NW

City  
WashingtonState  
DCZip Code  
20001-2029Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2016

FEC Identification Number

**C****Transaction ID : VTEAMBXY9'**

Amount of Each Disbursement this Period

36597.40

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AFT Solidarity 527**

Mailing Address 555 New Jersey Ave NW

City  
WashingtonState  
DCZip Code  
20001-2029Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2016

FEC Identification Number

**C****Transaction ID : VTEAMBXY7I**

Amount of Each Disbursement this Period

47224.55

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. AFT Solidarity 527**

Mailing Address 555 New Jersey Ave NW

City  
WashingtonState  
DCZip Code  
20001-2029Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2016

FEC Identification Number

**C****Transaction ID : VTEAMBXY8**

Amount of Each Disbursement this Period

80089.61

\* In-Kind Received

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

163911.56

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 26    ☐ 27  
☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

Working America Coalition

Full Name (Last, First, Middle Initial)

**A. AFT Solidarity 527**

Mailing Address 555 New Jersey Ave NW

City  
WashingtonState  
DCZip Code  
20001-2029Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	6			2	0	1	6		

FEC Identification Number

C 

Transaction ID : VTEAMBXYB

Amount of Each Disbursement this Period

 116022.48

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. American Postal Workers Union Separate Segregated Account**

Mailing Address 1300 L St NW

City  
WashingtonState  
DCZip Code  
20005-4107Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	9			2	0	1	6		

FEC Identification Number

C 

Transaction ID : VTEAMBXYG

Amount of Each Disbursement this Period

 1709.25

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. American Postal Workers Union Separate Segregated Account**

Mailing Address 1300 L St NW

City  
WashingtonState  
DCZip Code  
20005-4107Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	6			2	0	1	6		

FEC Identification Number

C 

Transaction ID : VTEAMBXYH

Amount of Each Disbursement this Period

 5701.85

\* In-Kind Received

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 123433.58

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 86 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Working America Coalition

Full Name (Last, First, Middle Initial)

**A. Central Pennsylvania Area Labor Federation, AFL-CIO**

Mailing Address 4031 Executive Park Dr

City  
HarrisburgState  
PAZip Code  
17111-1507Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2016

FEC Identification Number

C

Transaction ID : VTEAMBXYG

Amount of Each Disbursement this Period

1921.60

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Central Pennsylvania Area Labor Federation, AFL-CIO**

Mailing Address 4031 Executive Park Dr

City  
HarrisburgState  
PAZip Code  
17111-1507Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		19		2016

FEC Identification Number

C

Transaction ID : VTEAMBXYH

Amount of Each Disbursement this Period

2658.59

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Central Pennsylvania Area Labor Federation, AFL-CIO**

Mailing Address 4031 Executive Park Dr

City  
HarrisburgState  
PAZip Code  
17111-1507Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2016

FEC Identification Number

C

Transaction ID : VTEAMBXYC

Amount of Each Disbursement this Period

3166.28

\* In-Kind Received

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

7746.47

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 87 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name (Last, First, Middle Initial)

**A. COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES**

Mailing Address 501 3rd St NW

City  
WashingtonState  
DCZip Code  
20001-2760Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	7				2	5					2	0	1	6

FEC Identification Number

**C** C00488486**Transaction ID : VTEAMBXYE**

Amount of Each Disbursement this Period

942.38

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES**

Mailing Address 501 3rd St NW

City  
WashingtonState  
DCZip Code  
20001-2760Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	8				0	1					2	0	1	6

FEC Identification Number

**C** C00488486**Transaction ID : VTEAMBXYK**

Amount of Each Disbursement this Period

2355.96

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES**

Mailing Address 501 3rd St NW

City  
WashingtonState  
DCZip Code  
20001-2760Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	8				0	8					2	0	1	6

FEC Identification Number

**C** C00488486**Transaction ID : VTEAMBXYH**

Amount of Each Disbursement this Period

2355.96

\* In-Kind Received

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5654.30

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 88 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name (Last, First, Middle Initial)

**A. COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES**

Mailing Address 501 3rd St NW

City  
WashingtonState  
DCZip Code  
20001-2760Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	5			2	0	1	6		

FEC Identification Number

**C** C00488486**Transaction ID : VTEAMBXYC**

Amount of Each Disbursement this Period

2355.96

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES**

Mailing Address 501 3rd St NW

City  
WashingtonState  
DCZip Code  
20001-2760Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	2			2	0	1	6		

FEC Identification Number

**C** C00488486**Transaction ID : VTEAMBXYE**

Amount of Each Disbursement this Period

471.19

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES**

Mailing Address 501 3rd St NW

City  
WashingtonState  
DCZip Code  
20001-2760Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	9			2	0	1	6		

FEC Identification Number

**C** C00488486**Transaction ID : VTEAMBXYE**

Amount of Each Disbursement this Period

2355.96

\* In-Kind Received

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5183.11

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 89 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Working America Coalition

Full Name (Last, First, Middle Initial)

**A. COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES**

Mailing Address 501 3rd St NW

City  
WashingtonState  
DCZip Code  
20001-2760Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	5			2	0	1	6		

FEC Identification Number

C C00488486

Transaction ID : VTEAMBXYC

Amount of Each Disbursement this Period

2355.96

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES**

Mailing Address 501 3rd St NW

City  
WashingtonState  
DCZip Code  
20001-2760Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	2			2	0	1	6		

FEC Identification Number

C C00488486

Transaction ID : VTEAMBXYE'

Amount of Each Disbursement this Period

2120.36

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES**

Mailing Address 501 3rd St NW

City  
WashingtonState  
DCZip Code  
20001-2760Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	9			2	0	1	6		

FEC Identification Number

C C00488486

Transaction ID : VTEAMBXYC

Amount of Each Disbursement this Period

2355.96

\* In-Kind Received

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

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

6832.28

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 90 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name (Last, First, Middle Initial)

**A. COMMUNICATIONS WORKERS OF AMERICA WORKING VOICES**

Mailing Address 501 3rd St NW

City  
WashingtonState  
DCZip Code  
20001-2760Purpose of Disbursement  
In-kind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2016

FEC Identification Number

**C** C00488486**Transaction ID : VTEAMBXYN**

Amount of Each Disbursement this Period

2355.96

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Eau Claire Labor Temple Building Association**

Mailing Address 2233 Birch St

City  
Eau ClaireState  
WIZip Code  
54703-3484Purpose of Disbursement  
Rent

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		27		2016

FEC Identification Number

**C****Transaction ID : VTDBC9S9B1**

Amount of Each Disbursement this Period

1028.16

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Eberts and Harrison, Inc.**Mailing Address 1604 Ridgeside Dr  
Ste 203City  
Mount AiryState  
MDZip Code  
21771-5240Purpose of Disbursement  
Insurance

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		01		2016

FEC Identification Number

**C****Transaction ID : VTDBC9S94I**

Amount of Each Disbursement this Period

525.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3909.12

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 91 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name (Last, First, Middle Initial)

**A. ENGINEERS POLITICAL EDUCATION COMMITTEE (EPEC)/INTERNATIONAL UNION**

Date of Disbursement

Mailing Address 1125 17th St NW

M M	/	D D	/	Y Y Y Y Y Y
09		12		2016

City  
WashingtonState  
DCZip Code  
20036-4709

FEC Identification Number

Purpose of Disbursement  
Inkind Administrative Staff

C C00029504

Candidate Name

**Transaction ID : VTEAMBXP**

Amount of Each Disbursement this Period

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

2528.12

State: District:

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ENGINEERS POLITICAL EDUCATION COMMITTEE (EPEC)/INTERNATIONAL UNION**

Date of Disbursement

Mailing Address 1125 17th St NW

M M	/	D D	/	Y Y Y Y Y Y
09		19		2016

City  
WashingtonState  
DCZip Code  
20036-4709

FEC Identification Number

Purpose of Disbursement  
Inkind Administrative Staff

C C00029504

Candidate Name

**Transaction ID : VTEAMBXYN**

Amount of Each Disbursement this Period

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

2528.12

State: District:

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ENGINEERS POLITICAL EDUCATION COMMITTEE (EPEC)/INTERNATIONAL UNION**

Date of Disbursement

Mailing Address 1125 17th St NW

M M	/	D D	/	Y Y Y Y Y Y
09		26		2016

City  
WashingtonState  
DCZip Code  
20036-4709

FEC Identification Number

Purpose of Disbursement  
Inkind Administrative Staff

C C00029504

Candidate Name

**Transaction ID : VTEAMBXYC**

Amount of Each Disbursement this Period

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

2528.12

State: District:

\* In-Kind Received

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

7584.36

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 92 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Working America Coalition

Full Name (Last, First, Middle Initial)

**A. Florida AFL-CIO General Fund**

Mailing Address 135 S Monroe St

City  
TallahasseeState  
FLZip Code  
32301-4100Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2016

FEC Identification Number

C

Transaction ID : VTEAMBXYJl

Amount of Each Disbursement this Period

1915.13

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Florida AFL-CIO General Fund**

Mailing Address 135 S Monroe St

City  
TallahasseeState  
FLZip Code  
32301-4100Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2016

FEC Identification Number

C

Transaction ID : VTEAMBXYJl

Amount of Each Disbursement this Period

12213.35

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Florida AFL-CIO General Fund**

Mailing Address 135 S Monroe St

City  
TallahasseeState  
FLZip Code  
32301-4100Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2016

FEC Identification Number

C

Transaction ID : VTEAMBXYM

Amount of Each Disbursement this Period

12860.15

\* In-Kind Received

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

26988.63

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 93 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Working America Coalition

Full Name (Last, First, Middle Initial)

**A. Florida AFL-CIO General Fund**

Mailing Address 135 S Monroe St

City  
TallahasseeState  
FLZip Code  
32301-4100Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		15		2016

FEC Identification Number

C

Transaction ID : VTEAMBXYD

Amount of Each Disbursement this Period

12303.32

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Florida AFL-CIO General Fund**

Mailing Address 135 S Monroe St

City  
TallahasseeState  
FLZip Code  
32301-4100Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		22		2016

FEC Identification Number

C

Transaction ID : VTEAMBXYF

Amount of Each Disbursement this Period

11343.00

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Florida AFL-CIO General Fund**

Mailing Address 135 S Monroe St

City  
TallahasseeState  
FLZip Code  
32301-4100Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		29		2016

FEC Identification Number

C

Transaction ID : VTEAMBXYH

Amount of Each Disbursement this Period

7698.78

\* In-Kind Received

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

31345.10

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 94 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Working America Coalition

Full Name (Last, First, Middle Initial)

**A. Florida AFL-CIO General Fund**

Mailing Address 135 S Monroe St

City  
TallahasseeState  
FLZip Code  
32301-4100Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		05		2016

FEC Identification Number

C 

Transaction ID : VTEAMBXYC

Amount of Each Disbursement this Period

 8342.08

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Florida AFL-CIO General Fund**

Mailing Address 135 S Monroe St

City  
TallahasseeState  
FLZip Code  
32301-4100Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2016

FEC Identification Number

C 

Transaction ID : VTEAMBXYC

Amount of Each Disbursement this Period

 8695.41

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Florida AFL-CIO General Fund**

Mailing Address 135 S Monroe St

City  
TallahasseeState  
FLZip Code  
32301-4100Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		19		2016

FEC Identification Number

C 

Transaction ID : VTEAMBXYE

Amount of Each Disbursement this Period

 8297.12

\* In-Kind Received

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

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

25334.61

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 95 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Working America Coalition

Full Name (Last, First, Middle Initial)

**A. Florida AFL-CIO General Fund**

Mailing Address 135 S Monroe St

City  
TallahasseeState  
FLZip Code  
32301-4100Purpose of Disbursement  
In-kind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	6			2	0	1	6		

FEC Identification Number

C

Transaction ID : VTEAMBXYE

Amount of Each Disbursement this Period

7687.80

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. IAM District 9**

Mailing Address 12365 Saint Charles Rock Rd

City  
BridgetonState  
MOZip Code  
63044-2503Purpose of Disbursement  
Rent

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	8			2	0	1	6		

FEC Identification Number

C

Transaction ID : VTDBC9S93G

Amount of Each Disbursement this Period

2762.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. IAMAW District Lodge 66**

Mailing Address 1307 Market St

City  
La CrosseState  
WIZip Code  
54601-4846Purpose of Disbursement  
Rent

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	8			2	0	1	6		

FEC Identification Number

C

Transaction ID : VTDBC9SAX

Amount of Each Disbursement this Period

1914.94

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

12365.24

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 96 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name (Last, First, Middle Initial)

**A. IBEW Local #430**Mailing Address 1840 Sycamore Ave  
# ACity  
RacineState  
WIZip Code  
53406-4893Purpose of Disbursement  
Rent

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		08		2016

FEC Identification Number

**C** **Transaction ID : VTDBC9S8J5**

Amount of Each Disbursement this Period

 882.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. IBEW Local 1147**

Mailing Address 220 Johnson St

City  
Wisconsin RapidsState  
WIZip Code  
54495-2744Purpose of Disbursement  
Rent

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		08		2016

FEC Identification Number

**C** **Transaction ID : VTDBC9SAF8**

Amount of Each Disbursement this Period

 1010.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. International Union of Painters and Allied Trades Political Action Together Political Comm**

Mailing Address 1750 New York Ave NW

City  
WashingtonState  
DCZip Code  
20006-5301Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2016

FEC Identification Number

**C** C00000885**Transaction ID : VTEAMBXYM**

Amount of Each Disbursement this Period

 272.03

\* In-Kind Received

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶ 2164.03

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 97 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name (Last, First, Middle Initial)

**A. IUPAT District Council 78**

Mailing Address 2153 W Oak Ridge Rd

City  
OrlandoState  
FLZip Code  
32809-3881Purpose of Disbursement  
Rent

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	2			2	0	1	6		

FEC Identification Number

C [REDACTED]

Transaction ID : VTDBC9S942

Amount of Each Disbursement this Period

[REDACTED] 1040.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. JLP Enterprise, LLC**Mailing Address 1052 Main St  
Ste 102City  
Stevens PointState  
WIZip Code  
54481-2848Purpose of Disbursement  
Rent

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	5			2	0	1	6		

FEC Identification Number

C [REDACTED]

Transaction ID : VTDBC9SEQ

Amount of Each Disbursement this Period

[REDACTED] 1200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. LETTER CARRIER POLITICAL FUND**

Mailing Address 100 Indiana Ave NW

City  
WashingtonState  
DCZip Code  
20001-2144Purpose of Disbursement  
Inkind Administrative Staff

[REDACTED]

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	5			2	0	1	6		

FEC Identification Number

C C00023580

Transaction ID : VTEAMBXYM

Amount of Each Disbursement this Period

[REDACTED] 24370.78

\* In-Kind Received

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

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

[REDACTED] 26610.78

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 98 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Working America Coalition

Full Name (Last, First, Middle Initial)

**A. LETTER CARRIER POLITICAL FUND**

Mailing Address 100 Indiana Ave NW

City  
WashingtonState  
DCZip Code  
20001-2144Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2016

FEC Identification Number

C C00023580

Transaction ID : VTEAMBXYM

Amount of Each Disbursement this Period

60104.63

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. LETTER CARRIER POLITICAL FUND**

Mailing Address 100 Indiana Ave NW

City  
WashingtonState  
DCZip Code  
20001-2144Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		19		2016

FEC Identification Number

C C00023580

Transaction ID : VTEAMBXYJ

Amount of Each Disbursement this Period

60852.20

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. LETTER CARRIER POLITICAL FUND**

Mailing Address 100 Indiana Ave NW

City  
WashingtonState  
DCZip Code  
20001-2144Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2016

FEC Identification Number

C C00023580

Transaction ID : VTEAMBXYK

Amount of Each Disbursement this Period

64889.08

\* In-Kind Received

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

185845.91

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 99 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name (Last, First, Middle Initial)

**A. Lexicon**

Mailing Address 10300 Farnham Dr

City  
BethesdaState  
MDZip Code  
20814-2218Purpose of Disbursement  
Graphic Design Services

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2016

FEC Identification Number

C

Transaction ID : VTDBC9S997

Amount of Each Disbursement this Period

125.71

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Lexicon**

Mailing Address 10300 Farnham Dr

City  
BethesdaState  
MDZip Code  
20814-2218Purpose of Disbursement  
Graphic Design Services

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2016

FEC Identification Number

C

Transaction ID : VTDBC9S99E

Amount of Each Disbursement this Period

1005.68

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Lexicon**

Mailing Address 10300 Farnham Dr

City  
BethesdaState  
MDZip Code  
20814-2218Purpose of Disbursement  
Graphic Design Services

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2016

FEC Identification Number

C

Transaction ID : VTDBC9S9B

Amount of Each Disbursement this Period

251.44

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

1382.83

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 100 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name (Last, First, Middle Initial)

**A. Lexicon**

Mailing Address 10300 Farnham Dr

City  
BethesdaState  
MDZip Code  
20814-2218Purpose of Disbursement  
Graphic Design Services

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2016

FEC Identification Number

C

Transaction ID : VTDBC9S9B)

