

PAGE	1	OF	9
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 10px;">C</span> <span>C00620583</span> </div>
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Check if ☒ 24-hour report    ☐ 48-hour report    ➤
☒ New report    ☐ Amends report filed on
 

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Full Name of Payee <b>Mosaic</b>		Date of Public Distribution/Dissemination <div> <div>M M / D D / Y Y Y Y</div> <div>11 / 04 / 2016</div> </div>	
Mailing Address 4801 Viewpoint Place		Amount <div> <div></div> <div>450.00</div> </div>	
City Cheverly	State MD	Zip Code 20781	<b>Transaction ID : D618495</b> Date of Disbursement or Obligation <div> <div>M M / D D / Y Y Y Y Y Y</div> <div>11 / 04 / 2016</div> </div>
Purpose of Expenditure Fliers		Category/ Type	<div> <div></div> <div>004</div> </div>
Name of Federal Candidate Rodham Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President         District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>377838.54</div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►

Full Name of Payee <b>Mosaic</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2016	
Mailing Address 4801 Viewpoint Place		Amount 450.00	
City Cheverly	State MD	Zip Code 20781	Transaction ID : D618496
Purpose of Expenditure Fliers	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2016
Name of Federal Candidate Rodham Clinton, Hillary, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President	District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought	377838.54	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	900.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*[Electronically Filed]*

Signature

Date \_\_\_\_\_

11 / 05 / 2016

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 9  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00620583	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Mosaic</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 04 / 2016</b>	
Mailing Address 4801 Viewpoint Place		Amount <b>450.00</b>	
City Cheverly	State MD	Zip Code 20781	Transaction ID : <b>D618497</b>
Purpose of Expenditure Fliers	Category/ Type	<b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 04 / 2016</b>
Name of Federal Candidate Rodham Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		<b>377838.54</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Mosaic</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 04 / 2016</b>	
Mailing Address 4801 Viewpoint Place		Amount <b>450.00</b>	
City Cheverly	State MD	Zip Code 20781	Transaction ID : <b>D618498</b>
Purpose of Expenditure Fliers	Category/ Type	<b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 04 / 2016</b>
Name of Federal Candidate Rodham Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		<b>377838.54</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>900.00</b>
(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 cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

King, Crystal, , ,

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Date

MM / DD / YYYY  
**11 / 05 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 9  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00620583
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Mosaic</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 04 / 2016</b>
Mailing Address <b>4801 Viewpoint Place</b>		Amount <b>90.00</b>
City <b>Cheverly</b>	State <b>MD</b>	Zip Code <b>20781</b>
Purpose of Expenditure <b>Fliers</b>	Category/Type <b>004</b>	Transaction ID : <b>D618499</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 04 / 2016</b>
Name of Federal Candidate <b>Rodham Clinton, Hillary, , ,</b>		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>377838.54</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Mosaic</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 04 / 2016</b>
Mailing Address <b>4801 Viewpoint Place</b>		Amount <b>360.00</b>
City <b>Cheverly</b>	State <b>MD</b>	Zip Code <b>20781</b>
Purpose of Expenditure <b>Fliers</b>	Category/Type <b>004</b>	Transaction ID : <b>D618500</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 04 / 2016</b>
Name of Federal Candidate <b>Rodham Clinton, Hillary, , ,</b>		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>377838.54</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>450.00</b>
(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 cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*King, Crystal, , ,**[Electronically Filed]*

Date

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**11 / 05 / 2016**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 4 OF 9  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00620583	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Mosaic</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 04 / 2016</b>		
Mailing Address <b>4801 Viewpoint Place</b>			Amount <b>27.00</b>		
City <b>Cheverly</b>	State <b>MD</b>	Zip Code <b>20781</b>	Transaction ID : <b>D618501</b>		
Purpose of Expenditure <b>Fliers</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 04 / 2016</b>		
Name of Federal Candidate <b>Rodham Clinton, Hillary, , ,</b>			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <b>377838.54</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>Mosaic</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 04 / 2016</b>		
Mailing Address <b>4801 Viewpoint Place</b>			Amount <b>90.00</b>		
City <b>Cheverly</b>	State <b>MD</b>	Zip Code <b>20781</b>	Transaction ID : <b>D618502</b>		
Purpose of Expenditure <b>Fliers</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 04 / 2016</b>		
Name of Federal Candidate <b>MURPHY, PATRICK, , ,</b>			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>FL</b> <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <b>106538.07</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>117.00</b>
(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 cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*King, Crystal, , ,**[Electronically Filed]*

