Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Working America Coalition	C C00620583
Check if X 24-hour report 48-hour report New report Amends repo	rt filed on
Full Name of Payee Mosaic	Date of Public Distribution/Dissemination
	11 03 2016
Mailing Address 4801 Viewpoint Place	Amount
City State Zip Code	225.00
Cheverly MD 20781	Transaction ID : D617260 Date of Disbursement or Obligation
Purpose of Expenditure Fliers Category/ Type 004	11 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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 376112.04	Disbursement For: Primary General 2016 Gther (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Mosaic	11 03 / 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	1500.00
Cheverly MD 20781	Transaction ID : D617261 Date of Disbursement or Obligation
Purpose of Expenditure Fliers Category/ Type 004	11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District:
Rodham Clinton, Hillary, , ,	resident Senate State:
Calendar Year-To-Date Per Election for Office Sought 376112.04	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	1725.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·
(c) TOTAL Independent Expenditures	>
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
King, Crystal, , , [Electronically Filed] Date	11 04 2016
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	JENT EXPEND	ITOTILS	-	PAGE 2 OF 31 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Working America Coalition				C00620583
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y = Y
Full Name of Payee			Date of Public	: Distribution/Dissemination
Mosaic			11	03 / 2016
Mailing Address 4801 Viewpoint Place			Amount	
City	State	Zip Code		1500.00
Cheverly	MD	20781	Transaction II Date of Disbut	
Purpose of Expenditure Fliers		Category/ Type 004	11 /	03 / 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 7	376112.04	Disbursement For: 2016 Other (spe	Primary x General ecify) ▶
Full Name of Payee			Date of Public	Distribution/Dissemination
Mosaic			11 /	03 / 2016
Mailing Address 4801 Viewpoint Place			Amount	
City	State	Zip Code		1500.00
Cheverly	MD	20781	Transaction ID Date of Disbu	: D617263 irsement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004	11 /	03 2016
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		376112.04	Disbursement For: 2016 Other (sp	Primary ★ General
(a) SUBTOTAL of Itemized Independent Exper	nditures		•	3000.00
(b) SUBTOTAL of Uniternized Independent Ex	nenditures			
(,,			7	4
(c) TOTAL Independent Expenditures			•	1 4 1 6
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 authorized			
King, Crystal, , ,	[Electron	ically Filed] Date	11 / 04	2016
Signature				

	silicatic Ly	FOR SE OF FORM 24/48
	AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
٧	Vorking America Coalition	C C00620583
Ch	neck if X 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Mosaic	11 03 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	1500.00
	Cheverly MD 20781	Transaction ID : D617264 Date of Disbursement or Obligation
	Purpose of Expenditure Fliers Category/ Type 004	11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	Sought: House District:
	Rodham Clinton Hillary	President Senate State:
	Calendar Year-To-Date Per Election for Office Sought Disbut 2016	rsement For: Primary X General
		Other (specify) -
	Full Name of Payee Mosaic	Date of Public Distribution/Dissemination
	Mailing Address 4801 Viewpoint Place	11 03 2016 Amount
	City State Zip Code	225.00
	Cheverly MD 20781	Transaction ID : D617265
	Purpose of Expenditure Fliers Category/ Type 004	Date of Disbursement or Obligation 11 03 2016
	Name of Federal Candidate Support Office	Sought: House District:
	ANURRING RATION	President Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought Disbut 2016	orsement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	1725.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	4 4
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	King, Crystal, , , [Electronically Filed] Date 1	
	Signature	

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OF

· · · · ,	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
Mosaic	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 45.00
Cheverly MD	20781 Transaction ID : D617266 Date of Disbursement or Obligation
Purpose of Expenditure Fliers	Category/ Type 004 11 03 / 2016
Name of Federal Candidate	Support Office Sought: House District:
STRICKLAND, TED, , ,	Oppose President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary X General 2016 Other (specify) ▶
Full Name of Payee Mosaic	Date of Public Distribution/Dissemination 11 03 2016
Mailing Address 4801 Viewpoint Place	Amount
City State	
Cheverly MD	20781 Transaction ID : D617267 Date of Disbursement or Obligation
Purpose of Expenditure Fliers	Category/ Type 004 11 03 / 2016
Name of Federal Candidate	Support Office Sought: House District:
TRUMP, DONALD, J., ,	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	1545.00
(b) SUBTOTAL of Unitemized Independent Expenditures	• • • • • • • • • • • • • • • • • • •
(c) TOTAL Independent Expenditures	······································
	enditures reported herein were not made in cooperation, consultation, or concert uthorized committee or agent of either, or (if the reporting entity is not a political
	[Electronically Filed] Date 11 04 2016
Signature	