Amount of Each Disbursement this Period

439.99

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Lexicon**

Mailing Address 10300 Farnham Dr

City  
BethesdaState  
MDZip Code  
20814-2218Purpose of Disbursement  
Graphic Design Services

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2016

FEC Identification Number

C

Transaction ID : VTDBC9S9D4

Amount of Each Disbursement this Period

62.86

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Lexicon**

Mailing Address 10300 Farnham Dr

City  
BethesdaState  
MDZip Code  
20814-2218Purpose of Disbursement  
Graphic Design Services

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2016

FEC Identification Number

C

Transaction ID : VTDBC9S9D

Amount of Each Disbursement this Period

377.13

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

879.98

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 101 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name (Last, First, Middle Initial)

**A. Lexicon**

Mailing Address 10300 Farnham Dr

City  
BethesdaState  
MDZip Code  
20814-2218Purpose of Disbursement  
Graphic Design Services

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2016

FEC Identification Number

C

Transaction ID : VTDBC9S9E1

Amount of Each Disbursement this Period

377.19

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. LOS ANGELES COUNTY FEDERATION OF LABOR AFL-CIO COUNCIL ON POLITICAL EDUCATION**

Mailing Address 2130 James M Wood Blvd

City  
Los AngelesState  
CAZip Code  
90006-2202Purpose of Disbursement  
Field ExpensesCategory/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		16		2016

FEC Identification Number

C

C00627612

Transaction ID : VTEAMBXQ

Amount of Each Disbursement this Period

12128.43

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Milwaukee Area Labor Council**

Mailing Address 633 S Hawley Rd

City  
MilwaukeeState  
WIZip Code  
53214-1965Purpose of Disbursement  
Rent

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		14		2016

FEC Identification Number

C

Transaction ID : VTDBC9S97

Amount of Each Disbursement this Period

3000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

15505.62

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 102 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name (Last, First, Middle Initial)

**A. Missouri AFL-CIO**

Mailing Address 227 Jefferson St

City  
Jefferson CityState  
MOZip Code  
65101-2901Purpose of Disbursement  
Rent

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	8			2	0	1	6		

FEC Identification Number

C

Transaction ID : VTDBC9SAS

Amount of Each Disbursement this Period

2002.68

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Mosaic**

Mailing Address 4801 Viewpoint Pl

City  
HyattsvilleState  
MDZip Code  
20781-1100Purpose of Disbursement  
Programming ServicesCategory/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

C

Transaction ID : VTDBC9SBV

Amount of Each Disbursement this Period

4906.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. NALC 1091 Inc.**Mailing Address 4790 Deauville Dr  
Ste 100City  
OrlandoState  
FLZip Code  
32808-7753Purpose of Disbursement  
Rent

001

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	1	6		

FEC Identification Number

C

Transaction ID : VTDBC9SAV

Amount of Each Disbursement this Period

800.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

7709.48

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 103 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name (Last, First, Middle Initial)

**A. NATIONAL FEDERATION OF PUBLIC AND PRIVATE EMPLOYEE'S**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	1	6		

Mailing Address 1700 NW 66th Ave  
Ste 100City  
PlantationState  
FLZip Code  
33313-4582Purpose of Disbursement  
Rent

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C [REDACTED]

Transaction ID : VTDBC9SEQ

Amount of Each Disbursement this Period

2789.55

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. National Treasury Employees Union Advocacy Cmtee**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	6			2	0	1	6		

Mailing Address 1750 H St NW

City  
WashingtonState  
DCZip Code  
20006-4600Purpose of Disbursement  
Inkind Administrative StaffCategory/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C C00623355

Transaction ID : VTEAMBXYK

Amount of Each Disbursement this Period

927.34

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Nevada State AFL-CIO**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	8			2	0	1	6		

Mailing Address 1891 Whitney Mesa Dr

City  
HendersonState  
NVZip Code  
89014-2069Purpose of Disbursement  
Inkind Administrative StaffCategory/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C [REDACTED]

Transaction ID : VTEAMBXYK

Amount of Each Disbursement this Period

800.00

\* In-Kind Received

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

4516.89

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 104 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name (Last, First, Middle Initial)

**A. Nevada State AFL-CIO**

Mailing Address 1891 Whitney Mesa Dr

City  
HendersonState  
NVZip Code  
89014-2069Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		15		2016

FEC Identification Number

**C****Transaction ID : VTEAMBXYM**

Amount of Each Disbursement this Period

2000.00

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Nevada State AFL-CIO**

Mailing Address 1891 Whitney Mesa Dr

City  
HendersonState  
NVZip Code  
89014-2069Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		22		2016

FEC Identification Number

**C****Transaction ID : VTEAMBXYG**

Amount of Each Disbursement this Period

2000.00

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Nevada State AFL-CIO**

Mailing Address 1891 Whitney Mesa Dr

City  
HendersonState  
NVZip Code  
89014-2069Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		29		2016

FEC Identification Number

**C****Transaction ID : VTEAMBXYH**

Amount of Each Disbursement this Period

1400.00

\* In-Kind Received

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5400.00
---------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 105 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name (Last, First, Middle Initial)

**A. Nevada State, AFL-CIO**Mailing Address 1891 Whitney Mesa Dr  
# ACity  
HendersonState  
NVZip Code  
89014-2069Purpose of Disbursement  
Rent

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2016

FEC Identification Number

**C** 

Transaction ID : VTDBC9SAX

Amount of Each Disbursement this Period

 1586.40☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. NGP VAN, INC.**Mailing Address 1225 I St NW  
Ste 1225City  
WashingtonState  
DCZip Code  
20005-5918Purpose of Disbursement  
Software & Support

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2016

FEC Identification Number

**C** 

Transaction ID : VTDBC9S8PC

Amount of Each Disbursement this Period

 600.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. North Carolina State AFL-CIO**

Mailing Address PO Box 10805

City  
RaleighState  
NCZip Code  
27605-0805Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2016

FEC Identification Number

**C** 

Transaction ID : VTEAMBXYN

Amount of Each Disbursement this Period

 759.08

\* In-Kind Received

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶ 2945.48

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 106 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Working America Coalition

Full Name (Last, First, Middle Initial)

**A. North Carolina State AFL-CIO**

Mailing Address PO Box 10805

City  
RaleighState  
NCZip Code  
27605-0805Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		05		2016

FEC Identification Number

C

Transaction ID : VTEAMBXYN

Amount of Each Disbursement this Period

4377.23

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. North Carolina State AFL-CIO**

Mailing Address PO Box 10805

City  
RaleighState  
NCZip Code  
27605-0805Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2016

FEC Identification Number

C

Transaction ID : VTEAMBXYF

Amount of Each Disbursement this Period

2451.05

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. North Carolina State AFL-CIO**

Mailing Address PO Box 10805

City  
RaleighState  
NCZip Code  
27605-0805Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		19		2016

FEC Identification Number

C

Transaction ID : VTEAMBXYF

Amount of Each Disbursement this Period

766.94

\* In-Kind Received

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

7595.22

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 107 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name (Last, First, Middle Initial)

**A. North Carolina State AFL-CIO**

Mailing Address PO Box 10805

City  
RaleighState  
NCZip Code  
27605-0805Purpose of Disbursement  
In-kind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2016

FEC Identification Number

**C****Transaction ID : VTEAMBXP**

Amount of Each Disbursement this Period

1375.77

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. NORTH CENTRAL FLORIDA AFL-CIO**

Mailing Address 1910 NW 53rd Ave

City  
GainesvilleState  
FLZip Code  
32653-2215Purpose of Disbursement  
Rent

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2016

FEC Identification Number

**C****Transaction ID : VTDBC9SEPC**

Amount of Each Disbursement this Period

1761.32

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Northwest Florida Federation of Labor**

Mailing Address 7830 N Palafox St

City  
PensacolaState  
FLZip Code  
32534-4430Purpose of Disbursement  
Rent

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		21		2016

FEC Identification Number

**C****Transaction ID : VTDBC9SAX**

Amount of Each Disbursement this Period

2100.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5237.09

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 108 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Working America Coalition

Full Name (Last, First, Middle Initial)

**A. Northwestern PA Area Labor Federation**

Mailing Address 1276 Liberty St

City  
FranklinState  
PAZip Code  
16323-1373Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	5			2	0	1	6		

FEC Identification Number

C

Transaction ID : VTEAMBXY7

Amount of Each Disbursement this Period

531.00

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Northwestern PA Area Labor Federation**

Mailing Address 1276 Liberty St

City  
FranklinState  
PAZip Code  
16323-1373Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	2			2	0	1	6		

FEC Identification Number

C

Transaction ID : VTEAMBXY6

Amount of Each Disbursement this Period

885.00

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Northwestern PA Area Labor Federation**

Mailing Address 1276 Liberty St

City  
FranklinState  
PAZip Code  
16323-1373Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	9			2	0	1	6		

FEC Identification Number

C

Transaction ID : VTEAMBXY8

Amount of Each Disbursement this Period

885.00

\* In-Kind Received

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

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

2301.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 109 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Working America Coalition

Full Name (Last, First, Middle Initial)

**A. Northwestern PA Area Labor Federation**

Mailing Address 1276 Liberty St

City  
FranklinState  
PAZip Code  
16323-1373Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2016

FEC Identification Number

C 

Transaction ID : VTEAMBXYA

Amount of Each Disbursement this Period

 885.00

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Ohio AFL-CIO General Fund**Mailing Address 395 E Broad St  
Ste 300City  
ColumbusState  
OHZip Code  
43215-3844Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2016

FEC Identification Number

C 

Transaction ID : VTEAMBXYN

Amount of Each Disbursement this Period

 8307.70

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Ohio AFL-CIO General Fund**Mailing Address 395 E Broad St  
Ste 300City  
ColumbusState  
OHZip Code  
43215-3844Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2016

FEC Identification Number

C 

Transaction ID : VTEAMBXYN

Amount of Each Disbursement this Period

 10817.49

\* In-Kind Received

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

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

 20010.19

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 110 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Working America Coalition

Full Name (Last, First, Middle Initial)

**A. Ohio AFL-CIO General Fund**Mailing Address 395 E Broad St  
Ste 300City  
ColumbusState  
OHZip Code  
43215-3844Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2016

FEC Identification Number

C

Transaction ID : VTEAMBXYJ

Amount of Each Disbursement this Period

10817.49

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Ohio AFL-CIO General Fund**Mailing Address 395 E Broad St  
Ste 300City  
ColumbusState  
OHZip Code  
43215-3844Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2016

FEC Identification Number

C

Transaction ID : VTEAMBXYN

Amount of Each Disbursement this Period

10817.49

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Ohio AFL-CIO General Fund**Mailing Address 395 E Broad St  
Ste 300City  
ColumbusState  
OHZip Code  
43215-3844Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2016

FEC Identification Number

C

Transaction ID : VTEAMBXYK

Amount of Each Disbursement this Period

11026.30

\* In-Kind Received

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

32661.28

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 111 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Working America Coalition

Full Name (Last, First, Middle Initial)

**A. Ohio AFL-CIO General Fund**Mailing Address 395 E Broad St  
Ste 300City  
ColumbusState  
OHZip Code  
43215-3844Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2016

FEC Identification Number

C 

Transaction ID : VTEAMBXYM

Amount of Each Disbursement this Period

 10629.31

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Ohio AFL-CIO General Fund**Mailing Address 395 E Broad St  
Ste 300City  
ColumbusState  
OHZip Code  
43215-3844Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2016

FEC Identification Number

C 

Transaction ID : VTEAMBXYK

Amount of Each Disbursement this Period

 7641.72

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Ohio AFL-CIO General Fund**Mailing Address 395 E Broad St  
Ste 300City  
ColumbusState  
OHZip Code  
43215-3844Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2016

FEC Identification Number

C 

Transaction ID : VTEAMBXYK

Amount of Each Disbursement this Period

 10191.05

\* In-Kind Received

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

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

28462.08

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 112 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Working America Coalition

Full Name (Last, First, Middle Initial)

**A. Ohio AFL-CIO General Fund**Mailing Address 395 E Broad St  
Ste 300City  
ColumbusState  
OHZip Code  
43215-3844Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	9			2	0	1	6		

FEC Identification Number

C

Transaction ID : VTEAMBXYH

Amount of Each Disbursement this Period

9477.33

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Ohio AFL-CIO General Fund**Mailing Address 395 E Broad St  
Ste 300City  
ColumbusState  
OHZip Code  
43215-3844Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	6			2	0	1	6		

FEC Identification Number

C

Transaction ID : VTEAMBXYJ

Amount of Each Disbursement this Period

10191.05

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. PALM BEACH-TREASURE COAST AFL-CIO**

Mailing Address 1001 W 15th St

City  
Riviera BeachState  
FLZip Code  
33404-6721Purpose of Disbursement  
Rent

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	2			2	0	1	6		

FEC Identification Number

C

Transaction ID : VTDBC9S951

Amount of Each Disbursement this Period

1219.05

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

20887.43

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 113 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name (Last, First, Middle Initial)

**A. Petel & Co.**

Mailing Address 1209 Fairmont St NW

City  
WashingtonState  
DCZip Code  
20009-5321Purpose of Disbursement  
Shipping

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				2	9					2	0	1

FEC Identification Number

C

Transaction ID : VTDBC9SHJ

Amount of Each Disbursement this Period

792.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Petel & Co.**

Mailing Address 1209 Fairmont St NW

City  
WashingtonState  
DCZip Code  
20009-5321Purpose of Disbursement  
Shipping

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				2	9					2	0	1

FEC Identification Number

C

Transaction ID : VTDBC9SHK

Amount of Each Disbursement this Period

1126.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Petel & Co.**

Mailing Address 1209 Fairmont St NW

City  
WashingtonState  
DCZip Code  
20009-5321Purpose of Disbursement  
Shipping

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				2	9					2	0	1

FEC Identification Number

C

Transaction ID : VTDBC9SHM

Amount of Each Disbursement this Period

858.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

2776.40

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 114 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name (Last, First, Middle Initial)

**A. Petel & Co.**

Mailing Address 1209 Fairmont St NW

City  
WashingtonState  
DCZip Code  
20009-5321Purpose of Disbursement  
Shipping

001

Category/  
Type

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		29		2016

FEC Identification Number

C

Transaction ID : VTDBC9SHN

Amount of Each Disbursement this Period

1034.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Petel & Co.**

Mailing Address 1209 Fairmont St NW

City  
WashingtonState  
DCZip Code  
20009-5321Purpose of Disbursement  
Shipping

001

Category/  
Type

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		29		2016

FEC Identification Number

C

Transaction ID : VTDBC9SHN

Amount of Each Disbursement this Period

906.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Petel & Co.**

Mailing Address 1209 Fairmont St NW

City  
WashingtonState  
DCZip Code  
20009-5321Purpose of Disbursement  
Shipping

001

Category/  
Type

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		29		2016

FEC Identification Number

C

Transaction ID : VTDBC9SHN

Amount of Each Disbursement this Period

1188.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3128.40

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 115 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name (Last, First, Middle Initial)

**A. Petel & Co.**

Mailing Address 1209 Fairmont St NW

City  
WashingtonState  
DCZip Code  
20009-5321Purpose of Disbursement  
Shipping

004

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	1	6		

FEC Identification Number

C

Transaction ID : VTDBC9SHM

Amount of Each Disbursement this Period

342.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Petel & Co.**

Mailing Address 1209 Fairmont St NW

City  
WashingtonState  
DCZip Code  
20009-5321Purpose of Disbursement  
Shipping

004

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	2			2	0	1	6		

FEC Identification Number

C

Transaction ID : VTDBC9SHNI

Amount of Each Disbursement this Period

114.14

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Petel & Co.**

Mailing Address 1209 Fairmont St NW

City  
WashingtonState  
DCZip Code  
20009-5321Purpose of Disbursement  
Direct Mail - IE Not Yet Disseminated

004

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	9			2	0	1	6		

FEC Identification Number

C

Transaction ID : VTDBCA1AR

Amount of Each Disbursement this Period

39150.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

39606.54

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 116 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Working America Coalition

Full Name (Last, First, Middle Initial)

**A. Philadelphia AFL-CIO Council General Fund**Mailing Address 22 S 22nd St  
FI 2City  
PhiladelphiaState  
PAZip Code  
19103-3005Purpose of Disbursement  
Inkind Administrative staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2016

FEC Identification Number

C

Transaction ID : VTEAMBXYB

Amount of Each Disbursement this Period

3855.87

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. PoliOps, LLC**Mailing Address 210 Rocketts Way  
Unit 411City  
RichmondState  
VAZip Code  
23231-3061Purpose of Disbursement  
Software and Support

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		06		2016

FEC Identification Number

C

Transaction ID : VTDBC9SEZ2

Amount of Each Disbursement this Period

5181.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. PoliOps, LLC**Mailing Address 210 Rocketts Way  
Unit 411City  
RichmondState  
VAZip Code  
23231-3061Purpose of Disbursement  
Software and Support

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2016

FEC Identification Number

C

Transaction ID : VTDBC9SEV

Amount of Each Disbursement this Period

5630.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

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

14667.62

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 117 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 (Last, First, Middle Initial)

**A. Print Logistics**

Mailing Address 1700 L St

City  
SacramentoState  
CAZip Code  
95811-4024Purpose of Disbursement  
Shipping

