

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER  
2018 OCT 19 PM 2:00

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

Check if different than previously reported. (ACC)

Ste 198

Nalisco FL 33596-

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C 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)

X 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 M M / D D / Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

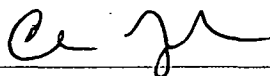
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 07 01 2018 through 09 30 2018

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 Chris Zullo

Signature of Treasurer



Date M M / D D / Y Y Y Y 10 15 2018

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 Use Only							
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FEC FORM 3X  
Rev. 05/2016

# 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:

M M / D D / Y Y Y Y  
07 01 2018

To:

M M / D D / Y Y Y Y  
09 30 2018

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <i>2018</i>		, , 0.00
(b) Cash on Hand at Beginning of Reporting Period.....	, , 0.00	
(c) Total Receipts (from Line 19) .....	, 25,224.43	, 59,100.29
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	, 25,224.43	, 59,100.29
7. Total Disbursements (from Line 31) .....	, 25,224.43	, 59,100.29
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	, , 0.00	, , 0.00
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	, , 0.00	0.00
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	, , 0.00	0.00

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

## For further information contact:

Federal Election Commission  
1050 First Street, N.E.  
Washington, DC 20463

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

# DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Together We Thrive

Report Covering the Period: From: 07 01 2018 To: 09 30 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).....	, 6,267.00	, 18,592.00
(ii) Unitemized .....	, 18,957.00	, 33,537.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	, 25,224.43	, 59,100.29

#### (b) Political Party Committees .....

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

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

, 25,224.43	, 59,100.29
-------------	-------------

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

, , -	, , -
-------	-------

### 13. All Loans Received .....

, , -	, , -
-------	-------

### 14. Loan Repayments Received.....

, , -	, , -
-------	-------

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

, , -	, , -
-------	-------

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

, , -	, , -
-------	-------

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

, , -	, , -
-------	-------

### 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3).....

, , -	, , -
-------	-------

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

, , -	, , -
-------	-------

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

, , -	, , -
-------	-------

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

, 25,224.43	, 59,100.29
-------------	-------------

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

, 25,224.43	, 59,100.29
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2018-10-10 10:00 AM

# **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 .....	,	,
(ii) Non-Federal Share .....	,	,
(b) Other Federal Operating Expenditures .....	,	,
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	,	,
22. Transfers to Affiliated/Other Party Committees .....	,	,
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	,	,
24. Independent Expenditures (use Schedule E) .....	,	,
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F) .....	, 25,224.43	, 59,100.29
26. Loan Repayments Made .....	,	,
27. Loans Made .....	,	,
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	,	,
(b) Political Party Committees .....	,	,
(c) Other Political Committees (such as PACs) .....	,	,
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	,	,
29. Other Disbursements (Including Non-Federal Donations) .....	,	,
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	,	,
(ii) "Levin" Share .....	,	,
(b) Federal Election Activity Paid Entirely With Federal Funds .....	,	,
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	,	,
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	, 25,224.43	, 59,100.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	, 25,224.43	, 59,100.29

2018-10-10 PM 00:24:17

**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) .....	, 25,224.43	, 59,100.29
34. Total Contribution Refunds (from Line 28(d)) .....	, , .	, , .
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	, 25,224.43	, 59,100.29
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) .....	, , .	, , .

2018-10-19 PM 00:00:00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE 1 OF 6	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Together We Thrive

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. M.J. Allen

Mailing Address

3164 Wood

City Cambrian

State CA

Zip Code 93428

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Accounting Services

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

, 450.00

Date of Receipt

09 / 28 / 2018

Amount of Each Receipt this Period

, 450.00

Memo Item

8/8 - 400

7/27 - 50

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Laurelei Ballard

Mailing Address

908 Post Road

City Wakefield

State RI

Zip Code 02879

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Writer

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

, 338.00

Date of Receipt

09 / 28 / 2018

Amount of Each Receipt this Period

, 297.00

Memo Item

7/16 - 54

8/6 - 18

7/26 - 200

8/3 - 25

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Robert Barris

Mailing Address

1425 Z Culver Dr.

City Irvine

State CA

Zip Code 92780

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)

NVIDIA Corp.

Occupation (for Individual)

SW Engineer

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

, 1,400.00

Date of Receipt

09 / 28 / 2018

Amount of Each Receipt this Period

, 1,000.00

Memo Item

7/5 - 25

8/5 - 25

8/28 - 250

7/25 - 100

8/6 - 100

8/30 - 50

7/27 - 50

8/25 - 100

7/28 - 250

8/27 - 50

SUBTOTAL of Receipts This Page (optional).....▶

, 1,747.00

TOTAL This Period (last page this line number only).....▶

, , .

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2 OF 6

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Together We Thrive

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Catherine Bridgetts

Mailing Address

5247 South Walden Circle

City

Centennial

State

CO

Zip Code

80015

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

SIH

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

, ,250.00

Date of Receipt

09 28 2018

Amount of Each Receipt this Period

, ,250.00

Memo Item

9/10-200  
9/14-50

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Patricia Broderick

Mailing Address

59 East Kissimee Road

City

Lindenhurst

State

NY

Zip Code

11757

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Gramercy Group

Occupation (for Individual)

Estimator

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

, ,800.00

Date of Receipt

09 28 2018

Amount of Each Receipt this Period

, ,700.00

Memo Item

7/13-700

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Stephanie Fleck

Mailing Address

39 White Oak Road

City

Waban

State

MA

Zip Code

02468

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

, ,600.00

Date of Receipt

09 28 2018

Amount of Each Receipt this Period

, ,300.00

Memo Item

7/28-100  
8/28-100  
9/28-100

SUBTOTAL of Receipts This Page (optional).....▶

, ,1,250.00

TOTAL This Period (last page this line number only).....▶

, ,

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

Together We Thrive

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Margaret Goldberg

Mailing Address

172 Chestnut St

City

Cambridge

State

NM

Zip Code

02139

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

William E. Goldberg M.D. P.C.

Occupation (for Individual)

Office Manager

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

, 400.00

Date of Receipt

MM / DD / YYYY  
09 / 28 / 2018

Amount of Each Receipt this Period

, 200.00

Memo Item

7/9-100  
8/9-100

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Stephen Hilles

Mailing Address

5 Bergen Avenue

City

Hampton Bays

State

NY

Zip Code

11946

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

The HOG Farm LLC

Occupation (for Individual)

Farmer

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

, 1,000.00

Date of Receipt

MM / DD / YYYY  
09 / 28 / 2018

Amount of Each Receipt this Period

, 1,000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. James Hillhouse

Mailing Address

1901 McCall Road

City

Austin

State

TX

Zip Code

78703

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Programmer

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

, 500.00

Date of Receipt

MM / DD / YYYY  
09 / 28 / 2018

Amount of Each Receipt this Period

, 500.00

Memo Item

7/16-500

SUBTOTAL of Receipts This Page (optional).....▶

, 1,700.00

TOTAL This Period (last page this line number only).....▶

, , .

2018-10-19 PM 00:40:17



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

Together We Thrive

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Eileen Lindburg

Mailing Address

1205 Foster Street

City

South Bend

State

IN

Zip Code

46617

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

, , 450.00

Date of Receipt

MM / DD / YYYY  
09 / 28 / 2018

Amount of Each Receipt this Period

, , 100.00

Memo Item

7/21-100

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lonnie Mask

Mailing Address

1564 Englewood Drive

City

Rockwall

State

TX

Zip Code

75032

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

L3 Technologies

Occupation (for Individual)

Software Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

, , 250.00

Date of Receipt

MM / DD / YYYY  
09 / 28 / 2018

Amount of Each Receipt this Period

, , 150.00

Memo Item

7/4-56  
8/4-50  
9/4-50

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Donna Musgrove

Mailing Address

3707 324th St NW

City

Stanwood

State

WA

Zip Code

98292

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Washington State

Occupation (for Individual)

Financial Service Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

, , 310.00

Date of Receipt

MM / DD / YYYY  
09 / 28 / 2018

Amount of Each Receipt this Period

, , 125.00

Memo Item

7/24-25 9/24-25  
8/24-25 9/25-25  
8/25-25

SUBTOTAL of Receipts This Page (optional).....▶

, , 375.00

TOTAL This Period (last page this line number only).....▶

, , .

2018-10-19 PM 00:20:14Z

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5 OF 6

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Together We Thrive

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Richard Phillips

Mailing Address

910 M St. NW apt 512

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

US Treasury

Occupation (for Individual)

Senior Analyst

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

, ,250.00

Date of Receipt

MM / DD / YYYY  
09 / 28 / 2018

Amount of Each Receipt this Period

, ,250.00

Memo Item

7/28 - 250

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Teri Simon Walters

Mailing Address

324 Hathaway Lane

City

Wynnewood

State

PA

Zip Code

19096

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

, ,375.00

Date of Receipt

MM / DD / YYYY  
09 / 28 / 2018

Amount of Each Receipt this Period

, ,375.00

Memo Item

7/13 - 100  
8/15 - 275

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. John Slater

Mailing Address

130 7th Ave. No. 208

City

New York

State

NY

Zip Code

10011

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

, ,325.00

Date of Receipt

MM / DD / YYYY  
09 / 28 / 2018

Amount of Each Receipt this Period

, ,225.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

, ,850.00

TOTAL This Period (last page this line number only).....▶

, ,

2018-10-10 10:00:00 AM

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 6

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Together We Thrive

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Michael Sperr

Mailing Address

1654 Woods Bend Rd.

City

West Palm Beach

State

FL

Zip Code

33406

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Paramount Engineering Group

Occupation (for Individual)

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

, , 300.00

Date of Receipt

M M / D D / Y Y Y Y

09 28 2018

Amount of Each Receipt this Period

, , 25.00

Memo Item

8/16 - 25

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Mary Walker

Mailing Address

1322 West Selby Lane

City

Redwood City

State

CA

Zip Code

94061

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self-Employment

Occupation (for Individual)

Self-Employment

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

, , 250.00

Date of Receipt

M M / D D / Y Y Y Y

09 28 2018

Amount of Each Receipt this Period

, , 250.00

Memo Item

7/23 - 250

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Leah Warren

Mailing Address

7500 39th Ave NE

City

Seattle

State

WA

Zip Code

98115

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Mercanta LTD

Occupation (for Individual)

Regional Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

, , 250.00

Date of Receipt

M M / D D / Y Y Y Y

09 28 2018

Amount of Each Receipt this Period

, , 70.00

Memo Item

7/12 - 20

8/21 - 25

9/28 - 25

SUBTOTAL of Receipts This Page (optional).....▶

, , 345.00

TOTAL This Period (last page this line number only).....▶

, , 6,267.00

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

PAGE 1 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Together We Thrive</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00522458</b>
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Check if ☐ 24-hour report ☐ 48-hour report ☒ New report Amends report filed on

Full Name of Payee <b>PinPoint Web Solutions</b>			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <b>09 30 2018</b>
Mailing Address <b>7179 Lake Carlisle Blvd</b>					Amount <b>950.00</b>
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>		Date of Disbursement or Obligation <b>07 01 2018</b>	
Purpose of Expenditure <b>Online Advertising: Awareness Campaign</b>			Category/Type		
Name of Federal Candidate: <b>Antonio Delgado</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President District: <b>19</b> State: <b>NY</b>
Calendar Year-To-Date Per Election for Office Sought <b>950.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

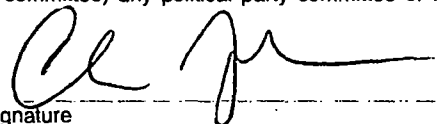
Full Name of Payee <b>PinPoint Web Solutions</b>			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <b>09 30 2018</b>
Mailing Address <b>7179 Lake Carlisle Blvd</b>					Amount <b>950.00</b>
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>		Date of Disbursement or Obligation <b>07 01 2018</b>	
Purpose of Expenditure <b>Online Advertising: Awareness Campaign</b>			Category/Type		
Name of Federal Candidate: <b>Tom Malinowski</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President District: <b>07</b> State: <b>NJ</b>
Calendar Year-To-Date Per Election for Office Sought <b>950.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures ..... **1,900.00**

(a) SUBTOTAL of Unitemized Independent Expenditures ..... **0**

(a) TOTAL Independent Expenditures ..... **25,224.43**

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 **10 15 2018**

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

PAGE 2 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Together We Thrive</u>	FEC IDENTIFICATION NUMBER ▼ <u>C00522458</u>
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Check if ☐ 24-hour report ☐ 48-hour report ☒ New report Amends report filed on \_\_\_\_\_