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Sc	chedule E)	EXI EIIDI	TOTILO				PAGE 5	OF FORM 24	31 /48
	ME OF COMMITTEE (In Full)					FEC ID	DENTIFICATI		
W	orking America Coalition						C00620583		
Ch	eck if 🗶 24-hour report 48-hour report	X New repo	ort Am	ends repo		= M /		Y I Y I Y	Y
	Full Name of Payee Mosaic					- M	c Distribution	Y	
	Mailing Address 4801 Viewpoint Place				Amou	11 nt	03	2016	
	City S	State	Zip Code					1500.0	00
		MD	20781				ID : D617268 ursement or		10
	Purpose of Expenditure Fliers		Category/ Type	004	TV	11 M	03	2016	Y
	Name of Federal Candidate			Support	Office Sough	t:	House	District:	
	TRUMP, DONALD, J., ,			Oppose	x Preside	_	Senate	State:	
	Calendar Year-To-Date Per Election for Office Sought		376112.04		Disbursemen 2016 O		Primary	/ X Ge	eneral
	Full Name of Payee				Date	of Publi	c Distribution	n/Dissemina	tion
	Mosaic				N.	11	/ 03 /	2016	
	Mailing Address 4801 Viewpoint Place				Amou	nt			-
	City	State	Zip Code		-			1500.0	00
		MD	20781				D : D617269 ursement or	Obligation	
	Purpose of Expenditure Fliers		Category/ Type	004		11	03	2016	
	Name of Federal Candidate		x 5	Support	Office Sough	it:	House	District:	
	MCGINTY, KATHLEEN, ALANA, ,			Oppose	Preside	ent	X Senate	State:	PA
	Calendar Year-To-Date Per Election for Office Sought		25897.20		Disbursemer 2016 C		Primar	y X Ge	eneral
	(a) SUBTOTAL of Itemized Independent Expenditures				•		1 7	3000.00	0
	(b) SUBTOTAL of Unitemized Independent Expenditure	9S			· [1 4			
	(c) TOTAL Independent Expenditures				•		7		
1	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 age	or authorized							
	King, Crystal, , ,	[Electroni	ically Filed]	Date	M M /	04	/ 20	16 Y	
	Signature								

Sc	nedule E)		1101120				PAGE 6	OF 3	
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION		
W	orking America Coalition					С	C00620583		
Che	ck if X 24-hour report 48-hour report N	lew repo	ort Amer	nds repo	rt filed on	/ = M	/ D D /	Y	Y
T	Full Name of Payee Mosaic					of Publi	ic Distribution	/Disseminatio	
ŀ	Mailing Address 4801 Viewpoint Place				Amou	11	03	2016	_
L									-
	City State Cheverly MD		Zip Code 20781				ID : D617270 ursement or 0	1500.00	_
ŀ	Purpose of Expenditure Fliers		Category/ Type	004		11	/ D D /	2016	Y
ŀ	Name of Federal Candidate		X Su	pport	Office Sough	nt:	House	District:	
	MCGINTY, KATHLEEN, ALANA, ,			pose	Presid	_	X Senate	State: PA	4
	Calendar Year-To-Date Per Election for Office Sought		25897.20		Disbursemer 2016		Primary	√ x Gen	eral
Γ	Full Name of Payee				Date	of Publ	ic Distribution	/Disseminatio	on
	Mosaic					M M M	/ 03 /	2016	Y
	Mailing Address 4801 Viewpoint Place				Amou	unt			
ŀ	City State		Zip Code					60.00	
	Cheverly MD		20781				D : D617271 oursement or (Obligation	_
	Purpose of Expenditure Fliers		Category/ Type	004] [11	03	2016	Y
	Name of Federal Candidate		x Su	ipport	Office Soug	ht:	House	District:	
	Rodham Clinton, Hillary, , ,		Ор	pose	X Presid	lent [Senate	State:	
	Calendar Year-To-Date Per Election for Office Sought	-	376112.04		Disbursemer 2016		Primary	/ X Gen	eral
(a) SUBTOTAL of Itemized Independent Expenditures							1560.00	$\overline{}$
(b) SUBTOTAL of Unitemized Independent Expenditures								$\overline{}$
							7		
(c) TOTAL Independent Expenditures				· [-			
W	Inder penalty of perjury I certify that the independent experrith, or at the request or suggestion of, any candidate or autarty committee) any political party committee or its agent.								
		Electron	ically Filed]	Date	11 /	04	/ Y Y 201	16	
	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 report New report Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Mosaic	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint Place Am	nount
City State Zip Code	30.00
Cheverly MD 20781 Tra	ansaction ID : D617272 te of Disbursement or Obligation
Purpose of Expenditure Fliers Category/ Type 004	11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ught: House District:
Rodham Clinton, Hillary, , ,	
Calendar Year-To-Date Per Election for Office Sought Disbursem 2016	nent For: Primary General Other (specify)
Full Name of Payee Dat Mosaic	te of Public Distribution/Dissemination
Mailing Address 4801 Viewpoint Place Am	11 03 2016 nount
City State Zip Code	30.00
	nsaction ID : D617273 te of Disbursement or Obligation
Purpose of Expenditure Fliers Category/ Type 004	11 03 / 2016
Name of Federal Candidate X Support Office Sou	ught: House District:
Rodham Clinton, Hillary, , ,	sident Senate State:
Calendar Year-To-Date Per Election for Office Sought Disbursem 2016	nent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	60.00
(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 in 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	/ 04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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Sche	edule E)	INI EXI END	TOTILO				PAGE 8	OF 31 FORM 24/48	
	OF COMMITTEE (In Full)					FEC ID		N NUMBER T	_
Wo	rking America Coalition						C00620583		
Check	c if 🗶 24-hour report 48-hour report	X New repo	ort Ame	ends repo	rt filed on	- M /	D	Y Y Y Y Y]
	ull Name of Payee Mosaic					of Public	c Distribution/	Dissemination	_
М	ailing Address 4801 Viewpoint Place				Amou	11 nt	03	2016	_
	ta	Chaha	Zin Onda					00.00	٦
	ity Cheverly	State MD	Zip Code 20781				ID: D617274 ursement or C	60.00	_
	urpose of Expenditure Fliers		Category/ Type	004		11 M	03	2016	
N	ame of Federal Candidate		X Si	upport	Office Sough	t:	House	District:	
R	Rodham Clinton, Hillary, , ,			ppose	✗ Preside	_	Senate	State:	_
	Calendar Year-To-Date Per Election for Office Sought	7	376112.04		Disbursement 2016		Primary pecify) ▶	X Genera	al
	ull Name of Payee			'	Date	of Publi	c Distribution/	Dissemination	
	Mosaic					11	03	2016	
M	lailing Address 4801 Viewpoint Place				Amou	nt			_
С	ity	State	Zip Code		— I			60.00	٦
	Cheverly	MD	20781				D: D617275 ursement or C	Obligation	_
	urpose of Expenditure Fliers		Category/ Type	004		11	03	2016	
N	ame of Federal Candidate		x S	upport	Office Sough	t:	House	District:	
F	EINGOLD, RUSSELL, DANA, ,		_ 0	ppose	Presid	ent	x Senate	State: WI	
	Calendar Year-To-Date Per Election for Office Sought	, , ,	22277.98		Disbursemer 2016		Primary Decify) ▶	X Genera	al —
(-)	OUDTOTAL of However deal England								_
(a)	SUBTOTAL of Itemized Independent Expendi	tures	•••••		-	-		120.00	_
(b)	SUBTOTAL of Unitemized Independent Expenses	nditures			•		7		
(c)	TOTAL Independent Expenditures				.		1 1 25]
with	der penalty of perjury I certify that the indepe h, or at the request or suggestion of, any can try committee) any political party committee or	didate or authorized							
_	King, Crystal, , ,	[Electron	ically Filed]	Date	M M /	04	201	6	
	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 report	New repo	ort Amends repo		= M / D = D / Y = Y = Y
Full Name of Payee			Date	of Public Distribution/Dissemination
Mosaic			IV	11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint Place			Amou	nt
City	State	Zip Code		30.00
Cheverly	MD	20781		action ID : D617276 of Disbursement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004		11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		✗ Support	Office Sough	t: House District:
FEINGOLD, RUSSELL, DANA, ,		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, , ,	22277.98	Disbursemen 2016 O	ther (specify) ►
Full Name of Payee Mosaic			Date	of Public Distribution/Dissemination
Mailing Address 4801 Viewpoint Place			Amou	11 03 2016 int
City	State	Zip Code	$ \Gamma$	30.00
Cheverly	MD	20781		action ID : D617277 of Disbursement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004		11 03 / 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 Sough	nt: House District:
FEINGOLD, RUSSELL, DANA, ,		Oppose	Preside	ent Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	, , ,	22277.98	Disbursemer 2016	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures	5		.	60.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ires		•	7 1 7 1 7
(c) TOTAL Independent Expenditures			· [7 1 7 1 7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
King, Crystal, , , Signature	[Electron	ically Filed] Date	11	04 2016
Signature				