004

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		22		2016

FEC Identification Number

C

Transaction ID : VTDBC9SEQ

Amount of Each Disbursement this Period

1644.32

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SEIU Healthcare Missouri/Kansas**

Mailing Address 5585 Pershing Ave

City  
Saint LouisState  
MOZip Code  
63112-4621Purpose of Disbursement  
RentCategory/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		08		2016

FEC Identification Number

C

Transaction ID : VTDBC9S99D

Amount of Each Disbursement this Period

961.61

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. SEMINOLE UNISERV**

Mailing Address 813 Orienta Ave

City  
Altamonte SpringsState  
FLZip Code  
32701-5601Purpose of Disbursement  
Rent

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2016

FEC Identification Number

C

Transaction ID : VTDBC9SAD

Amount of Each Disbursement this Period

1164.17

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3770.10

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 118 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Working America Coalition

Full Name (Last, First, Middle Initial)

**A. South Central Federation of Labor**

Mailing Address 1602 S Park St

City  
MadisonState  
WIZip Code  
53715-2159Purpose of Disbursement  
Rent

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		08		2016

FEC Identification Number

C

Transaction ID : VTDBC9SER

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. South Central Federation of Labor**

Mailing Address 1602 S Park St

City  
MadisonState  
WIZip Code  
53715-2159Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2016

FEC Identification Number

C

Transaction ID : VTEAMBXYN

Amount of Each Disbursement this Period

457.38

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. South Central Federation of Labor**

Mailing Address 1602 S Park St

City  
MadisonState  
WIZip Code  
53715-2159Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2016

FEC Identification Number

C

Transaction ID : VTEAMBXYN

Amount of Each Disbursement this Period

457.38

\* In-Kind Received

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

3914.76

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 119 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name (Last, First, Middle Initial)

**A. South Central Federation of Labor**

Mailing Address 1602 S Park St

City  
MadisonState  
WIZip Code  
53715-2159Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2016

FEC Identification Number

**C****Transaction ID : VTEAMBXYN**

Amount of Each Disbursement this Period

365.91

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SOUTH FLORIDA AFL-CIO**Mailing Address 4349 NW 36th St  
Ste 107City  
Miami SpringsState  
FLZip Code  
33166-7346Purpose of Disbursement  
Rent

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2016

FEC Identification Number

**C****Transaction ID : VTDBC9S8Kl**

Amount of Each Disbursement this Period

624.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Southeastern PA Area Labor Federation, AFL-CIO**Mailing Address 1000 Germantown Pike  
Ste K5City  
Plymouth MeetingState  
PAZip Code  
19462-2490Purpose of Disbursement  
Rent

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		21		2016

FEC Identification Number

**C****Transaction ID : VTDBC9SEQ**

Amount of Each Disbursement this Period

4300.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5289.91

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 120 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name (Last, First, Middle Initial)

**A. Southeastern Pennsylvania Area Labor Federation General Fund**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2016

Mailing Address 1000 Germantown Pike Road  
Building K5City  
Plymouth MeetingState  
PAZip Code  
19462Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C**

Transaction ID : VTEAMBXYF

Amount of Each Disbursement this Period

1266.03

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Southeastern Pennsylvania Area Labor Federation General Fund**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2016

Mailing Address 1000 Germantown Pike Road  
Building K5City  
Plymouth MeetingState  
PAZip Code  
19462Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C**

Transaction ID : VTEAMBXYD

Amount of Each Disbursement this Period

1582.54

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Southeastern Pennsylvania Area Labor Federation General Fund**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		08		2016

Mailing Address 1000 Germantown Pike Road  
Building K5City  
Plymouth MeetingState  
PAZip Code  
19462Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C**

Transaction ID : VTEAMBXYJ

Amount of Each Disbursement this Period

1582.54

\* In-Kind Received

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4431.11

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 121 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name (Last, First, Middle Initial)

**A. Southeastern Pennsylvania Area Labor Federation General Fund**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
08		15		2016

Mailing Address 1000 Germantown Pike Road  
Building K5City  
Plymouth MeetingState  
PAZip Code  
19462Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : VTEAMBXYM**

Amount of Each Disbursement this Period

158.25

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Southeastern Pennsylvania Area Labor Federation General Fund**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
08		22		2016

Mailing Address 1000 Germantown Pike Road  
Building K5City  
Plymouth MeetingState  
PAZip Code  
19462Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : VTEAMBXYF**

Amount of Each Disbursement this Period

1582.54

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Southeastern Pennsylvania Area Labor Federation General Fund**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
08		29		2016

Mailing Address 1000 Germantown Pike Road  
Building K5City  
Plymouth MeetingState  
PAZip Code  
19462Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : VTEAMBXYJ**

Amount of Each Disbursement this Period

1582.54

\* In-Kind Received

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3323.33

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 122 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name (Last, First, Middle Initial)

**A. Southeastern Pennsylvania Area Labor Federation General Fund**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	05	/	2016

Mailing Address 1000 Germantown Pike Road  
Building K5City  
Plymouth MeetingState  
PAZip Code  
19462Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C**

Transaction ID : VTEAMBXYF

Amount of Each Disbursement this Period

1582.54

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Southeastern Pennsylvania Area Labor Federation General Fund**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2016

Mailing Address 1000 Germantown Pike Road  
Building K5City  
Plymouth MeetingState  
PAZip Code  
19462Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C**

Transaction ID : VTEAMBXYJ

Amount of Each Disbursement this Period

1582.54

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Southeastern Pennsylvania Area Labor Federation General Fund**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2016

Mailing Address 1000 Germantown Pike Road  
Building K5City  
Plymouth MeetingState  
PAZip Code  
19462Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C**

Transaction ID : VTEAMBXYJ

Amount of Each Disbursement this Period

1582.54

\* In-Kind Received

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4747.62

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 123 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name (Last, First, Middle Initial)

**A. Southeastern Pennsylvania Area Labor Federation General Fund**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2016

Mailing Address 1000 Germantown Pike Road  
Building K5City  
Plymouth MeetingState  
PAZip Code  
19462Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : VTEAMBXYE**

Amount of Each Disbursement this Period

1582.54

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SPACE COAST AFL-CIO LABOR COUNCIL**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2016

Mailing Address PO Box 3787

City  
CocoaState  
FLZip Code  
32924-3787Purpose of Disbursement  
Rent

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016 ☐ Primary ☒ General  
☐ Other (specify)

State: District:

FEC Identification Number

**C****Transaction ID : VTDBC9S8JJ**

Amount of Each Disbursement this Period

813.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. St. Louis Central Labor Council**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		08		2016

Mailing Address 3301 Hollenberg Dr

City  
BridgetonState  
MOZip Code  
63044-2433Purpose of Disbursement  
Rent

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : VTDBC9S9H**

Amount of Each Disbursement this Period

1010.58

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3406.78

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 124 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Working America Coalition

Full Name (Last, First, Middle Initial)

**A. Strategies Unlimited**

Mailing Address 988 Circle On The Grn

City  
ColumbusState  
OHZip Code  
43235-1211Purpose of Disbursement  
Research Services

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	6			2	0	1	6		

FEC Identification Number

C

Transaction ID : VTDBC9S9W

Amount of Each Disbursement this Period

29920.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Transportation Trades Department, AFL-CIO Political Education Fund**

Mailing Address 815 16th St NW

City  
WashingtonState  
DCZip Code  
20006-4101Purpose of Disbursement  
Inkind Administrative StaffCategory/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	2			2	0	1	6		

FEC Identification Number

C

Transaction ID : VTEAMBXYM

Amount of Each Disbursement this Period

1256.12

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Transportation Trades Department, AFL-CIO Political Education Fund**

Mailing Address 815 16th St NW

City  
WashingtonState  
DCZip Code  
20006-4101Purpose of Disbursement  
Inkind Administrative StaffCategory/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	9			2	0	1	6		

FEC Identification Number

C

Transaction ID : VTEAMBXYC

Amount of Each Disbursement this Period

1395.69

\* In-Kind Received

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

32571.81

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 125 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name (Last, First, Middle Initial)

**A. Transportation Trades Department, AFL-CIO Political Education Fund**

Mailing Address 815 16th St NW

City  
WashingtonState  
DCZip Code  
20006-4101Purpose of Disbursement  
In-kind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	6			2	0	1	6		

FEC Identification Number

**C****Transaction ID : VTEAMBXYE**

Amount of Each Disbursement this Period

1395.69

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. UAW Local 291**

Mailing Address 1118 High Ave

City  
OshkoshState  
WIZip Code  
54901-3528Purpose of Disbursement  
Rent

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	8			2	0	1	6		

FEC Identification Number

**C****Transaction ID : VTDBC9SEQ**

Amount of Each Disbursement this Period

1528.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. UAW Local 72**

Mailing Address 3615 Washington Rd

City  
KenoshaState  
WIZip Code  
53144-1640Purpose of Disbursement  
Rent

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	8			2	0	1	6		

FEC Identification Number

**C****Transaction ID : VTDBC9SAX**

Amount of Each Disbursement this Period

825.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3748.69

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 126 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Working America Coalition

Full Name (Last, First, Middle Initial)

**A. UFCW Int'l Union Working Families Advocacy Project**

Mailing Address 1775 K St NW

City  
WashingtonState  
DCZip Code  
20006-1502Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	5			2	0	1	6		

FEC Identification Number

C C00484253

Transaction ID : VTEAMBXYG

Amount of Each Disbursement this Period

4635.51

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. UFCW Int'l Union Working Families Advocacy Project**

Mailing Address 1775 K St NW

City  
WashingtonState  
DCZip Code  
20006-1502Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	2			2	0	1	6		

FEC Identification Number

C C00484253

Transaction ID : VTEAMBXYE

Amount of Each Disbursement this Period

126.15

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. UFCW Int'l Union Working Families Advocacy Project**

Mailing Address 1775 K St NW

City  
WashingtonState  
DCZip Code  
20006-1502Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	2			2	0	1	6		

FEC Identification Number

C C00484253

Transaction ID : VTEAMBXYF

Amount of Each Disbursement this Period

25960.83

\* In-Kind Received

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

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

30722.49

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 127 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 (Last, First, Middle Initial)

**A. UFCW Int'l Union Working Families Advocacy Project**

Mailing Address 1775 K St NW

City  
WashingtonState  
DCZip Code  
20006-1502Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		19		2016

FEC Identification Number

C C00484253

Transaction ID : VTEAMBXYD

Amount of Each Disbursement this Period

30736.63

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. UFCW Int'l Union Working Families Advocacy Project**

Mailing Address 1775 K St NW

City  
WashingtonState  
DCZip Code  
20006-1502Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		19		2016

FEC Identification Number

C C00484253

Transaction ID : VTEAMBXYN

Amount of Each Disbursement this Period

377.86

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. UFCW Int'l Union Working Families Advocacy Project**

Mailing Address 1775 K St NW

City  
WashingtonState  
DCZip Code  
20006-1502Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2016

FEC Identification Number

C C00484253

Transaction ID : VTEAMBXYF

Amount of Each Disbursement this Period

35200.08

\* In-Kind Received

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

66314.57

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 128 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Working America Coalition

Full Name (Last, First, Middle Initial)

**A. UFCW Int'l Union Working Families Advocacy Project**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2016

Mailing Address 1775 K St NW

City  
WashingtonState  
DCZip Code  
20006-1502Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C C00484253

Transaction ID : VTEAMBXYJ

Amount of Each Disbursement this Period

186.23

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. UNITE HERE TIP STATE & LOCAL FUND**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		22		2016

Mailing Address 275 7th Ave  
FI 16City  
New YorkState  
NYZip Code  
10001-8408Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : VTEAMBXYD

Amount of Each Disbursement this Period

673.08

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. UNITE HERE TIP STATE & LOCAL FUND**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		05		2016

Mailing Address 275 7th Ave  
FI 16City  
New YorkState  
NYZip Code  
10001-8408Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : VTEAMBXY8

Amount of Each Disbursement this Period

637.49

\* In-Kind Received

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1496.80

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 129 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 (Last, First, Middle Initial)

**A. UNITE HERE TIP STATE & LOCAL FUND**Mailing Address 275 7th Ave  
FI 16City  
New YorkState  
NYZip Code  
10001-8408Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2016

FEC Identification Number

C 

Transaction ID : VTEAMBXYB

Amount of Each Disbursement this Period

 117163.66

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. UNITE HERE TIP STATE & LOCAL FUND**Mailing Address 275 7th Ave  
FI 16City  
New YorkState  
NYZip Code  
10001-8408Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		19		2016

FEC Identification Number

C 

Transaction ID : VTEAMBXYB

Amount of Each Disbursement this Period

 134221.44

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. UNITE HERE TIP STATE & LOCAL FUND**Mailing Address 275 7th Ave  
FI 16City  
New YorkState  
NYZip Code  
10001-8408Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2016

FEC Identification Number

C 

Transaction ID : VTEAMBXY9

Amount of Each Disbursement this Period

 130855.67

\* In-Kind Received

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 382240.77

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 130 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 (Last, First, Middle Initial)

**A. UNITE HERE TIP STATE & LOCAL FUND**Mailing Address 275 7th Ave  
FI 16City  
New YorkState  
NYZip Code  
10001-8408Purpose of Disbursement  
Travel Expenses

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2016

FEC Identification Number

C

Transaction ID : VTEAMBXY8:

Amount of Each Disbursement this Period

233115.61

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. USW District 2**Mailing Address 1244 Midway Rd  
# ACity  
MenashaState  
WIZip Code  
54952-1128Purpose of Disbursement  
Rent

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		08		2016

FEC Identification Number

C

Transaction ID : VTDBC9SAE:

Amount of Each Disbursement this Period

728.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Voices of the Amer. Federation of Gov't Employees**

Mailing Address 80 F St NW

City  
WashingtonState  
DCZip Code  
20001-1528Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		18		2016

FEC Identification Number

C C00512293

Transaction ID : VTEAMBXYE

Amount of Each Disbursement this Period

4763.04

\* In-Kind Received

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

238606.65

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 131 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Working America Coalition

Full Name (Last, First, Middle Initial)

**A. Voices of the Amer. Federation of Gov't Employees**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2016

Mailing Address 80 F St NW

City  
WashingtonState  
DCZip Code  
20001-1528Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C C00512293

Transaction ID : VTEAMBXYF

Amount of Each Disbursement this Period

10515.64

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Voices of the Amer. Federation of Gov't Employees**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		01		2016

Mailing Address 80 F St NW

City  
WashingtonState  
DCZip Code  
20001-1528Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C C00512293

Transaction ID : VTEAMBXYG

Amount of Each Disbursement this Period

12457.76

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Voices of the Amer. Federation of Gov't Employees**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2016

Mailing Address 80 F St NW

City  
WashingtonState  
DCZip Code  
20001-1528Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C C00512293

Transaction ID : VTEAMBXYH

Amount of Each Disbursement this Period

13548.44

\* In-Kind Received

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

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

36521.84

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 132 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Working America Coalition

Full Name (Last, First, Middle Initial)

**A. Voices of the Amer. Federation of Gov't Employees**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		15		2016

Mailing Address 80 F St NW

City  
WashingtonState  
DCZip Code  
20001-1528Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C C00512293

Transaction ID : VTEAMBXYG

Amount of Each Disbursement this Period

12174.88

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Voices of the Amer. Federation of Gov't Employees**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		22		2016

Mailing Address 80 F St NW

City  
WashingtonState  
DCZip Code  
20001-1528Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C C00512293

Transaction ID : VTEAMBXYK

Amount of Each Disbursement this Period

20344.18

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Voices of the Amer. Federation of Gov't Employees**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		29		2016

Mailing Address 80 F St NW

City  
WashingtonState  
DCZip Code  
20001-1528Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C C00512293

Transaction ID : VTEAMBXYH

Amount of Each Disbursement this Period

21755.35

\* In-Kind Received

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

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

54274.41

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 133 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Working America Coalition

Full Name (Last, First, Middle Initial)

**A. Voices of the Amer. Federation of Gov't Employees**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	5			2	0	1	6		

Mailing Address 80 F St NW

City  
WashingtonState  
DCZip Code  
20001-1528Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Category/  
Type
Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

C C00512293

Transaction ID : VTEAMBXYH

Amount of Each Disbursement this Period

30841.54

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Voices of the Amer. Federation of Gov't Employees**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	2			2	0	1	6		

Mailing Address 80 F St NW

City  
WashingtonState  
DCZip Code  
20001-1528Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Category/  
Type
Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

C C00512293

Transaction ID : VTEAMBXYK

Amount of Each Disbursement this Period

32493.96

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Voices of the Amer. Federation of Gov't Employees**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	9			2	0	1	6		

Mailing Address 80 F St NW

City  
WashingtonState  
DCZip Code  
20001-1528Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Category/  
Type
Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

C C00512293

Transaction ID : VTEAMBXYH

Amount of Each Disbursement this Period

34323.42

\* In-Kind Received

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

97658.92

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 134 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Working America Coalition

Full Name (Last, First, Middle Initial)

**A. Voices of the Amer. Federation of Gov't Employees**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2016

Mailing Address 80 F St NW

City  
WashingtonState  
DCZip Code  
20001-1528Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Category/  
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