Full Name of Payee <u>PinPoint WebSolutions</u>			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <u>09 30 2018</u>
Mailing Address <u>7179 Lake Carlisle Blvd</u>					Amount <u>950.00</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation <u>07 01 2018</u>	
Purpose of Expenditure <u>Online Advertising: Awareness Campaign</u>			Category/Type		
Name of Federal Candidate: <u>Dana Balter</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>24</u> State: <u>NY</u>
Calendar Year-To-Date Per Election for Office Sought			<u>950.00</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <u>PinPoint WebSolutions</u>			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <u>09 30 2018</u>
Mailing Address <u>7179 Lake Carlisle Blvd</u>					Amount <u>950.00</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation <u>07 01 2018</u>	
Purpose of Expenditure <u>Online Advertising: Awareness Campaign</u>			Category/Type		
Name of Federal Candidate: <u>Max Rose</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>11</u> State: <u>NY</u>
Calendar Year-To-Date Per Election for Office Sought			<u>950.00</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ..... ▶ 1,900.00

(a) SUBTOTAL of Unitemized Independent Expenditures ..... ▶

(a) TOTAL Independent Expenditures ..... ▶ 25,224.43

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 10 15 2018

2018-10-16 00:00:14

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

PAGE 3 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Together We Thrive</u>	FEC IDENTIFICATION NUMBER ▼ <u>C00522458</u>
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Check if ☐ 24-hour report ☐ 48-hour report ☒ New report Amends report filed on \_\_\_\_\_

Full Name of Payee <u>PinPoint WebSolutions</u>			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY <u>09 / 30 / 2018</u>
Mailing Address <u>7179 Lake Carlisle Blvd</u>					Amount <u>950.00</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation MM / DD / YYYY <u>07 / 01 / 2018</u>	
Purpose of Expenditure <u>Online Advertising: Awareness Campaign</u>			Category/Type		
Name of Federal Candidate: <u>Tedra Cobb</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>21</u> State: <u>NY</u>
Calendar Year-To-Date Per Election for Office Sought			<u>950.00</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

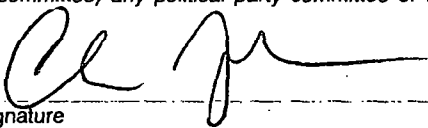
Full Name of Payee <u>PinPoint WebSolutions</u>			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY <u>09 / 30 / 2018</u>
Mailing Address <u>7179 Lake Carlisle Blvd</u>					Amount <u>950.00</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation MM / DD / YYYY <u>07 / 01 / 2018</u>	
Purpose of Expenditure <u>Online Advertising: Awareness Campaign</u>			Category/Type		
Name of Federal Candidate: <u>Liuba Shirley</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>02</u> State: <u>NY</u>
Calendar Year-To-Date Per Election for Office Sought			<u>950.00</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ..... ▶ 1,900.00

(a) SUBTOTAL of Unitemized Independent Expenditures ..... ▶

(a) TOTAL Independent Expenditures ..... ▶ 25,224.43

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 10 / 15 / 2018

20181019 03:00:24 0147

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

PAGE 4 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Together We Thrive</u>	FEC IDENTIFICATION NUMBER ▼ <u>C00522458</u>
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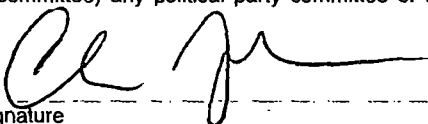
Check if ☐ 24-hour report ☐ 48-hour report ☒ New report Amends report filed on \_\_\_\_\_

Full Name of Payee <u>PinPoint WebSolutions</u>			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <u>09 30 2018</u>
Mailing Address <u>7179 Lake Carlisle Blvd</u>					Amount <u>\$ 963.00</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation <u>07 01 2018</u>	
Purpose of Expenditure <u>Online Advertising: Awareness Campaign</u>			Category/Type		
Name of Federal Candidate: <del>XXXXXXXXXXXX</del> <u>Jay Sidie</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>02</u> State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought			<u>963.00</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name of Payee <u>PinPoint WebSolutions</u>			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <u>09 30 2018</u>
Mailing Address <u>7179 Lake Carlisle Blvd</u>					Amount <u>\$ 950.00</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation <u>07 01 2018</u>	
Purpose of Expenditure <u>Online Advertising: Awareness Campaign</u>			Category/Type		
Name of Federal Candidate: <u>Jeff Van Drew</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>02</u> State: <u>NJ</u>
Calendar Year-To-Date Per Election for Office Sought			<u>950.00</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures .....	<u>1,913.00</u>
(a) SUBTOTAL of Unitemized Independent Expenditures .....	
(a) TOTAL Independent Expenditures .....	<u>25,224.43</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 10 15 2018

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

PAGE 5 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Together We Thrive</u>	FEC IDENTIFICATION NUMBER ▼ <u>C00522458</u>
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Check if ☐ 24-hour report ☐ 48-hour report      New report      Amends report filed on MM / DD / YYYY

Full Name of Payee <u>Facebook Inc.</u>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <u>MM / DD / YYYY</u> <u>09 30 2018</u>	
Mailing Address <u>1 Hacker Way</u>			Amount <u>, <del>000</del> 216.43</u>		
City <u>Menlo Park</u>	State <u>CA</u>	Zip Code <u>94025</u>	Date of Disbursement or Obligation <u>MM / DD / YYYY</u> <u>07 01 2018</u>		
Purpose of Expenditure <u>Online Advertising: GOTV Campaign</u>			Category/ Type		
Name of Federal Candidate: <u>Danny O'Connor</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>12</u> State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought <u>, 1,001.43</u>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

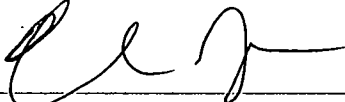
Full Name of Payee			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <u>MM / DD / YYYY</u>	
Mailing Address			Amount		
City	State	Zip Code	Date of Disbursement or Obligation <u>MM / DD / YYYY</u>		
Purpose of Expenditure			Category/ Type		
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: _____ State: _____
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 ..... ▶ , 1,001.43

(a) SUBTOTAL of Unitemized Independent Expenditures ..... ▶ , , .

(a) TOTAL Independent Expenditures ..... ▶ , 25,224.43

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  
10 15 2018

2018-10-19 PM 00:40:14



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

PAGE 6 OF 65  
 FOR LINE 24 OF FORM 3X

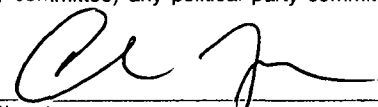
NAME OF COMMITTEE (In Full) <u>Together We Thrive</u>	FEC IDENTIFICATION NUMBER ▼ <u>C00522458</u>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report    New report    Amends report filed on <u>MM / DD / YYYY</u>	

Full Name of Payee <u>Jaalin Hurvey : PPWS</u>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <u>MM / DD / YYYY</u> <u>09 30 2018</u>	
Mailing Address <u>7179 Lake Carlisle Blvd</u>			Amount <u>15.00</u>		
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>	Date of Disbursement or Obligation <u>MM / DD / YYYY</u> <u>07 01 2018</u>		
Purpose of Expenditure <u>Online Advertising : DM Awareness Campaign</u>			Category/Type <u>SM</u>		
Name of Federal Candidate: <u>Ann Kirkpatrick</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>02</u> State: <u>AZ</u>
Calendar Year-To-Date Per Election for Office Sought <u>530.00</u>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <u>Facebook Inc.</u>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <u>MM / DD / YYYY</u> <u>09 30 2018</u>	
Mailing Address <u>1 Hacker Way</u>			Amount <u>113.00</u>		
City <u>Menlo Park</u>	State <u>CA</u>	Zip Code <u>94025</u>	Date of Disbursement or Obligation <u>MM / DD / YYYY</u> <u>07 01 2018</u>		
Purpose of Expenditure <u>Online Advertising : GOTV Campaign</u>			Category/Type <u></u>		
Name of Federal Candidate: <u>Ann Kirkpatrick</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>02</u> State: <u>AZ</u>
Calendar Year-To-Date Per Election for Office Sought <u>530.00</u>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures .....	128.00
(a) SUBTOTAL of Unitemized Independent Expenditures .....	.
(a) TOTAL Independent Expenditures .....	25,224.43

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  
10 15 2018

2018-10-10 10:01 AM BONDING

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

PAGE 7 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Together We Thrive</u>	FEC IDENTIFICATION NUMBER ▼ <u>C00522458</u>
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Check if ☐ 24-hour report ☐ 48-hour report      New report      Amends report filed on MM / DD / YYYY

Full Name of Payee <u>PinPoint WebSolutions</u>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <u>MM / DD / YYYY</u> <u>09 30 2018</u>	
Mailing Address <u>7179 Lake Carlisle Blvd</u>			Amount  <u>, 402.00</u>		
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>			
Purpose of Expenditure <u>Online Advertising: Awareness Campaign</u>			Category/ Type	Date of Disbursement or Obligation <u>MM / DD / YYYY</u> <u>07 01 2018</u>	
Name of Federal Candidate: <u>Ann Kirkpatrick</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>02</u> State: <u>AZ</u>
Calendar Year-To-Date Per Election for Office Sought <u>, 530.00</u>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

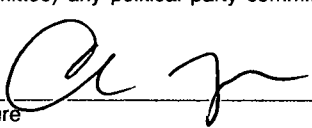
Full Name of Payee			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <u>MM / DD / YYYY</u>	
Mailing Address			Amount  <u>, , .</u>		
City	State	Zip Code			
Purpose of Expenditure			Category/ Type	Date of Disbursement or Obligation <u>MM / DD / YYYY</u>	
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <u>, , .</u>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures ..... ▶ , 402.00

(a) SUBTOTAL of Unitemized Independent Expenditures ..... ▶ , , .

(a) TOTAL Independent Expenditures ..... ▶ , 25,224.43

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  
10 15 2018

2018-10-16 10:04:11 AM

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

PAGE 8 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Together We Thrive</u>	FEC IDENTIFICATION NUMBER ▼ <u>C00522458</u>
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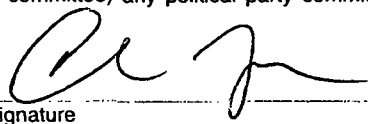
Check if ☐ 24-hour report ☐ 48-hour report      New report      Amends report filed on

Full Name of Payee <u>Jaalin Harvey : PPWS</u>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <u>09 30 2018</u>
Mailing Address <u>7179 Lake Carlisle Blvd</u>				Amount <u>113.00</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation <u>07 01 2018</u>
Purpose of Expenditure <u>Online Advertising : DM Awareness Campaign</u>		Category/Type <u>DM</u>		
Name of Federal Candidate: <u>Jason Crow</u>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> House	District: <u>06</u> State: <u>CO</u>
Calendar Year-To-Date Per Election for Office Sought <u>530.00</u>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <u>Facebook Inc.</u>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <u>09 30 2018</u>
Mailing Address <u>1 Hacker Way</u>				Amount <u>15.00</u>
City <u>Menlo Park</u>	State <u>CA</u>	Zip Code <u>94025</u>		Date of Disbursement or Obligation <u>07 01 2018</u>
Purpose of Expenditure <u>Online Advertising : GOTV Campaign</u>		Category/Type <u>GOTV</u>		
Name of Federal Candidate: <u>Jason Crow</u>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> House	District: <u>06</u> State: <u>CO</u>
Calendar Year-To-Date Per Election for Office Sought <u>530.00</u>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures .....	128.00
(a) SUBTOTAL of Unitemized Independent Expenditures .....	
(a) TOTAL Independent Expenditures .....	25,224.43

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 10 15 2018

2018-10-10 10:00 AM

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

PAGE 9 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Together We Thrive</u>	FEC IDENTIFICATION NUMBER ▼ <u>C 005 224 58</u>
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Check if ☐ 24-hour report ☐ 48-hour report      New report      Amends report filed on

Full Name of Payee <u>PinPoint WebSolutions</u>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <u>09 30 2018</u>
Mailing Address <u>7179 Lake Carlisle Blvd</u>				Amount <u>402.00</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation <u>07 01 2018</u>
Purpose of Expenditure <u>Online Advertising: Awareness Campaign</u>			Category/Type	
Name of Federal Candidate: <u>Jason Crow</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate      District: <u>06</u> State: <u>CO</u>
Calendar Year-To-Date Per Election for Office Sought <u>530.00</u>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

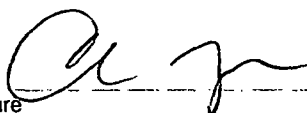
Full Name of Payee			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination
Mailing Address				Amount
City	State	Zip Code		Date of Disbursement or Obligation
Purpose of Expenditure			Category/Type	
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate      District: _____ State: _____
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 ..... 402.00

(a) **SUBTOTAL** of Unitemized Independent Expenditures .....

