Schedule E)	DENT EXIEND	ITOTILO		PAGE 1 OF 10 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Working America Coalition			С	C00620583
Check if 24-hour report 48-hour repor	nt New rep	oort X Amends repo	ort filed on 11	05 2016
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Mosaic			M - M 11	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint Place			Amount	
City	State	Zip Code		450.00
Cheverly	MD	20781	Transaction	
Purpose of Expenditure Fliers		Category/ Type 004	Market of Disbi	04 2016
Name of Federal Candidate		<b>✗</b> Support	Office Sought:	House District:
Rodham Clinton, Hillary, , ,		Oppose	resident	Senate State:
Calendar Year-To-Date Per Election for Office Sought		377838.55	Disbursement For: 2016 Other (sp	Primary <b>X</b> General Decify) ▶
Full Name of Payee				ic Distribution/Dissemination
Mosaic			M M M	04 / 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	State	Zip Code		450.00
Cheverly	MD	20781	Transaction I	D: D618496 ursement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004	11	04 2016
Name of Federal Candidate		<b>x</b> Support	Office Sought:	House District:
Rodham Clinton, Hillary, , ,		Oppose	<b>x</b> President	Senate State:
Calendar Year-To-Date Per Election for Office Sought		377838.55	Disbursement For: 2016 Other (s	Primary <b>X</b> General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		. >	900.00
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(c) TOTAL Independent Expenditures			·	1 4 1 4 1
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any committee) any political party committee	andidate or authorized			
King, Crystal, , ,	[Electron	nically Filed] Date	11 / 06	2016
Signature				

				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 re	eport New repo	ort X Amends repo		11 05 2016
Full Name of Payee  Mosaic			Date	of Public Distribution/Dissemination
				11 04 2016
Mailing Address 4801 Viewpoint Place			Amou	nt
City	State	Zip Code		450.00
Cheverly	MD	20781		saction ID : D618497 of Disbursement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004		11 04 2016
Name of Federal Candidate		<b>X</b> Support	Office Sough	nt: House District:
Rodham Clinton, Hillary, , ,		Oppose	<b>✗</b> Presid	
Calendar Year-To-Date Per Election for Office Sought		377838.55	Disbursemer 2016	at For: Primary <b>X</b> General other (specify) ▶
5 " N				
Full Name of Payee  Mosaic			Date	of Public Distribution/Dissemination
Mailing Address 4801 Viewpoint Place			Amou	11 04 2016
City	State	Zip Code		450.00
Cheverly	MD	20781		action ID : D618498 of Disbursement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004		11 04 2016
Name of Federal Candidate		<b>✗</b> Support	Office Sough	nt: House District:
Rodham Clinton, Hillary, , ,		Oppose	<b>X</b> Presid	
Calendar Year-To-Date Per Election for Office Sought		377838.55	Disbursemer 2016	nt For:
(a) SUBTOTAL of Itemized Independent E	xpenditures			900.00
(b) SUBTOTAL of Unitemized Independent	t Expenditures		·· •	171171171
(c) TOTAL Independent Expenditures			· •	7 1 7 1 7
Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commit	ny candidate or authorized			
King, Crystal, , ,	[Electron	ically Filed] Date	M M /	06 2016
Signature				

PAGE

OF

Schedule E)	INI EXI END	ITOTILO		PAGE 3 OF 10 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER
Working America Coalition			C	C00620583
Check if 24-hour report 48-hour report	New rep	ort 🗶 Amends repo	ort filed on 11	05 2016
Full Name of Payee			Date of F	Public Distribution/Dissemination
Mosaic			M 11	
Mailing Address 4801 Viewpoint Place			Amount	
City	State	Zip Code		90.00
Cheverly	MD	20781		cion ID : D618499 Disbursement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004	11	
Name of Federal Candidate		<b>x</b> Support	Office Sought:	House District:
Rodham Clinton, Hillary, , ,		Oppose	<b>x</b> President	Senate State:
Calendar Year-To-Date Per Election for Office Sought	, , , ,	377838.55	Disbursement F 2016 Othe	or: Primary <b>X</b> General r (specify) ▶
Full Name of Payee			Date of I	Public Distribution/Dissemination
Mosaic			11	
Mailing Address 4801 Viewpoint Place			Amount	
City	State	Zip Code		360.00
Cheverly	MD	20781		on ID : D618500 Disbursement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004	11	
Name of Federal Candidate		<b>✗</b> Support	Office Sought:	House District:
Rodham Clinton, Hillary, , ,		Oppose	<b>X</b> President	Senate State:
Calendar Year-To-Date Per Election for Office Sought	, , ,	377838.55	Disbursement F 2016 Othe	or:
(a) SUBTOTAL of Itemized Independent Expendi	tures			450.00
(,)				7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		• •	7 7 7
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
King, Crystal, , ,	[Electron	ically Filed] Date		06 2016
Olynature				<del></del>

