

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER
2018 JAN 23 PM 2:33

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Together We Thrive

ADDRESS (number and street)

3433 Lithia Pinecrest Rd
Ste 198
Valrico FL 33596-



Check if different
than previously
reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00022450

3. IS THIS
REPORT



NEW
(N)

OR



AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:



April 15
Quarterly Report (Q1)



July 15
Quarterly Report (Q2)



October 15
Quarterly Report (Q3)



January 31
Year-End Report (YE)



July 31 Mid-Year
Report (Non-election
Year Only) (MY)



Termination Report
(TER)

(b) Monthly
Report
Due On:



Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)



Nov 20 (M11)
(Non-Election
Year Only)



Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)



Dec 20 (M12)
(Non-Election
Year Only)



Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on



in the
State of



(d) 30-Day
POST-Election
Report for the:



General (30G)

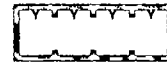


Runoff (30R)



Special (30S)

Election on



in the
State of



5. Covering Period



through



I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

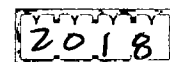
Type or Print Name of Treasurer

Christopher Zullo

Signature of Treasurer

Christopher Zullo

Date



NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
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Only

FEC FORM 3X
Rev. 05/2016

2018-01-23 PM 2:33

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Together We Thrive

Report Covering the Period:

From:

10 / 01 / 2017

To:

01 / 15 / 2018

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2017		
(b) Cash on Hand at Beginning of Reporting Period.....	1,000.00	
(c) Total Receipts (from Line 19)	2,949.00	7,658.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	3,949.00	7,658.00
7. Total Disbursements (from Line 31)	3,949.00	7,658.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

2018-01-15 00:11:01

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Report Covering the Period:

From:

10 / 01 / 2017

To:

01 / 15 / 2018

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

- (a) Individuals/Persons Other Than Political Committees
(i) Itemized (use Schedule A).....

0

420.00

- (ii) Unitemized.....

2949.00

7238.00

- (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

2949.00

7658.00

- (b) Political Party Committees.....

0

0

- (c) Other Political Committees (such as PACs).....

0

0

- (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

2949.00

7658.00

12. Transfers From Affiliated/Other Party Committees.....

0

0

13. All Loans Received.....

0

0

14. Loan Repayments Received.....

0

0

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

0

0

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

0

0

17. Other Federal Receipts (Dividends, Interest, etc.).....

0

0

18. Transfers from Non-Federal and Levin Funds

- (a) Non-Federal Account (from Schedule H3).....

0

0

- (b) Levin Funds (from Schedule H5).....

0

0

- (c) Total Transfers (add 18(a) and 18(b))..

0

0

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

2949.00

7658.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

2949.00

7658.00

2018-01-15 10:00:00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)
(i) Federal Share

0

0

- (ii) Non-Federal Share

0

0

- (b) Other Federal Operating Expenditures

0

0

- (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))

0

0

22. Transfers to Affiliated/Other Party Committees

0

0

23. Contributions to Federal Candidates/Committees and Other Political Committees

0

0

24. Independent Expenditures (use Schedule E)

3,949.00

7,658.00

25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)

0

0

26. Loan Repayments Made

0

0

27. Loans Made

0

0

28. Refunds of Contributions To:
(a) Individuals/Persons Other Than Political Committees

0

0

- (b) Political Party Committees

0

0

- (c) Other Political Committees (such as PACs)

0

0

- (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))

0

0

29. Other Disbursements (Including Non-Federal Donations)

0

0

30. Federal Election Activity (52 U.S.C. § 30101(20))

- (a) Allocated Federal Election Activity (from Schedule H6)

- (i) Federal Share

0

0

- (ii) "Levin" Share

0

0

- (b) Federal Election Activity Paid Entirely With Federal Funds

0

0

- (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))

0

0

31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..

3,949.00

7,658.00

32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)

3,949.00

7,658.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures

COLUMN A Total This Period

COLUMN B Calendar Year-to-Date

- 33. Total Contributions (other than loans)
(from Line 11(d), page 3)
- 34. Total Contribution Refunds
(from Line 28(d))
- 35. Net Contributions (other than loans)
(subtract Line 34 from Line 33)
- 36. Total Federal Operating Expenditures
(add Line 21(a)(i) and Line 21(b))
- 37. Offsets to Operating Expenditures
(from Line 15, page 3)
- 38. Net Operating Expenditures
(subtract Line 37 from Line 36)

2949.00
0
2949.00
0
0
0

7658.00
0
7658.00
0
0
0

20100112010000014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 1 OF 5
 FOR LINE 24 OF FORM 3X

