24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
Working America Coalition			
	C C00620583		
Check if 24-hour report	on M = M / D = D / Y = Y = Y		
Full Name of Payee	Date of Public Distribution/Dissemination		
Mosaic	10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 4801 Viewpoint Place	Amount		
City.	720.00		
City State Zip Code Cheverly MD 20781	720.00 Transaction ID : D601418		
- Constany	Date of Disbursement or Obligation		
Purpose of Expenditure Fliers Category/ Type 004	10		
Name of Federal Candidate Support Office	e Sought: House District:		
CORTEZ MASTO, CATHERINE, , ,	President State: NV		
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	ursement For: Primary General Other (specify)		
Full Name of Payee	Date of Public Distribution/Dissemination		
Mosaic	10 08 2016		
Mailing Address 4801 Viewpoint Place	Amount		
	Amount		
City State Zip Code	2520.00		
Cheverly MD 20781	Transaction ID : D601548 Date of Disbursement or Obligation		
Purpose of Expenditure Fliers Category/ 004	M M / D D / Y Y Y Y		
Type Type	10 04 2016		
Name of Federal Candidate Support Office	e Sought: House District:		
CORTEZ MASTO, CATHERINE, , ,	President Senate State: NV		
2016	ursement For: Primary General		
Per Election for Office Sought 26675.50 2016	Other (specify) -		
(a) SUBTOTAL of Itemized Independent Expenditures	3240.00		
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7		
(c) TOTAL Independent Expenditures			
	492 492 402		
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.			
King, Crystal, , ,	M / D D / Y T Y T Y		
	0 21 2016		
Oignatule			

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	EXI ENDI	TOTILO		PAGE 2 OF 6 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Working America Coalition				C C00620583
Check if 24-hour report X 48-hour report	X New repo	ort Amends repo		M / D D / Y Y Y Y Y
Full Name of Payee			Date of	of Public Distribution/Dissemination
Mosaic			М	10 05 7 2016
Mailing Address 4801 Viewpoint Place			Amour	nt
City	State	Zip Code	- [780.00
Cheverly	MD	20781		action ID : D601197 of Disbursement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004		10 05 / 2016
Name of Federal Candidate		✗ Support	Office Sough	t: House District:
CORTEZ MASTO, CATHERINE, , ,		Oppose	Preside	NIV/
Calendar Year-To-Date Per Election for Office Sought		26675.50	Disbursement 2016 Of	t For: Primary ★ General
Full Name of Payee			Date of	of Public Distribution/Dissemination
Mosaic			M	10 06 7 2016
Mailing Address 4801 Viewpoint Place			Amou	nt
City	State	Zip Code		240.00
Cheverly	MD	20781		ction ID : D601315 of Disbursement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004	М	10 / 06 / 2016
Name of Federal Candidate		x Support	Office Sough	t: House District:
CORTEZ MASTO, CATHERINE, , ,		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	11/1/	26675.50	Disbursemen 2016 O	t For:
(a) SUBTOTAL of Itemized Independent Expenditures.				1020.00
				7
(b) SUBTOTAL of Unitemized Independent Expenditure	es		· •	7 7
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
King, Crystal, , ,	[Electroni	cally Filed] Date	10 /	21 2016
Signature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	Siledule Ly	FOR SE OF FORM 24/48	
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
٧	Vorking America Coalition	C C00620583	
Ch	neck if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y	
	Full Name of Payee	Date of Public Distribution/Dissemination	
	Mosaic	10 10 2016	
	Mailing Address 4801 Viewpoint Place	Amount	
	City State Zip Code	63.00	
	Cheverly MD 20781	Transaction ID : D601785 Date of Disbursement or Obligation	
	Purpose of Expenditure Fliers Category/ Type 004	10 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	Name of Federal Candidate Support Office	Sought: House District:	
	CORTEZ MASTO, CATHERINE, , ,	President State: NV	
	Calendar Year-To-Date Per Election for Office Sought Disbut 26675.50 Disbut 2016	rsement For: Primary General	
		Other (specify)	
	Full Name of Payee Mosaic	Date of Public Distribution/Dissemination	
	Mailing Address 4801 Viewpoint Place	10 10 2016 Amount	
	City State Zip Code	900.00	
	Cheverly MD 20781	Transaction ID : D601787 Date of Disbursement or Obligation	
	Purpose of Expenditure Fliers Category/ Type 004	10 07 / 2016	
	Name of Federal Candidate Support Office	Sought: House District:	
	CORTEZ MASTO, CATHERINE, , ,	President Senate State: NV	
	Calendar Year-To-Date Per Election for Office Sought Disbut 2016	other (specify) ►	
	(a) SUBTOTAL of Itemized Independent Expenditures	963.00	
	(b) SUBTOTAL of Unitemized Independent Expenditures	7 7	
	(c) TOTAL Independent Expenditures		
	Under penalty of perjury I certify that the independent expenditures reported herein were not mawith, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.		