(a) **TOTAL** Independent Expenditures ..... 25,224.43

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 10 15 2018

2018-10-19-03-00240154

PAGE	10	OF	65
FOR LINE 24 OF FORM 3X			

NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Together We Thrive	C 00522458

Amends report filed on

Full Name of Payee Laalin Harvey : PPWS		Memo Item		Date of Public Distribution/Dissemination 09 30 2018	
Mailing Address 7179 Lake Carlisle Blvd				Amount 11300	
City Orlando	State FL	Zip Code 32829		Date of Disbursement or Obligation 07 01 2018	
Purpose of Expenditure Online Advertising : DM Awareness Campaign		Category/ Type			
Name of Federal Candidate: Abby Finkbeiner		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: 1A	
Calendar Year-To-Date Per Election for Office Sought 530 00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			

Full Name of Payee Facebook Inc.		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 09 30 2018	
Mailing Address 1 Hacker Way			Amount 15.00	
City Menlo Park	State CA	Zip Code 94025	Date of Disbursement or Obligation 07 01 2018	
Purpose of Expenditure Online Advertising: GOTV Campaign		Category/ Type		
Name of Federal Candidate: Abby Finkenauer		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> House	District: 01 State: IA
Calendar Year-To-Date Per Election for Office Sought 530.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	▶	\$	128	00
(a) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	\$		
(a) <b>TOTAL</b> Independent Expenditures .....	▶	\$	25,224	43

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.

10 15 2018

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

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Together We Thrive</b>	FEC IDENTIFICATION NUMBER ▼ <b>C 00522458</b>
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Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on

Full Name of Payee <b>PinPoint WebSolutions</b>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <b>09 30 2018</b>	
Mailing Address <b>7179 Lake Carlisle Blvd</b>					Amount <b>402.00</b>
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>		Date of Disbursement or Obligation <b>07 01 2018</b>	
Purpose of Expenditure <b>Online Advertising: Awareness Campaign</b>			Category/Type		
Name of Federal Candidate: <b>Abby Finkenauber</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <b>01</b> State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought <b>530.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		


Full Name of Payee			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination	
Mailing Address					Amount
City	State	Zip Code		Date of Disbursement or Obligation	
Purpose of Expenditure			Category/Type		
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: _____ State: _____
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 ..... ▶ **402.00**

(a) SUBTOTAL of Unitemized Independent Expenditures ..... ▶

(a) TOTAL Independent Expenditures ..... ▶ **25,224.43**

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 **10 15 2018**

2018-10-10 10:01 AM CONTOUR

PAGE 12 OF 65  
FOR LINE 24 OF FORM 3X

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

Name of Federal Candidate: <u>Haley Stevens</u>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>11</u> State: <u>MI</u>
Calendar Year-To-Date Per Election for Office Sought		<u>530.00</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

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.

10 15 2018

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

PAGE 13 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Together We Thrive</u>	FEC IDENTIFICATION NUMBER ▼ <u>C 005 224 58</u>
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Check if ☐ 24-hour report ☐ 48-hour report      New report      Amends report filed on \_\_\_\_\_

Full Name of Payee <u>PinPoint Web Solutions</u>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination ____/____/____
Mailing Address <u>7179 Lake Carlisle Blvd</u>				<u>09 30 2018</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>		Amount <u>402.00</u>
Purpose of Expenditure <u>Online Advertising: Awareness Campaign</u>			Category/Type _____	Date of Disbursement or Obligation ____/____/____
Name of Federal Candidate: <u>Haley Stevens</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <u>11</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>MI</u>
Calendar Year-To-Date Per Election for Office Sought			<u>530.00</u>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

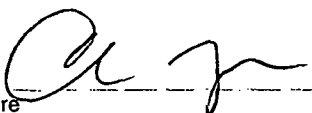
Full Name of Payee			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination
Mailing Address				Amount
City	State	Zip Code		Date of Disbursement or Obligation
Purpose of Expenditure			Category/Type	
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____
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 ..... ▶ 402.00

(a) SUBTOTAL of Unitemized Independent Expenditures ..... ▶ \_\_\_\_\_

(a) TOTAL Independent Expenditures ..... ▶ 25,224.43

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 10 15 2018

2018-10-10 10:00 AM CONVENTION



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

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Together We Thrive</u>	FEC IDENTIFICATION NUMBER ▼ <u>C00522458</u>
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Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on

Full Name of Payee <u>Jaalin Harvey : PPWS</u>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <u>09 30 2018</u>
Mailing Address <u>7179 Lake Carlisle Blvd</u>			Amount <u>113.00</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>	Date of Disbursement or Obligation <u>07 01 2018</u>
Purpose of Expenditure <u>Online Advertising : DM Awareness Campaign</u>		Category/Type <u>DM</u>	
Name of Federal Candidate: <u>Angie Craig</u>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>02</u> State: <u>MN</u>
Calendar Year-To-Date Per Election for Office Sought <u>530.00</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <u>Facebook Inc.</u>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <u>09 30 2018</u>
Mailing Address <u>1 Hacker Way</u>			Amount <u>15.00</u>
City <u>Menlo Park</u>	State <u>CA</u>	Zip Code <u>94025</u>	Date of Disbursement or Obligation <u>07 01 2018</u>
Purpose of Expenditure <u>Online Advertising : GOTV Campaign</u>		Category/Type <u>DM</u>	
Name of Federal Candidate: <u>Angie Craig</u>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>02</u> State: <u>MN</u>
Calendar Year-To-Date Per Election for Office Sought <u>530.00</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures ..... 128.00

(a) SUBTOTAL of Unitemized Independent Expenditures ..... 0.00

(a) TOTAL Independent Expenditures ..... 25,224.43

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.

AC  
 Signature

Date 10 15 2018

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

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Together We Thrive</b>	FEC IDENTIFICATION NUMBER ▼ <b>C 005 224 58</b>
--	--

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

Full Name of Payee <b>PinPoint Web Solutions</b>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <b>09 30 2018</b>
Mailing Address <b>7179 Lake Carlisle Blvd</b>				Amount <b>402.00</b>
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>		Date of Disbursement or Obligation <b>07 01 2018</b>
Purpose of Expenditure <b>Online Advertising: Awareness Campaign</b>		Category/Type		
Name of Federal Candidate: <b>Ange Craig</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <b>02</b> State: <b>MN</b>
Calendar Year-To-Date Per Election for Office Sought <b>530.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		


Full Name of Payee			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination
Mailing Address				Amount
City	State	Zip Code		Date of Disbursement or Obligation
Purpose of Expenditure		Category/Type		
Name of Federal Candidate:		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: State:
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures ..... ▶ **402.00**

(a) SUBTOTAL of Unitemized Independent Expenditures ..... ▶

(a) TOTAL Independent Expenditures ..... ▶ **25,224.43**

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 **10 15 2018**

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

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Together We Thrive</u>	FEC IDENTIFICATION NUMBER ▼ <u>C00522458</u>
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Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on \_\_\_\_\_

Full Name of Payee <u>Jaalin Harvey : PPWS</u>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <u>09 30 2018</u>
Mailing Address <u>7179 Lake Carlisle Blvd</u>				Amount <u>113.00</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation <u>07 01 2018</u>
Purpose of Expenditure <u>Online Advertising : DM Awareness Campaign</u>		Category/Type <u>DM</u>		
Name of Federal Candidate: <u>Dean Phillips</u>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	<input checked="" type="checkbox"/> House District: <u>03</u> State: <u>MN</u>
Calendar Year-To-Date Per Election for Office Sought <u>530.00</u>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <u>Facebook Inc.</u>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <u>09 30 2018</u>
Mailing Address <u>1 Hacker Way</u>				Amount <u>15.00</u>
City <u>Menlo Park</u>	State <u>CA</u>	Zip Code <u>94025</u>		Date of Disbursement or Obligation <u>07 01 2018</u>
Purpose of Expenditure <u>Online Advertising : GOTV Campaign</u>		Category/Type <u>GOTV</u>		
Name of Federal Candidate: <u>Dean Phillips</u>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	<input checked="" type="checkbox"/> House District: <u>03</u> State: <u>MN</u>
Calendar Year-To-Date Per Election for Office Sought <u>530.00</u>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures ..... ▶ 128.00

(a) SUBTOTAL of Unitemized Independent Expenditures ..... ▶ 5.00

(a) TOTAL Independent Expenditures ..... ▶ 25,224.43

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 10 15 2018

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

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Together We Thrive</b>	FEC IDENTIFICATION NUMBER ▼ <b>C 00522458</b>
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Check if ☐ 24-hour report ☐ 48-hour report      New report      Amends report filed on

Full Name of Payee <b>PinPoint WebSolutions</b>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 09 / 30 / 2018	
Mailing Address <b>7179 Lake Carlisle Blvd</b>			Amount <b>402.00</b>		
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>	Date of Disbursement or Obligation 07 / 01 / 2018		
Purpose of Expenditure <b>Online Advertising : Awareness Campaign</b>			Category/ Type		
Name of Federal Candidate: <b>Dean Phillips</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <b>03</b> State: <b>MN</b>
Calendar Year-To-Date Per Election for Office Sought <b>530.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		


Full Name of Payee			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination	
Mailing Address			Amount		
City	State	Zip Code	Date of Disbursement or Obligation		
Purpose of Expenditure			Category/ Type		
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: _____ State: _____
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 ..... ▶ **402.00**

(a) SUBTOTAL of Unitemized Independent Expenditures ..... ▶

(a) TOTAL Independent Expenditures ..... ▶ **25,224.43**

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 **10 / 15 / 2018**

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FOR LINE 24 OF FORM 3X

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

Date of Public Distribution/Dissemination

09 30 2018

Amount

113 00

Date of Disbursement or Obligation

07 01 2018

Sought: ☒ House District: 11  
 President ☐ Senate State: NJ

Insurance For: ☐ Primary ☒ General  
☐ Other (specify) ▶ \_\_\_\_\_

Date of Public Distribution/Dissemination

09 30 2018

Amount
15.00

Date of Disbursement or Obligation:

07 01 2018

e Sought: ☒ House District: 11  
 President ☐ Senate State: NJ

Insurance For: ☐ Primary ☒ General  
☐ Other (specify) ▶

Purpose of Expenditure	Category/ Type
Online Advertising : GOTV Campaign	

Name of Federal Candidate: Mike Sherrill ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election for Office Sought		7	;	530.00		Dis
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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.

Date 10 15 2018

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

PAGE 19 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Together We Thrive</u>	FEC IDENTIFICATION NUMBER ▼ <u>C 00522458</u>
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Check if ☐ 24-hour report ☐ 48-hour report      New report      Amends report filed on \_\_\_\_\_

Full Name of Payee <u>PinPoint WebSolutions</u>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M O N T H / D A Y / Y E A R <u>09 30 2018</u>
Mailing Address <u>7179 Lake Carlisle Blvd</u>				Amount <u>402.00</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation M O N T H / D A Y / Y E A R <u>07 01 2018</u>
Purpose of Expenditure <u>Online Advertising : Awareness Campaign</u>			Category/ Type	
Name of Federal Candidate: <u>Mike Sherrill</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <u>11</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NJ</u>
Calendar Year-To-Date Per Election for Office Sought <u>530.00</u>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M O N T H / D A Y / Y E A R
Mailing Address				Amount
City	State	Zip Code		Date of Disbursement or Obligation M O N T H / D A Y / Y E A R
Purpose of Expenditure			Category/ Type	
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____
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>402.00</u>
(a) SUBTOTAL of Unitemized Independent Expenditures .....	
(a) TOTAL Independent Expenditures .....	<u>25,224.43</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 10 15 2018

2018-10-10 AM 00:00:10

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FOR LINE 24 OF FORM 3X

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

Name of Federal Candidate: <u>Susie Lee</u>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		District: <u>03</u> State: <u>NV</u>	
Calendar Year-To-Date Per Election for Office Sought		<u>530.00</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....	▶	\$	128.00
(a) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	\$	
(a) <b>TOTAL</b> Independent Expenditures .....	▶	\$	25,224.43

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 10 15 2018

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

PAGE 21 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Together We Thrive</b>	FEC IDENTIFICATION NUMBER ▼ <b>C 005 224 58</b>
--	--


Check if ☐ 24-hour report ☐ 48-hour report      New report      Amends report filed on \_\_\_\_\_

Full Name of Payee <b>PinPoint WebSolutions</b>			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination _____/_____/_____ <b>09 30 2018</b>
Mailing Address <b>7179 Lake Carlisle Blvd</b>					Amount  <b>402.00</b>
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>			
Purpose of Expenditure <b>Online Advertising : Awareness Campaign</b>			Category/ Type		Date of Disbursement or Obligation _____/_____/_____ <b>07 01 2018</b>
Name of Federal Candidate: <b>Susie Lee</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <b>03</b> State: <b>NV</b>
Calendar Year-To-Date Per Election for Office Sought			<b>530.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination _____/_____/_____ Amount
Mailing Address					Date of Disbursement or Obligation _____/_____/_____ Amount
City	State	Zip Code			
Purpose of Expenditure			Category/ Type		
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: _____ State: _____
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 .....	<b>402.00</b>
(a) SUBTOTAL of Unitemized Independent Expenditures .....	
(a) TOTAL Independent Expenditures .....	<b>25,224.43</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.