C C00512293

Transaction ID : VTEAMBXYH  
Amount of Each Disbursement this Period

45377.41

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Wausau Labor Temple**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		27		2016

Mailing Address 318 S 3rd Ave

City  
WausauState  
WIZip Code  
54401-4694Purpose of Disbursement  
Rent

Candidate Name

Category/  
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

C

Transaction ID : VTDBC9S8KE  
Amount of Each Disbursement this Period

1788.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WI State AFL-CIO: New Alliance**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		18		2016

Mailing Address 6333 W Bluemound Rd

City  
MilwaukeeState  
WIZip Code  
53213-4146Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Category/  
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

FEC Identification Number

C

Transaction ID : VTEAMBXYA  
Amount of Each Disbursement this Period

464.00

\* In-Kind Received

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

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

47629.41

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 135 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name (Last, First, Middle Initial)

**A. WI State AFL-CIO: New Alliance**

Mailing Address 6333 W Bluemound Rd

City  
MilwaukeeState  
WIZip Code  
53213-4146Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	7				2	5					2	0	1	6

FEC Identification Number

**C**

Transaction ID : VTEAMBXYA

Amount of Each Disbursement this Period

951.08

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WI State AFL-CIO: New Alliance**

Mailing Address 6333 W Bluemound Rd

City  
MilwaukeeState  
WIZip Code  
53213-4146Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	8				0	1					2	0	1	6

FEC Identification Number

**C**

Transaction ID : VTEAMBXYA

Amount of Each Disbursement this Period

4570.15

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WI State AFL-CIO: New Alliance**

Mailing Address 6333 W Bluemound Rd

City  
MilwaukeeState  
WIZip Code  
53213-4146Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	8				0	8					2	0	1	6

FEC Identification Number

**C**

Transaction ID : VTEAMBXYE

Amount of Each Disbursement this Period

3526.15

\* In-Kind Received

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9047.38

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 136 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name (Last, First, Middle Initial)

**A. WI State AFL-CIO: New Alliance**

Mailing Address 6333 W Bluemound Rd

City  
MilwaukeeState  
WIZip Code  
53213-4146Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		15		2016

FEC Identification Number

**C****Transaction ID : VTEAMBXYB**

Amount of Each Disbursement this Period

4651.54

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WI State AFL-CIO: New Alliance**

Mailing Address 6333 W Bluemound Rd

City  
MilwaukeeState  
WIZip Code  
53213-4146Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		22		2016

FEC Identification Number

**C****Transaction ID : VTEAMBXY9**

Amount of Each Disbursement this Period

4524.00

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WI State AFL-CIO: New Alliance**

Mailing Address 6333 W Bluemound Rd

City  
MilwaukeeState  
WIZip Code  
53213-4146Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		29		2016

FEC Identification Number

**C****Transaction ID : VTEAMBXYA**

Amount of Each Disbursement this Period

4431.08

\* In-Kind Received

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

13606.62

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 137 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Working America Coalition

Full Name (Last, First, Middle Initial)

**A. WI State AFL-CIO: New Alliance**

Mailing Address 6333 W Bluemound Rd

City  
MilwaukeeState  
WIZip Code  
53213-4146Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		05		2016

FEC Identification Number

C 

Transaction ID : VTEAMBXYB

Amount of Each Disbursement this Period

 4732.31

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WI State AFL-CIO: New Alliance**

Mailing Address 6333 W Bluemound Rd

City  
MilwaukeeState  
WIZip Code  
53213-4146Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		12		2016

FEC Identification Number

C 

Transaction ID : VTEAMBXYA

Amount of Each Disbursement this Period

 4720.77

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WI State AFL-CIO: New Alliance**

Mailing Address 6333 W Bluemound Rd

City  
MilwaukeeState  
WIZip Code  
53213-4146Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		19		2016

FEC Identification Number

C 

Transaction ID : VTEAMBXYE

Amount of Each Disbursement this Period

 4755.38

\* In-Kind Received

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

14208.46

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 138 OF 210

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name (Last, First, Middle Initial)

**A. WI State AFL-CIO: New Alliance**

Mailing Address 6333 W Bluemound Rd

City  
MilwaukeeState  
WIZip Code  
53213-4146Purpose of Disbursement  
Inkind Administrative Staff

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2016

FEC Identification Number

**C**

Transaction ID : VTEAMBXY8

Amount of Each Disbursement this Period

4755.38

\* In-Kind Received

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Wisconsin Education Association Council Region 3**

Mailing Address 1136 N Military Ave

City  
Green BayState  
WIZip Code  
54303-4414Purpose of Disbursement  
Rent

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		13		2016

FEC Identification Number

**C**

Transaction ID : VTDBC9SBEI

Amount of Each Disbursement this Period

1987.03

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Wisconsin, AFL-CIO**

Mailing Address 6333 W Bluemound Rd

City  
MilwaukeeState  
WIZip Code  
53213-4146Purpose of Disbursement  
Rent

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		27		2016

FEC Identification Number

**C**

Transaction ID : VTDBC9S96I

Amount of Each Disbursement this Period

2400.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9142.41

4677476.75

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 139 OF 210

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name (Last, First, Middle Initial)

**A. For Our Future**

Mailing Address 888 16th St NW

City  
WashingtonState  
DCZip Code  
20006-4103Purpose of Disbursement  
Contribution

Candidate Name

**For Our Future**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2016

FEC Identification Number

**C** C00620971**Transaction ID : VTDBC9SA8)**

Amount of Each Disbursement this Period

92250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

92250.00

92250.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 140 OF 210

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name (Last, First, Middle Initial)

**A. Lexicon**

Mailing Address 10300 Farnham Dr

City  
BethesdaState  
MDZip Code  
20814-2218Purpose of Disbursement  
Non-Federal Graphic Design Services

004

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	9				3	0					2	0	1	6

FEC Identification Number

C

**Transaction ID : VTDBC9S99X**

Amount of Each Disbursement this Period

82.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Lexicon**

Mailing Address 10300 Farnham Dr

City  
BethesdaState  
MDZip Code  
20814-2218Purpose of Disbursement  
Non-Federal Graphic Design Services

004

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	9				3	0					2	0	1	6

FEC Identification Number

C

**Transaction ID : VTDBC9S9A2**

Amount of Each Disbursement this Period

495.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Lexicon**

Mailing Address 10300 Farnham Dr

City  
BethesdaState  
MDZip Code  
20814-2218Purpose of Disbursement  
Non-Federal Graphic Design Services

004

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	9				3	0					2	0	1	6

FEC Identification Number

C

**Transaction ID : VTDBC9S9A:**

Amount of Each Disbursement this Period

990.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1567.50

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 141 OF 210

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name (Last, First, Middle Initial)

**A. Lexicon**

Mailing Address 10300 Farnham Dr

City  
BethesdaState  
MDZip Code  
20814-2218Purpose of Disbursement  
Non-Federal Graphic Design Services

004

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

C

Transaction ID : VTDBC9S9A\

Amount of Each Disbursement this Period

82.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Lexicon**

Mailing Address 10300 Farnham Dr

City  
BethesdaState  
MDZip Code  
20814-2218Purpose of Disbursement  
Non-Federal Graphic Design Services

004

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

C

Transaction ID : VTDBC9S9A\

Amount of Each Disbursement this Period

330.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Lexicon**

Mailing Address 10300 Farnham Dr

City  
BethesdaState  
MDZip Code  
20814-2218Purpose of Disbursement  
Non-Federal Graphic Design Services

004

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

C

Transaction ID : VTDBC9S9B\

Amount of Each Disbursement this Period

82.50

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

495.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 142 OF 210

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name (Last, First, Middle Initial)

**A. Lexicon**

Mailing Address 10300 Farnham Dr

City  
BethesdaState  
MDZip Code  
20814-2218Purpose of Disbursement  
Non-Federal Graphic Design Services

004

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	9				3	0					2	0	1	6

FEC Identification Number

C

Transaction ID : VTDBC9S9C7

Amount of Each Disbursement this Period

742.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Lexicon**

Mailing Address 10300 Farnham Dr

City  
BethesdaState  
MDZip Code  
20814-2218Purpose of Disbursement  
Non-Federal Graphic Design Services

004

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	9				3	0					2	0	1	6

FEC Identification Number

C

Transaction ID : VTDBC9S9D5

Amount of Each Disbursement this Period

165.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Lexicon**

Mailing Address 10300 Farnham Dr

City  
BethesdaState  
MDZip Code  
20814-2218Purpose of Disbursement  
Non-Federal Graphic Design Services

004

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	9				3	0					2	0	1	6

FEC Identification Number

C

Transaction ID : VTDBC9S9H:

Amount of Each Disbursement this Period

742.50

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1650.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 143 OF 210

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name (Last, First, Middle Initial)

**A. Mack-Sumner Communications, LLC.**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	7			2	0	1	6		

Mailing Address 2001 N Beauregard St  
Ste 420City  
AlexandriaState  
VAZip Code  
22311-1750Purpose of Disbursement  
Printing - Non-Federal Canvassing Literature

004

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : VTDBC9SAZ

Amount of Each Disbursement this Period

1906.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Mosaic**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	3			2	0	1	6		

Mailing Address 4801 Viewpoint PI

City  
HyattsvilleState  
MDZip Code  
20781-1100Purpose of Disbursement  
Non Federal Fliers-NVCategory/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : VTDBC9SBN1

Amount of Each Disbursement this Period

120.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Mosaic**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	3			2	0	1	6		

Mailing Address 4801 Viewpoint PI

City  
HyattsvilleState  
MDZip Code  
20781-1100Purpose of Disbursement  
Non Federal Fliers-NVCategory/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : VTDBC9SBW

Amount of Each Disbursement this Period

120.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2146.66

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 144 OF 210

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name (Last, First, Middle Initial)

**A. Mosaic**

Mailing Address 4801 Viewpoint PI

City  
HyattsvilleState  
MDZip Code  
20781-1100Purpose of Disbursement  
Non Federal Fliers-WI

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		08		2016

FEC Identification Number

**C****Transaction ID : VTDBC9SGQ**

Amount of Each Disbursement this Period

180.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Mosaic**

Mailing Address 4801 Viewpoint PI

City  
HyattsvilleState  
MDZip Code  
20781-1100Purpose of Disbursement  
Non Federal Fliers

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2016

FEC Identification Number

**C****Transaction ID : VTDBC9SBQ**

Amount of Each Disbursement this Period

450.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Mosaic**

Mailing Address 4801 Viewpoint PI

City  
HyattsvilleState  
MDZip Code  
20781-1100Purpose of Disbursement  
Non Federal Fliers-PA

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2016

FEC Identification Number

**C****Transaction ID : VTDBC9SF1**

Amount of Each Disbursement this Period

360.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

990.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 145 OF 210

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name (Last, First, Middle Initial)

**A. Mosaic**

Mailing Address 4801 Viewpoint PI

City  
HyattsvilleState  
MDZip Code  
20781-1100Purpose of Disbursement  
Non Federal Fliers-WI

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2016

FEC Identification Number

**C****Transaction ID : VTDBC9SF25**

Amount of Each Disbursement this Period

90.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Mosaic**

Mailing Address 4801 Viewpoint PI

City  
HyattsvilleState  
MDZip Code  
20781-1100Purpose of Disbursement  
Non Federal Fliers-WI

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2016

FEC Identification Number

**C****Transaction ID : VTDBC9SGT1**

Amount of Each Disbursement this Period

360.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Mosaic**

Mailing Address 4801 Viewpoint PI

City  
HyattsvilleState  
MDZip Code  
20781-1100Purpose of Disbursement  
Non Federal Fliers-WI

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2016

FEC Identification Number

**C****Transaction ID : VTDBC9SEY**

Amount of Each Disbursement this Period

450.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

900.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 146 OF 210

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name (Last, First, Middle Initial)

**A. Mosaic**

Mailing Address 4801 Viewpoint PI

City  
HyattsvilleState  
MDZip Code  
20781-1100Purpose of Disbursement  
Non Federal Fliers-WI

004

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2016

FEC Identification Number

C

Transaction ID : VTDBC9SEZf

Amount of Each Disbursement this Period

135.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Mosaic**

Mailing Address 4801 Viewpoint PI

City  
HyattsvilleState  
MDZip Code  
20781-1100Purpose of Disbursement  
Non Federal Fliers-WI

004

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2016

FEC Identification Number

C

Transaction ID : VTDBC9SF3D

Amount of Each Disbursement this Period

90.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Mosaic**

Mailing Address 4801 Viewpoint PI

City  
HyattsvilleState  
MDZip Code  
20781-1100Purpose of Disbursement  
Non Federal Fliers-NV

004

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		13		2016

FEC Identification Number

C

Transaction ID : VTDBC9SGQ

Amount of Each Disbursement this Period

480.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

705.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 147 OF 210

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name (Last, First, Middle Initial)

**A. Mosaic**

Mailing Address 4801 Viewpoint PI

City  
HyattsvilleState  
MDZip Code  
20781-1100Purpose of Disbursement  
Non Federal Fliers-NV

004

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	3			2	0	1	6		

FEC Identification Number

C

Transaction ID : VTDBC9SGQ

Amount of Each Disbursement this Period

180.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Mosaic**

Mailing Address 4801 Viewpoint PI

City  
HyattsvilleState  
MDZip Code  
20781-1100Purpose of Disbursement  
Non Federal Fliers-NV

004

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	0			2	0	1	6		

FEC Identification Number

C

Transaction ID : VTDBC9SEV9

Amount of Each Disbursement this Period

180.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Mosaic**

Mailing Address 4801 Viewpoint PI

City  
HyattsvilleState  
MDZip Code  
20781-1100Purpose of Disbursement  
Non Federal Fliers

004

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	0			2	0	1	6		

FEC Identification Number

C

Transaction ID : VTDBC9SGV

Amount of Each Disbursement this Period

450.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

810.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 148 OF 210

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name (Last, First, Middle Initial)

**A. Mosaic**

Mailing Address 4801 Viewpoint PI

City  
HyattsvilleState  
MDZip Code  
20781-1100Purpose of Disbursement  
Non Federal Fliers-WI

004

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	8				2	5					2	0	1	6

FEC Identification Number

C

Transaction ID : VTDBC9SGY.

Amount of Each Disbursement this Period

360.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Mosaic**

Mailing Address 4801 Viewpoint PI

City  
HyattsvilleState  
MDZip Code  
20781-1100Purpose of Disbursement  
Non Federal Fliers

004

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	8				2	6					2	0	1	6

FEC Identification Number

C

Transaction ID : VTDBC9SGVI

Amount of Each Disbursement this Period

180.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Mosaic**

Mailing Address 4801 Viewpoint PI

City  
HyattsvilleState  
MDZip Code  
20781-1100Purpose of Disbursement  
Non Federal Fliers

004

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y	
0	8				2	7					2	0	1	6

FEC Identification Number

C

Transaction ID : VTDBC9SEY

Amount of Each Disbursement this Period

180.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

720.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 149 OF 210

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name (Last, First, Middle Initial)

**A. Mosaic**

Mailing Address 4801 Viewpoint PI

City  
HyattsvilleState  
MDZip Code  
20781-1100Purpose of Disbursement  
Non Federal Fliers

004

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2016

FEC Identification Number

C

Transaction ID : VTDBC9SEZ

Amount of Each Disbursement this Period

42.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Mosaic**

Mailing Address 4801 Viewpoint PI

City  
HyattsvilleState  
MDZip Code  
20781-1100Purpose of Disbursement  
Non Federal Fliers

004

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		27		2016

FEC Identification Number

C

Transaction ID : VTDBC9SF43

Amount of Each Disbursement this Period

42.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Mosaic**

Mailing Address 4801 Viewpoint PI

City  
HyattsvilleState  
MDZip Code  
20781-1100Purpose of Disbursement  
Non Federal Fliers-PA

004

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		30		2016

FEC Identification Number

C

Transaction ID : VTDBC9SEV

Amount of Each Disbursement this Period

90.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

174.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 150 OF 210

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name (Last, First, Middle Initial)

**A. Mosaic**

Mailing Address 4801 Viewpoint PI

City  
HyattsvilleState  
MDZip Code  
20781-1100Purpose of Disbursement  
Non Federal Fliers

004

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	1			2	0	1	6		

FEC Identification Number

C

Transaction ID : VTDBC9SF82

Amount of Each Disbursement this Period

450.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Mosaic**

Mailing Address 4801 Viewpoint PI

City  
HyattsvilleState  
MDZip Code  
20781-1100Purpose of Disbursement  
Non-Federal Fliers

004

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	8			2	0	1	6		

FEC Identification Number

C

Transaction ID : VTDBC9SF76

Amount of Each Disbursement this Period

22.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Petel & Co.**

Mailing Address 1209 Fairmont St NW

City  
WashingtonState  
DCZip Code  
20009-5321Purpose of Disbursement  
Non-Federal FliersCategory/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	3			2	0	1	6		

FEC Identification Number

C

Transaction ID : VTDBC9SHN

Amount of Each Disbursement this Period

5875.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

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

6347.50

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 151 OF 210

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Working America Coalition**

Full Name (Last, First, Middle Initial)

**A. Petel & Co.**

Mailing Address 1209 Fairmont St NW

City  
WashingtonState  
DCZip Code  
20009-5321Purpose of Disbursement  
Non Federal Fliers

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2016  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		22		2016

FEC Identification Number

**C** **Transaction ID : VTDBC9SHN**

Amount of Each Disbursement this Period

 1750.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Petel & Co.**

Mailing Address 1209 Fairmont St NW

City  
WashingtonState  
DCZip Code  
20009-5321Purpose of Disbursement  
Non Federal Direct Mail

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2016

FEC Identification Number

**C** **Transaction ID : VTDBC9SHN**

Amount of Each Disbursement this Period

 4350.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

FEC Identification Number

**C** 

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶ 6100.00 22605.66

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 152 OF 210

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Working America Coalition

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Grassroots Campaigns, Inc.