	King, Crystal, , , [Electronically Filed] Date		
	Signature		
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OF

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Working America Coalition	C C00620583
Check if 24-hour report 48-hour report New report Amends report filed	d on M M / D D / Y Y Y Y Y
Full Name of Payee Mosaic	Date of Public Distribution/Dissemination
	10 13 7 2016
Mailing Address 4801 Viewpoint Place	Amount
City State Zip Code	120.00
Cheverly MD 20781	Transaction ID : D602363 Date of Disbursement or Obligation
Purpose of Expenditure Fliers Category/ Type 004	10 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	ee Sought: House District:
CORTEZ MASTO, CATHERINE, , ,	President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought Disb. 2016	oursement For: Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Mosaic	10 18 2016
Mailing Address 4801 Viewpoint Place	Amount
City State Zip Code	720.00
Cheverly MD 20781	Transaction ID : D603699 Date of Disbursement or Obligation
Purpose of Expenditure Fliers Category/ Type 004	10 18 2016
Name of Federal Candidate Support Office	ce Sought: House District:
CORTEZ MASTO, CATHERINE, , ,	President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought Disk 201	oursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	840.00
ŕ	7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Bato	10 21 2016
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	JEINT EXI END	TIONES		PAGE 5 OF 6 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				ENTIFICATION NUMBER ▼
Working America Coalition				C00620583
Check if 24-hour report 🗶 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Mosaic			M M / 10	18 2016
Mailing Address 4801 Viewpoint Place			Amount	
City	State	Zip Code		720.00
Cheverly	MD	20781	Transaction ID Date of Disbur	
Purpose of Expenditure Fliers		Category/ Type 004	10	18 / 2016
Name of Federal Candidate		✗ Support	Office Sought:	House District:
CORTEZ MASTO, CATHERINE, , ,		Oppose	President X	Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		26675.50	Disbursement For: 2016 Other (spe	Primary ✗ General ecify) ▶
Full Name of Payee			Date of Public	Distribution/Dissemination
Petel & Co.			10	19 / 2016
Mailing Address 1209 Fairmonth St. NW			Amount	
City	State	Zip Code		4250.00
Washington	DC	20009	Transaction ID Date of Disbur	: D604314 rsement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004	10	19 / 2016
Name of Federal Candidate		x Support	Office Sought:	House District:
CORTEZ MASTO, CATHERINE, , ,		Oppose	President X	Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		26675.50	Disbursement For: 2016 Other (spe	Primary ✗ General ecify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		. •	4970.00
(b) SUBTOTAL of Uniternized Independent Exp	oonditures			
(b) SOBTOTAL OF CHILEMIZED INDEPENDENT EX	penditures		•	4
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authorize			
King, Crystal, , ,	[Electron	nically Filed] Date	10 21	2016
Signature				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 6 OF 6 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Working America Coalition	C C00620583
Check if 24-hour report 48-hour report New report Amends re	eport filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Petel & Co.	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1209 Fairmonth St. NW	Amount
City State Zip Code	4250.00
Washington DC 20009	Transaction ID : D604315 Date of Disbursement or Obligation
Purpose of Expenditure Fliers Category/ Type 00	04 10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District:
HECK, JOE, , ,	
Calendar Year-To-Date Per Election for Office Sought 26675.50	Disbursement For: Primary General 2016 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure Category/ Type	Date of Disbursement or Obligation
Name of Federal Candidate Support	t Office Sought: House District:
Oppose	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	4250.00
(b) SUBTOTAL of Unitemized Independent Expenditures	····· >
(c) TOTAL Independent Expenditures	15283.00
Under penalty of perjury I certify that the independent expenditures reported herein we with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.	
King, Crystal, , , [Electronically Filed] D	ate 10 21 2016
Olgitature	