<u> </u>	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 on	11 05 2016
	ate of Public Distribution/Dissemination
Mosaic	11 / 04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint Place Ar	mount
City State Zip Code	27.00
Cheverly MD 20781 Tr	ransaction ID : D618501 ate of Disbursement or Obligation
Purpose of Expenditure Fliers  Category/ Type  004	11 04 2016
Name of Federal Candidate  X Support  Office So	ought: House District:
Rodham Clinton, Hillary, , ,	
Calendar Year-To-Date Per Election for Office Sought  Disburser 2016	ment For:
Full Name of Payee Da Mosaic	ate of Public Distribution/Dissemination
Mailing Address 4801 Viewpoint Place	11 04 2016 mount
City State Zip Code	90.00
	ansaction ID : D618502 ate of Disbursement or Obligation
Purpose of Expenditure Fliers  Category/ Type  004	11 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	ought: House District:
MUDDING BATRION	esident Senate State: FL
Calendar Year-To-Date Per Election for Office Sought  Disburser 2016	ment For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	117.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
King, Crystal, , ,  [Electronically Filed] Date 11	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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Sc	hedule E)	1101120		PAGE 5 OF 10 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC II	DENTIFICATION NUMBER ▼
W	orking America Coalition		С	C00620583
 Che	eck if 24-hour report 48-hour report New report	port X Amends repor	rt filed on 11	05 2016
T	Full Name of Payee Mosaic			c Distribution/Dissemination
-	Mailing Address 4801 Viewpoint Place		11	04 2016
			Amount	
	City State	Zip Code		360.00
	Cheverly MD	20781		ID: D618503 ursement or Obligation
	Purpose of Expenditure Fliers	Category/ Type 004	M 11	04 2016
ı	Name of Federal Candidate	<b>x</b> Support	Office Sought:	House District:
	MURPHY, PATRICK, , ,	Oppose	President	Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought	106538.08	Disbursement For: 2016 Other (sp	Primary <b>✗</b> General pecify) ▶
ſ	Full Name of Payee		Date of Publ	ic Distribution/Dissemination
	Mosaic		M M M	04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 4801 Viewpoint Place		Amount	
ŀ	City State	Zip Code		27.00
	Cheverly MD	20781	Transaction II Date of Disb	
	Purpose of Expenditure Fliers	Category/ Type 004	11	04 2016
ľ	Name of Federal Candidate	<b>x</b> Support	Office Sought:	House District:
	MURPHY, PATRICK, , ,	Oppose	President	Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought	106538.08	Disbursement For: 2016 Other (s	Primary <b>X</b> General pecify) ▶
(	(a) SUBTOTAL of Itemized Independent Expenditures		<b>•</b>	387.00
(	(b) SUBTOTAL of Unitemized Independent Expenditures		<b>&gt;</b>	
(	(c) TOTAL Independent Expenditures		<b>•</b>	7 1 7
٧	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
		nically Filed] Date	M M / D D D 06	2016
	Signature			

				FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
VVC	orking America Coalition			C C00620583
Chec	k if 🗴 24-hour report 48-hour report New report	ort 🗶 Amends repo		11 05 2016
	Full Name of Payee  Mosaic		Date	of Public Distribution/Dissemination
				11 04 2016
	Mailing Address 4801 Viewpoint Place		Amou	int
	City State	Zip Code		45.00
	Cheverly MD	20781		saction ID : D618505 of Disbursement or Obligation
	Purpose of Expenditure Fliers	Category/ Type 004		11 04 2016
1	Name of Federal Candidate	<b>✗</b> Support	Office Sough	nt: House District:
	Rodham Clinton, Hillary, , ,	Oppose	<b>✗</b> Preside	
	Calendar Year-To-Date Per Election for Office Sought	377838.55	Disbursemen 2016	nt For: Primary <b>X</b> General Other (specify) ▶
H.	Tall Marray of Davis			
	Full Name of Payee Mosaic		Date	of Public Distribution/Dissemination
1	Mailing Address 4801 Viewpoint Place		Amou	11 04 2016 unt
-	Dity State	Zip Code		22.50
	Cheverly MD	20781		action ID : D618506 of Disbursement or Obligation
	Purpose of Expenditure Fliers	Category/ Type 004		11
	Name of Federal Candidate	<b>✗</b> Support	Office Sough	nt: House District:
L	Rodham Clinton, Hillary, , ,	Oppose	<b>✗</b> Presid	
	Calendar Year-To-Date Per Election for Office Sought	377838.55	Disbursemer 2016	nt For:
(a	) SUBTOTAL of Itemized Independent Expenditures		. •	67.50
(b	) SUBTOTAL of Unitemized Independent Expenditures		•	7 1 7 1 5
(с	) TOTAL Independent Expenditures		•	7
wi	nder penalty of perjury I certify that the independent expenditures th, or at the request or suggestion of, any candidate or authorized rty committee) any political party committee or its agent.			
	King, Crystal, , ,  [Electron	ically Filed] Date	M M /	06 2016
	Signature			

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Schedule E)	, , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	101123			PAGE 7 OF 10 FOR SE OF FORM 24/48
	MMITTEE (In Full)				FEC ID	DENTIFICATION NUMBER ▼
Working A	merica Coalition					C00620583
Check if X 24	4-hour report 48-hour re	eport New repo	ort X Amends	report file	ed on 11	05 / 2016
Full Name of Mosaic						Distribution/Dissemination
					M M /	04 / 2016
Mailing Add	Iress 4801 Viewpoint Place				Amount	
City		State	Zip Code			45.00
Cheverly		MD	20781		Transaction I	
Purpose of Fliers	Expenditure		Category/ Type	004	Date of Disbu	od 2016
Name of Fe	ederal Candidate			. 70#		7 5
	linton, Hillary, , ,		Suppo		ice Sought:	House District:
	·		Oppo		President For:	Senate State:
	dar Year-To-Date ection for Office Sought		377838.55	Dis 201	sbursement For: 16 Other (sp	Primary <b>✗</b> General ecify) ▶
Full Name Mosaic	of Payee				Date of Public	c Distribution/Dissemination
WiOSaic					11	04 2016
Mailing Add	dress 4801 Viewpoint Place				Amount	
City		State	Zip Code		-	90.00
Cheverly		MD	20781		Transaction ID  Date of Disbu	D: D618508 ursement or Obligation
Purpose of Fliers	Expenditure		Category/ Type	004	11	04 2016
Name of Fe	ederal Candidate		<b>X</b> Supp	ort Off	fice Sought:	House District:
Rodham Cl	linton, Hillary, , ,		Орро	ose :	<b>X</b> President	Senate State:
	dar Year-To-Date ection for Office Sought		377838.55	Dis 20	sbursement For: 16 Other (sp	Primary <b>X</b> General Decify) ▶
(a) SUBTOT	TAL of Itemized Independent Ex	xpenditures		······		135.00
(b) SUBTOT	<b>TAL</b> of Unitemized Independent	Expenditures		······ <b>&gt;</b>		7 1 4
(c) TOTAL	ndependent Expenditures			······	1 7	
with, or at th	ty of perjury I certify that the i le request or suggestion of, an ttee) any political party committ	y candidate or authorized				
	King, Crystal, , ,	[Electron	ically Filed]	Date	M M / D D D D D D D D D D D D D D D D D	2016
Signature						