Nature of Debt (Purpose):  
Canvassing ServicesMailing Address 186 Lincoln St  
Fl 1City  
BostonState  
MAZip Code  
02111-2403

Outstanding Balance Beginning This Period

0.00

Transaction ID : VTBCW9H86E0

Amount Incurred This Period

154133.34

Payment This Period

0.00

Outstanding Balance at Close of This Period

154133.34

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mosaic

Nature of Debt (Purpose):  
Fliers

Mailing Address 4801 Viewpoint Pl

City  
HyattsvilleState  
MDZip Code  
20781-1100

Outstanding Balance Beginning This Period

0.00

Transaction ID : VTBCW9H86A9

Amount Incurred This Period

20910.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20910.00

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

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

175043.34

2) **TOTALS** This Period (last page this line number only)..... ►

175043.34

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

175043.34

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 153 OF 210  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00620583       </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input checked="" type="checkbox"/> Memo Item <b>Grassroots Campaigns, Inc.</b> *			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>09 / 17 / 2016</div> </div>	
Mailing Address 186 Lincoln St FL 1			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">77066.67</div>	
City Boston	State MA	Zip Code 02111-2403		
Purpose of Expenditure Canvassing Services		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Transaction ID : VTDBC9SB9N2 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>09 / 17 / 2016</div> </div>	
Name of Federal Candidate: Clinton, Hillary, Rodham, ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">143784.21</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item <b>Grassroots Campaigns, Inc.</b> *			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>09 / 17 / 2016</div> </div>	
Mailing Address 186 Lincoln St FL 1			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">77066.67</div>	
City Boston	State MA	Zip Code 02111-2403		
Purpose of Expenditure Canvassing Services		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Transaction ID : VTDBC9SBCJ5 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>09 / 17 / 2016</div> </div>	
Name of Federal Candidate: MURPHY, PATRICK, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">87388.34</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures .....	▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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]

Date

MM / DD / YYYY

07 / 18 / 2017

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 154 OF 210  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b>    C00620583         </div>										
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>New report</b> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>														
Full Name of Payee <input type="checkbox"/> Memo Item <b>Mack-Sumner Communications, LLC.</b>				Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 17 / 2016										
Mailing Address    2001 N Beauregard St Ste 420				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1906.67</div>										
City Alexandria		State VA		Zip Code 22311-1750										
Purpose of Expenditure Printing - Canvassing Literature				Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>										
Name of Federal Candidate: Clinton, Hillary, Rodham, ,				<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____										
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">143784.21</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____										
Full Name of Payee <input type="checkbox"/> Memo Item <b>Mack-Sumner Communications, LLC.</b>				Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 17 / 2016										
Mailing Address    2001 N Beauregard St Ste 420				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1906.67</div>										
City Alexandria		State VA		Zip Code 22311-1750										
Purpose of Expenditure Printing - Canvassing Literature				Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>										
Name of Federal Candidate: MURPHY, PATRICK, , ,				<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>FL</u>										
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">87388.34</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____										
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....</td> <td style="width: 5%; text-align: center;">▶</td> <td style="width: 35%; border: 1px solid black; padding: 5px; text-align: right;">3813.34</td> </tr> <tr> <td>(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....</td> <td style="text-align: center;">▶</td> <td style="border: 1px solid black; padding: 5px; text-align: right;"> </td> </tr> <tr> <td>(c) <b>TOTAL</b> Independent Expenditures .....</td> <td style="text-align: center;">▶</td> <td style="border: 1px solid black; padding: 5px; text-align: right;"> </td> </tr> </table>						(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	▶	3813.34	(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	▶		(c) <b>TOTAL</b> Independent Expenditures .....	▶	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	▶	3813.34												
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	▶													
(c) <b>TOTAL</b> 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, , , <span style="float: right;">[Electronically Filed]</span> Signature				Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 18 / 2017										

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 155 OF 210  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00620583</span> </div>
---	--

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Mosaic</b> <small>*</small>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address <b>4801 Viewpoint Pl</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">240.00</div>	
City <b>Hyattsville</b>	State <b>MD</b>	Zip Code <b>20781-1100</b>	<b>Transaction ID : VTDBC9SEY53</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure <b>Fliers</b>		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: <b>TRUMP, DONALD, J., ,</b> <div style="float: right;"> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div>			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">143784.21</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Mosaic</b> <small>*</small>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address <b>4801 Viewpoint Pl</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">240.00</div>	
City <b>Hyattsville</b>	State <b>MD</b>	Zip Code <b>20781-1100</b>	<b>Transaction ID : VTDBC9SF820</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure <b>Fliers</b>		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: <b>Clinton, Hillary, Rodham, ,</b> <div style="float: right;"> <input checked="" type="checkbox"/> Support  <input type="checkbox"/> Oppose         </div>			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">143784.21</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	0.00
(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]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 156 OF 210  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00620583       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Mosaic</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 4801 Viewpoint Pl			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">480.00</div>	
City Hyattsville	State MD	Zip Code 20781-1100	<b>Transaction ID : VTDBC9SGZ28</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Fliers		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: Ross, Deborah, ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2230.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Mosaic</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 4801 Viewpoint Pl			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">180.00</div>	
City Hyattsville	State MD	Zip Code 20781-1100	<b>Transaction ID : VTDBC9SF1J3</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Fliers		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: Clinton, Hillary, Rodham, ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">143784.21</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	0.00
(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]

Date

M M /

D D /

Y Y Y Y Y Y

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 157 OF 210  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00620583       </div>
---	---

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Mosaic</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 4801 Viewpoint Pl			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">120.00</div>	
City Hyattsville	State MD	Zip Code 20781-1100	<b>Transaction ID : VTDBC9SEYX1</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Fliers		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: CORTEZ MASTO, CATHERINE, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">9112.50</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Mosaic</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 4801 Viewpoint Pl			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">360.00</div>	
City Hyattsville	State MD	Zip Code 20781-1100	<b>Transaction ID : VTDBC9SESZ7</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Fliers		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: CORTEZ MASTO, CATHERINE, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">9112.50</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	0.00
(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]

Date

M M /

D D /

Y Y Y Y Y Y

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 158 OF 210  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00620583		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>		
Full Name of Payee <b>Mosaic</b> *			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 08 / 2016	
Mailing Address 4801 Viewpoint Pl			Amount <span style="border: 1px solid black; padding: 2px;">360.00</span> <b>Transaction ID : VTDBC9SGMY5</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 08 / 2016			
City Hyattsville		State MD				Zip Code 20781-1100
Purpose of Expenditure Fliers		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>				
Name of Federal Candidate: CORTEZ MASTO, CATHERINE, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>      </u> <input type="checkbox"/> President State: <u>NV</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">9112.50</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶			
Full Name of Payee <b>Mosaic</b> *			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 08 / 2016	
Mailing Address 4801 Viewpoint Pl			Amount <span style="border: 1px solid black; padding: 2px;">450.00</span> <b>Transaction ID : VTDBC9SGXW8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 08 / 2016			
City Hyattsville		State MD				Zip Code 20781-1100
Purpose of Expenditure Fliers		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>				
Name of Federal Candidate: HARTMAN, CHRISTINA MARIE, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>16</u> <input type="checkbox"/> President State: <u>PA</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">450.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶			
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶ <span style="border: 1px solid black; padding: 2px;">0.00</span>						
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶ <span style="border: 1px solid black; padding: 2px;"> </span>						
<b>(c) TOTAL</b> Independent Expenditures ..... ▶ <span style="border: 1px solid black; padding: 2px;"> </span>						
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, , , Signature			[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 18 / 2017	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 159 OF 210  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00620583</span> </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span>				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Mosaic</b> *			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address <b>4801 Viewpoint Pl</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">15.00</div>		
City <b>Hyattsville</b>	State <b>MD</b>	Zip Code <b>20781-1100</b>	<b>Transaction ID : VTDBC9SEZY2</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure <b>Fliers</b>		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: <b>CORTEZ MASTO, CATHERINE, , ,</b>			Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>NV</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">9112.50</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Mosaic</b> *			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address <b>4801 Viewpoint Pl</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">15.00</div>		
City <b>Hyattsville</b>	State <b>MD</b>	Zip Code <b>20781-1100</b>	<b>Transaction ID : VTDBC9SGJP8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure <b>Fliers</b>		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: <b>CORTEZ MASTO, CATHERINE, , ,</b>			Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>NV</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">9112.50</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶         </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶         </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>(c) TOTAL</b> Independent Expenditures ..... ▶         </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> </div> </div>					
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.					
Signature <u>King, Crystal, , ,</u>			Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
[Electronically Filed]			07 / 18 / 2017		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00620583	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	
Full Name of Payee <b>Mosaic</b> *			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 10 / 2016
Mailing Address 4801 Viewpoint Pl			Amount <span style="border: 1px solid black; padding: 2px;">600.00</span> <b>Transaction ID : VTDBC9SBW07</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 10 / 2016		
City Hyattsville	State MD	Zip Code 20781-1100			
Purpose of Expenditure Fliers		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>			
Name of Federal Candidate: KIHUEN, RUBEN, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 04 State: NV
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">6420.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Mosaic</b> *			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 10 / 2016
Mailing Address 4801 Viewpoint Pl			Amount <span style="border: 1px solid black; padding: 2px;">22.50</span> <b>Transaction ID : VTDBC9SF219</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 10 / 2016		
City Hyattsville	State MD	Zip Code 20781-1100			
Purpose of Expenditure Fliers		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>			
Name of Federal Candidate: TRUMP, DONALD, J., ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: State:
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">143784.21</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;">0.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				<span style="border: 1px solid black; padding: 2px;"></span>	
(c) TOTAL Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;"></span>	
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, , , Signature			[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 18 / 2017

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 161 OF 210  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00620583		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>		
Full Name of Payee <b>Mosaic</b> *			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 10 / 2016	
Mailing Address 4801 Viewpoint Pl			Amount <span style="border: 1px solid black; padding: 2px;">180.00</span> Transaction ID : VTDBC9SF3N0 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 10 / 2016			
City Hyattsville		State MD				Zip Code 20781-1100
Purpose of Expenditure Fliers		Category/ Type				<span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate: FEINGOLD, RUSSELL DANA, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI	
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">5870.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>Mosaic</b> *			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 10 / 2016	
Mailing Address 4801 Viewpoint Pl			Amount <span style="border: 1px solid black; padding: 2px;">11.25</span> Transaction ID : VTDBC9SF3S1 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 10 / 2016			
City Hyattsville		State MD				Zip Code 20781-1100
Purpose of Expenditure Fliers		Category/ Type				<span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate: Clinton, Hillary, Rodham, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">143784.21</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;">0.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....				<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;"></span>		
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, , , Signature			[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 18 / 2017	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00620583
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <b>Mosaic</b> *			<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 10 / 2016	
Mailing Address 4801 Viewpoint Pl			Amount <span style="border: 1px solid black; padding: 2px;">11.25</span>		
City Hyattsville	State MD	Zip Code 20781-1100	Transaction ID : VTDBC9SF7N9		
Purpose of Expenditure Fliers		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 10 / 2016		
Name of Federal Candidate: TRUMP, DONALD, J., ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">143784.21</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>Mosaic</b> *			<input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 10 / 2016	
Mailing Address 4801 Viewpoint Pl			Amount <span style="border: 1px solid black; padding: 2px;">11.25</span>		
City Hyattsville	State MD	Zip Code 20781-1100	Transaction ID : VTDBC9SGPK4		
Purpose of Expenditure Fliers		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 10 / 2016		
Name of Federal Candidate: Clinton, Hillary, Rodham, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">143784.21</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	0.00
(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]

Date

M M / D D / Y Y Y Y Y Y  
 07 / 18 / 2017

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 163 OF 210  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00620583       </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Mosaic</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 4801 Viewpoint Pl			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">292.50</div>	
City Hyattsville	State MD	Zip Code 20781-1100	<b>Transaction ID : VTDBC9SGQJ6</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Fliers		Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: Clinton, Hillary, Rodham, ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">143784.21</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Mosaic</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 4801 Viewpoint Pl			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">11.25</div>	
City Hyattsville	State MD	Zip Code 20781-1100	<b>Transaction ID : VTDBC9SGTD3</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Fliers		Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: TRUMP, DONALD, J., ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">143784.21</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures .....	►	0.00
(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]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 164 OF 210  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00620583	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	
Full Name of Payee <b>Mosaic</b> *			<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 12 / 2016	
Mailing Address 4801 Viewpoint Pl			Amount <span style="border: 1px solid black; padding: 2px;">180.00</span>	
City Hyattsville	State MD	Zip Code 20781-1100	Transaction ID : VTDBC9SF573 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 12 / 2016	
Purpose of Expenditure Fliers		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>		
Name of Federal Candidate: NELSON, TOM, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WI <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1498.50</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Mosaic</b> *			<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 13 / 2016	
Mailing Address 4801 Viewpoint Pl			Amount <span style="border: 1px solid black; padding: 2px;">450.00</span>	
City Hyattsville	State MD	Zip Code 20781-1100	Transaction ID : VTDBC9SBV37 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 13 / 2016	
Purpose of Expenditure Fliers		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>		
Name of Federal Candidate: MURPHY, PATRICK, , ,			Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: FL <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">87388.34</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">0.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>	
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>	
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, , , Signature			Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 18 / 2017 [Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <b>C</b> C00620583	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report      Amends report filed on	
Full Name of Payee <b>Mosaic</b> *		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2016	
Mailing Address 4801 Viewpoint Pl		Amount 150.00	
City Hyattsville	State MD	Zip Code 20781-1100	Transaction ID : VTDBC9SEVE8
Purpose of Expenditure Fliers		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2016
Name of Federal Candidate: TRUMP, DONALD, J., ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Mosaic</b> *		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 13 / 2016	
Mailing Address 4801 Viewpoint Pl		Amount 150.00	
City Hyattsville	State MD	Zip Code 20781-1100	Transaction ID : VTDBC9SEWF7
Purpose of Expenditure Fliers		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 13 / 2016
Name of Federal Candidate: Clinton, Hillary, Rodham, ,		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....		0.00	
(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, , , Signature		Date 07 / 18 / 2017 [Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00620583</span> </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span>				<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Full Name of Payee <b>Mosaic</b> *			<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Mailing Address <b>4801 Viewpoint Pl</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">300.00</div>		
City <b>Hyattsville</b>	State <b>MD</b>	Zip Code <b>20781-1100</b>	<b>Transaction ID : VTDBC9SGJK5</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Purpose of Expenditure <b>Fliers</b>		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>		<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Name of Federal Candidate: <b>Clinton, Hillary, Rodham, ,</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">143784.21</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Mosaic</b> *			<input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Mailing Address <b>4801 Viewpoint Pl</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">180.00</div>		
City <b>Hyattsville</b>	State <b>MD</b>	Zip Code <b>20781-1100</b>	<b>Transaction ID : VTDBC9SGQH8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Purpose of Expenditure <b>Fliers</b>		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>		<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Name of Federal Candidate: <b>NELSON, TOM, , ,</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House    District: <b>08</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>WI</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1498.50</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
<b>(a) SUBTOTAL of Itemized Independent Expenditures .....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>		
<b>(b) SUBTOTAL of Unitemized Independent Expenditures.....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
<b>(c) TOTAL Independent Expenditures .....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
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.					
Signature <i>King, Crystal, , ,</i>		<b>[Electronically Filed]</b>		Date <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00620583		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>		
Full Name of Payee <b>Mosaic</b> *			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 14 / 2016	
Mailing Address 4801 Viewpoint Pl			Amount <span style="border: 1px solid black; padding: 2px;">180.00</span> Transaction ID : VTDBC9SBQH0 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 14 / 2016			
City Hyattsville		State MD				Zip Code 20781-1100
Purpose of Expenditure Fliers		Category/ Type				<span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate: CORTEZ MASTO, CATHERINE, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">9112.50</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Mosaic</b> *			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 14 / 2016	
Mailing Address 4801 Viewpoint Pl			Amount <span style="border: 1px solid black; padding: 2px;">1080.00</span> Transaction ID : VTDBC9SEV65 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 14 / 2016			
City Hyattsville		State MD				Zip Code 20781-1100
Purpose of Expenditure Fliers		Category/ Type				<span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate: KIHUEN, RUBEN, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">6420.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;">0.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....				<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;"></span>		
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, , , Signature			[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 18 / 2017	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00620583       </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee <input checked="" type="checkbox"/> Memo Item <b>Mosaic</b> *			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address 4801 Viewpoint Pl			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">180.00</div>		
City Hyattsville	State MD	Zip Code 20781-1100	<b>Transaction ID : VTDBC9SGHJ4</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Fliers		Category/ Type 004	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: CORTEZ MASTO, CATHERINE, , ,			Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NV		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <input checked="" type="checkbox"/> Memo Item <b>Mosaic</b> *			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address 4801 Viewpoint Pl			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">540.00</div>		
City Hyattsville	State MD	Zip Code 20781-1100	<b>Transaction ID : VTDBC9SBR99</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Fliers		Category/ Type 004	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: CORTEZ MASTO, CATHERINE, , ,			Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NV		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....         </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px;">0.00</div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....         </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; height: 20px;"></div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>(c) TOTAL</b> Independent Expenditures .....         </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; height: 20px;"></div> </div> </div>					
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, , , Signature			Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00620583		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>		
Full Name of Payee <b>Mosaic</b> *			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 16 / 2016	
Mailing Address 4801 Viewpoint Pl			Amount <span style="border: 1px solid black; padding: 2px;">22.50</span> <b>Transaction ID : VTDBC9SF3J6</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 16 / 2016			
City Hyattsville		State MD				Zip Code 20781-1100
Purpose of Expenditure Fliers		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>				
Name of Federal Candidate: Clinton, Hillary, Rodham, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">143784.21</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			
Full Name of Payee <b>Mosaic</b> *			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 16 / 2016	
Mailing Address 4801 Viewpoint Pl			Amount <span style="border: 1px solid black; padding: 2px;">540.00</span> <b>Transaction ID : VTDBC9SF423</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 16 / 2016			
City Hyattsville		State MD				Zip Code 20781-1100
Purpose of Expenditure Fliers		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>				
Name of Federal Candidate: CORTEZ MASTO, CATHERINE, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: NV	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">9112.50</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶ <span style="border: 1px solid black; padding: 2px;">0.00</span>						
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶ <span style="border: 1px solid black; padding: 2px;"></span>						
<b>(c) TOTAL</b> Independent Expenditures ..... ▶ <span style="border: 1px solid black; padding: 2px;"></span>						
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, , , Signature			[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 18 / 2017	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 170 OF 210  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00620583	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Mosaic</b> *			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 17 / 2016
Mailing Address 4801 Viewpoint Pl			Amount <span style="border: 1px solid black; padding: 2px;">180.00</span>		Transaction ID : VTDBC9SEWQ0 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 17 / 2016
City Hyattsville	State MD	Zip Code 20781-1100			
Purpose of Expenditure Fliers		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>			
Name of Federal Candidate: ROSEN, JACKY, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1560.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Mosaic</b> *			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 17 / 2016
Mailing Address 4801 Viewpoint Pl			Amount <span style="border: 1px solid black; padding: 2px;">720.00</span>		Transaction ID : VTDBC9SGXX5 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 17 / 2016
City Hyattsville	State MD	Zip Code 20781-1100			
Purpose of Expenditure Fliers		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>			
Name of Federal Candidate: ROSEN, JACKY, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1560.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(a) SUBTOTAL of Itemized Independent Expenditures .....</p> <p>(b) SUBTOTAL of Unitemized Independent Expenditures.....</p> <p>(c) TOTAL Independent Expenditures .....</p> </div> <div style="width: 35%; text-align: right;"> <p><span style="border: 1px solid black; padding: 2px;">0.00</span></p> <p><span style="border: 1px solid black; padding: 2px;"></span></p> <p><span style="border: 1px solid black; padding: 2px;"></span></p> </div> </div>					
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, , , Signature			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 18 / 2017		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 171 OF 210  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00620583	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	
Full Name of Payee <b>Mosaic</b> *			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 19 / 2016
Mailing Address 4801 Viewpoint Pl			Amount <span style="border: 1px solid black; padding: 2px;">270.00</span>		Transaction ID : VTDBC9SBNT7 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 19 / 2016
City Hyattsville	State MD	Zip Code 20781-1100			
Purpose of Expenditure Fliers		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>			
Name of Federal Candidate: Clinton, Hillary, Rodham, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">143784.21</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Mosaic</b> *			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 16 / 2016
Mailing Address 4801 Viewpoint Pl			Amount <span style="border: 1px solid black; padding: 2px;">270.00</span>		Transaction ID : VTDBC9SF031 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 19 / 2016
City Hyattsville	State MD	Zip Code 20781-1100			
Purpose of Expenditure Fliers		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>			
Name of Federal Candidate: MCGINTY, KATHLEEN ALANA, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">7112.50</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;">0.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				<span style="border: 1px solid black; padding: 2px;"></span>	
(c) TOTAL Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;"></span>	
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, , , Signature			[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 18 / 2017