Signature  Date **10 15 2018**



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

PAGE 22 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Together We Thrive</u>	FEC IDENTIFICATION NUMBER ▼ <u>C00522458</u>
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Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on \_\_\_\_\_

Full Name of Payee <u>Jaalin Harvey : PPWS</u>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <u>09 30 2018</u>	
Mailing Address <u>7179 Lake Carlisle Blvd</u>				Amount <u>113.00</u>	
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation <u>07 01 2018</u>	
Purpose of Expenditure <u>Online Advertising : DM Awareness Campaign</u>			Category/ Type <u>DM</u>		
Name of Federal Candidate: <u>Jennifer Wexton</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>10</u> State: <u>VA</u>
Calendar Year-To-Date Per Election for Office Sought <u>530.00</u>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <u>Facebook Inc.</u>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <u>09 30 2018</u>	
Mailing Address <u>1 Hacker Way</u>				Amount <u>15.00</u>	
City <u>Menlo Park</u>	State <u>CA</u>	Zip Code <u>94025</u>		Date of Disbursement or Obligation <u>07 01 2018</u>	
Purpose of Expenditure <u>Online Advertising : GOTV Campaign</u>			Category/ Type <u>GOTV</u>		
Name of Federal Candidate: <u>Jennifer Wexton</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>10</u> State: <u>VA</u>
Calendar Year-To-Date Per Election for Office Sought <u>530.00</u>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures ..... ▶ 128.00

(a) SUBTOTAL of Unitemized Independent Expenditures ..... ▶ 0.00

(a) TOTAL Independent Expenditures ..... ▶ 25,224.43

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 10 15 2018

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

PAGE 23 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Together We Thrive</u>	FEC IDENTIFICATION NUMBER ▼ <u>C 005 224 58</u>
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Check if ☐ 24-hour report ☐ 48-hour report      New report      Amends report filed on \_\_\_\_\_

Full Name of Payee <u>PinPoint WebSolutions</u>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 09 / 30 / 2018
Mailing Address <u>7179 Lake Carlisle Blvd</u>				Amount <u>402.00</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation 07 / 01 / 2018
Purpose of Expenditure <u>Online Advertising: Awareness Campaign</u>			Category/ Type	
Name of Federal Candidate: <u>Jennifer Wexton</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <u>16</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>VA</u>
Calendar Year-To-Date Per Election for Office Sought <u>530.00</u>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____


Full Name of Payee			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination
Mailing Address				Amount
City	State	Zip Code		Date of Disbursement or Obligation
Purpose of Expenditure			Category/ Type	
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____
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 ..... ▶ 402.00

(a) SUBTOTAL of Unitemized Independent Expenditures ..... ▶

(a) TOTAL Independent Expenditures ..... ▶ 25,224.43

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 10 / 15 / 2018

2018-10-16 09:04:00 AM

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

PAGE 24 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Together We Thrive</u>	FEC IDENTIFICATION NUMBER ▼ <u>C00522458</u>
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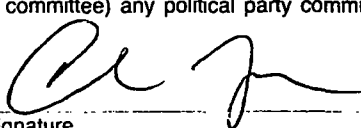
Check if ☐ 24-hour report ☐ 48-hour report      New report      Amends report filed on \_\_\_\_\_

Full Name of Payee <u>Jaalin Harvey : PPWS</u>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <u>09 30 2018</u>
Mailing Address <u>7179 Lake Carlisle Blvd</u>				Amount <u>113.00</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation <u>07 01 2018</u>
Purpose of Expenditure <u>Online Advertising : DM Awareness Campaign</u>		Category/Type <u>DM</u>		
Name of Federal Candidate: <u>Dan Feehan</u>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>01</u> State: <u>MN</u>
Calendar Year-To-Date Per Election for Office Sought <u>530.00</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <u>Facebook Inc.</u>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <u>09 30 2018</u>
Mailing Address <u>1 Hacker Way</u>				Amount <u>15.00</u>
City <u>Menlo Park</u>	State <u>CA</u>	Zip Code <u>94025</u>		Date of Disbursement or Obligation <u>07 01 2018</u>
Purpose of Expenditure <u>Online Advertising : GOTV Campaign</u>		Category/Type <u>DM</u>		
Name of Federal Candidate: <u>Dan Feehan</u>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>01</u> State: <u>MN</u>
Calendar Year-To-Date Per Election for Office Sought <u>530.00</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures .....	128.00
(a) SUBTOTAL of Unitemized Independent Expenditures .....	
(a) TOTAL Independent Expenditures .....	25,224.43

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 10 15 2018

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

PAGE 25 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Together We Thrive</u>	FEC IDENTIFICATION NUMBER ▼ <u>C 005 224 58</u>
--	--

Check if ☐ 24-hour report ☐ 48-hour report      New report      Amends report filed on \_\_\_\_\_

Full Name of Payee <u>PinPoint WebSolutions</u>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination _____ <u>09 30 2018</u>	
Mailing Address <u>7179 Lake Carlisle Blvd</u>					Amount  <u>402.00</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation _____ <u>07 01 2018</u>	
Purpose of Expenditure <u>Online Advertising : Awareness Campaign</u>			Category/ Type		
Name of Federal Candidate: <u>Dan Feehan</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>01</u> State: <u>MN</u>
Calendar Year-To-Date Per Election for Office Sought  <u>530.00</u>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		


Full Name of Payee			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination _____ Amount	
Mailing Address					Date of Disbursement or Obligation _____ Amount
City	State	Zip Code			
Purpose of Expenditure			Category/ Type		
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: _____ State: _____
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 ..... ▶ 402.00

(a) SUBTOTAL of Unitemized Independent Expenditures ..... ▶ \_\_\_\_\_

(a) TOTAL Independent Expenditures ..... ▶ 25,224.43

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 10 15 2018

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

PAGE 24 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Together We Thrive</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00522458</b>
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Check if ☐ 24-hour report ☐ 48-hour report      New report      Amends report filed on

Full Name of Payee <b>Jaalin Harvey : PPWS</b>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <b>09 30 2018</b>
Mailing Address <b>7179 Lake Carlisle Blvd</b>				Amount <b>113.00</b>
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>		Date of Disbursement or Obligation <b>07 01 2018</b>
Purpose of Expenditure <b>Online Advertising : DM Awareness Campaign</b>			Category/Type <b>DM</b>	
Name of Federal Candidate: <b>Joe Radinovich</b>			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>08</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>MN</b>
Calendar Year-To-Date Per Election for Office Sought <b>530.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

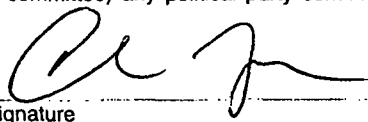
Full Name of Payee <b>Facebook Inc.</b>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <b>09 30 2018</b>
Mailing Address <b>1 Hacker Way</b>				Amount <b>15.00</b>
City <b>Menlo Park</b>	State <b>CA</b>	Zip Code <b>94025</b>		Date of Disbursement or Obligation <b>07 01 2018</b>
Purpose of Expenditure <b>Online Advertising : GOTV Campaign</b>			Category/Type <b>GOTV</b>	
Name of Federal Candidate: <b>Joe Radinovich</b>			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>08</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>MN</b>
Calendar Year-To-Date Per Election for Office Sought <b>530.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures ..... ▶ **128.00**

(a) SUBTOTAL of Unitemized Independent Expenditures ..... ▶

(a) TOTAL Independent Expenditures ..... ▶ **25,224.43**

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 **10 15 2018**

2018-10-10 10:00:40

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

PAGE 27 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Together We Thrive</b>	FEC IDENTIFICATION NUMBER ▼ <b>C 005 224 58</b>
--	--

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

Full Name of Payee <b>PinPoint WebSolutions</b>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <b>09 30 2018</b>	
Mailing Address <b>7179 Lake Carlisle Blvd</b>				Amount <b>402.00</b>	
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>		Date of Disbursement or Obligation <b>07 01 2018</b>	
Purpose of Expenditure <b>Online Advertising : Awareness Campaign</b>			Category/ Type		
Name of Federal Candidate: <b>Joe Radinovich</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <b>08</b> State: <b>MN</b>
Calendar Year-To-Date Per Election for Office Sought <b>536.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		


Full Name of Payee			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination	
Mailing Address				Amount	
City	State	Zip Code		Date of Disbursement or Obligation	
Purpose of Expenditure			Category/ Type		
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: _____ State: _____
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 ..... ▶ **402.00**

(a) SUBTOTAL of Unitemized Independent Expenditures ..... ▶

(a) TOTAL Independent Expenditures ..... ▶ **25,224.43**

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 **10 15 2018**

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

PAGE 28 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Together We Thrive</b>	FEC IDENTIFICATION NUMBER ▼ <b>C 00522458</b>
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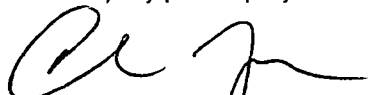
Check if ☐ 24-hour report ☐ 48-hour report      New report      Amends report filed on

Full Name of Payee <b>Jaalin Harvey : PPWS</b>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <b>09 30 2018</b>
Mailing Address <b>7179 Lake Carlisle Blvd</b>				Amount <b>113.00</b>
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>		Date of Disbursement or Obligation <b>07 01 2018</b>
Purpose of Expenditure <b>Online Advertising : DM Awareness Campaign</b>		Category/Type <b>DM</b>		
Name of Federal Candidate: <b>Debbie Mucarsel-Powell</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>26</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>FL</b>
Calendar Year-To-Date Per Election for Office Sought <b>530.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Facebook Inc.</b>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <b>09 30 2018</b>
Mailing Address <b>1 Hacker Way</b>				Amount <b>15.00</b>
City <b>Menlo Park</b>	State <b>CA</b>	Zip Code <b>94025</b>		Date of Disbursement or Obligation <b>07 01 2018</b>
Purpose of Expenditure <b>Online Advertising : GOTV Campaign</b>		Category/Type <b>GOTV</b>		
Name of Federal Candidate: <b>Debbie Mucarsel-Powell</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>26</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>FL</b>
Calendar Year-To-Date Per Election for Office Sought <b>530.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures .....	<b>128.00</b>
(a) SUBTOTAL of Unitemized Independent Expenditures .....	
(a) TOTAL Independent Expenditures .....	<b>25,224.43</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.

  
 Signature

Date **10 15 2018**

2018-10-10 00:00:00

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

PAGE 29 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Together We Thrive</b>	FEC IDENTIFICATION NUMBER ▼ <b>C 00522458</b>
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Check if ☐ 24-hour report ☐ 48-hour report      New report      Amends report filed on

Full Name of Payee <b>PinPoint WebSolutions</b>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <b>09 30 2018</b>	
Mailing Address <b>7179 Lake Carlisle Blvd</b>				Amount <b>402.00</b>	
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>		Date of Disbursement or Obligation <b>07 01 2018</b>	
Purpose of Expenditure <b>Online Advertising: Awareness Campaign</b>			Category/Type		
Name of Federal Candidate: <b>Debbie McCarsel-Powell</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <b>26</b> State: <b>FL</b>
Calendar Year-To-Date Per Election for Office Sought <b>530.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination	
Mailing Address				Amount	
City	State	Zip Code		Date of Disbursement or Obligation	
Purpose of Expenditure			Category/Type		
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: _____ State: _____
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 ..... ▶ **402.00**

(a) SUBTOTAL of Unitemized Independent Expenditures ..... ▶

(a) TOTAL Independent Expenditures ..... ▶ **25,224.43**

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 **10 15 2018**



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

PAGE 30 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Together We Thrive</u>	FEC IDENTIFICATION NUMBER ▼ <u>C00522458</u>
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Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

Full Name of Payee <u>Jaalin Harvey : PPWS</u>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <u>09 30 2018</u>
Mailing Address <u>7179 Lake Carlisle Blvd</u>			Amount <u>113.00</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>	Date of Disbursement or Obligation <u>07 01 2018</u>
Purpose of Expenditure <u>Online Advertising : DM Awareness Campaign</u>		Category/Type <u>SM</u>	
Name of Federal Candidate: <u>Donna Shalala</u>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>27</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <u>530.00</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <u>Facebook Inc.</u>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <u>09 30 2018</u>
Mailing Address <u>1 Hacker Way</u>			Amount <u>15.00</u>
City <u>Menlo Park</u>	State <u>CA</u>	Zip Code <u>94025</u>	Date of Disbursement or Obligation <u>07 01 2018</u>
Purpose of Expenditure <u>Online Advertising : GOTV Campaign</u>		Category/Type <u>SM</u>	
Name of Federal Candidate: <u>Donna Shalala</u>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>27</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought <u>530.00</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures ..... ▶ 128.00