Schedule E)	JENT EXI END	TIONES		PAGE 8 OF 10 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In_Full)			FEC ID	DENTIFICATION NUMBER ▼
Working America Coalition			С	C00620583
Check if 24-hour report 48-hour report	New rep	port X Amends repo	rt filed on 11	05 / 2016
Full Name of Payee			Date of Public	Distribution/Dissemination
Mosaic			M = M /	04 2016
Mailing Address 4801 Viewpoint Place			Amount	
City	State	Zip Code		45.00
Cheverly	MD	20781	Transaction I	D : D618509
Purpose of Expenditure Fliers		Category/ Type 004	Date of Disbu	ursement or Obligation  04 2016
Name of Federal Candidate		<b>✗</b> Support	Office Sought:	House District:
FEINGOLD, RUSSELL, DANA, ,		Support Oppose		Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		22390.48	Disbursement For: 2016 Other (sp	Primary <b>✗</b> General
Full Name of Payee				c Distribution/Dissemination
Mosaic			M M M /	04 2016
Mailing Address 4801 Viewpoint Place			Amount	
City	State	Zip Code		22.50
Cheverly	MD	20781	Transaction ID	D: D618510 ursement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004	M 11 M	04 2016
Name of Federal Candidate		<b>✗</b> Support	Office Sought:	House District:
FEINGOLD, RUSSELL, DANA, ,		Oppose	President	Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		22390.48	Disbursement For: 2016 Other (sp	Primary <b>X</b> General pecify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		• •	67.50
(b) SUBTOTAL of Uniternized Independent Ex	penditures		•	7 1 7
(c) TOTAL Independent Expenditures			<b>•</b>	
Under penalty of perjury I certify that the inde with, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authorize			
King, Crystal, , ,	[Electron	nically Filed] Date	11 / 06	2016

NAME OF COMMITTEE (In Full) Working America Coalition	FEC IDENTIFICATION NUMBER ▼
Working America Coaiition	0 00000
	C C00620583
Check if X 24-hour report 48-hour report New report X Amends report filed on	11 05 2016
	of Public Distribution/Dissemination
Mosaic	11 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint Place Amou	
City State Zip Code	45.00
Cheverly MD 20781 Trans	saction ID : D618511 of Disbursement or Obligation
Purpose of Expenditure	11 04 2016
Name of Federal Candidate   Support  Office Sough	ht: House District:
FEINGOLD, RUSSELL, DANA, , Oppose Presid	dent Senate State: WI
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2016	ont For:
Full Name of Payee Date	of Public Distribution/Dissemination
Malling Address	11 04 2016
Mailing Address 4801 Viewpoint Place Amou	unt
City State Zip Code	90.00
	saction ID: D618512 of Disbursement or Obligation
Purpose of Expenditure	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate  X Support Office Soug	ht: House District:
FEINIOUR RUGOFIL BANA	dent Senate State: WI
Calendar Year-To-Date Per Election for Office Sought  Disburseme 2016	ent For: Primary <b>X</b> General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	135.00
(b) SUBTOTAL of Unitemized Independent Expenditures	171171171
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
King, Crystal, , ,  [Electronically Filed] Date 11	06 2016
Signature	

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Schedule E)	LINDITONES	PAGE 10 OF 10 FOR SE OF FORM 24/48
AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Working America Coalition		C C00620583
check if 24-hour report 48-hour report	New report X Amends report file	ed on 11 / 05 / 2016
Full Name of Payee New Partners Consulting, Inc.		Date of Public Distribution/Dissemination
		11 04 2016
Mailing Address 1250 Eye Street, NW #200		Amount
City State	Zip Code	52410.00
Washington DC	20005	Transaction ID : D619707 Date of Disbursement or Obligation
Purpose of Expenditure Federal GOTV Calls	Category/ Type 004	11 / 04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	<b>x</b> Support Offi	ice Sought: House District:
KANDER, JASON, , ,	Oppose	President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	66415.96 Dis 201	bursement For:  Primary <b>X</b> General 6 Other (specify) ▶
Full Name of Payee	·	Date of Public Distribution/Dissemination
New Partners Consulting, Inc.		11 04 2016
Mailing Address 1250 Eye Street, NW #200		Amount
City State	Zip Code	32723.75
Washington DC	20005	Transaction ID : D619709 Date of Disbursement or Obligation
Purpose of Expenditure Federal GOTV Calls	Category/ Type 004	11 / 04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	<b>✗</b> Support Off	ice Sought: House District:
BAYH, EVAN, , ,	Oppose	President Senate State: IN
Calendar Year-To-Date Per Election for Office Sought	32723.75 Dis 20'	bursement For: Primary Seneral  Other (specify)   Other
(a) SUBTOTAL of Itemized Independent Expenditures		85133.75
( <b>-</b> ) <b>- - - - - - - - - -</b>		00100.70
(b) SUBTOTAL of Unitemized Independent Expenditures	<b>•</b>	
(c) TOTAL Independent Expenditures	·····	88292.75
Under penalty of perjury I certify that the independent experience with, or at the request or suggestion of, any candidate or au party committee) any political party committee or its agent.		
	Electronically Filed] Date	11 06 2016
Signature		