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 172 OF 210  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00620583         </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

  

Full Name of Payee <input checked="" type="checkbox"/> Memo Item <b>Mosaic</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 4801 Viewpoint Pl			Amount <input type="text"/>		
City Hyattsville	State MD	Zip Code 20781-1100	Transaction ID : VTDBC9SH171 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Expenditure Fliers		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: MURPHY, PATRICK, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

  

Full Name of Payee <input checked="" type="checkbox"/> Memo Item <b>Mosaic</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 4801 Viewpoint Pl			Amount <input type="text"/>		
City Hyattsville	State MD	Zip Code 20781-1100	Transaction ID : VTDBC9SEVS3 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Expenditure Fliers		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: TRUMP, DONALD, J., ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

  

(a) SUBTOTAL of Itemized Independent Expenditures .....	0.00
(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]

Signature \_\_\_\_\_ Date  /  /

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 173 OF 210  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00620583       </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Mosaic</b> <small>*</small>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">21</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>		
Mailing Address <b>4801 Viewpoint Pl</b>					
City <b>Hyattsville</b>	State <b>MD</b>	Zip Code <b>20781-1100</b>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">30.00</div>		
Purpose of Expenditure <b>Fliers</b>			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Transaction ID : <b>VTDBC9SEZR4</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">21</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	
Name of Federal Candidate: <b>Clinton, Hillary, Rodham, ,</b>			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">143784.21</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Mosaic</b> <small>*</small>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">18</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>		
Mailing Address <b>4801 Viewpoint Pl</b>					
City <b>Hyattsville</b>	State <b>MD</b>	Zip Code <b>20781-1100</b>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">30.00</div>		
Purpose of Expenditure <b>Fliers</b>			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Transaction ID : <b>VTDBC9SF508</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">21</div> <div style="border: 1px solid black; padding: 2px;">2016</div> </div>	
Name of Federal Candidate: <b>TRUMP, DONALD, J., ,</b>			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">143784.21</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	0.00
(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]

Date

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Y Y Y Y Y Y

07

18

2017

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 174 OF 210  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00620583         </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b>				New report    Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	
Full Name of Payee <input checked="" type="checkbox"/> Memo Item <b>Mosaic</b> *			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 21 / 2016		
Mailing Address 4801 Viewpoint Pl			Amount <span style="border: 1px solid black; padding: 2px; display: inline-block;">90.00</span>		
City Hyattsville	State MD	Zip Code 20781-1100	<b>Transaction ID : VTDBC9SF7F2</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 21 / 2016		
Purpose of Expenditure Fliers		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>			
Name of Federal Candidate: Clinton, Hillary, Rodham, ,			Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;">143784.21</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <input checked="" type="checkbox"/> Memo Item <b>Mosaic</b> *			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 21 / 2016		
Mailing Address 4801 Viewpoint Pl			Amount <span style="border: 1px solid black; padding: 2px; display: inline-block;">630.00</span>		
City Hyattsville	State MD	Zip Code 20781-1100	<b>Transaction ID : VTDBC9SGP87</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 21 / 2016		
Purpose of Expenditure Fliers		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>			
Name of Federal Candidate: MURPHY, PATRICK, , ,			Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;">87388.34</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</span>		
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px; display: inline-block;"></span>		
<b>(c) TOTAL</b> Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px; display: inline-block;"></span>		
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.					
Signature <u>King, Crystal, , ,</u>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 18 / 2017	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 175 OF 210  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00620583
---	---

 Check if ☐ 24-hour report ☐ 48-hour report

New report

Amends report filed on

 M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2016

Full Name of Payee

**Mosaic**

\*

☒ Memo Item

Date of Public Distribution/Dissemination

 M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2016

Mailing Address

4801 Viewpoint Pl

Amount

1440.00

City

Hyattsville

State

MD

Zip Code

20781-1100

Purpose of Expenditure  
FliersCategory/  
Type

004

Transaction ID : VTDBC9SGV94

Date of Disbursement or Obligation

 M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2016

Name of Federal Candidate:

KIHUEN, RUBEN, , ,

☒ Support☐ Oppose

Office Sought:

☒ House

District: 04

☐ President☐ Senate

State: NV

Calendar Year-To-Date  
Per Election for Office Sought

6420.00

Disbursement For: ☐ Primary☒ General☐ Other (specify) ▶

Full Name of Payee

**Mosaic**

\*

☒ Memo Item

Date of Public Distribution/Dissemination

 M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2016

Mailing Address

4801 Viewpoint Pl

Amount

180.00

City

Hyattsville

State

MD

Zip Code

20781-1100

Purpose of Expenditure  
FliersCategory/  
Type

004

Transaction ID : VTDBC9SGZV5

Date of Disbursement or Obligation

 M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2016

Name of Federal Candidate:

MURPHY, PATRICK, , ,

☒ Support☐ Oppose

Office Sought:

☐ House

District: \_\_\_\_\_

☐ President☒ Senate

State: FL

Calendar Year-To-Date  
Per Election for Office Sought

87388.34

Disbursement For: ☐ Primary☒ General☐ Other (specify) ▶

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

0.00

(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]

Date

 M M / D D / Y Y Y Y Y Y  
 07 / 18 / 2017

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 176 OF 210  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00620583		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>		
Full Name of Payee <b>Mosaic</b> *			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 22 / 2016	
Mailing Address 4801 Viewpoint Pl			Amount <span style="border: 1px solid black; padding: 2px;">22.50</span> <b>Transaction ID : VTDBC9SF2G8</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 22 / 2016			
City Hyattsville		State MD				Zip Code 20781-1100
Purpose of Expenditure Fliers		Category/ Type				<span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate: MURPHY, PATRICK, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>	
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">87388.34</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>Mosaic</b> *			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 22 / 2016	
Mailing Address 4801 Viewpoint Pl			Amount <span style="border: 1px solid black; padding: 2px;">7.50</span> <b>Transaction ID : VTDBC9SF407</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 22 / 2016			
City Hyattsville		State MD				Zip Code 20781-1100
Purpose of Expenditure Fliers		Category/ Type				<span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate: TRUMP, DONALD, J., ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">143784.21</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶ <span style="border: 1px solid black; padding: 2px;">0.00</span>						
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶ <span style="border: 1px solid black; padding: 2px;"></span>						
<b>(c) TOTAL</b> Independent Expenditures ..... ▶ <span style="border: 1px solid black; padding: 2px;"></span>						
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, , , Signature			[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 18 / 2017	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 177 OF 210  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00620583</span> </div>
---	--

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Mosaic</b> <small>*</small>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address <b>4801 Viewpoint Pl</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">7.50</div>	
City <b>Hyattsville</b>	State <b>MD</b>	Zip Code <b>20781-1100</b>		
Purpose of Expenditure <b>Fliers</b>		Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	Transaction ID : <b>VTDBC9SF4C2</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: <b>TRUMP, DONALD, J., ,</b> <div style="float: right;"> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div>			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">143784.21</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Mosaic</b> <small>*</small>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address <b>4801 Viewpoint Pl</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">7.50</div>	
City <b>Hyattsville</b>	State <b>MD</b>	Zip Code <b>20781-1100</b>		
Purpose of Expenditure <b>Fliers</b>		Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	Transaction ID : <b>VTDBC9SF5Y5</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: <b>Clinton, Hillary, Rodham, ,</b> <div style="float: right;"> <input checked="" type="checkbox"/> Support  <input type="checkbox"/> Oppose         </div>			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">143784.21</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	0.00
(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]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 178 OF 210  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00620583       </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Mosaic</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 4801 Viewpoint Pl			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">7.50</div>	
City Hyattsville	State MD	Zip Code 20781-1100	<b>Transaction ID : VTDBC9SF6F9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Fliers		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: Clinton, Hillary, Rodham, ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">143784.21</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Mosaic</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 4801 Viewpoint Pl			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">7.50</div>	
City Hyattsville	State MD	Zip Code 20781-1100	<b>Transaction ID : VTDBC9SBPV8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Fliers		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: Clinton, Hillary, Rodham, ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">143784.21</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	0.00
(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]

Date

M M /

D D /

Y Y Y Y Y Y

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 179 OF 210  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00620583	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	
Full Name of Payee <b>Mosaic</b> *			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 23 / 2016
Mailing Address 4801 Viewpoint Pl			Amount <span style="border: 1px solid black; padding: 2px;">720.00</span> <b>Transaction ID : VTDBC9SBQ57</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 23 / 2016		
City Hyattsville	State MD	Zip Code 20781-1100			
Purpose of Expenditure Fliers		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>			
Name of Federal Candidate: CORTEZ MASTO, CATHERINE, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">9112.50</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Mosaic</b> *			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 19 / 2016
Mailing Address 4801 Viewpoint Pl			Amount <span style="border: 1px solid black; padding: 2px;">742.50</span> <b>Transaction ID : VTDBC9SBZ11</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 23 / 2016		
City Hyattsville	State MD	Zip Code 20781-1100			
Purpose of Expenditure Fliers		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>			
Name of Federal Candidate: NELSON, TOM, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <u>08</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WI</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1498.50</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶ <span style="border: 1px solid black; padding: 2px;">0.00</span>					
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶ <span style="border: 1px solid black; padding: 2px;"></span>					
<b>(c) TOTAL</b> Independent Expenditures ..... ▶ <span style="border: 1px solid black; padding: 2px;"></span>					
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, , , Signature			[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 18 / 2017

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 180 OF 210  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00620583		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>		
Full Name of Payee <b>Mosaic</b> *			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 23 / 2016	
Mailing Address 4801 Viewpoint Pl			Amount <span style="border: 1px solid black; padding: 2px;">7.50</span> Transaction ID : VTDBC9SF4M5 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 23 / 2016			
City Hyattsville		State MD				Zip Code 20781-1100
Purpose of Expenditure Fliers		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>				
Name of Federal Candidate: MCGINTY, KATHLEEN ALANA, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: PA	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">7112.50</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			
Full Name of Payee <b>Mosaic</b> *			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 23 / 2016	
Mailing Address 4801 Viewpoint Pl			Amount <span style="border: 1px solid black; padding: 2px;">7.50</span> Transaction ID : VTDBC9SF6E1 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 23 / 2016			
City Hyattsville		State MD				Zip Code 20781-1100
Purpose of Expenditure Fliers		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>				
Name of Federal Candidate: Clinton, Hillary, Rodham, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">143784.21</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶ <span style="border: 1px solid black; padding: 2px;">0.00</span>						
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶ <span style="border: 1px solid black; padding: 2px;"></span>						
<b>(c) TOTAL</b> Independent Expenditures ..... ▶ <span style="border: 1px solid black; padding: 2px;"></span>						
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, , , Signature			[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 18 / 2017	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 181 OF 210  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00620583		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>		
Full Name of Payee <b>Mosaic</b> *			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 23 / 2016	
Mailing Address 4801 Viewpoint Pl			Amount <span style="border: 1px solid black; padding: 2px;">15.00</span> Transaction ID : VTDBC9SGQV7 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 23 / 2016			
City Hyattsville		State MD				Zip Code 20781-1100
Purpose of Expenditure Fliers		Category/ Type				<span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate: Clinton, Hillary, Rodham, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">143784.21</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>Mosaic</b> *			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 23 / 2016	
Mailing Address 4801 Viewpoint Pl			Amount <span style="border: 1px solid black; padding: 2px;">720.00</span> Transaction ID : VTDBC9SGR72 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 23 / 2016			
City Hyattsville		State MD				Zip Code 20781-1100
Purpose of Expenditure Fliers		Category/ Type				<span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate: CORTEZ MASTO, CATHERINE, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: NV	
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">9112.50</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures .....					<span style="border: 1px solid black; padding: 2px;">0.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....					<span style="border: 1px solid black; padding: 2px;"></span>	
(c) TOTAL Independent Expenditures .....					<span style="border: 1px solid black; padding: 2px;"></span>	
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, , , Signature			[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 18 / 2017	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 182 OF 210  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00620583         </div>
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 Check if ☐ 24-hour report ☐ 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input checked="" type="checkbox"/> Memo Item <b>Mosaic</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>09 / 23 / 2016</span> </div>	
Mailing Address 4801 Viewpoint Pl				
City Hyattsville	State MD	Zip Code 20781-1100	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7.50</div>	
Purpose of Expenditure Fliers			Transaction ID : VTDBC9SGTB7 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>09 / 23 / 2016</span> </div>	
Name of Federal Candidate: TRUMP, DONALD, J., ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">143784.21</div>				