(a) SUBTOTAL of Unitemized Independent Expenditures ..... ▶

(a) TOTAL Independent Expenditures ..... ▶ 25,224.43

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 10 15 2018

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

PAGE 31 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Together We Thrive</b>	FEC IDENTIFICATION NUMBER ▼ <b>C 005 224 58</b>
--	--

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

Full Name of Payee <b>PinPoint WebSolutions</b>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <b>09 30 2018</b>	
Mailing Address <b>7179 Lake Carlisle Blvd</b>				Amount <b>402.00</b>	
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>		Date of Disbursement or Obligation <b>07 01 2018</b>	
Purpose of Expenditure <b>Online Advertising: Awareness Campaign</b>			Category/Type		
Name of Federal Candidate: <b>Donna Shalala</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <b>27</b> State: <b>FL</b>
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination	
Mailing Address				Amount	
City	State	Zip Code		Date of Disbursement or Obligation	
Purpose of Expenditure			Category/Type		
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: _____ State: _____
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 ..... ▶ **402.00**

(a) SUBTOTAL of Unitemized Independent Expenditures ..... ▶

(a) TOTAL Independent Expenditures ..... ▶ **25,224.43**

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

*[Handwritten Signature]*

Date

**10 15 2018**

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

PAGE 32 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Together We Thrive</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00522458</b>
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Check if ☐ 24-hour report ☐ 48-hour report      New report      Amends report filed on \_\_\_\_\_

Full Name of Payee <b>Jaalin Harvey : PPWS</b>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 09 30 2018	
Mailing Address <b>7179 Lake Carlisle Blvd</b>				Amount <b>113 00</b>	
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>		Date of Disbursement or Obligation 07 01 2018	
Purpose of Expenditure <b>Online Advertising : DM Awareness Campaign</b>			Category/Type <b>SN</b>		
Name of Federal Candidate: <b>Cindy Axne</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>03</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>530 00</b>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

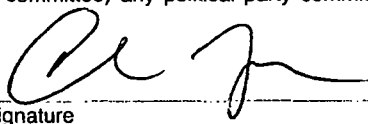
Full Name of Payee <b>Facebook Inc.</b>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 09 30 2018	
Mailing Address <b>1 Hacker Way</b>				Amount <b>15 00</b>	
City <b>Menlo Park</b>	State <b>CA</b>	Zip Code <b>94025</b>		Date of Disbursement or Obligation 07 01 2018	
Purpose of Expenditure <b>Online Advertising : GOTV Campaign</b>			Category/Type <b>SN</b>		
Name of Federal Candidate: <b>Cindy Axne</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>03</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>530 00</b>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures ..... **128 00**

(a) SUBTOTAL of Unitemized Independent Expenditures ..... **00 00**

(a) TOTAL Independent Expenditures ..... **25,224.43**

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 **10 15 2018**

2018-10-16 PM 08:40:46

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

PAGE 33 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Together We Thrive</u>	FEC IDENTIFICATION NUMBER ▼ <u>C00522458</u>
--	---

Check if ☐ 24-hour report ☐ 48-hour report      New report      Amends report filed on \_\_\_\_\_

Full Name of Payee <u>PinPoint WebSolutions</u>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M O N T H D A Y Y E A R <u>09 30 2018</u>	
Mailing Address <u>7179 Lake Carlisle Blvd</u>					Amount <u>402.00</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation M O N T H D A Y Y E A R <u>07 01 2018</u>	
Purpose of Expenditure <u>Online Advertising : Awareness Campaign</u>			Category/ Type		
Name of Federal Candidate: <u>Cindy Axne</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>03</u> State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought <u>530.00</u>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		


Full Name of Payee			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M O N T H D A Y Y E A R	
Mailing Address					Amount
City	State	Zip Code		Date of Disbursement or Obligation M O N T H D A Y Y E A R	
Purpose of Expenditure			Category/ Type		
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: _____ State: _____
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 ..... ▶ 402.00

(a) SUBTOTAL of Unitemized Independent Expenditures ..... ▶ \_\_\_\_\_

(a) TOTAL Independent Expenditures ..... ▶ 25,224.43

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 10 15 2018

NOTED TO COM: BOONSTON

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

PAGE 34 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Together We Thrive</u>	FEC IDENTIFICATION NUMBER ▼ <u>C00522458</u>
--	---

Check if ☐ 24-hour report ☐ 48-hour report      New report      Amends report filed on \_\_\_\_\_

Full Name of Payee <u>Jaalin Harvey : PPWS</u>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination _____ <u>09 30 2018</u>
Mailing Address <u>7179 Lake Carlisle Blvd</u>				Amount <u>113.00</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation _____ <u>07 01 2018</u>
Purpose of Expenditure <u>Online Advertising : DM Awareness Campaign</u>		Category/Type <u>SM</u>		
Name of Federal Candidate: <u>Paul Davis</u>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>02</u> State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought <u>530.00</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

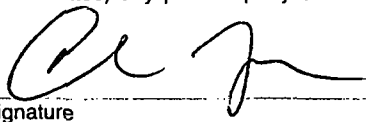
Full Name of Payee <u>Facebook Inc.</u>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination _____ <u>09 30 2018</u>
Mailing Address <u>1 Hacker Way</u>				Amount <u>15.00</u>
City <u>Menlo Park</u>	State <u>CA</u>	Zip Code <u>94025</u>		Date of Disbursement or Obligation _____ <u>07 01 2018</u>
Purpose of Expenditure <u>Online Advertising : GOTV Campaign</u>		Category/Type <u>SM</u>		
Name of Federal Candidate: <u>Paul Davis</u>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>02</u> State: <u>KS</u>
Calendar Year-To-Date Per Election for Office Sought <u>530.00</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures ..... ▶ 128.00

(a) SUBTOTAL of Unitemized Independent Expenditures ..... ▶

(a) TOTAL Independent Expenditures ..... ▶ 25,224.43

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 \_\_\_\_\_  
10 15 2018

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

PAGE 35 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Together We Thrive</b>	FEC IDENTIFICATION NUMBER ▼ <b>C 005 224 58</b>
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Check if ☐ 24-hour report ☐ 48-hour report      New report      Amends report filed on

Full Name of Payee <b>PinPoint WebSolutions</b>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 09 / 30 / 2018	
Mailing Address <b>7179 Lake Carlisle Blvd</b>					Amount <b>402.00</b>
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>		Date of Disbursement or Obligation 07 / 01 / 2018	
Purpose of Expenditure <b>Online Advertising : Awareness Campaign</b>			Category/ Type		
Name of Federal Candidate: <b>Paul Davis</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <b>02</b> State: <b>KS</b>
Calendar Year-To-Date Per Election for Office Sought			<b>530.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	


Full Name of Payee			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination	
Mailing Address					Amount
City	State	Zip Code		Date of Disbursement or Obligation	
Purpose of Expenditure			Category/ Type		
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: _____ State: _____
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 ..... ▶ **402.00**

(a) SUBTOTAL of Unitemized Independent Expenditures ..... ▶

(a) TOTAL Independent Expenditures ..... ▶ **25,224.43**

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 **10 / 15 / 2018**

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

PAGE 36 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Together We Thrive</u>	FEC IDENTIFICATION NUMBER ▼ <u>C00522458</u>
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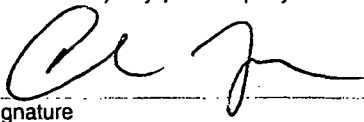
Check if ☐ 24-hour report ☐ 48-hour report      New report      Amends report filed on

Full Name of Payee <u>Jaalin Harvey : PPWS</u>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <u>09 30 2018</u>
Mailing Address <u>7179 Lake Carlisle Blvd</u>				Amount <u>113.00</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation <u>07 01 2018</u>
Purpose of Expenditure <u>Online Advertising : DM Awareness Campaign</u>		Category/Type <u>DM</u>		
Name of Federal Candidate: <u>Amy McGrath</u>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> House	District: <u>06</u> State: <u>KY</u>
Calendar Year-To-Date Per Election for Office Sought <u>530.00</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <u>Facebook Inc.</u>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <u>09 30 2018</u>
Mailing Address <u>1 Hacker Way</u>				Amount <u>15.00</u>
City <u>Menlo Park</u>	State <u>CA</u>	Zip Code <u>94025</u>		Date of Disbursement or Obligation <u>07 01 2018</u>
Purpose of Expenditure <u>Online Advertising : GOTV Campaign</u>		Category/Type <u>GOTV</u>		
Name of Federal Candidate: <u>Amy McGrath</u>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> House	District: <u>06</u> State: <u>KY</u>
Calendar Year-To-Date Per Election for Office Sought <u>530.00</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures .....	128.00
(a) SUBTOTAL of Unitemized Independent Expenditures .....	
(a) TOTAL Independent Expenditures .....	25,224.43

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 10 15 2018

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

PAGE 37 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Together We Thrive</u>	FEC IDENTIFICATION NUMBER ▼ <u>C 005 224 58</u>
--	--


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

Full Name of Payee <u>PinPoint Web Solutions</u>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y <u>09 30 2018</u>	
Mailing Address <u>7179 Lake Carlisle Blvd</u>				Amount <u>402.00</u>	
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation M M / D D / Y Y Y Y <u>07 01 2018</u>	
Purpose of Expenditure <u>Online Advertising: Awareness Campaign</u>			Category/ Type		
Name of Federal Candidate: <u>Amy McGrath</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> House	District: <u>06</u> State: <u>KY</u>
Calendar Year-To-Date Per Election for Office Sought <u>530.00</u>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination	
Mailing Address				Amount	
City	State	Zip Code		Date of Disbursement or Obligation	
Purpose of Expenditure			Category/ Type		
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> House	District: _____ State: _____
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 .....	402.00
(a) SUBTOTAL of Unitemized Independent Expenditures .....	
(a) TOTAL Independent Expenditures .....	25,224.43

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 10 15 2018



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

PAGE 38 OF 65  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Together We Thrive</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00522458</b>
--	---

Check if ☐ 24-hour report ☐ 48-hour report      New report      Amends report filed on \_\_\_\_\_

Full Name of Payee <b>Jaalin Harvey : PPWS</b>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y <b>09 30 2018</b>
Mailing Address <b>7179 Lake Carlisle Blvd</b>				Amount <b>113.00</b>
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>		Date of Disbursement or Obligation M M / D D / Y Y Y Y <b>07 01 2018</b>
Purpose of Expenditure <b>Online Advertising : DM Awareness Campaign</b>		Category/ Type <b>SM</b>		
Name of Federal Candidate: <b>Jared Golden</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>ME</b>
Calendar Year-To-Date Per Election for Office Sought <b>530.00</b>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

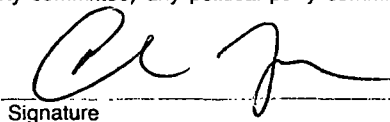
Full Name of Payee <b>Facebook Inc.</b>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y <b>09 30 2018</b>
Mailing Address <b>1 Hacker Way</b>				Amount <b>15.00</b>
City <b>Menlo Park</b>	State <b>CA</b>	Zip Code <b>94025</b>		Date of Disbursement or Obligation M M / D D / Y Y Y Y <b>07 01 2018</b>
Purpose of Expenditure <b>Online Advertising : GOTV Campaign</b>		Category/ Type <b>SM</b>		
Name of Federal Candidate: <b>Jared Golden</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>ME</b>
Calendar Year-To-Date Per Election for Office Sought <b>530.00</b>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ..... ▶ **128.00**

(a) SUBTOTAL of Unitemized Independent Expenditures ..... ▶

(a) TOTAL Independent Expenditures ..... ▶ **25,224.43**

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  
**10 15 2018**

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

PAGE 39 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Together We Thrive</u>	FEC IDENTIFICATION NUMBER ▼ <u>C 00522458</u>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on _____	

Full Name of Payee <u>PinPoint WebSolutions</u>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 09 30 2018
Mailing Address <u>7179 Lake Carlisle Blvd</u>				Amount <u>402.00</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation 07 01 2018
Purpose of Expenditure <u>Online Advertising: Awareness Campaign</u>		Category/Type		
Name of Federal Candidate: <u>Jared Golden</u>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>02</u> State: <u>ME</u>
Calendar Year-To-Date Per Election for Office Sought <u>530.00</u>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination
Mailing Address				Amount
City	State	Zip Code		Date of Disbursement or Obligation
Purpose of Expenditure		Category/Type		
Name of Federal Candidate:		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: _____ State: _____
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 .....	402.00
(a) SUBTOTAL of Unitemized Independent Expenditures .....	
(a) TOTAL Independent Expenditures .....	25,224.43

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 10 15 2018

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

PAGE 46 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Together We Thrive</u>	FEC IDENTIFICATION NUMBER ▼ <u>C00522458</u>
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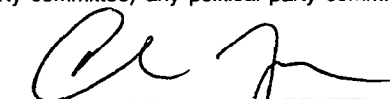
Check if ☐ 24-hour report ☐ 48-hour report      New report      Amends report filed on

