

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Working America

Full Name (Last, First, Middle Initial) of Payee Heather Rozzo		Date MM / DD / YYYY 10 / 12 / 2012
Mailing Address 819 SW 14th Court		Amount 22.50 Transaction ID : VN7CZ51ZP8
City Fort Lauderdale	State FL	
Zip Code 33315	Purpose of Expenditure Per Diem	Category/ Type
Name of Federal Candidate Supported or Opposed by Expenditure: CLAIRE MCCASKILL		Office Sought: <input type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 102113.76		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Heather Rozzo		Date MM / DD / YYYY 10 / 15 / 2012
Mailing Address 819 SW 14th Court		Amount 22.50 Transaction ID : VN7CZ56E64
City Fort Lauderdale	State FL	
Zip Code 33315	Purpose of Expenditure Per Diem	Category/ Type
Name of Federal Candidate Supported or Opposed by Expenditure: W TODD AKIN		Office Sought: <input type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 102113.76		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Heather Rozzo		Date MM / DD / YYYY 10 / 15 / 2012
Mailing Address 819 SW 14th Court		Amount 22.50 Transaction ID : VN7CZ56E80
City Fort Lauderdale	State FL	
Zip Code 33315	Purpose of Expenditure Per Diem	Category/ Type
Name of Federal Candidate Supported or Opposed by Expenditure: CLAIRE MCCASKILL		Office Sought: <input type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 102113.76		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	67.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	
(carry total from last page forward to Line 7)		