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	LIVI EXI LIVE	TIONES		PAGE 10 OF 31 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Working America Coalition			C	C00620583
Check if 24-hour report 48-hour report	X New rep	port Amends repo	rt filed on /	D = D / Y = Y = Y
Full Name of Payee			Date of Public	: Distribution/Dissemination
Mosaic			M M /	03 / 2016
Mailing Address 4801 Viewpoint Place			Amount	
City	State	Zip Code		60.00
Cheverly	MD	20781	Transaction II Date of Disbu	D: D617278 rsement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004	11 /	03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		✗ Support	Office Sought:	House District:
FEINGOLD, RUSSELL, DANA, ,		Oppose		Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	.,,	22277.98	Disbursement For: 2016 Other (specific	Primary ✗ General ecify) ▶
Full Name of Payee			Date of Public	Distribution/Dissemination
Mosaic			11 /	03 / 2016
Mailing Address 4801 Viewpoint Place			Amount	
City	State	Zip Code		140.00
Cheverly	MD	20781	Transaction ID Date of Disbu	D: D617279 rsement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004	11	03 / 2016
Name of Federal Candidate		x Support	Office Sought:	House District: 01
SHEA-PORTER, CAROL, , ,		Oppose	President	Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		1235.00	Disbursement For: 2016 Other (sp	Primary ✗ General
(a) SUBTOTAL of Itemized Independent Expendent	litures		•	200.00
(b) SUBTOTAL of Unitemized Independent Expe	enditures			
.,			7	7 7
(c) TOTAL Independent Expenditures			•	1 4 1 4
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 authorize			
King, Crystal, , ,	[Electron	nically Filed] Date	11 04	2016
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,		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	M = M / D = D / Y = Y = Y
Full Name of Payee	Da	ate of Public Distribution/Dissemination
Mosaic		11 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint Place	A	mount
City Stat	e Zip Code	140.00
Cheverly		ransaction ID : D617280 ate of Disbursement or Obligation
Purpose of Expenditure Fliers	Category/ Type 004	11 03 7 2016
Name of Federal Candidate	Support Office So	ought: X House District: 02
KUSTER, ANN MCLANE, , ,	Oppose Pre	esident Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	1343.98 Disburse 2016	ment For:
Full Name of Payee Mosaic	D	ate of Public Distribution/Dissemination
Mailing Address 4801 Viewpoint Place	A	11 03 2016 mount
City Stat	e Zip Code	60.00
Cheverly ME		ansaction ID : D617281 ate of Disbursement or Obligation
Purpose of Expenditure Fliers	Category/ Type 004	11 03 7 2016
Name of Federal Candidate	✗ Support Office So	ought: House District:
Rodham Clinton, Hillary, , ,	Oppose x Pro	esident Senate State:
Calendar Year-To-Date Per Election for Office Sought	376112.04 Disburse 2016	ment For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	▶	200.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of either, or	
King, Crystal, , , Signature	[Electronically Filed] Date 11	04 2016
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outed by	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	M = M / D = D / Y = Y = Y
	e of Public Distribution/Dissemination
Mosaic	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint Place Ame	ount
City State Zip Code	90.00
Cheverly MD 20781 Trail	nsaction ID : D617282 e of Disbursement or Obligation
Purpose of Expenditure Fliers Category/ Type 004	11 03 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 Sou	ight: House District:
Rodham Clinton, Hillary, , , Oppose Pres	
Calendar Year-To-Date Per Election for Office Sought Disbursem 2016	ent For: Primary X General Other (specify) ▶
Full Name of Payee Date Mosaic	te of Public Distribution/Dissemination
Mailing Address 4801 Viewpoint Place Am	11 03 2016 nount
City State Zip Code	90.00
	nsaction ID : D617283 te of Disbursement or Obligation
Purpose of Expenditure Fliers Category/ Type 004	11 03 2016
Name of Federal Candidate Support Office Sou	ught: House District:
Rodham Clinton, Hillary, , ,	sident Senate State:
Calendar Year-To-Date Per Election for Office Sought Disbursem 2016	nent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	180.00
(b) SUBTOTAL of Unitemized Independent Expenditures	1 7 1 7 1 7 1
(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 (party committee) any political party committee or its agent.	
King, Crystal, , , [Electronically Filed] Date 11	/ 04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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OF

