

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working America

Full Name (Last, First, Middle Initial) of Payee Angela Oliver		Date of Public Distribution/Dissemination 08 / 24 / 2016	
Mailing Address 47515 S Vincennes Ave Apt 2		Amount 72.67	
City Chicago	State IL	Zip Code 60643	
Purpose of Expenditure Salary and Benefits		Category/Type	Office Sought: <input type="checkbox"/> House State: IL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Kirk, Mark, , ,		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
		106145.88	

Full Name (Last, First, Middle Initial) of Payee Angela Oliver		Date of Public Distribution/Dissemination 08 / 24 / 2016	
Mailing Address 47515 S Vincennes Ave Apt 2		Amount 72.67	
City Chicago	State IL	Zip Code 60643	
Purpose of Expenditure Salary and Benefits		Category/Type	Office Sought: <input type="checkbox"/> House State: IL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Duckworth, Tammy, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
		106145.88	

Full Name (Last, First, Middle Initial) of Payee Badaraco, Carlos, , ,		Date of Public Distribution/Dissemination 08 / 24 / 2016	
Mailing Address 6179 Westgate Dr Apt 435		Amount 34.20	
City Orlando	State FL	Zip Code 32835-7062	
Purpose of Expenditure Salary and Benefits		Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Clinton, Hillary, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
		2055523.74	

(a) SUBTOTAL of Itemized Independent Expenditures.....	179.54
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	