Full Name of Payee <u>Jaalin Harvey : PPWS</u>			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <u>09 30 2018</u>
Mailing Address <u>7179 Lake Carlisle Blvd</u>					Amount <u>113.00</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>			
Purpose of Expenditure <u>Online Advertising : DM Awareness Campaign</u>			Category/Type <u>SN</u>		Date of Disbursement or Obligation <u>07 01 2018</u>
Name of Federal Candidate: <u>Dan McCready</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House    District: <u>09</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought <u>530.00</u>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <u>Facebook Inc.</u>			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <u>09 30 2018</u>
Mailing Address <u>1 Hacker Way</u>					Amount <u>15.00</u>
City <u>Menlo Park</u>	State <u>CA</u>	Zip Code <u>94025</u>			
Purpose of Expenditure <u>Online Advertising : GOTV Campaign</u>			Category/Type <u>SN</u>		Date of Disbursement or Obligation <u>07 01 2018</u>
Name of Federal Candidate: <u>Dan McCready</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House    District: <u>09</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought <u>530.00</u>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures .....	<u>128.00</u>
(a) SUBTOTAL of Unitemized Independent Expenditures .....	0.00
(a) TOTAL Independent Expenditures .....	<u>25,224.43</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 10 15 2018

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

PAGE 41 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Together We Thrive</u>	FEC IDENTIFICATION NUMBER ▼ <u>C00522458</u>
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Check if ☐ 24-hour report ☐ 48-hour report      New report      Amends report filed on \_\_\_\_\_

Full Name of Payee <u>PinPoint WebSolutions</u>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination ____/____/____
Mailing Address <u>7179 Lake Carlisle Blvd</u>				<u>09 30 2018</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>		Amount <u>402.00</u>
Purpose of Expenditure <u>Online Advertising: Awareness Campaign</u>			Category/Type _____	Date of Disbursement or Obligation ____/____/____
Name of Federal Candidate: <u>Dan McCready</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate      District: <u>09</u> State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought <u>530.00</u>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination ____/____/____
Mailing Address				Amount
City	State	Zip Code		Date of Disbursement or Obligation ____/____/____
Purpose of Expenditure			Category/Type _____	
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate      District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

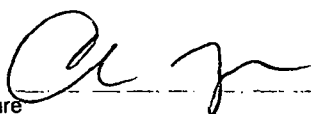
(a) SUBTOTAL of Itemized Independent Expenditures ..... ▶ 402.00

(a) SUBTOTAL of Unitemized Independent Expenditures ..... ▶ \_\_\_\_\_

(a) TOTAL Independent Expenditures ..... ▶ 25,224.43

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

10 15 2018

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

PAGE 42 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Together We Thrive</u>	FEC IDENTIFICATION NUMBER ▼ <u>C00522458</u>
--	---

Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on \_\_\_\_\_

Full Name of Payee <u>Jaalin Harvey : PPWS</u>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M / D / Y <u>09 30 2018</u>
Mailing Address <u>7179 Lake Carlisle Blvd</u>				Amount <u>113.00</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation M / D / Y <u>07 01 2018</u>
Purpose of Expenditure <u>Online Advertising : DM Awareness Campaign</u>		Category/Type <u>SM</u>		
Name of Federal Candidate: <u>Kathy Manning</u>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate <input checked="" type="checkbox"/> House	District: <u>13</u> State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought <u>530.00</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <u>Facebook Inc.</u>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M / D / Y <u>09 30 2018</u>
Mailing Address <u>1 Hacker Way</u>				Amount <u>15.00</u>
City <u>Menlo Park</u>	State <u>CA</u>	Zip Code <u>94025</u>		Date of Disbursement or Obligation M / D / Y <u>07 01 2018</u>
Purpose of Expenditure <u>Online Advertising : GOTV Campaign</u>		Category/Type <u>TV</u>		
Name of Federal Candidate: <u>Kathy Manning</u>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate <input checked="" type="checkbox"/> House	District: <u>13</u> State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought <u>530.00</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures .....	128.00
(a) SUBTOTAL of Unitemized Independent Expenditures .....	
(a) TOTAL Independent Expenditures .....	25,224.43

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  
10 15 2018

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

PAGE 43 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Together We Thrive</u>	FEC IDENTIFICATION NUMBER ▼ <u>C00522458</u>
--	---

Check if ☐ 24-hour report ☐ 48-hour report      New report      Amends report filed on \_\_\_\_\_

Full Name of Payee <u>PinPoint Web Solutions</u>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y <u>09 30 2018</u>	
Mailing Address <u>7179 Lake Carlisle Blvd</u>				Amount <u>402.00</u>	
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation M M / D D / Y Y Y Y <u>07 01 2018</u>	
Purpose of Expenditure <u>Online Advertising: Awareness Campaign</u>			Category/ Type		
Name of Federal Candidate: <u>Kathy Manning</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>13</u> State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought <u>530.00</u>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	


Full Name of Payee			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination	
Mailing Address				Amount	
City	State	Zip Code		Date of Disbursement or Obligation	
Purpose of Expenditure			Category/ Type		
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: _____ State: _____
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 ..... ▶ 402.00

(a) SUBTOTAL of Unitemized Independent Expenditures ..... ▶

(a) TOTAL Independent Expenditures ..... ▶ 25,224.43

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 10 15 2018

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

PAGE 49 OF 65  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Together We Thrive</b>	FEC IDENTIFICATION NUMBER ▼ <b>C 00522458</b>
--	--

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

Full Name of Payee <b>Jaalin Harvey : PPWS</b>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <b>09 30 2018</b>
Mailing Address <b>7179 Lake Carlisle Blvd</b>				Amount <b>113.00</b>
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>		Date of Disbursement or Obligation <b>07 01 2018</b>
Purpose of Expenditure <b>Online Advertising : DM Awareness Campaign</b>		Category/Type <b>DM</b>		
Name of Federal Candidate: <b>Andrew Kim</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <b>03</b> State: <b>NJ</b>
Calendar Year-To-Date Per Election for Office Sought		<b>530.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

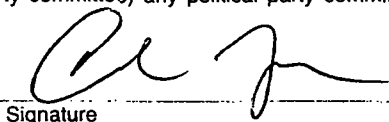
Full Name of Payee <b>Facebook Inc.</b>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <b>09 30 2018</b>
Mailing Address <b>1 Hacker Way</b>				Amount <b>15.00</b>
City <b>Menlo Park</b>	State <b>CA</b>	Zip Code <b>94025</b>		Date of Disbursement or Obligation <b>07 01 2018</b>
Purpose of Expenditure <b>Online Advertising : GOTV Campaign</b>		Category/Type <b>GOTV</b>		
Name of Federal Candidate: <b>Andrew Kim</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <b>03</b> State: <b>NJ</b>
Calendar Year-To-Date Per Election for Office Sought		<b>530.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures ..... **128.00**

(a) SUBTOTAL of Unitemized Independent Expenditures ..... **0.00**

(a) TOTAL Independent Expenditures ..... **25,224.43**

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  
**10 15 2018**

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

PAGE 45 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Together We Thrive</u>	FEC IDENTIFICATION NUMBER ▼ <u>C 005 224 58</u>
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Check if ☐ 24-hour report ☐ 48-hour report      New report      Amends report filed on \_\_\_\_\_

Full Name of Payee <u>PinPoint WebSolutions</u>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination _____/_____/_____ <u>09 30 2018</u>	
Mailing Address <u>7179 Lake Carlisle Blvd</u>				Amount <u>402.00</u>	
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation _____/_____/_____ <u>07 01 2018</u>	
Purpose of Expenditure <u>Online Advertising : Awareness Campaign</u>			Category/ Type		
Name of Federal Candidate: <u>Andrew Kim</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>02</u> State: <u>NJ</u>
Calendar Year-To-Date Per Election for Office Sought <u>530.00</u>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination	
Mailing Address				Amount	
City	State	Zip Code		Date of Disbursement or Obligation	
Purpose of Expenditure			Category/ Type		
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: _____ State: _____
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 .....	402.00
(a) SUBTOTAL of Unitemized Independent Expenditures .....	
(a) TOTAL Independent Expenditures .....	25,224.43

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 10 15 2018



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

PAGE 46 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Together We Thrive</u>	FEC IDENTIFICATION NUMBER ▼ <u>C00522458</u>
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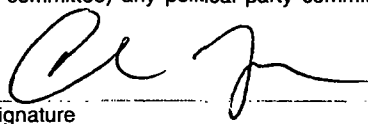
Check if ☐ 24-hour report ☐ 48-hour report      New report      Amends report filed on

Full Name of Payee <u>Jaalin Harvey : PPWS</u>			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <u>09 30 2018</u>
Mailing Address <u>7179 Lake Carlisle Blvd</u>					Amount <u>113.00</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>			
Purpose of Expenditure <u>Online Advertising : DM Awareness Campaign</u>			Category/Type <u>DM</u>		Date of Disbursement or Obligation <u>07 01 2018</u>
Name of Federal Candidate: <u>Tom Malinowski</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NJ</u>
Calendar Year-To-Date Per Election for Office Sought <u>530.00</u>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <u>Facebook Inc.</u>			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <u>09 30 2018</u>
Mailing Address <u>1 Hacker Way</u>					Amount <u>15.00</u>
City <u>Menlo Park</u>	State <u>CA</u>	Zip Code <u>94025</u>			
Purpose of Expenditure <u>Online Advertising : GOTV Campaign</u>			Category/Type <u>GOTV</u>		Date of Disbursement or Obligation <u>07 01 2018</u>
Name of Federal Candidate: <u>Tom Malinowski</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NJ</u>
Calendar Year-To-Date Per Election for Office Sought <u>530.00</u>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures .....	128.00
(a) SUBTOTAL of Unitemized Independent Expenditures .....	
(a) TOTAL Independent Expenditures .....	25,224.43

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 10 15 2018

2018-10-10 10:00:00

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

PAGE 47 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Together We Thrive</u>	FEC IDENTIFICATION NUMBER ▼ <u>C 005 224 58</u>
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Check if ☐ 24-hour report ☐ 48-hour report      New report      Amends report filed on \_\_\_\_\_

Full Name of Payee <u>PinPoint WebSolutions</u>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination ____/____/____	
Mailing Address <u>7179 Lake Carlisle Blvd</u>				Amount <u>402.00</u>	
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation ____/____/____	
Purpose of Expenditure <u>Online Advertising: Awareness Campaign</u>			Category/ Type	____/____/____	
Name of Federal Candidate: <u>Tom Malinowski</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>07</u> State: <u>NJ</u>
Calendar Year-To-Date Per Election for Office Sought <u>530.00</u>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination	
Mailing Address				Amount	
City	State	Zip Code		Date of Disbursement or Obligation	
Purpose of Expenditure			Category/ Type	____/____/____	
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: _____ State: _____
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 ..... 402.00

(a) SUBTOTAL of Unitemized Independent Expenditures ..... \_\_\_\_\_

(a) TOTAL Independent Expenditures ..... 25,224.43

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Signature 

Date 10 15 2018

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

PAGE 48 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Together We Thrive</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00522458</b>
--	---

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

Full Name of Payee <b>Jaalin Harvey : PPWS</b>			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <b>09 30 2018</b>
Mailing Address <b>7179 Lake Carlisle Blvd</b>					Amount <b>113.00</b>
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>			
Purpose of Expenditure <b>Online Advertising : DM Awareness Campaign</b>			Category/Type <b>SM</b>		Date of Disbursement or Obligation <b>07 01 2018</b>
Name of Federal Candidate: <b>Xochitl Torres Small</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate      District: <b>02</b> State: <b>NM</b>
Calendar Year-To-Date Per Election for Office Sought <b>530.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

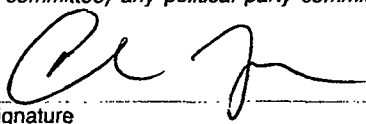
Full Name of Payee <b>Facebook Inc.</b>			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <b>09 30 2018</b>
Mailing Address <b>1 Hacker Way</b>					Amount <b>15.00</b>
City <b>Menlo Park</b>	State <b>CA</b>	Zip Code <b>94025</b>			
Purpose of Expenditure <b>Online Advertising : GOTV Campaign</b>			Category/Type		Date of Disbursement or Obligation <b>07 01 2018</b>
Name of Federal Candidate: <b>Xochitl Torres Small</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate      District: <b>02</b> State: <b>NM</b>
Calendar Year-To-Date Per Election for Office Sought <b>530.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures ..... ▶ **128.00**