· · · · · · · · · · · · · · · · · · ·	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 Ame	nds report filed on M M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Mosaic	11 03 / 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	22.50
Cheverly MD 20781	Transaction ID : D617284 Date of Disbursement or Obligation
Purpose of Expenditure Fliers Category/ Type	004 11 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	upport Office Sought: House District:
Rodham Clinton, Hillary, , ,	ppose President Senate State:
Calendar Year-To-Date Per Election for Office Sought 376112.04	Disbursement For: Primary ☐ General 2016 Other (specify) ▶
Full Name of Payee Mosaic	Date of Public Distribution/Dissemination
Malling Adelyses	11 / 03 / 2016
Walling Address 4801 Viewpoint Place	Amount
City State Zip Code	60.00
Cheverly MD 20781	Transaction ID : D617285 Date of Disbursement or Obligation
Purpose of Expenditure Fliers Category/ Type	004 11 03 2016
Name of Federal Candidate	upport Office Sought: House District:
Rodham Clinton, Hillary, , ,	ppose President Senate State:
Calendar Year-To-Date Per Election for Office Sought 376112.04	Disbursement For: Primary ✓ General Other (specify) ✓
(a) SUBTOTAL of Itemized Independent Expenditures	82.50
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported here with, or at the request or suggestion of, any candidate or authorized committee or party committee) any political party committee or its agent.	
King, Crystal, , , [Electronically Filed]	Date 11 04 2016
Signature	

PAGE

OF

			FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC	DENTIFICATION NUMBER ▼
W	orking America Coalition	С	C00620583
Che	ck if X 24-hour report 48-hour report New report Amends report filed o	n M M	/ D D / Y Y Y Y
Т		Date of Pu	ublic Distribution/Dissemination
	Mosaic	11	03 / 2016
	Mailing Address 4801 Viewpoint Place	Amount	
ŀ	City State Zip Code		140.00
			on ID : D617286 sbursement or Obligation
	Purpose of Expenditure Fliers Category/ Type 004	11	03 2016
ľ	Name of Federal Candidate Support Office 5	Sought:	House District:
	Hassan, Margaret, Wood, , Oppose Oppose	President	Senate State: NH
	Calendar Year-To-Date Per Election for Office Sought Disburs 2016	ement For Other	r: Primary x General (specify) ▶
	Full Name of Payee Mosaic	Date of Pu	ublic Distribution/Dissemination
	Mailing Address 4801 Viewpoint Place	Amount	
ľ	City State Zip Code		140.00
		ransaction Date of Di	n ID : D617287 sbursement or Obligation
	Purpose of Expenditure Fliers Category/ Type 004	11	/ 03 / Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office 9	Sought:	House District:
	Hassan, Margaret, Wood, , Oppose	President	Senate State: NH
	Calendar Year-To-Date Per Election for Office Sought Disburs 2016	Sement Fo	r: Primary General (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		280.00
(b) SUBTOTAL of Unitemized Independent Expenditures		77
(c) TOTAL Independent Expenditures		7 7
W	Inder penalty of perjury I certify that the independent expenditures reported herein were not mad vith, or at the request or suggestion of, any candidate or authorized committee or agent of either, arty committee) any political party committee or its agent.		
	King, Crystal, , , [Electronically Filed] Date Signature	M / D 0	4 2016
	Oignaturo		

PAGE

OF

,	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 Ame	nds report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Mosaic	11 03 2016
Mailing Address 4801 Viewpoint Place	Amount
City State Zip Code	120.00
Cheverly MD 20781	Transaction ID : D617288 Date of Disbursement or Obligation
Purpose of Expenditure Fliers Category/ Type	004 11 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	upport Office Sought: House District:
Rodham Clinton, Hillary, , ,	ppose President Senate State:
Calendar Year-To-Date Per Election for Office Sought 376112.04	Disbursement For: Primary ☐ General 2016 Other (specify) ▶
Full Name of Payee Mosaic	Date of Public Distribution/Dissemination
Malling Address	11 / 03 / 2016
Malling Address 4801 Viewpoint Place	Amount
City State Zip Code	15.00
Cheverly MD 20781	Transaction ID : D617289 Date of Disbursement or Obligation
Purpose of Expenditure Fliers Category/ Type	004 11 03 2016
Name of Federal Candidate	upport Office Sought: House District:
Rodham Clinton, Hillary, , ,	ppose President Senate State:
Calendar Year-To-Date Per Election for Office Sought 376112.04	Disbursement For: Primary ✓ General Other (specify) ✓
(a) SUBTOTAL of Itemized Independent Expenditures	135.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported here with, or at the request or suggestion of, any candidate or authorized committee or party committee) any political party committee or its agent.	
King, Crystal, , , [Electronically Filed]	Date 11 04 2016
Signature	