Full Name of Payee <input checked="" type="checkbox"/> Memo Item <b>Mosaic</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>09 / 23 / 2016</span> </div>	
Mailing Address 4801 Viewpoint Pl				
City Hyattsville	State MD	Zip Code 20781-1100	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15.00</div>	
Purpose of Expenditure Fliers			Transaction ID : VTDBC9SGX16 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>09 / 23 / 2016</span> </div>	
Name of Federal Candidate: Clinton, Hillary, Rodham, ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">143784.21</div>				

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures .....	▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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]

Date

M M / D D / Y Y Y Y Y Y

07 / 18 / 2017

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 183 OF 210  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00620583       </div>
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 Check if ☐ 24-hour report ☐ 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Mosaic</b> <small>*</small>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>09 / 22 / 2016</span> </div>	
Mailing Address 4801 Viewpoint Pl			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">540.00</div> <b>Transaction ID : VTDBC9SF1H5</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>09 / 24 / 2016</span> </div>	
City Hyattsville	State MD	Zip Code 20781-1100		
Purpose of Expenditure Fliers		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: MURPHY, PATRICK, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">87388.34</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Mosaic</b> <small>*</small>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>09 / 24 / 2016</span> </div>	
Mailing Address 4801 Viewpoint Pl			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">22.50</div> <b>Transaction ID : VTDBC9SF1K0</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>09 / 24 / 2016</span> </div>	
City Hyattsville	State MD	Zip Code 20781-1100		
Purpose of Expenditure Fliers		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate: MURPHY, PATRICK, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">87388.34</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures .....	▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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]

Date

M M / D D / Y Y Y Y Y Y

07 / 18 / 2017

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 184 OF 210  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00620583       </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M M

D D D

Y Y Y Y Y Y

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Mosaic</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 4801 Viewpoint Pl			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">90.00</div>	
City Hyattsville	State MD	Zip Code 20781-1100	<b>Transaction ID : VTDBC9SF4Q8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Fliers		Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: MCGINTY, KATHLEEN ALANA, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">7112.50</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Mosaic</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 4801 Viewpoint Pl			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">90.00</div>	
City Hyattsville	State MD	Zip Code 20781-1100	<b>Transaction ID : VTDBC9SFDJ8</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Fliers		Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> <div style="border: 1px solid black; padding: 2px;">D D D</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: Clinton, Hillary, Rodham, ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">143784.21</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	0.00
(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]

Date

M M M

D D D

Y Y Y Y Y Y

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 185 OF 210  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00620583		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>		
Full Name of Payee <b>Mosaic</b> *			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 24 / 2016	
Mailing Address 4801 Viewpoint Pl			Amount <span style="border: 1px solid black; padding: 2px;">90.00</span> Transaction ID : VTDBC9SGVH7 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 24 / 2016			
City Hyattsville		State MD				Zip Code 20781-1100
Purpose of Expenditure Fliers		Category/ Type				<span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate: Clinton, Hillary, Rodham, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: _____ <input checked="" type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">143784.21</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>Mosaic</b> *			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 19 / 2016	
Mailing Address 4801 Viewpoint Pl			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span> Transaction ID : VTDBC9SETT0 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 26 / 2016			
City Hyattsville		State MD				Zip Code 20781-1100
Purpose of Expenditure Fliers		Category/ Type				<span style="border: 1px solid black; padding: 2px;">004</span>
Name of Federal Candidate: TRUMP, DONALD, J., ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: _____ <input checked="" type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought			<span style="border: 1px solid black; padding: 2px;">143784.21</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures .....					<span style="border: 1px solid black; padding: 2px;">0.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....					<span style="border: 1px solid black; padding: 2px;"></span>	
(c) TOTAL Independent Expenditures .....					<span style="border: 1px solid black; padding: 2px;"></span>	
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, , , Signature			[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 18 / 2017	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 186 OF 210  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00620583		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>		
Full Name of Payee <b>Mosaic</b> *			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 26 / 2016	
Mailing Address 4801 Viewpoint Pl			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span> Transaction ID : VTDBC9SEZE5 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 26 / 2016			
City Hyattsville		State MD				Zip Code 20781-1100
Purpose of Expenditure Fliers		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>				
Name of Federal Candidate: MCGINTY, KATHLEEN ALANA, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: PA	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">7112.50</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶			
Full Name of Payee <b>Mosaic</b> *			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 26 / 2016	
Mailing Address 4801 Viewpoint Pl			Amount <span style="border: 1px solid black; padding: 2px;">120.00</span> Transaction ID : VTDBC9SGWG2 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 26 / 2016			
City Hyattsville		State MD				Zip Code 20781-1100
Purpose of Expenditure Fliers		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>				
Name of Federal Candidate: Clinton, Hillary, Rodham, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">143784.21</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶			
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶ <span style="border: 1px solid black; padding: 2px;">0.00</span>						
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶ <span style="border: 1px solid black; padding: 2px;"></span>						
<b>(c) TOTAL</b> Independent Expenditures ..... ▶ <span style="border: 1px solid black; padding: 2px;"></span>						
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, , , Signature			[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 18 / 2017	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 187 OF 210  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00620583         </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>				
Full Name of Payee <input type="checkbox"/> Memo Item <b>Mosaic</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 26 / 2016	
Mailing Address 4801 Viewpoint Pl			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">90.00</div>	
City Hyattsville	State MD	Zip Code 20781-1100	<b>Transaction ID : VTDBC9SBF67</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 28 / 2016	
Purpose of Expenditure Fliers		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>		
Name of Federal Candidate: FEINGOLD, RUSSELL DANA, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: WI	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;">5870.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item <b>Mosaic</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 31 / 2016	
Mailing Address 4801 Viewpoint Pl			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">225.00</div>	
City Hyattsville	State MD	Zip Code 20781-1100	<b>Transaction ID : VTDBC9SBW98</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 28 / 2016	
Purpose of Expenditure Fliers		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>		
Name of Federal Candidate: MCGINTY, KATHLEEN ALANA, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: PA	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;">7112.50</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">315.00</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
<b>(c) TOTAL</b> Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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, , , Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 18 / 2017

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 188 OF 210  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00620583	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	
Full Name of Payee <b>Mosaic</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 11 / 2016	
Mailing Address 4801 Viewpoint Pl			Amount <span style="border: 1px solid black; padding: 2px;">360.00</span>	
City Hyattsville	State MD	Zip Code 20781-1100	Transaction ID : VTDBC9SEY61 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 28 / 2016	
Purpose of Expenditure Fliers		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>		
Name of Federal Candidate: NELSON, TOM, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 08 State: WI	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1498.50</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Mosaic</b> <input checked="" type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 25 / 2016	
Mailing Address 4801 Viewpoint Pl			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>	
City Hyattsville	State MD	Zip Code 20781-1100	Transaction ID : VTDBC9SEYD7 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 28 / 2016	
Purpose of Expenditure Fliers		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>		
Name of Federal Candidate: Clinton, Hillary, Rodham, , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: State:	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">143784.21</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">360.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>	
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>	
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, , , Signature			Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 18 / 2017	

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00620583	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	
Full Name of Payee <b>Mosaic</b> *			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 25 / 2016
Mailing Address 4801 Viewpoint Pl			Amount <span style="border: 1px solid black; padding: 2px;">120.00</span> <b>Transaction ID : VTDBC9SF0T3</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 28 / 2016		
City Hyattsville	State MD	Zip Code 20781-1100			
Purpose of Expenditure Fliers		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>			
Name of Federal Candidate: MURPHY, PATRICK, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">87388.34</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Mosaic</b>			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 25 / 2016
Mailing Address 4801 Viewpoint Pl			Amount <span style="border: 1px solid black; padding: 2px;">270.00</span> <b>Transaction ID : VTDBC9SF2C6</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 28 / 2016		
City Hyattsville	State MD	Zip Code 20781-1100			
Purpose of Expenditure Fliers		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>			
Name of Federal Candidate: FEINGOLD, RUSSELL DANA, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <u>WI</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">5870.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶ <span style="border: 1px solid black; padding: 2px;">270.00</span>					
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶ <span style="border: 1px solid black; padding: 2px;"></span>					
<b>(c) TOTAL</b> Independent Expenditures ..... ▶ <span style="border: 1px solid black; padding: 2px;"></span>					
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, , , Signature			[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 18 / 2017

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b>    C00620583         </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on				<div style="border: 1px solid black; padding: 2px; display: inline-block;">         M M / D D / Y Y Y Y Y Y          /    /    /       </div>	
Full Name of Payee <b>Mosaic</b>			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination		<div style="border: 1px solid black; padding: 2px; display: inline-block;">         M M / D D / Y Y Y Y Y Y          08    31    2016       </div>
Mailing Address    4801 Viewpoint Pl			Amount		<div style="border: 1px solid black; padding: 2px; display: inline-block;">         225.00       </div>
City Hyattsville	State MD	Zip Code 20781-1100	<b>Transaction ID : VTDBC9SF456</b> Date of Disbursement or Obligation		
Purpose of Expenditure Fliers		Category/ Type    004	<div style="border: 1px solid black; padding: 2px; display: inline-block;">         M M / D D / Y Y Y Y Y Y          09    28    2016       </div>		
Name of Federal Candidate: Clinton, Hillary, Rodham, ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____		
Calendar Year-To-Date Per Election for Office Sought    143784.21			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Mosaic</b>			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination		<div style="border: 1px solid black; padding: 2px; display: inline-block;">         M M / D D / Y Y Y Y Y Y          08    13    2016       </div>
Mailing Address    4801 Viewpoint Pl			Amount		<div style="border: 1px solid black; padding: 2px; display: inline-block;">         660.00       </div>
City Hyattsville	State MD	Zip Code 20781-1100	<b>Transaction ID : VTDBC9SF5J0</b> Date of Disbursement or Obligation		
Purpose of Expenditure Fliers		Category/ Type    004	<div style="border: 1px solid black; padding: 2px; display: inline-block;">         M M / D D / Y Y Y Y Y Y          09    28    2016       </div>		
Name of Federal Candidate: ROSEN, JACKY, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input checked="" type="checkbox"/> House    District: 03 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: NV		
Calendar Year-To-Date Per Election for Office Sought    1560.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">         885.00       </div>		
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">         0.00       </div>		
<b>(c) TOTAL</b> Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">         885.00       </div>		
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.					
Signature <i>King, Crystal, , ,</i>			Date    07 / 18 / 2017		[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00620583	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	
Full Name of Payee <b>Mosaic</b>			<input type="checkbox"/> Memo Item		
Mailing Address 4801 Viewpoint Pl			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 25 / 2016		
City Hyattsville		State MD	Zip Code 20781-1100		Amount <span style="border: 1px solid black; padding: 2px;">90.00</span>
Purpose of Expenditure Fliers			Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>		Transaction ID : VTDBC9SF5X7 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 28 / 2016
Name of Federal Candidate: FEINGOLD, RUSSELL DANA, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: WI		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">5870.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Mosaic</b> *			<input checked="" type="checkbox"/> Memo Item		
Mailing Address 4801 Viewpoint Pl			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 28 / 2016		
City Hyattsville		State MD	Zip Code 20781-1100		Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>
Purpose of Expenditure Fliers			Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>		Transaction ID : VTDBC9SGN27 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 28 / 2016
Name of Federal Candidate: TRUMP, DONALD, J., ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> State:		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">143784.21</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;">90.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				<span style="border: 1px solid black; padding: 2px;"></span>	
(c) TOTAL Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;"></span>	
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, , , Signature			[Electronically Filed] Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 18 / 2017		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00620583	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	
Full Name of Payee <b>Mosaic</b>			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 26 / 2016		
Mailing Address 4801 Viewpoint Pl			Amount <span style="border: 1px solid black; padding: 2px;">36.00</span>		
City Hyattsville	State MD	Zip Code 20781-1100	Transaction ID : VTDBC9SGQX3 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 28 / 2016		
Purpose of Expenditure Fliers			Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>		
Name of Federal Candidate: NELSON, TOM, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 08 State: WI		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1498.50</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Mosaic</b>			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 30 / 2016		
Mailing Address 4801 Viewpoint Pl			Amount <span style="border: 1px solid black; padding: 2px;">90.00</span>		
City Hyattsville	State MD	Zip Code 20781-1100	Transaction ID : VTDBC9SGV78 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 28 / 2016		
Purpose of Expenditure Fliers			Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>		
Name of Federal Candidate: FEINGOLD, RUSSELL DANA, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: State: WI		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">5870.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">126.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
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, , , Signature		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 18 / 2017	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00620583	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	
Full Name of Payee <b>Mosaic</b> *			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 30 / 2016
Mailing Address 4801 Viewpoint Pl			Amount <span style="border: 1px solid black; padding: 2px;">720.00</span> <b>Transaction ID : VTDBC9SBS43</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 30 / 2016		
City Hyattsville	State MD	Zip Code 20781-1100			
Purpose of Expenditure Fliers		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>			
Name of Federal Candidate: KIHUEN, RUBEN, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 04 State: NV
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">6420.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Mosaic</b> *			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 30 / 2016
Mailing Address 4801 Viewpoint Pl			Amount <span style="border: 1px solid black; padding: 2px;">450.00</span> <b>Transaction ID : VTDBC9SBZB0</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 30 / 2016		
City Hyattsville	State MD	Zip Code 20781-1100			
Purpose of Expenditure Fliers		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>			
Name of Federal Candidate: TRUMP, DONALD, J., ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: State:
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">143784.21</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;">0.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				<span style="border: 1px solid black; padding: 2px;"></span>	
(c) TOTAL Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;"></span>	
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, , , Signature			[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 07 / 18 / 2017

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00620583		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>		
Full Name of Payee <b>Mosaic</b> *			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 30 / 2016	
Mailing Address 4801 Viewpoint Pl			Amount <span style="border: 1px solid black; padding: 2px;">450.00</span> <b>Transaction ID : VTDBC9SES69</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 30 / 2016			
City Hyattsville		State MD				Zip Code 20781-1100
Purpose of Expenditure Fliers		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>				
Name of Federal Candidate: Clinton, Hillary, Rodham, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">143784.21</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			
Full Name of Payee <b>Mosaic</b> *			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 30 / 2016	
Mailing Address 4801 Viewpoint Pl			Amount <span style="border: 1px solid black; padding: 2px;">360.00</span> <b>Transaction ID : VTDBC9SETN1</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 30 / 2016			
City Hyattsville		State MD				Zip Code 20781-1100
Purpose of Expenditure Fliers		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>				
Name of Federal Candidate: MURPHY, PATRICK, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: <u>FL</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">87388.34</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶ <span style="border: 1px solid black; padding: 2px;">0.00</span>						
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶ <span style="border: 1px solid black; padding: 2px;"></span>						
<b>(c) TOTAL</b> Independent Expenditures ..... ▶ <span style="border: 1px solid black; padding: 2px;"></span>						
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, , , Signature			[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 18 / 2017	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00620583	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	
Full Name of Payee <b>Mosaic</b> *			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 30 / 2016
Mailing Address 4801 Viewpoint Pl			Amount <span style="border: 1px solid black; padding: 2px;">60.00</span>		Transaction ID : VTDBC9SF0B4 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 30 / 2016
City Hyattsville	State MD	Zip Code 20781-1100			
Purpose of Expenditure Fliers		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>			
Name of Federal Candidate: MCGINTY, KATHLEEN ALANA, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">7112.50</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Mosaic</b> *			<input checked="" type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 30 / 2016
Mailing Address 4801 Viewpoint Pl			Amount <span style="border: 1px solid black; padding: 2px;">540.00</span>		Transaction ID : VTDBC9SF0W9 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 30 / 2016
City Hyattsville	State MD	Zip Code 20781-1100			
Purpose of Expenditure Fliers		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>			
Name of Federal Candidate: MURPHY, PATRICK, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">87388.34</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;">0.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				<span style="border: 1px solid black; padding: 2px;"></span>	
(c) TOTAL Independent Expenditures .....				<span style="border: 1px solid black; padding: 2px;"></span>	
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, , , Signature			[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 18 / 2017

