

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working America

Full Name (Last, First, Middle Initial) of Payee James, Annette, , ,		Date of Public Distribution/Dissemination 09 / 15 / 2016	
Mailing Address 32 E Lawson St Apt F		Amount 17.10	
City Durham	State NC	Zip Code 27701-4679	Transaction ID : VN7CZA3F657
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	Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Trump, Donald, , ,		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		1055730.77	

Full Name (Last, First, Middle Initial) of Payee Jean, Chrystelle, , ,		Date of Public Distribution/Dissemination 09 / 15 / 2016	
Mailing Address 11215 Old Harbor Rd		Amount 10.69	
City Orlando	State FL	Zip Code 32837-6438	Transaction ID : VN7CZA3E532
Purpose of Expenditure Salary and Benefits	Category/ Type	Office Sought: <input type="checkbox"/> House State: FL <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Murphy, Patrick, , ,		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		43263.96	

Full Name (Last, First, Middle Initial) of Payee Jean, Chrystelle, , ,		Date of Public Distribution/Dissemination 09 / 15 / 2016	
Mailing Address 11215 Old Harbor Rd		Amount 10.69	
City Orlando	State FL	Zip Code 32837-6438	Transaction ID : VN7CZA3E6K9
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	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Clinton, Hillary, , ,		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		1055730.77	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	38.48
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	▶	