PAGE

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OF

· · · · · · · · · · · · · · · · · · ·	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Working America Coalition	C C00620583
Check if X 24-hour report 48-hour report New report Amend	s report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Mosaic	11 03 / 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	60.00
Cheverly MD 20781	Transaction ID : D617290 Date of Disbursement or Obligation
Purpose of Expenditure Fliers Category/ Type	004 11 03 2016
Name of Federal Candidate	port Office Sought: House District:
Rodham Clinton, Hillary, , ,	
Calendar Year-To-Date Per Election for Office Sought 376112.04	Disbursement For: Primary General 2016 Other (specify) ▶
Full Name of Payee Mosaic	Date of Public Distribution/Dissemination
Malling Adelyses	11 03 7 2016
Mailing Address 4801 Viewpoint Place	Amount
City State Zip Code	30.00
Cheverly MD 20781	Transaction ID : D617291 Date of Disbursement or Obligation
Purpose of Expenditure Fliers Category/ Type	004
Name of Federal Candidate	port Office Sought: House District:
Rodham Clinton, Hillary, , ,	ose President Senate State:
Calendar Year-To-Date Per Election for Office Sought 376112.04	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	90.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or a party committee) any political party committee or its agent.	
King, Crystal, , , [Electronically Filed]	Date 11 04 2016
Signature	

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OF

Sc	chedule E)	311 01120	-	PAGE 17 OF 31 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)			ENTIFICATION NUMBER ▼
W	orking America Coalition			000620583
 Che	eck if 🗶 24-hour report 48-hour report 🗶 New re	report Amends report	ort filed on	D D / Y Y Y Y
Т	Full Name of Payee		Date of Public	Distribution/Dissemination
	Mosaic		Date of Public	03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 4801 Viewpoint Place		Amount	
Ì	City State	Zip Code		60.00
	Cheverly MD	20781	Transaction ID Date of Disburg	
	Purpose of Expenditure Fliers	Category/ Type 004	11 /	03 / 2016
1	Name of Federal Candidate	x Support	Office Sought:	House District:
	Rodham Clinton, Hillary, , ,	Oppose	resident	Senate State:
	Calendar Year-To-Date Per Election for Office Sought	376112.04	Disbursement For: [2016 Other (spe	Primary X General ecify) ▶
ľ	Full Name of Payee		Date of Public	Distribution/Dissemination
	Mosaic		M M /	03 / 7 7 7 7 7 7
ŀ	Mailing Address 4801 Viewpoint Place		Amount	03 2016
1	City State	Zip Code		60.00
	Cheverly MD Purpose of Expenditure	20781		rsement or Obligation
	Fliers	Category/ Type 004	11 /	03 / 2016
	Name of Federal Candidate	x Support	Office Sought:	House District:
	FEINGOLD, RUSSELL, DANA, ,	Oppose	President X	
	Calendar Year-To-Date Per Election for Office Sought	22277.98	Disbursement For: 2016 Other (spe	Primary ✗ General ecify) ▶
((a) SUBTOTAL of Itemized Independent Expenditures		. •	120.00
((b) SUBTOTAL of Unitemized Independent Expenditures		. >	
((c) TOTAL Independent Expenditures		•	
٧	Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.			
		ronically Filed] Date	11 04	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 rep	ort New repo	ort Amends repo		= M / D = D / Y = Y = Y
Full Name of Payee			Date	of Public Distribution/Dissemination
Mosaic				11 03 2016
Mailing Address 4801 Viewpoint Place			Amou	nt
City	State	Zip Code	$-$ Γ	90.00
Cheverly	MD	20781		action ID : D617294 of Disbursement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004		11 03 / 2016
Name of Federal Candidate		x Support	Office Sough	t: House District:
FEINGOLD, RUSSELL, DANA, ,		Oppose	Preside	ent Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		22277.98	Disbursemen 2016	ther (specify) ▶
Full Name of Payee Mosaic				of Public Distribution/Dissemination
Mailing Address 4801 Viewpoint Place			Amou	
City	State	Zip Code	<u> </u>	90.00
Cheverly	MD	20781		action ID : D617295 of Disbursement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004		11 03 2016
Name of Federal Candidate		✗ Support	Office Sough	nt: House District:
FEINGOLD, RUSSELL, DANA, ,		Oppose	Presid	ent Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	,,	22277.98	Disbursemer 2016	nt For:
(a) SUBTOTAL of Itemized Independent Exp	penditures		· [180.00
(b) SUBTOTAL of Unitemized Independent I	Expenditures		•	7 7 7
(c) TOTAL Independent Expenditures			· -	7 7 7
Under penalty of perjury I certify that the in- with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
King, Crystal, , ,	[Electron	ically Filed] Date) 11 /	04 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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OF