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 196 OF 210  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b>    C00620583       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <span style="border: 1px solid black; padding: 0 5px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item <b>Mosaic</b> *	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black; padding: 0 5px;">M M / D D / Y Y Y Y Y Y</span>            09 / 27 / 2016         </div>
Mailing Address    4801 Viewpoint Pl	
City Hyattsville	State MD
Zip Code 20781-1100	
Purpose of Expenditure Fliers	Category/Type <span style="border: 1px solid black; padding: 0 5px;">004</span>
Amount <div style="border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black; padding: 0 5px;">M M / D D / Y Y Y Y Y Y</span>            1440.00         </div>	
<b>Transaction ID : VTDBC9SF618</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black; padding: 0 5px;">M M / D D / Y Y Y Y Y Y</span>            09 / 30 / 2016         </div>	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input checked="" type="checkbox"/> House    District: <u>04</u> KIHUEN, RUBEN, , , <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NV</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 0 5px;">M M / D D / Y Y Y Y Y Y</span> 6420.00	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input checked="" type="checkbox"/> Memo Item <b>Mosaic</b> *	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black; padding: 0 5px;">M M / D D / Y Y Y Y Y Y</span>            09 / 30 / 2016         </div>
Mailing Address    4801 Viewpoint Pl	
City Hyattsville	State MD
Zip Code 20781-1100	
Purpose of Expenditure Fliers	Category/Type <span style="border: 1px solid black; padding: 0 5px;">004</span>
Amount <div style="border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black; padding: 0 5px;">M M / D D / Y Y Y Y Y Y</span>            420.00         </div>	
<b>Transaction ID : VTDBC9SGVN9</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="border: 1px solid black; padding: 0 5px;">M M / D D / Y Y Y Y Y Y</span>            09 / 30 / 2016         </div>	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input checked="" type="checkbox"/> House    District: <u>04</u> KIHUEN, RUBEN, , , <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NV</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 0 5px;">M M / D D / Y Y Y Y Y Y</span> 6420.00	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶ <span style="border: 1px solid black; padding: 0 5px;">M M / D D / Y Y Y Y Y Y</span> 0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶ <span style="border: 1px solid black; padding: 0 5px;">M M / D D / Y Y Y Y Y Y</span>
(c) TOTAL Independent Expenditures .....	▶ <span style="border: 1px solid black; padding: 0 5px;">M M / D D / Y Y Y Y Y Y</span>

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]

Date

M M / D D / Y Y Y Y Y Y  
 07 / 18 / 2017

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 197 OF 210  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00620583</span> </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Mosaic</b> <small>*</small>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address <b>4801 Viewpoint Pl</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">60.00</div>	
City <b>Hyattsville</b>	State <b>MD</b>	Zip Code <b>20781-1100</b>		
Purpose of Expenditure <b>Fliers</b>		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>		
Name of Federal Candidate: <b>Clinton, Hillary, Rodham, ,</b>			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">143784.21</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <span style="float: right;"><input checked="" type="checkbox"/> Memo Item</span> <b>Mosaic</b> <small>*</small>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address <b>4801 Viewpoint Pl</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">720.00</div>	
City <b>Hyattsville</b>	State <b>MD</b>	Zip Code <b>20781-1100</b>		
Purpose of Expenditure <b>Fliers</b>		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>		
Name of Federal Candidate: <b>KIHUEN, RUBEN, ,</b>			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: <b>04</b> State: <b>NV</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">6420.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	0.00
(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]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 198 OF 210  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00620583       </div>
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 Check if ☐ 24-hour report ☐ 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Petel &amp; Co.</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>07 / 25 / 2016</span> </div>		
Mailing Address 1209 Fairmont St NW					
City Washington	State DC	Zip Code 20009-5321	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3200.00</div>		
Purpose of Expenditure Fliers			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Transaction ID : VTDBC9SHH84 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>08 / 03 / 2016</span> </div>	
Name of Federal Candidate: Clinton, Hillary, Rodham, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">143784.21</div>			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Petel &amp; Co.</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>07 / 25 / 2016</span> </div>		
Mailing Address 1209 Fairmont St NW					
City Washington	State DC	Zip Code 20009-5321	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2681.25</div>		
Purpose of Expenditure Fliers			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Transaction ID : VTDBC9SHJ61 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between;"> <span>08 / 03 / 2016</span> </div>	
Name of Federal Candidate: HECK, JOE, ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">9112.50</div>			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV		
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures .....	▶	5881.25
(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]

Date

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07 / 18 / 2017

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 199 OF 210  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00620583</span> </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Petel &amp; Co.</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address <b>1209 Fairmont St NW</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2475.00</div>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20009-5321</b>	<b>Transaction ID : VTDBC9SHJD6</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure <b>Fliers</b>		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: <b>Clinton, Hillary, Rodham, ,</b>			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">143784.21</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Petel &amp; Co.</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address <b>1209 Fairmont St NW</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3200.00</div>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20009-5321</b>	<b>Transaction ID : VTDBC9SHJG0</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure <b>Fliers</b>		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: <b>TOOMEY, PATRICK JOSEPH, ,</b>			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>PA</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">7112.50</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">5675.00</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(c) TOTAL</b> Independent Expenditures .....	▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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]

Date

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Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 200 OF 210  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00620583</span> </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item <b>Petel &amp; Co.</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div>	
Mailing Address 1209 Fairmont St NW			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2681.25</div>	
City Washington	State DC	Zip Code 20009-5321	<b>Transaction ID : VTDBC9SHJR3</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div>	
Purpose of Expenditure Fliers		Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	<div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div>	
Name of Federal Candidate: Clinton, Hillary, Rodham, ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">143784.21</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item <b>Petel &amp; Co.</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div>	
Mailing Address 1209 Fairmont St NW			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">3200.00</div>	
City Washington	State DC	Zip Code 20009-5321	<b>Transaction ID : VTDBC9SHK20</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div>	
Purpose of Expenditure Fliers		Category/ Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	<div style="display: flex; justify-content: space-between;"> <span>MM / DD / YYYY</span> </div>	
Name of Federal Candidate: TRUMP, DONALD, J., ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">143784.21</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures .....	5881.25
(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]

Date

MM / DD / YYYY

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 201 OF 210  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00620583         </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b>				New report    Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	
Full Name of Payee <input type="checkbox"/> Memo Item <b>Petel &amp; Co.</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 25 / 2016		
Mailing Address 1209 Fairmont St NW			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3375.00</div>		
City Washington	State DC	Zip Code 20009-5321	<b>Transaction ID : VTDBC9SHMA6</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 03 / 2016		
Purpose of Expenditure Fliers		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>			
Name of Federal Candidate: STRICKLAND, TED, , ,			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: OH		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;">6750.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <input type="checkbox"/> Memo Item <b>Petel &amp; Co.</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 25 / 2016		
Mailing Address 1209 Fairmont St NW			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2681.25</div>		
City Washington	State DC	Zip Code 20009-5321	<b>Transaction ID : VTDBC9SHMH1</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 03 / 2016		
Purpose of Expenditure Fliers		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>			
Name of Federal Candidate: TRUMP, DONALD, J., ,			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;">143784.21</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;">6056.25</div>		
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
<b>(c) TOTAL</b> Independent Expenditures .....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
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, , , Signature		<b>[Electronically Filed]</b>		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 18 / 2017	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 202 OF 210  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00620583       </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Full Name of Payee <b>Petel &amp; Co.</b>			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination		<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>
Mailing Address    1209 Fairmont St NW			Amount		<div style="border: 1px solid black; padding: 2px; display: inline-block;">3375.00</div>
City    Washington		State    DC	Zip Code    20009-5321	<b>Transaction ID : VTDBC9SHMK7</b> Date of Disbursement or Obligation	
Purpose of Expenditure Fliers		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">08</div> / <div style="border: 1px solid black; padding: 2px;">03</div> / <div style="border: 1px solid black; padding: 2px;">2016</div></div> </div>
Name of Federal Candidate: Portman, Rob, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: OH
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">6750.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee <b>Petel &amp; Co.</b>			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination		<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>
Mailing Address    1209 Fairmont St NW			Amount		<div style="border: 1px solid black; padding: 2px; display: inline-block;">2681.25</div>
City    Washington		State    DC	Zip Code    20009-5321	<b>Transaction ID : VTDBC9SHMN3</b> Date of Disbursement or Obligation	
Purpose of Expenditure Fliers		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">08</div> / <div style="border: 1px solid black; padding: 2px;">03</div> / <div style="border: 1px solid black; padding: 2px;">2016</div></div> </div>
Name of Federal Candidate: CORTEZ MASTO, CATHERINE, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NV
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">9112.50</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....				<div style="border: 1px solid black; padding: 2px; display: inline-block;">6056.25</div>	
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....				<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
<b>(c) TOTAL</b> Independent Expenditures .....				<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
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.					
Signature <i>King, Crystal, , ,</i>			Date <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">07</div> / <div style="border: 1px solid black; padding: 2px;">18</div> / <div style="border: 1px solid black; padding: 2px;">2017</div></div> </div>

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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 203 OF 210  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00620583       </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M / D D / Y Y Y Y Y Y         </div>	

  

Full Name of Payee <input type="checkbox"/> Memo Item <b>Petel &amp; Co.</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M / D D / Y Y Y Y Y Y         </div>	
Mailing Address 1209 Fairmont St NW		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           4950.00         </div>	
City Washington	State DC	Zip Code 20009-5321	Transaction ID : VTDBC9SHMW8 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M / D D / Y Y Y Y Y Y         </div>
Purpose of Expenditure Fliers		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	

  

Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose RUBIO, MARCO, , ,		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: FL	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           87388.34         </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

  

Full Name of Payee <input type="checkbox"/> Memo Item <b>Petel &amp; Co.</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M / D D / Y Y Y Y Y Y         </div>	
Mailing Address 1209 Fairmont St NW		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           2937.50         </div>	
City Washington	State DC	Zip Code 20009-5321	Transaction ID : VTDBC9SHN17 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           M M / D D / Y Y Y Y Y Y         </div>
Purpose of Expenditure Fliers		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	

  

Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Blunt, Roy, , ,		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: MO	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">           5875.00         </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

  

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">         7887.50       </div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">         0.00       </div>
<b>(c) TOTAL</b> Independent Expenditures .....	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">         7887.50       </div>

  

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]

Signature \_\_\_\_\_ Date 

M M / D D / Y Y Y Y Y Y

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 204 OF 210  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b>    C00620583         </div>
---	--

 Check if ☐ 24-hour report    ☐ 48-hour report    **▶**    New report    Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item <b>Petel &amp; Co.</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  07 / 25 / 2016 </div>	
Mailing Address    1209 Fairmont St NW				
City Washington	State DC	Zip Code 20009-5321	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           2575.00         </div>	
Purpose of Expenditure Fliers		Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>	Transaction ID : <b>VTDBC9SHN91</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  08 / 03 / 2016 </div>	
Name of Federal Candidate: TRUMP, DONALD, J., ,			Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">143784.21</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item <b>Petel &amp; Co.</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  07 / 25 / 2016 </div>	
Mailing Address    1209 Fairmont St NW				
City Washington	State DC	Zip Code 20009-5321	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           3375.00         </div>	
Purpose of Expenditure Fliers		Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>	Transaction ID : <b>VTDBC9SHNKO</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  08 / 03 / 2016 </div>	
Name of Federal Candidate: Clinton, Hillary, Rodham, ,			Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">143784.21</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	▶	5950.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	▶	
(c) <b>TOTAL</b> 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]

Date

MM / DD / YYYY  
 07 / 18 / 2017

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 205 OF 210  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00620583</span> </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee <b>Petel &amp; Co.</b>			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination		<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>
Mailing Address    1209 Fairmont St NW			Amount		<div style="border: 1px solid black; padding: 2px; text-align: right;">2575.00</div>
City Washington		State DC	Zip Code 20009-5321	<b>Transaction ID : VTDBC9SHNQ1</b> Date of Disbursement or Obligation	
Purpose of Expenditure Fliers		Category/ Type    004		<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: Johnson, Ronald, Harold, ,			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: WI		
Calendar Year-To-Date Per Election for Office Sought    5870.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Petel &amp; Co.</b>			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination		<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>
Mailing Address    1209 Fairmont St NW			Amount		<div style="border: 1px solid black; padding: 2px; text-align: right;">2475.00</div>
City Washington		State DC	Zip Code 20009-5321	<b>Transaction ID : VTDBC9SHNR9</b> Date of Disbursement or Obligation	
Purpose of Expenditure Fliers		Category/ Type    004		<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: TRUMP, DONALD, J., ,			<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____		
Calendar Year-To-Date Per Election for Office Sought    143784.21			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
<b>(a) SUBTOTAL of Itemized Independent Expenditures .....</b>				<div style="border: 1px solid black; padding: 2px; text-align: right;">5050.00</div>	
<b>(b) SUBTOTAL of Unitemized Independent Expenditures.....</b>				<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
<b>(c) TOTAL Independent Expenditures .....</b>				<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
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.					
Signature <i>King, Crystal, , ,</i>			Date    07 / 18 / 2017		[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 206 OF 210  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b>    C00620583       </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>					
Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Petel &amp; Co.</b>				Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 25 / 2016	
Mailing Address    1209 Fairmont St NW				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3375.00</div>	
City Washington		State DC		Zip Code 20009-5321	
Purpose of Expenditure Fliers				Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	
Name of Federal Candidate: <span style="float: right;"><input type="checkbox"/> Support</span> TRUMP, DONALD, J., , <span style="float: right;"><input checked="" type="checkbox"/> Oppose</span>				Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;">143784.21</span>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Petel &amp; Co.</b>				Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 25 / 2016	
Mailing Address    1209 Fairmont St NW				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2937.50</div>	
City Washington		State DC		Zip Code 20009-5321	
Purpose of Expenditure Fliers				Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	
Name of Federal Candidate: <span style="float: right;"><input checked="" type="checkbox"/> Support</span> KANDER, JASON, , , <span style="float: right;"><input type="checkbox"/> Oppose</span>				Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: MO	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;">5875.00</span>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....         </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;">6312.50</div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....         </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> <b>(c) TOTAL</b> Independent Expenditures .....         </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> </div> </div>					
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.					
Signature <u>King, Crystal, , ,</u> <span style="float: right;"><b>[Electronically Filed]</b></span>				Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 18 / 2017	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 207 OF 210  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00620583	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	
Full Name of Payee <b>Petel &amp; Co.</b>			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 25 / 2016		
Mailing Address 1209 Fairmont St NW			Amount <span style="border: 1px solid black; padding: 2px;">3200.00</span>		
City Washington	State DC	Zip Code 20009-5321	Transaction ID : VTDBC9SHP75 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 03 / 2016		
Purpose of Expenditure Fliers		Category/ Type 004			
Name of Federal Candidate: MCGINTY, KATHLEEN ALANA, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: PA		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">7112.50</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Petel &amp; Co.</b>			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 25 / 2016		
Mailing Address 1209 Fairmont St NW			Amount <span style="border: 1px solid black; padding: 2px;">2575.00</span>		
City Washington	State DC	Zip Code 20009-5321	Transaction ID : VTDBC9SHP90 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 03 / 2016		
Purpose of Expenditure Fliers		Category/ Type 004			
Name of Federal Candidate: Clinton, Hillary, Rodham, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">143784.21</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">5775.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
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]		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 18 / 2017	
Signature					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 208 OF 210  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00620583	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	
Full Name of Payee <b>Petel &amp; Co.</b>			<input type="checkbox"/> Memo Item		
Mailing Address 1209 Fairmont St NW			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 25 / 2016		
City Washington	State DC	Zip Code 20009-5321	Amount <span style="border: 1px solid black; padding: 2px;">2575.00</span>		
Purpose of Expenditure Fliers		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Transaction ID : VTDBC9SHPD2 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 08 / 03 / 2016		
Name of Federal Candidate: FEINGOLD, RUSSELL DANA, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">5870.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►		
Full Name of Payee <b>Petel &amp; Co.</b>			<input type="checkbox"/> Memo Item		
Mailing Address 1209 Fairmont St NW			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 10 / 2016		
City Washington	State DC	Zip Code 20009-5321	Amount <span style="border: 1px solid black; padding: 2px;">1750.00</span>		
Purpose of Expenditure Fliers		Category/ Type <span style="border: 1px solid black; padding: 2px;">004</span>	Transaction ID : VTDBC9SHHY7 Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 22 / 2016		
Name of Federal Candidate: TRUMP, DONALD, J., ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">143784.21</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">4325.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;"></span>		
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]		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 18 / 2017	
Signature					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 209 OF 210  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00620583       </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>					
Full Name of Payee <input type="checkbox"/> Memo Item <b>Petel &amp; Co.</b>				Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 10 / 2016	
Mailing Address 1209 Fairmont St NW				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1750.00</div>	
City Washington		State DC		Zip Code 20009-5321	
Purpose of Expenditure Fliers				Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	
Name of Federal Candidate: Clinton, Hillary, Rodham, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;">143784.21</span>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item <b>Petel &amp; Co.</b>				Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 09 / 10 / 2016	
Mailing Address 1209 Fairmont St NW				Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1750.00</div>	
City Washington		State DC		Zip Code 20009-5321	
Purpose of Expenditure Fliers				Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	
Name of Federal Candidate: Ross, Deborah, ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px; display: inline-block;">2230.00</span>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between;"> <div> <b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....  <b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....  <b>(c) TOTAL</b> Independent Expenditures .....         </div> <div style="border: 1px solid black; padding: 5px; width: 200px; text-align: right;">           3500.00         </div> </div>					
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.					
Signature <u>King, Crystal, , ,</u>				Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 07 / 18 / 2017	

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**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 210 OF 210  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00620583</span> </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Print Logistics</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address <b>1700 L St</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">28798.37</div>	
City <b>Sacramento</b>	State <b>CA</b>	Zip Code <b>95811-4024</b>	<b>Transaction ID : VTDBC9SEQK9</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure <b>Fliers</b>		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: <b>TRUMP, DONALD, J., ,</b>			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">143784.21</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span>  			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address  			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
City  	State  	Zip Code  	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure  		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate:  			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">28798.37</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
<b>(c) TOTAL</b> Independent Expenditures .....	▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">103007.71</div>

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]

Date

M M /

D D /

Y Y Y Y Y Y

Signature