

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working America

Full Name (Last, First, Middle Initial) of Payee Telian, Michael, , ,		Date of Public Distribution/Dissemination 09 / 19 / 2016	
Mailing Address 223 S Atlantic Ave Apt 1		Amount 68.40	
City Pittsburgh	State PA	Zip Code 15224-1776	Transaction ID : VN7CZA3KAJ9
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	Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: McGinty, Kathleen, , ,		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 224054.58			

Full Name (Last, First, Middle Initial) of Payee Thesing, Helena, , ,		Date of Public Distribution/Dissemination 09 / 19 / 2016	
Mailing Address 109 Keith Ct		Amount 34.20	
City Winter Springs	State FL	Zip Code 32708-2479	Transaction ID : VN7CZA3KCW2
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 Thesing, Helena, , ,		Date of Public Distribution/Dissemination 09 / 19 / 2016	
Mailing Address 109 Keith Ct		Amount 34.20	
City Winter Springs	State FL	Zip Code 32708-2479	Transaction ID : VN7CZA3KEM4
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.....	136.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	