				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		·	FEC ID	ENTIFICATION NUMBER ▼
Working America Coa	lition		C	C00620583
Check if 24-hour report	48-hour report New re	port Amends report	filed on	D = D / Y = Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Mosaic			11 /	03 / 2016
Mailing Address 4801 Viewp	oint Place		Amount	
City	State	Zip Code		22.50
Cheverly	MD	20781	Transaction II Date of Disbu	D: D617296 rsement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004	11	03 / 2016
Name of Federal Candidate		x Support 0	Office Sought:	House District:
FEINGOLD, RUSSELL, DAN	IA, ,	Oppose		Senate State: WI
Calendar Year-To-Date Per Election for Office S	Sought		Disbursement For: 016 Other (spe	Primary X General ecify) ▶
Full Name of Payee Mosaic				Distribution/Dissemination
Mailing Address 4801 Vie	wpoint Place		Amount	03 2016
City	State	Zip Code		60.00
Cheverly	MD	20781	Transaction ID Date of Disbu	
Purpose of Expenditure Fliers		Category/ Type 004	M M /	03 / 2016
Name of Federal Candidate		x Support (Office Sought:	House District: 08
NELSON, TOM, , ,		Oppose	President	Senate State: WI
Calendar Year-To-Date Per Election for Office	Sought		Disbursement For: 2016 Other (sp	Primary ✗ General ecify) ▶
(a) SUBTOTAL of Itemized In	ndependent Expenditures			82.50
(b) SUBTOTAL of Unitemized	Independent Expenditures		>	
(c) TOTAL Independent Expe	enditures	······································		1 4 1 4 1
	rtify that the independent expenditure gestion of, any candidate or authorize party committee or its agent.			
King, Crystal, , ,	[Electro	nically Filed] Date	11 / 04	2016
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	PAGE FOR SI		OF ORM 2	31 4/48	
IDENTIFICATION NUMBER ▼					

	TOTT OF OLD TOTAL 24/40
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 M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Mosaic	11 D D / 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	140.00
Cheverly MD 20781	Transaction ID : D617298 Date of Disbursement or Obligation
Purpose of Expenditure Fliers Category/ Type 004	11 03 7 2016
Name of Federal Candidate	Office Sought: House District:
Rodham Clinton, Hillary, , ,	X President Senate State:
Per Election for Office Sought 376112.04 2	Disbursement For: Primary General 016
Tot Elocated for emice estagric	Other (specify) ▶
Full Name of Payee Mosaic	Date of Public Distribution/Dissemination
Mailing Address 4801 Viewpoint Place	11 03 2016
	Amount
City State Zip Code	140.00
Cheverly MD 20781	Transaction ID : D617299 Date of Disbursement or Obligation
Purpose of Expenditure Fliers Category/ Type 004	11 03 / 2016
Name of Federal Candidate	Office Sought: House District:
Rodham Clinton, Hillary, , ,	▼ President Senate State:
	Disbursement For: Primary General 2016
	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	280.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of exparty committee) any political party committee or its agent.	
King, Crystal, , , [Electronically Filed] Date	11 04 2016
Signature	

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Working America Coalition	C C00620583
Check if X 24-hour report 48-hour report New report Amends report file	ed on Man / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Mosaic	11 03 7 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	120.00
Cheverly MD 20781	Transaction ID : D617300 Date of Disbursement or Obligation
Purpose of Expenditure Fliers Category/ Type 004	11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Off	fice Sought: House District:
FEINGOLD, RUSSELL, DANA, , Oppose	President Senate State: WI
Calendar Year-To-Date Per Election for Office Sought Dis 22277.98	sbursement For: Primary X General 16 Other (specify) ▶
Full Name of Payee Mosaic	Date of Public Distribution/Dissemination
Mailing Address 4801 Viewpoint Place	11 03 2016 Amount
City State Zip Code Cheverly MD 20781	15.00 Transaction ID : D617301
Purpose of Evnenditure	Date of Disbursement or Obligation
Fliers Category/ Type 004	11 03 / 2016
Name of Federal Candidate Support Off	fice Sought: House District:
FEINGOLD, RUSSELL, DANA, , Oppose	President Senate State: WI
	sbursement For: Primary General Other (specify) Other
(a) SUBTOTAL of Itemized Independent Expenditures	135.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
King, Crystal, , , [Electronically Filed] Date	11 04 2016
Signature	

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OF

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	IN EXICID	HONES		PAGE 22 OF 31 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 report	X New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	c Distribution/Dissemination
Mosaic			11	03 / 2016
Mailing Address 4801 Viewpoint Place			Amount	
City	State	Zip Code		60.00
Cheverly	MD	20781	Transaction Date of Disbu	ID: D617302 ursement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004	11 11	03 2016
Name of Federal Candidate		x Support	Office Sought:	House District:
FEINGOLD, RUSSELL, DANA, ,		Oppose	President	Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		22277.98	Disbursement For: 2016 Other (sp	Primary ✗ General pecify) ▶
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Mosaic			11	03 2016
Mailing Address 4801 Viewpoint Place			Amount	
City	State	Zip Code		30.00
Cheverly	MD	20781	Transaction II Date of Disbu	D: D617303 ursement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004	11 M	03 / 2016
Name of Federal Candidate		x Support	Office Sought:	House District:
FEINGOLD, RUSSELL, DANA, ,		Oppose	President	Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	7 7	22277.98	Disbursement For: 2016 Other (sp	Primary ✗ General
(a) SUBTOTAL of Itemized Independent Expendit	tures			90.00
			-	4
(b) SUBTOTAL of Unitemized Independent Exper	nditures		• •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candraty committee) any political party committee or	idate or authorized			
King, Crystal, , , Signature	[Electron	nically Filed] Date	11 04	2016
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,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Working America Coalition	C C00620583
Check if X 24-hour report 48-hour report New report Amends rep	port filed on Man / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Mosaic	11 03 / Y Y Y Y Y Y
Mailing Address 4801 Viewpoint Place	Amount
City State Zip Code	60.00
Cheverly MD 20781	Transaction ID : D617304 Date of Disbursement or Obligation
Purpose of Expenditure Fliers Category/ Type 004	M M / D D / Y Y Y Y
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 22277.98	Disbursement For: Primary General 2016 Other (specify) ▶
Full Name of Payee Mosaic	Date of Public Distribution/Dissemination
Mailing Address 4801 Viewpoint Place	11 03 2016 Amount
City State Zip Code	60.00
Cheverly MD 20781	Transaction ID : D617306 Date of Disbursement or Obligation
Purpose of Expenditure Fliers Category/ Type 004	M M / D D / Y Y Y
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 22277.98	Disbursement For: Primary General 2016
(a) SUBTOTAL of Itemized Independent Expenditures	120.00
(b) SUBTOTAL of Unitemized Independent Expenditures	··· •
(c) TOTAL Independent Expenditures	···· >
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.	
King, Crystal, , , [Electronically Filed] Da	te 11 04 2016
Signature	