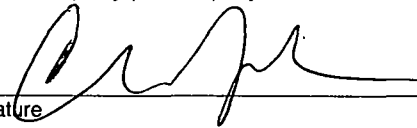
NAME OF COMMITTEE (In Full) Together We Thrive		FEC IDENTIFICATION NUMBER C00522450	
Check if <input type="checkbox"/> 24-hour report	<input type="checkbox"/> 48-hour report	New report	Amends report filed on

Full Name of Payee Facebook		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 12 / 12 / 2017	
Mailing Address 1 Hacker Way			Amount 150.00	
City Menlo Park	State CA	Zip Code 94025		
Purpose of Expenditure Get out The Vote Campaign		Category/Type	Date of Disbursement or Obligation	
Name of Federal Candidate: Doug Jones		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: AL
Calendar Year-To-Date Per Election for Office Sought 1943.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name of Payee Facebook		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 11 / 06 / 2017	
Mailing Address 1 Hacker Way			Amount 59.00	
City Menlo Park	State CA	Zip Code 94025		
Purpose of Expenditure Get out the vote campaign		Category/Type	Date of Disbursement or Obligation	
Name of Federal Candidate: Ralph Northam		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	District: GOV State: VA
Calendar Year-To-Date Per Election for Office Sought 559.00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

(a) SUBTOTAL of Itemized Independent Expenditures	209.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	3949.00

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.

Signature 

Date **01 / 15 / 2018**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2 OF 5
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Together We Thrive</u>		FEC IDENTIFICATION NUMBER ▼ <u>C00522450</u>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report	New report Amends report filed on <u>MM/DD/YYYY</u>	

2018-01-23 00:00:00

Full Name of Payee <u>PinPoint Web Solutions : JH</u>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <u>MM/DD/YYYY</u> <u>12/01/2017</u>
Mailing Address <u>7179 Lake Carlisle Blvd</u>			Amount <u>999.00</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32832</u>	Date of Disbursement or Obligation <u>MM/DD/YYYY</u>
Purpose of Expenditure <u>Get Out The Vote DM Campaign</u>		Category/Type	
Name of Federal Candidate: <u>Doug Jones</u>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>AL</u>
Calendar Year-To-Date Per Election for Office Sought		<u>1943.00</u>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <u>PinPoint Web Solutions : JH</u>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <u>MM/DD/YYYY</u> <u>12/11/2017</u>
Mailing Address <u>7179 Lake Carlisle Blvd</u>			Amount <u>794.00</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32832</u>	Date of Disbursement or Obligation <u>MM/DD/YYYY</u>
Purpose of Expenditure <u>Get Out The Vote DM Campaign</u>		Category/Type	
Name of Federal Candidate: <u>Doug Jones</u>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AL</u>
Calendar Year-To-Date Per Election for Office Sought		<u>1943.00</u>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<u>1943.00</u>
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	<u>3949.00</u>

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.

Signature Date MM/DD/YYYY 01/15/2018

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 3 OF 3
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Together We Thrive</u>		FEC IDENTIFICATION NUMBER <u>C00522450</u>	
Check if <input type="checkbox"/> 24-hour report	<input type="checkbox"/> 48-hour report	New report	Amends report filed on

Full Name of Payee <u>PinPoint Web Solutions : JH</u>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <u>11</u> / <u>07</u> / <u>2017</u>	
Mailing Address <u>7179 Lake Carlisle Blvd</u>			Amount <u>500.00</u>		
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32832</u>	Date of Disbursement or Obligation <u>11</u> / <u>07</u> / <u>2017</u>		
Purpose of Expenditure <u>Get out the vote DM campaign</u>			Category/Type		
Name of Federal Candidate: <u>Ralph Northam</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: <u>GOV</u> State: <u>VA</u>	
Calendar Year-To-Date Per Election for Office Sought <u>559.00</u>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <u>PinPoint Web Solutions : JH</u>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <u>01</u> / <u>15</u> / <u>2018</u>	
Mailing Address <u>7179 Lake Carlisle Blvd</u>			Amount <u>500.00</u>		
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32832</u>	Date of Disbursement or Obligation <u>11</u> / <u>07</u> / <u>2017</u>		
Purpose of Expenditure <u>Get out the vote DM campaign Election Awareness campaign</u>			Category/Type		
Name of Federal Candidate: <u>Bill Nelson</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>FL</u> State: <u>FL</u>	
Calendar Year-To-Date Per Election for Office Sought <u>500.00</u>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures	<u>1,000.00</u>
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	<u>394.90</u>

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.