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**11 / 05 / 2016**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 5 OF 9  
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NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00620583
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Mosaic</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 04 / 2016</b>
Mailing Address <b>4801 Viewpoint Place</b>		Amount <b>360.00</b>
City <b>Cheverly</b>	State <b>MD</b>	Zip Code <b>20781</b>
Purpose of Expenditure <b>Fliers</b>	Category/ Type <b>004</b>	Transaction ID : <b>D618503</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 04 / 2016</b>
Name of Federal Candidate <b>MURPHY, PATRICK, , ,</b>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>FL</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Mosaic</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 04 / 2016</b>
Mailing Address <b>4801 Viewpoint Place</b>		Amount <b>27.00</b>
City <b>Cheverly</b>	State <b>MD</b>	Zip Code <b>20781</b>
Purpose of Expenditure <b>Fliers</b>	Category/ Type <b>004</b>	Transaction ID : <b>D618504</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 04 / 2016</b>
Name of Federal Candidate <b>MURPHY, PATRICK, , ,</b>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>FL</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>387.00</b>
(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 cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*King, Crystal, , ,**[Electronically Filed]*

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**11 / 05 / 2016**

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

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00620583       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Mosaic</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 04 / 2016</div> </div>		
Mailing Address 4801 Viewpoint Place			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">45.00</div>		
City Cheverly	State MD	Zip Code 20781	<b>Transaction ID : D618505</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 04 / 2016</div> </div>		
Purpose of Expenditure Fliers		Category/ Type 004	Name of Federal Candidate Rodham Clinton, Hillary, , ,		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">377838.54</div>	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____					

Full Name of Payee <b>Mosaic</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 04 / 2016</div> </div>		
Mailing Address 4801 Viewpoint Place			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">22.50</div>		
City Cheverly	State MD	Zip Code 20781	<b>Transaction ID : D618506</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 04 / 2016</div> </div>		
Purpose of Expenditure Fliers		Category/ Type 004	Name of Federal Candidate Rodham Clinton, Hillary, , ,		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">377838.54</div>	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____					

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">67.50</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00620583       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Mosaic</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 04 / 2016</div> </div>		
Mailing Address 4801 Viewpoint Place			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">45.00</div>		
City Cheverly	State MD	Zip Code 20781	<b>Transaction ID : D618507</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 04 / 2016</div> </div>		
Purpose of Expenditure Fliers		Category/ Type 004	Name of Federal Candidate Rodham Clinton, Hillary, , ,		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">377838.54</div>	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►		

Full Name of Payee <b>Mosaic</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 04 / 2016</div> </div>		
Mailing Address 4801 Viewpoint Place			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">90.00</div>		
City Cheverly	State MD	Zip Code 20781	<b>Transaction ID : D618508</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 11 / 04 / 2016</div> </div>		
Purpose of Expenditure Fliers		Category/ Type 004	Name of Federal Candidate Rodham Clinton, Hillary, , ,		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">377838.54</div>	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;">135.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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*King, Crystal, , ,*

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Signature

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

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00620583       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Mosaic</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 04 / 2016</b>	
Mailing Address <b>4801 Viewpoint Place</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">45.00</div>	
City <b>Cheverly</b>	State <b>MD</b>	Zip Code <b>20781</b>	Transaction ID : <b>D618509</b>	
Purpose of Expenditure Fliers		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 04 / 2016</b>	
Name of Federal Candidate <b>FEINGOLD, RUSSELL, DANA, ,</b>			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>WI</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">22390.48</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee <b>Mosaic</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 04 / 2016</b>	
Mailing Address <b>4801 Viewpoint Place</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">22.50</div>	
City <b>Cheverly</b>	State <b>MD</b>	Zip Code <b>20781</b>	Transaction ID : <b>D618510</b>	
Purpose of Expenditure Fliers		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 04 / 2016</b>	
Name of Federal Candidate <b>FEINGOLD, RUSSELL, DANA, ,</b>			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>WI</b>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">22390.48</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;">67.50</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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*King, Crystal, ,*

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 9 OF 9  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00620583	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Mosaic</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 04 / 2016</b>	
Mailing Address <b>4801 Viewpoint Place</b>		Amount <b>45.00</b>	
City <b>Cheverly</b>	State <b>MD</b>	Zip Code <b>20781</b>	Transaction ID : <b>D618511</b>
Purpose of Expenditure <b>Fliers</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 04 / 2016</b>	
Name of Federal Candidate <b>FEINGOLD, RUSSELL, DANA, ,</b>		<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>WI</b>	
Calendar Year-To-Date Per Election for Office Sought <b>22390.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Mosaic</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 04 / 2016</b>	
Mailing Address <b>4801 Viewpoint Place</b>		Amount <b>90.00</b>	
City <b>Cheverly</b>	State <b>MD</b>	Zip Code <b>20781</b>	Transaction ID : <b>D618512</b>
Purpose of Expenditure <b>Fliers</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 04 / 2016</b>	
Name of Federal Candidate <b>FEINGOLD, RUSSELL, DANA, ,</b>		<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>WI</b>	
Calendar Year-To-Date Per Election for Office Sought <b>22390.48</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>135.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>3159.00</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*King, Crystal, , ,**[Electronically Filed]*

Date

MM / DD / YYYY  
**11 / 05 / 2016**

Signature