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IAME OF COMMITTEE (In Full) Morking America Coalition			
vvorkir	ng America Coalition		C C00620583
Check if	x 24-hour report 48-hour report New	report Amends report file	d on M M / D D / Y Y Y Y Y
	ame of Payee		Date of Public Distribution/Dissemination
Mos			11 03 2016
Mailin	g Address 4801 Viewpoint Place		Amount
City	State	Zip Code	720.00
Chev	erly MD	20781	Transaction ID : D617307 Date of Disbursement or Obligation
Purpo: Fliers	se of Expenditure	Category/ Type 004	11
Name	of Federal Candidate	✗ Support Offi	ce Sought: House District: 04
KIHU	EN, RUBEN, , ,	Oppose	President Senate State: NV
	Calendar Year-To-Date Per Election for Office Sought	18764.35 Disl 201	oursement For: Primary X General Other (specify) ▶
Full N	ame of Payee		Date of Public Distribution/Dissemination
			11 03 2016
Mailin	g Address 4801 Viewpoint Place		Amount
City	State	Zip Code	720.00
Chev	erly MD	20781	Transaction ID : D617308 Date of Disbursement or Obligation
Purpo Fliers	se of Expenditure	Category/ Type 004	11 03 7 2016
Name	of Federal Candidate	✗ Support Offi	ce Sought:
KIHU	EN, RUBEN, , ,	Oppose	President Senate State: NV
	Calendar Year-To-Date Per Election for Office Sought	18764.35 Dis 20°	oursement For: Primary General Other (specify)
(a) SU	BTOTAL of Itemized Independent Expenditures		1440.00
(b) SU	BTOTAL of Unitemized Independent Expenditures	·	
(c) TO	TAL Independent Expenditures	······	
with, or	penalty of perjury I certify that the independent expendituat the request or suggestion of, any candidate or authorommittee) any political party committee or its agent.		
	King, Crystal, , , [Elec	ctronically Filed] Date	11 04 2016
Sign	ature		

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NAME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER			
V	Vorking America Coalition	C C00620583	
Ch	neck if X 24-hour report 48-hour report New report Amends report file	d on M M / D D / Y Y Y Y Y	
	Full Name of Payee	Date of Public Distribution/Dissemination	
	The Pivot Group, Inc.	11 03 2016	
	Mailing Address 1720 I Street, NW #550	Amount	
	City State Zip Code	1710.00	
	Washington DC 20006	Transaction ID : D618214 Date of Disbursement or Obligation	
	Purpose of Expenditure Fliers Category/ Type 004	11 03 2016	
	Name of Federal Candidate X Support Office	ce Sought: House District:	
	Rodham Clinton, Hillany	President Senate State:	
	Calendar Year-To-Date Per Election for Office Sought Disk 2010		
	Full Name of Payee	Other (specify)	
	The Pivot Group, Inc.	Date of Public Distribution/Dissemination	
	Mailing Address 1720 I Street, NW #550	Amount	
	City State Zip Code	1710.00	
	Washington DC 20006	Transaction ID : D618215 Date of Disbursement or Obligation	
	Purpose of Expenditure Fliers Category/ Type 004	11 03 / Y Y Y Y Y Y	
	Name of Federal Candidate X Support Office	ce Sought: House District:	
		President Senate State: NC	
	Calendar Year-To-Date Per Election for Office Sought Disl 201	oursement For: Primary General Other (specify)	
	(a) SUBTOTAL of Itemized Independent Expenditures	3420.00	
	(b) SUBTOTAL of Unitemized Independent Expenditures		
	(c) TOTAL Independent Expenditures		
	Under penalty of perjury I certify that the independent expenditures reported herein were not n with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.		
	King, Crystal, , , [Electronically Filed] Date	11 04 2016	
	Signature		
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OF

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	IDENT EXTEND	ITOTIES		PAGE 26 OF 31 FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼				DENTIFICATION NUMBER ▼
Working America Coalition			С	C00620583
Check if 24-hour report 48-hour report New report Amends report filed on				
Full Name of Payee The Pivot Group, Inc.			M = M	
Mailing Address 1720 I Street, NW #550			Amount	03 2016
City	State	Zip Code		7795.55
Washington	DC	20006		on ID : D618218 sbursement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004	11	03 2016
Name of Federal Candidate		X Support	Office Sought:	House District:
KANDER, JASON, , ,		Oppose	President	Senate State: MO
Calendar Year-To-Date Per Election for Office Sought	7 7	14005.96	Disbursement For 2016 Other	r: Primary ✗ General (specify) ▶
Full Name of Payee			Date of Pu	ublic Distribution/Dissemination
The Pivot Group, Inc.			M = M 11	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1720 I Street, NW #550			Amount	
City	State	Zip Code		623.33
Washington	DC	20006		n ID : D618220 sbursement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004	11	03 2016
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		376112.04	Disbursement For 2016 Other	r: Primary ✗ General (specify) ▶
(a) SUBTOTAL of Itemized Independent Exp	enditures		•	8418.88
(b) SUBTOTAL of Unitemized Independent E	Expenditures			
				4 4
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the inc with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
King, Crystal, , ,	[Electron	ically Filed] Date	11 0	
Olghalule				

