Schedule E)	PAGE 1 OF 7 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 Amends report
Full Name of Payee	Date of Public Distribution/Dissemination
Mack-Sumner Communications, LLC.	11 05 2016
Mailing Address 2001 N. Beauregard Street Suite 420	Amount
City State	Zip Code 461.18
Alexandria VA	22311 Transaction ID : D618994 Date of Disbursement or Obligation
Purpose of Expenditure Fliers	Category/ Type 004 11 05 2016
Name of Federal Candidate	Support Office Sought: X House District: 24
WILSON, FREDERICA, S., ,	Oppose President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2016 Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
Mack-Sumner Communications, LLC.	11 05 / Y Y Y Y Y Y
Mailing Address 2001 N. Beauregard Street	Amount
Suite 420	, uncum
City State	Zip Code 461.18
Alexandria VA Purpose of Expenditure	22311 Transaction ID : D618995 Date of Disbursement or Obligation
Fliers	Category/ Type 004 11 05 2016
Name of Federal Candidate	Support Office Sought: House District:
MURPHY, PATRICK, , ,	Oppose President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary 2016 Other (specify) Other (specify) Other (specify) ✓ General
(a) SUBTOTAL of Itemized Independent Expenditures	922.36
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·
	res reported herein were not made in cooperation, consultation, or concert zed committee or agent of either, or (if the reporting entity is not a political
King, Crystal, , , [Elect	tronically Filed] Date 11 06 2016
Gigilaturo	

Schedule E)	PAGE 2 OF 7 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 f	iled on DDD / YTYTY
Full Name of Payee Mack-Sumner Communications, LLC.	Date of Public Distribution/Dissemination
Mailing Address 2001 N. Beauregard Street	11 05 2016 Amount
Suite 420 City State Zip Code Alexandria VA 22311	973.83 Transaction ID : D618996
Purpose of Expenditure Category/ Category/	Date of Disbursement or Obligation
Name of Fodoral Condidate	ffice Sought: House District:
MURPHY, PATRICK, , ,	President X Senate State: FL
Odiolidai icai lo Dato	isbursement For:
Full Name of Payee Mack-Sumner Communications, LLC.	Date of Public Distribution/Dissemination 11 05 2016
Mailing Address 2001 N. Beauregard Street Suite 420	Amount
City State Zip Code Alexandria VA 22311	475.15 Transaction ID : D618997
Purpose of Expenditure Fliers Category/ Type 004	Date of Disbursement or Obligation 11 05 2016
Podham Clinton Hillany	office Sought: House District:
Calendar Year-To-Date	President Senate State: isbursement For: Primary General 016
Per Election for Office Sought 380907.04	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	1448.98
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of e party committee) any political party committee or its agent.	
King, Crystal, , , [Electronically Filed] Date	11 / 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

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

				FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
vvori	king America Coalition			C C00620583
Check i	if x 24-hour report 48-hour report New report	ort Amends report		= M / D = D / Y = Y = Y = Y
	Name of Payee		Date of	of Public Distribution/Dissemination
	ack-Sumner Communications, LLC.			11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mai	iling Address 2001 N. Beauregard Street Suite 420		Amou	nt
City		Zip Code		1003.34
	exandria VA	22311		action ID : D618998 of Disbursement or Obligation
	pose of Expenditure ers	Category/ Type 004		11 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Nar	me of Federal Candidate	✗ Support C	Office Sough	t: House District:
Ro	dham Clinton, Hillary, , ,	Oppose	✗ Preside	
	Calendar Year-To-Date Per Election for Office Sought		016 O	t For: Primary General ther (specify) ►
	Name of Payee OSaiC		Date of	of Public Distribution/Dissemination
Ma	iling Address 4801 Viewpoint Place			11 05 2016
			Amou	nt
City	y State	Zip Code	TI:	450.00
	neverly MD	20781		oction ID : D619004 of Disbursement or Obligation
	rpose of Expenditure ers	Category/ Type 004	M	11 05 2016
Nai	me of Federal Candidate	🗶 Support C	Office Sough	nt: House District:
Ro	dham Clinton, Hillary, , ,	Oppose	x Preside	ent Senate State:
	Calendar Year-To-Date Per Election for Office Sought		Disbursemen 2016 O	nt For:
(a) \$	SUBTOTAL of Itemized Independent Expenditures)		1453.34
(b) \$	SUBTOTAL of Unitemized Independent Expenditures		· [
(c) T	TOTAL Independent Expenditures		<u> </u>	7 1 7 1 7
with,	er penalty of perjury I certify that the independent expenditures or at the request or suggestion of, any candidate or authorized committee) any political party committee or its agent.			
	King, Crystal, , , [Electron	ically Filed] Date	M M /	06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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Schedule E)	LIVI EXI END	TIONES		PAGE 4 OF 7 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Working America Coalition			С	C00620583
Check if 24-hour report 48-hour report	X New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pu	blic Distribution/Dissemination
Mosaic			11 M	/ 05 / 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		on ID: D619005 sbursement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004	11 11	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		x Support	Office Sought:	House District:
Rodham Clinton, Hillary, , ,		Oppose	x President	Senate State:
Calendar Year-To-Date Per Election for Office Sought	, , ,	380907.04	Disbursement For 2016 Other	: Primary ✗ General
Full Name of Payee			Date of Pu	ıblic Distribution/Dissemination
Mosaic			11	05 / 2016
Mailing Address 4801 Viewpoint Place			Amount	
City	State	Zip Code		450.00
Cheverly	MD	20781		n ID : D619006 sbursement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004	11 11	05 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:
TRUMP, DONALD, J., ,		X Oppose	X President	Senate State:
Calendar Year-To-Date Per Election for Office Sought		380907.04	Disbursement For 2016 Other	r: Primary ✗ General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures			900.00
				7 7 7 7 7
(b) SUBTOTAL of Unitemized Independent Expe	enditures		• •	7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
King, Crystal, , ,	[Electron	nically Filed] Date	, 11 00	
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Schedule E)	IN EXILIE	TIONES		PAGE 5 OF 7 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Working America Coalition			С	C00620583
Check if 24-hour report 48-hour report	X New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Mosaic			11 M	05 / 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		ID: D619007 ursement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004	11	05 2016
Name of Federal Candidate		x Support	Office Sought:	House District:
MCGINTY, KATHLEEN, ALANA, ,		Oppose	President	Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	, , , ,	25488.70	Disbursement For: 2016 Other (s	Primary ✗ General pecify) ▶
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Mosaic			11	05 / 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		30.00
Cheverly	MD	20781	Transaction I Date of Disb	D: D619008 oursement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004	11	05 / 2016
Name of Federal Candidate		x Support	Office Sought:	House District:
Rodham Clinton, Hillary, , ,		Oppose	✗ President	Senate State:
Calendar Year-To-Date Per Election for Office Sought	7	380907.04	Disbursement For: 2016 Other (s	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures			480.00
(b) SUBTOTAL of Unitemized Independent Exper	nditures		• •	7
(c) TOTAL Independent Expenditures)	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canon party committee) any political party committee or	lidate or authorize			
King, Crystal, , ,	[Electron	nically Filed] Date	11 06	2016
Signature				