[Signature]
 Signature

Date 01 / 15 / 2018

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 4 OF 5
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Together We Thrive	FEC IDENTIFICATION NUMBER ▼ 000250450
--	---

Check if ☐ 24-hour report ☐ 48-hour report **>>** New report ☐ Amends report filed on ☐ / ☐ / ☐

Full Name of Payee Pinpoint Web Solutions : JH			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 01 / 15 / 2017	
Mailing Address 7179 Lake Carlisle Blvd			Amount 500.00		
City Orlando	State FL	Zip Code 32832	Date of Disbursement or Obligation <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>		
Purpose of Expenditure Election Awareness Campaign			Category/Type <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	
Name of Federal Candidate: Phil Bredesen			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: IN
Calendar Year-To-Date Per Election for Office Sought 22000			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee PinPoint Web Solutions : JH			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 01 / 15 / 2018	
Mailing Address 7179 Lake Carlisle Blvd			Amount 200.00		
City Orlando	State FL	Zip Code 32832	Date of Disbursement or Obligation <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>		
Purpose of Expenditure Election Awareness Campaign			Category/Type <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	
Name of Federal Candidate: Joe Donnelly			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: IN
Calendar Year-To-Date Per Election for Office Sought 200.00			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures	700.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	3949.00

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.

Signature **Al JH**

Date **01 / 15 / 2017**

2018-01-25 10:00:00

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 5 OF 5
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Together We Thrive</u>	FEC IDENTIFICATION NUMBER ▼ <u>C00250450</u>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report » New report	Amends report filed on <u>MM</u> / <u>DD</u> / <u>YYYY</u>

Full Name of Payee <u>PinPoint WebSolutions : JH</u>		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <u>MM</u> / <u>DD</u> / <u>YYYY</u> <u>01</u> / <u>15</u> / <u>2017</u>	
Mailing Address <u>7179 Lake Carlisle Blvd</u>				Amount <u>5,000.00</u>	
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32832</u>		Date of Disbursement or Obligation <u>MM</u> / <u>DD</u> / <u>YYYY</u>	
Purpose of Expenditure <u>Election Awareness Campaign</u>		Category/Type			
Name of Federal Candidate: <u>Claire McCaskill</u>		<input type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>MO</u>	
Calendar Year-To-Date Per Election for Office Sought		<u>5,000.00</u>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <u>Facebook</u>		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <u>MM</u> / <u>DD</u> / <u>YYYY</u> <u>01</u> / <u>15</u> / <u>2017</u>	
Mailing Address <u>1 Hacker Way</u>				Amount <u>25.00</u>	
City <u>Menlo Park</u>	State <u>CA</u>	Zip Code <u>94025</u>		Date of Disbursement or Obligation <u>MM</u> / <u>DD</u> / <u>YYYY</u>	
Purpose of Expenditure <u>Awareness Campaign</u>		Category/Type			
Name of Federal Candidate: <u>Dean Heller</u>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>NV</u>	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

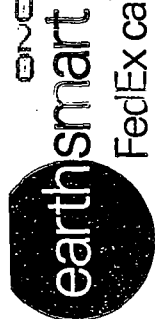
(a) SUBTOTAL of Itemized Independent Expenditures	<u>25.00</u>
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	<u>3949.00</u>

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.

Signature [Signature] Date MM / DD / YYYY
01 / 15 / 2017

2018-01-23 PM 00:18:01

Express



FedEx carbon-neutral
envelope shipping

ORIGIN ID: 2878
CHRISTOPHER ZULLO
TOGETHER WE THRIVE
5350 E. MARRIOTT DR
PHOENIX, AZ 85054
UNITED STATES US

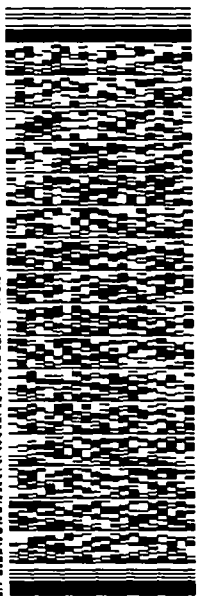
SHIP DATE: 19JAN18
ACTWT: 0.30 LB
CAD: 6992916/SSFO1822
BILL CREDIT CARD

TO
FEDERAL ELECTION COMMISSIO
FEDERAL ELECTION COMMISSION
999 E ST NW

CB

WASHINGTON DC 20463

(202) 694-1100 REF: DEP11
INV: PG:



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01:22
0234

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed Ex</i> Shipping Date <i>1/19/2018</i> Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
PREPARER <i>MP</i>	<i>1/23/2018</i> DATE PREPARED

(3/2015)

20180124 04:00:00