

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working America

Full Name (Last, First, Middle Initial) of Payee Lampon, Manuel, , ,		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2016	
Mailing Address 2313 N Park Ave Apt 1		Amount 34.20	
City Philadelphia	State PA	Zip Code 19132-4512	
Purpose of Expenditure Salary and Benefits		Category/ Type	Office Sought: <input type="checkbox"/> House State: PA <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: McGinty, Kathleen, , ,		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 224054.58		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Transaction ID : VN7CZA2WT73

Full Name (Last, First, Middle Initial) of Payee Lauriano Rivera		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2016	
Mailing Address 6725 N Sheridan Rd		Amount 17.46	
City Chicago	State IL	Zip Code 60626-4508	
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 60647.58		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Transaction ID : VN7CZA2VCC8

Full Name (Last, First, Middle Initial) of Payee Lauriano Rivera		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 01 / 2016	
Mailing Address 6725 N Sheridan Rd		Amount 17.46	
City Chicago	State IL	Zip Code 60626-4508	
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 60647.58		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Transaction ID : VN7CZA2VCK3

(a) SUBTOTAL of Itemized Independent Expenditures.....	69.12
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	