	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 re	eport filed on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
The Pivot Group, Inc.	11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1720 I Street, NW #550	Amount
City State Zip Code	623.33
Washington DC 20006	Transaction ID : D618223 Date of Disbursement or Obligation
Purpose of Expenditure Fliers Category/ Type 00	M M / D D / Y Y Y Y
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 22277.98	Disbursement For: Primary General 2016 Gther (specify) ▶
Full Name of Payee The Pivot Group, Inc.	Date of Public Distribution/Dissemination 11 03 2016
Mailing Address 1720 I Street, NW #550	Amount
City State Zip Code	218.25
Washington DC 20006	Transaction ID : D618224 Date of Disbursement or Obligation
Purpose of Expenditure Fliers Category/ Type 00	M M / D D / Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 02
POCAN, MARK, , ,	President Senate State: WI
Calendar Year-To-Date Per Election for Office Sought 2125.80	Disbursement For: Primary General 2016
(a) SUBTOTAL of Itemized Independent Expenditures	▶ 841.58
(b) SUBTOTAL of Unitemized Independent Expenditures	···· •
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.	
	ate 11 04 2016
Signature	

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	Siledule Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
٧	Vorking America Coalition	C C00620583
Ch	neck if X 24-hour report 48-hour report New report Amends report file	d on Mam / Dad / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	The Pivot Group, Inc.	11 03 2016
	Mailing Address 1720 I Street, NW #550	Amount
	City State Zip Code	11218.08
	Washington DC 20006	Transaction ID : D618225 Date of Disbursement or Obligation
	Purpose of Expenditure Fliers Category/ Type 004	11
	Name of Federal Candidate X Support Office	ce Sought: House District:
	Rodham Clinton, Hillary	President Senate State:
	Calendar Year-To-Date Per Election for Office Sought Dist 2016	oursement For: Primary General Other (specify)
	Full Name of Payee The Divet Croup Inc.	Date of Public Distribution/Dissemination
	The Pivot Group, Inc.	11 03 2016
	Mailing Address 1720 I Street, NW #550	Amount
	City State Zip Code	11217.34
	Washington DC 20006	Transaction ID : D618226 Date of Disbursement or Obligation
	Purpose of Expenditure Fliers Category/ Type 004	M 11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	ce Sought: House District:
	CORTEZ MASTO, CATHERINE, , ,	President Senate State: NV
	Calendar Year-To-Date Per Election for Office Sought Dist 201	oursement For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	22435.42
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
		11 04 2016
	Signature	
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OF

,	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 Ar	mends report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
The Pivot Group, Inc.	11 03 2016
Mailing Address 1720 I Street, NW #550	Amount
City State Zip Code	2925.00
Washington DC 20006	Transaction ID : D618227 Date of Disbursement or Obligation
Purpose of Expenditure Fliers Category, Type	// 004 M / D D / Y Y Y Y
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 376112.0-	Disbursement For: Primary 2016 Primary General Other (specify) ■
Full Name of Payee The Pivot Group, Inc.	Date of Public Distribution/Dissemination
Mailing Address 1720 I Street, NW #550	11 03 2016 Amount
City State Zip Code	2925.00
Washington DC 20006	Transaction ID : D618228 Date of Disbursement or Obligation
Purpose of Expenditure Fliers Category, Type	// 004 Mam / D D / Y Y Y Y Y
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 106061.0	Disbursement For: Primary ☐ Other (specify) ☐ Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	5850.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported hwith, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.	
King, Crystal, , , [Electronically Filed]	Date 11 04 2016
Signature	

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	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	d on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
The Pivot Group, Inc.	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1720 I Street, NW #550	Amount
City State Zip Code	225.00
Washington DC 20006	Transaction ID : D618229 Date of Disbursement or Obligation
Purpose of Expenditure Fliers Category/ Type 004	11
Name of Federal Candidate Support Office	ee Sought: X House District: 13
Crist, Charlie, , , Oppose Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought Disb	oursement For: Primary General Other (specify) Other (specif
Full Name of Payee The Pivot Group, Inc. Mailing Address 1720 I Street, NW #550	Date of Public Distribution/Dissemination 11 03 2016 Amount
City State Zip Code	337.50
Washington DC 20006	Transaction ID : D618230 Date of Disbursement or Obligation
Purpose of Expenditure Fliers Category/ Type 004	11 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	ce Sought: 🗶 House District: 09
SOTO, DARREN, , ,	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought Disk 201	oursement For: Primary X General 6 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	562.50
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Bato	11 04 2016
Signature	

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Schedule E)	BITOTIES	PAGE 31 OF 31 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 r	report Amends report f	iled on O O O O O O O O O O O O O O O O O O
Full Name of Payee The Pivot Group, Inc.		Date of Public Distribution/Dissemination
Mailing Address 1720 I Street, NW #550		11
City State	Zip Code	3419.66
Washington DC	20006	Transaction ID : D618231 Date of Disbursement or Obligation
Purpose of Expenditure Fliers	Category/ Type 004	11 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	✗ Support O	ffice Sought: House District: 04
MOORE, GWEN S, , ,	Oppose	President Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary General Other (specify) ▶
Full Name of Payee	·	Date of Public Distribution/Dissemination
Ma Tan Adduse		M = M / D = D / Y = Y = Y
Mailing Address		Amount
City State	Zip Code	
		Date of Disbursement or Obligation
Purpose of Expenditure	Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate	Support C	Office Sought: House District:
	Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	,	orisbursement For:
	' ·	
(a) SUBTOTAL of Itemized Independent Expenditures		3419.66
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	·	61358.04
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
	ronically Filed] Date	11 04 2016
Signature		