

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

 PAGE 1 OF 6
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Working America Coalition	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00620583 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name of Payee Mosaic			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">10 / 07 / 2016</div> </div>		
Mailing Address 4801 Viewpoint Place			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">720.00</div>		
City Cheverly	State MD	Zip Code 20781	Transaction ID : D601418 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">10 / 04 / 2016</div> </div>		
Purpose of Expenditure Fliers		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Name of Federal Candidate CORTEZ MASTO, CATHERINE, , ,		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">26675.50</div>	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____					

Full Name of Payee Mosaic			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">10 / 08 / 2016</div> </div>		
Mailing Address 4801 Viewpoint Place			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2520.00</div>		
City Cheverly	State MD	Zip Code 20781	Transaction ID : D601548 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">10 / 04 / 2016</div> </div>		
Purpose of Expenditure Fliers		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Name of Federal Candidate CORTEZ MASTO, CATHERINE, , ,		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">26675.50</div>	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>		
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;">3240.00</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 M / D D D / Y Y Y Y Y Y

10 / 21 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 6
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Working America Coalition		FEC IDENTIFICATION NUMBER ▼ C C00620583	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Mosaic		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 05 / 2016	
Mailing Address 4801 Viewpoint Place		Amount 780.00	
City Cheverly	State MD	Zip Code 20781	Transaction ID : D601197
Purpose of Expenditure Fliers	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 05 / 2016	
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 26675.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Mosaic		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 06 / 2016	
Mailing Address 4801 Viewpoint Place		Amount 240.00	
City Cheverly	State MD	Zip Code 20781	Transaction ID : D601315
Purpose of Expenditure Fliers	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 06 / 2016	
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 26675.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1020.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 6
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Working America Coalition		FEC IDENTIFICATION NUMBER ▼ C C00620583	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Mosaic		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 10 / 2016	
Mailing Address 4801 Viewpoint Place		Amount 63.00	
City Cheverly	State MD	Zip Code 20781	Transaction ID : D601785
Purpose of Expenditure Fliers	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 07 / 2016	
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 26675.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Mosaic		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 10 / 2016	
Mailing Address 4801 Viewpoint Place		Amount 900.00	
City Cheverly	State MD	Zip Code 20781	Transaction ID : D601787
Purpose of Expenditure Fliers	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 07 / 2016	
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 26675.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	963.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 4 OF 6
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Working America Coalition		FEC IDENTIFICATION NUMBER ▼ C C00620583	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Mosaic		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 13 / 2016	
Mailing Address 4801 Viewpoint Place		Amount 120.00	
City Cheverly	State MD	Zip Code 20781	Transaction ID : D602363
Purpose of Expenditure Fliers	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 13 / 2016	
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 26675.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Mosaic		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2016	
Mailing Address 4801 Viewpoint Place		Amount 720.00	
City Cheverly	State MD	Zip Code 20781	Transaction ID : D603699
Purpose of Expenditure Fliers	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2016	
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 26675.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	840.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 5 OF 6
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NAME OF COMMITTEE (In Full) Working America Coalition		FEC IDENTIFICATION NUMBER ▼ C C00620583	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Mosaic		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 18 / 2016	
Mailing Address 4801 Viewpoint Place		Amount 720.00	
City Cheverly	State MD	Zip Code 20781	Transaction ID : D603704
Purpose of Expenditure Fliers	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 18 / 2016	
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 26675.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee Petel & Co.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2016	
Mailing Address 1209 Fairmonth St. NW		Amount 4250.00	
City Washington	State DC	Zip Code 20009	Transaction ID : D604314
Purpose of Expenditure Fliers	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 19 / 2016	
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 26675.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	4970.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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PAGE 6 OF 6
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NAME OF COMMITTEE (In Full) Working America Coalition		FEC IDENTIFICATION NUMBER ▼ C C00620583											
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y					
M M M	/	D D D	/	Y Y Y Y Y Y									

Full Name of Payee Petel & Co.		Date of Public Distribution/Dissemination <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>19</td> <td></td> <td>2016</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	10		19		2016
M M M	/	D D D	/	Y Y Y Y Y Y									
10		19		2016									
Mailing Address 1209 Fairmonth St. NW		Amount <table border="1"> <tr> <td colspan="5">4250.00</td> </tr> </table>		4250.00									
4250.00													
City Washington	State DC	Zip Code 20009	Transaction ID : D604315										
Purpose of Expenditure Fliers		Category/Type 004	Date of Disbursement or Obligation <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td></td> <td>19</td> <td></td> <td>2016</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	10		19		2016
M M M	/	D D D	/	Y Y Y Y Y Y									
10		19		2016									
Name of Federal Candidate HECK, JOE, , ,		<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: NV										
Calendar Year-To-Date Per Election for Office Sought		<table border="1"> <tr> <td colspan="5">26675.50</td> </tr> </table>	26675.50					Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____					
26675.50													

Full Name of Payee		Date of Public Distribution/Dissemination <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y					
M M M	/	D D D	/	Y Y Y Y Y Y									
Mailing Address		Amount <table border="1"> <tr> <td colspan="5"></td> </tr> </table>											
City	State	Zip Code	Date of Disbursement or Obligation <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y					
M M M	/	D D D	/	Y Y Y Y Y Y									
Purpose of Expenditure		Category/Type											
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	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		<table border="1"> <tr> <td colspan="5"></td> </tr> </table>						Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____					

(a) SUBTOTAL of Itemized Independent Expenditures.....	<table border="1"> <tr> <td colspan="5">4250.00</td> </tr> </table>	4250.00				
4250.00						
(b) SUBTOTAL of Unitemized Independent Expenditures	<table border="1"> <tr> <td colspan="5"></td> </tr> </table>					
(c) TOTAL Independent Expenditures.....	<table border="1"> <tr> <td colspan="5">15283.00</td> </tr> </table>	15283.00				
15283.00						

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

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Date

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10		21		2016

Signature