(a) SUBTOTAL of Unitemized Independent Expenditures ..... ▶

(a) TOTAL Independent Expenditures ..... ▶ **25,224.43**

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 **10 15 2018**

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

PAGE 49 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Together We Thrive</u>	FEC IDENTIFICATION NUMBER ▼ <u>C 005 224 58</u>
--	--

Check if ☐ 24-hour report ☐ 48-hour report      New report      Amends report filed on \_\_\_\_\_

Full Name of Payee <u>PinPoint WebSolutions</u>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination ____/____/____ <u>09 30 2018</u>	
Mailing Address <u>7179 Lake Carlisle Blvd</u>				Amount <u>402.00</u>	
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation ____/____/____ <u>07 01 2018</u>	
Purpose of Expenditure <u>Online Advertising : Awareness Campaign</u>			Category/ Type		
Name of Federal Candidate: <u>Xochitl Torres Small</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>02</u> State: <u>NM</u>
Calendar Year-To-Date Per Election for Office Sought <u>530.00</u>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

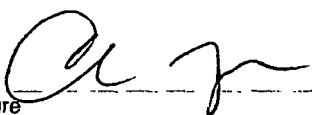
Full Name of Payee			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination ____/____/____	
Mailing Address				Amount	
City	State	Zip Code		Date of Disbursement or Obligation ____/____/____	
Purpose of Expenditure			Category/ Type		
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: _____ State: _____
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 ..... ▶ 402.00

(a) SUBTOTAL of Unitemized Independent Expenditures ..... ▶ \_\_\_\_\_

(a) TOTAL Independent Expenditures ..... ▶ 25,224.43

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 10 15 2018

NOTED FOR COMPLETION

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

PAGE 50 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Together We Thrive</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00522458</b>
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Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on

Full Name of Payee <b>Jaalin Harvey : PPWS</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <b>09 30 2018</b>
Mailing Address <b>7179 Lake Carlisle Blvd</b>			Amount <b>113.00</b>
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>	Date of Disbursement or Obligation <b>07 01 2018</b>
Purpose of Expenditure <b>Online Advertising : DM Awareness Campaign</b>		Category/Type <b>SN</b>	
Name of Federal Candidate: <b>Antonio Delgado</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>19</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>NY</b>
Calendar Year-To-Date Per Election for Office Sought <b>530.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

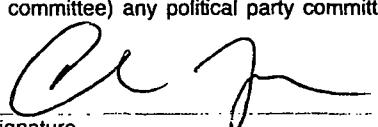
Full Name of Payee <b>Facebook Inc.</b>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <b>09 30 2018</b>
Mailing Address <b>1 Hacker Way</b>			Amount <b>15.00</b>
City <b>Menlo Park</b>	State <b>CA</b>	Zip Code <b>94025</b>	Date of Disbursement or Obligation <b>07 01 2018</b>
Purpose of Expenditure <b>Online Advertising : GOTV Campaign</b>		Category/Type <b>SN</b>	
Name of Federal Candidate: <b>Antonio Delgado</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>19</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>NY</b>
Calendar Year-To-Date Per Election for Office Sought <b>530.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures ..... **128.00**

(a) SUBTOTAL of Unitemized Independent Expenditures ..... **0.00**

(a) TOTAL Independent Expenditures ..... **25,224.43**

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 **10 15 2018**

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

PAGE 51 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Together We Thrive</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00522458</b>
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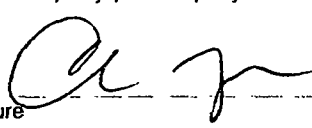
Check if ☐ 24-hour report ☐ 48-hour report      New report      Amends report filed on \_\_\_\_\_

Full Name of Payee <b>PinPoint WebSolutions</b>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 09 / 30 / 2018	
Mailing Address <b>7179 Lake Carlisle Blvd</b>			Amount <b>402.00</b>		
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>	Date of Disbursement or Obligation 07 / 01 / 2018		
Purpose of Expenditure <b>Online Advertising : Awareness Campaign</b>			Category/ Type		
Name of Federal Candidate: <b>Antonio Delgado</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <b>19</b> State: <b>NY</b>
Calendar Year-To-Date Per Election for Office Sought <b>530.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination	
Mailing Address			Amount		
City	State	Zip Code	Date of Disbursement or Obligation		
Purpose of Expenditure			Category/ Type		
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: _____ State: _____
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 .....	<b>402.00</b>
(a) SUBTOTAL of Unitemized Independent Expenditures .....	
(a) TOTAL Independent Expenditures .....	<b>25,224.43</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.

Signature  Date **10 / 15 / 2018**

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

PAGE 52 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Together We Thrive</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00522458</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

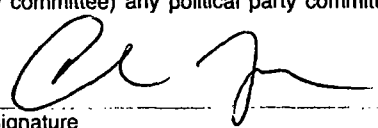
Full Name of Payee <b>Jaalin Harvey : PPWS</b>			Memo Item <input type="checkbox"/>		Date of Public Distribution/Dissemination <b>09 30 2018</b>	
Mailing Address <b>7179 Lake Carlisle Blvd</b>					Amount <b>113.00</b>	
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>	Date of Disbursement or Obligation <b>07 01 2018</b>			
Purpose of Expenditure <b>Online Advertising : DM Awareness Campaign</b>			Category/Type <b>DM</b>			
Name of Federal Candidate: <b>Anthony Brindisi</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: <b>NY</b> District: <b>22</b>	
Calendar Year-To-Date Per Election for Office Sought <b>530.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			

Full Name of Payee <b>Facebook Inc.</b>			Memo Item <input type="checkbox"/>		Date of Public Distribution/Dissemination <b>09 30 2018</b>	
Mailing Address <b>1 Hacker Way</b>					Amount <b>15.00</b>	
City <b>Menlo Park</b>	State <b>CA</b>	Zip Code <b>94025</b>	Date of Disbursement or Obligation <b>07 01 2018</b>			
Purpose of Expenditure <b>Online Advertising : GOTV Campaign</b>			Category/Type <b>GOTV</b>			
Name of Federal Candidate: <b>Anthony Brindisi</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: <b>NY</b> District: <b>22</b>	
Calendar Year-To-Date Per Election for Office Sought <b>530.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures .....	<b>128.00</b>
(a) SUBTOTAL of Unitemized Independent Expenditures .....	
(a) TOTAL Independent Expenditures .....	<b>25,224.43</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.

Signature  Date **10 15 2018**

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

PAGE 53 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Together We Thrive</u>	FEC IDENTIFICATION NUMBER ▼ <u>C 00522458</u>
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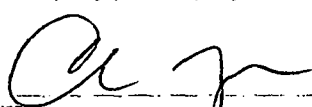
Check if ☐ 24-hour report ☐ 48-hour report      New report      Amends report filed on \_\_\_\_\_

Full Name of Payee <u>PinPoint Web Solutions</u>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination ____/____/____ <u>09 30 2018</u>	
Mailing Address <u>7179 Lake Carlisle Blvd</u>			Amount <u>402.00</u>		
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>	Date of Disbursement or Obligation ____/____/____ <u>07 01 2018</u>		
Purpose of Expenditure <u>Online Advertising : Awareness Campaign</u>			Category/ Type		
Name of Federal Candidate: <u>Anthony Brindis.</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>22</u> State: <u>NY</u>
Calendar Year-To-Date Per Election for Office Sought <u>530.00</u>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination	
Mailing Address			Amount		
City	State	Zip Code	Date of Disbursement or Obligation		
Purpose of Expenditure			Category/ Type		
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: _____ State: _____
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>402.00</u>
(a) SUBTOTAL of Unitemized Independent Expenditures .....	
(a) TOTAL Independent Expenditures .....	<u>25,224.43</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 10 15 2018



PAGE 54 OF 65  
FOR LINE 24 OF FORM 3X

Check if ☒ 24-hour report ☐ 48-hour report      New report      Amends report filed on

Full Name of Payee Facebook Inc.		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 09 30 2018	
Mailing Address 1 Hacker Way			Amount 15.00	
City Menlo Park	State CA	Zip Code 94025	Date of Disbursement or Obligation 07 01 2018	
Purpose of Expenditure Online Advertising : GOTV Campaign		Category/ Type		
Name of Federal Candidate: Aftab Poreval		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> House	District: 01 State: OH
Calendar Year-To-Date Per Election for Office Sought 530.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

FEC Schedule E (Form 3X) Rev. 0/2016

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

PAGE 55 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Together We Thrive</b>	FEC IDENTIFICATION NUMBER ▼ <b>C 005 224 58</b>
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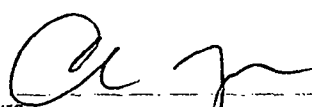
Check if ☐ 24-hour report ☐ 48-hour report      New report      Amends report filed on \_\_\_\_\_

Full Name of Payee <b>PinPoint WebSolutions</b>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 / 30 / 2018</b>
Mailing Address <b>7179 Lake Carlisle Blvd</b>				Amount <b>402.00</b>
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>		Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 01 / 2018</b>
Purpose of Expenditure <b>Online Advertising : Awareness Campaign</b>			Category/ Type	
Name of Federal Candidate: <b>Aftab Poreval</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>01</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>01</b>
Calendar Year-To-Date Per Election for Office Sought <b>530.00</b>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address				Amount
City	State	Zip Code		Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure			Category/ Type	
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____
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 .....	<b>402.00</b>
(a) SUBTOTAL of Unitemized Independent Expenditures .....	
(a) TOTAL Independent Expenditures .....	<b>25,224.43</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.

Signature       Date **10 / 15 / 2018**

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

PAGE 56 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Together We Thrive</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00522458</b>
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Check if ☐ 24-hour report ☐ 48-hour report      New report      Amends report filed on

Full Name of Payee <b>Jaalin Harvey : PPWS</b>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <b>09 30 2018</b>
Mailing Address <b>7179 Lake Carlisle Blvd</b>				Amount <b>113.00</b>
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>		Date of Disbursement or Obligation <b>07 01 2018</b>
Purpose of Expenditure <b>Online Advertising : DM Awareness Campaign</b>		Category/Type <b>DM</b>		
Name of Federal Candidate: <b>Scott Wallace</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>01</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>PA</b>
Calendar Year-To-Date Per Election for Office Sought <b>530.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

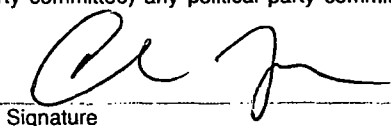
Full Name of Payee <b>Facebook Inc.</b>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <b>09 30 2018</b>
Mailing Address <b>1 Hacker Way</b>				Amount <b>15.00</b>
City <b>Menlo Park</b>	State <b>CA</b>	Zip Code <b>94025</b>		Date of Disbursement or Obligation <b>07 01 2018</b>
Purpose of Expenditure <b>Online Advertising : GOTV Campaign</b>		Category/Type <b>GOTV</b>		
Name of Federal Candidate: <b>Scott Wallace</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>01</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>PA</b>
Calendar Year-To-Date Per Election for Office Sought <b>530.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures ..... **128.00**

(a) SUBTOTAL of Unitemized Independent Expenditures ..... **0.00**

(a) TOTAL Independent Expenditures ..... **25,224.43**

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 **10 15 2018**

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

PAGE 57 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Together We Thrive</u>	FEC IDENTIFICATION NUMBER ▼ <u>C 005 224 58</u>
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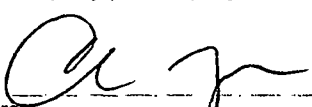
Check if ☐ 24-hour report ☐ 48-hour report      New report      Amends report filed on \_\_\_\_\_

Full Name of Payee <u>PinPoint WebSolutions</u>			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M / D / Y Y Y Y <u>09 30 2018</u>
Mailing Address <u>7179 Lake Carlisle Blvd</u>					Amount <u>402.00</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation M / D / Y Y Y Y <u>07 01 2018</u>	
Purpose of Expenditure <u>Online Advertising: Awareness Campaign</u>			Category/ Type		
Name of Federal Candidate: <u>Scott Wallace</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House    District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>PA</u>
Calendar Year-To-Date Per Election for Office Sought <u>530.00</u>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination M / D / Y Y Y Y
Mailing Address					Amount
City	State	Zip Code		Date of Disbursement or Obligation M / D / Y Y Y Y	
Purpose of Expenditure			Category/ Type		
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____
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>402.00</u>
(a) SUBTOTAL of Unitemized Independent Expenditures .....	
(a) TOTAL Independent Expenditures .....	<u>25,224.43</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 10 15 2018

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

PAGE 58 OF 65  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Together We Thrive</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00522458</b>
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Check if ☐ 24-hour report ☐ 48-hour report