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

,	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 Amends repo
Full Name of Payee	Date of Public Distribution/Dissemination
Mosaic	11 05 / 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 Stat	te Zip Code 30.00
Cheverly	D 20781 Transaction ID : D619009 Date of Disbursement or Obligation
Purpose of Expenditure Fliers	Category/ Type 004 11 05 2016
Name of Federal Candidate	Support Office Sought: House District:
FEINGOLD, RUSSELL, DANA, ,	Oppose President Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶
Full Name of Payee Mosaic	Date of Public Distribution/Dissemination
Mailing Address 4801 Viewpoint Place	11 05 2016 Amount
City Stat	
Cheverly MI	D 20781 Transaction ID : D619010 Date of Disbursement or Obligation
Purpose of Expenditure Fliers	Category/ Type 004 11 05 / 2016
Name of Federal Candidate	Support Office Sought: House District:
Rodham Clinton, Hillary, , ,	Oppose President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	240.00
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	······································
	spenditures reported herein were not made in cooperation, consultation, or concert authorized committee or agent of either, or (if the reporting entity is not a political t.
King, Crystal, , , Signature	[Electronically Filed] Date 11 06 2016
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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	T EXI EILD			PAGE 7 OF 7 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Working America Coalition				C00620583
Check if 24-hour report 48-hour report	X New repo	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Mosaic			Date of	Public Distribution/Dissemination
Mailing Address 4801 Viewpoint Place			1	
			Amount	
City	State	Zip Code		210.00
Cheverly	MD	20781		tion ID: D619011 Disbursement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004	M 1	M / D D / Y Y Y Y
Name of Federal Candidate		✗ Support	Office Sought:	House District:
MCGINTY, KATHLEEN, ALANA, ,		Oppose	President	Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	25488.70	Disbursement F	For: Primary X General er (specify)
Full Name of Payee				Public Distribution/Dissemination
New Partners Consulting, Inc.				M / D D / Y Y Y Y Y
Mailing Address 1250 Eve Street NW #200				1 05 2016
1250 Eye Street, NW #200			Amount	
City	State	Zip Code		52480.25
Washington	DC	20005		ion ID: D619708 Disbursement or Obligation
Purpose of Expenditure Federal GOTV Calls		Category/ Type 004	1	05 / 2016
Name of Federal Candidate		x Support	Office Sought:	House District:
KANDER, JASON, , ,		Oppose	Presiden	Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	7	118896.21	Disbursement I	For: Primary General er (specify) ■
(a) SUBTOTAL of Itemized Independent Expenditure	əs			52690.25
(b) SUBTOTAL of Unitemized Independent Expendi	tures		· •	7 1 7 1 7
(c) TOTAL Independent Expenditures			· .	58134.93
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
King, Crystal, , ,	[Electron	ically Filed] Date		06 2016
Signature				