New report

Amends report filed on

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Full Name of Payee <b>Jaalin Harvey : PPWS</b>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <b>09 30 2018</b>
Mailing Address <b>7179 Lake Carlisle Blvd</b>				Amount <b>113.00</b>
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>		Date of Disbursement or Obligation <b>07 01 2018</b>
Purpose of Expenditure <b>Online Advertising : DM Awareness Campaign</b>		Category/Type <b>SM</b>		
Name of Federal Candidate: <b>Ben McAdam s</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	<input checked="" type="checkbox"/> House District: <b>04</b> State: <b>UT</b>
Calendar Year-To-Date Per Election for Office Sought		<b>530.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Facebook Inc.</b>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <b>09 30 2018</b>
Mailing Address <b>1 Hacker Way</b>				Amount <b>15.00</b>
City <b>Menlo Park</b>	State <b>CA</b>	Zip Code <b>94025</b>		Date of Disbursement or Obligation <b>07 01 2018</b>
Purpose of Expenditure <b>Online Advertising : GOTV Campaign</b>		Category/Type		
Name of Federal Candidate: <b>Ben McAdam s</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	<input checked="" type="checkbox"/> House District: <b>04</b> State: <b>UT</b>
Calendar Year-To-Date Per Election for Office Sought		<b>530.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures ..... ▶ **128.00**

(a) SUBTOTAL of Unitemized Independent Expenditures ..... ▶

(a) TOTAL Independent Expenditures ..... ▶ **25,224.43**

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

**10 15 2018**

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

PAGE 59 OF 65  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Together We Thrive</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00522458</b>
--	---

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

Full Name of Payee <b>PinPoint WebSolutions</b>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 09 / 30 / 2018
Mailing Address <b>7179 Lake Carlisle Blvd</b>				Amount <b>402.00</b>
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>		Date of Disbursement or Obligation 07 / 01 / 2018
Purpose of Expenditure <b>Online Advertising: Awareness Campaign</b>		Category/ Type		
Name of Federal Candidate: <b>Ben McAdams</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <b>04</b> State: <b>UT</b>
Calendar Year-To-Date Per Election for Office Sought		<b>530.00</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▶	<input checked="" type="checkbox"/> General


Full Name of Payee			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination
Mailing Address				Amount
City	State	Zip Code		Date of Disbursement or Obligation
Purpose of Expenditure		Category/ Type		
Name of Federal Candidate:		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▶	<input type="checkbox"/> General

(a) SUBTOTAL of Itemized Independent Expenditures ..... ▶ **402.00**

(a) SUBTOTAL of Unitemized Independent Expenditures ..... ▶

(a) TOTAL Independent Expenditures ..... ▶ **25,224.43**

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 **10 / 15 / 2018**

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

PAGE 60 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Together We Thrive</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00522458</b>
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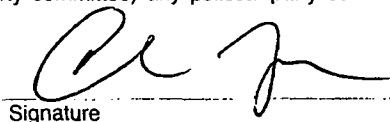
Check if ☐ 24-hour report ☐ 48-hour report      New report      Amends report filed on

Full Name of Payee <b>Jaalin Harvey : PPWS</b>			Memo Item <input type="checkbox"/>		Date of Public Distribution/Dissemination <b>09 30 2018</b>	
Mailing Address <b>7179 Lake Carlisle Blvd</b>					Amount <b>113.00</b>	
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>				
Purpose of Expenditure <b>Online Advertising : DM Awareness Campaign</b>			Category/Type <b>SM</b>		Date of Disbursement or Obligation <b>07 01 2018</b>	
Name of Federal Candidate: <b>Elaine Luria</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>VA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>530.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			

Full Name of Payee <b>Facebook Inc.</b>			Memo Item <input type="checkbox"/>		Date of Public Distribution/Dissemination <b>09 30 2018</b>	
Mailing Address <b>1 Hacker Way</b>					Amount <b>15.00</b>	
City <b>Menlo Park</b>	State <b>CA</b>	Zip Code <b>94025</b>				
Purpose of Expenditure <b>Online Advertising : GOTV Campaign</b>			Category/Type <b>TV</b>		Date of Disbursement or Obligation <b>07 01 2018</b>	
Name of Federal Candidate: <b>Elaine Luria</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>VA</b>	
Calendar Year-To-Date Per Election for Office Sought <b>530.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures .....	<b>128.00</b>
(a) SUBTOTAL of Unitemized Independent Expenditures .....	
(a) TOTAL Independent Expenditures .....	<b>25,224.43</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.

  
 Signature

Date **10 15 2018**

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

PAGE 61 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Together We Thrive</b>	FEC IDENTIFICATION NUMBER ▼ <b>C 00522458</b>
--	--

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

Full Name of Payee <b>PinPoint WebSolutions</b>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <b>09 30 2018</b>	
Mailing Address <b>7179 Lake Carlisle Blvd</b>				Amount <b>402.00</b>	
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>		Date of Disbursement or Obligation <b>07 01 2018</b>	
Purpose of Expenditure <b>Online Advertising: Awareness Campaign</b>			Category/Type		
Name of Federal Candidate: <b>Elaine Luria</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <b>02</b> State: <b>VA</b>
Calendar Year-To-Date Per Election for Office Sought <b>530.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination	
Mailing Address				Amount	
City	State	Zip Code		Date of Disbursement or Obligation	
Purpose of Expenditure			Category/Type		
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: _____ State: _____
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 ..... ▶ **402.00**

(a) SUBTOTAL of Unitemized Independent Expenditures ..... ▶

(a) TOTAL Independent Expenditures ..... ▶ **25,224.43**

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 **10 15 2018**



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

PAGE 62 OF 65  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Together We Thrive</b>	FEC IDENTIFICATION NUMBER ▼ <b>C 00522458</b>
--	--

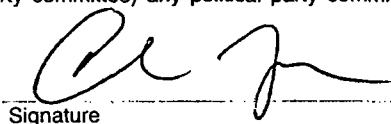
Check if ☐ 24-hour report ☐ 48-hour report ☐ New report ☐ Amends report filed on

Full Name of Payee <b>Jaalin Harvey : PPWS</b>			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <b>09 30 2018</b>
Mailing Address <b>7179 Lake Carlisle Blvd</b>					Amount <b>113.00</b>
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>			
Purpose of Expenditure <b>Online Advertising : DM Awareness Campaign</b>			Category/Type <b>DM</b>		Date of Disbursement or Obligation <b>07 01 2018</b>
Name of Federal Candidate: <b>Abigail Spanberger</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: <b>07</b> State: <b>VA</b>
Calendar Year-To-Date Per Election for Office Sought <b>530.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Facebook Inc.</b>			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <b>09 30 2018</b>
Mailing Address <b>1 Hacker Way</b>					Amount <b>15.00</b>
City <b>Menlo Park</b>	State <b>CA</b>	Zip Code <b>94025</b>			
Purpose of Expenditure <b>Online Advertising : GOTV Campaign</b>			Category/Type <b>GOTV</b>		Date of Disbursement or Obligation <b>07 01 2018</b>
Name of Federal Candidate: <b>Abigail Spanberger</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: <b>07</b> State: <b>VA</b>
Calendar Year-To-Date Per Election for Office Sought <b>530.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures .....	<b>128.00</b>
(a) SUBTOTAL of Unitemized Independent Expenditures .....	0.00
(a) TOTAL Independent Expenditures .....	<b>25,224.43</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.

  
 Signature

Date **10 15 2018**

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

PAGE 63 OF 65  
FOR LINE 24 OF FORM 3X


NAME OF COMMITTEE (In Full) <u>Together We Thrive</u>	FEC IDENTIFICATION NUMBER ▼ <u>C00522458</u>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on _____	

Full Name of Payee <u>PinPoint WebSolutions</u>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <u>09 30 2018</u>	
Mailing Address <u>7179 Lake Carlisle Blvd</u>				Amount <u>402.00</u>	
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>	Date of Disbursement or Obligation <u>07 01 2018</u>		
Purpose of Expenditure <u>Online Advertising: Awareness Campaign</u>		Category/Type <u></u>	Name of Federal Candidate: <u>Abigail Spanberger</u>		
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>07</u> State: <u>VA</u>
Calendar Year-To-Date Per Election for Office Sought <u>530.00</u>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination	
Mailing Address				Amount	
City	State	Zip Code	Date of Disbursement or Obligation		
Purpose of Expenditure		Category/Type	Name of Federal Candidate:		
			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: _____ State: _____
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>402.00</u>
(a) SUBTOTAL of Unitemized Independent Expenditures .....	
(a) TOTAL Independent Expenditures .....	<u>25,224.43</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 10 15 2018

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

PAGE 64 OF 65  
 FOR LINE 24 OF FORM 3X

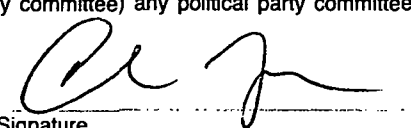
NAME OF COMMITTEE (In Full) <b>Together We Thrive</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00522458</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report      New report      Amends report filed on _____	

Full Name of Payee <b>Jaalin Hurvey : PPWS</b>			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 30 2018</b>
Mailing Address <b>7179 Lake Carlisle Blvd</b>					Amount <b>116.41</b>
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>			
Purpose of Expenditure <b>Online Advertising : DM Awareness Campaign</b>			Category/ Type <b>SN</b>		Date of Disbursement or Obligation MM / DD / YYYY <b>07 01 2018</b>
Name of Federal Candidate: <b>Richard Lindsay</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House    District: <b>08</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>WA</b>
Calendar Year-To-Date Per Election for Office Sought <b>538.49</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>Facebook Inc.</b>			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY <b>09 30 2018</b>
Mailing Address <b>1 Hacker Way</b>					Amount <b>15.00</b>
City <b>Menlo Park</b>	State <b>CA</b>	Zip Code <b>94025</b>			
Purpose of Expenditure <b>Online Advertising : GOTV Campaign</b>			Category/ Type		Date of Disbursement or Obligation MM / DD / YYYY <b>07 01 2018</b>
Name of Federal Candidate: <b>Richard Lindsay</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House    District: <b>08</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>WA</b>
Calendar Year-To-Date Per Election for Office Sought <b>538.49</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures .....	<b>131.41</b>
(a) SUBTOTAL of Unitemized Independent Expenditures .....	
(a) TOTAL Independent Expenditures .....	<b>25,224.43</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.

Signature  Date **10 15 2018**

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

PAGE 65 OF 65  
 FOR LINE 24 OF FORM 3X

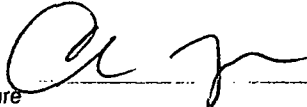
NAME OF COMMITTEE (In Full) <b>Together We Thrive</b>	FEC IDENTIFICATION NUMBER ▼ <b>C 00522458</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>PinPoint WebSolutions</b>			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <b>09 30 2018</b>
Mailing Address <b>7179 Lake Carlisle Blvd</b>					Amount <b>402.00</b>
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>			
Purpose of Expenditure <b>Online Advertising: Awareness Campaign</b>			Category/Type		Date of Disbursement or Obligation <b>07 01 2018</b>
Name of Federal Candidate: <b>Richard Lindsay</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House    District: <b>08</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>WA</b>
Calendar Year-To-Date Per Election for Office Sought <b>533.41</b>			Disbursement For: <input type="checkbox"/> Primary    General <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination
Mailing Address					Amount
City	State	Zip Code			
Purpose of Expenditure			Category/Type		Date of Disbursement or Obligation
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary    General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures .....	<b>402.00</b>
(a) SUBTOTAL of Unitemized Independent Expenditures .....	
(a) TOTAL Independent Expenditures .....	<b>25,224.43</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.

Signature  Date **10 15 2018**

*MAU / 10-18*

CHRISTOPHER ZULLO  
(407) 491-6671  
THE UPS STORE #4341  
3433 LITHIA PINECREST RD  
VALRICO FL 33596-6302

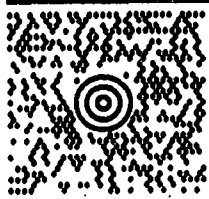
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SHP WT: 1 LBS  
DATE: 15 OCT 2018

SHIP FEDERAL ELECTION COMMISSION  
TO: 999 E ST NW

SHIP  
TO:

18/Oct/2018 18:52 2000

FEDERAL ELECTION COMMISSION  
1050 1ST ST NE *972*  
~~ELI~~  
WASHINGTON DC 20002 4694

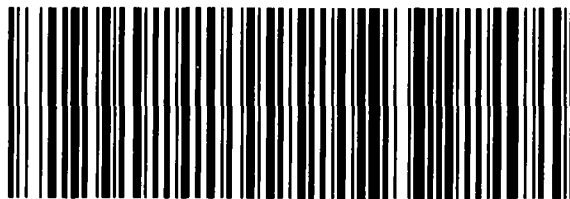


**MD 201 9-58**



1ZV832R00361912419

TRACKING #: 1Z V83 2R0 03 619T 2419



BILLING: P/P

19H 13.00N Z2P 450 06.5U 10/2018



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K0018

2018 10 15 10:00 AM

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(3/2015)