FEC FORM 3X

2018-10-19-03-00240184

Use

Only

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

FEC MAIL CENTER

2018 OCT 19 PM 2: 09

Rev. 05/2016

		<u> </u>								mice use Uniy		
1.		OF TTEE (in full)	TYPE O	R PRINT ▼		ample: If ty er the lines		pe	12FE4M5			
Ĺ	oge	ther w	e T	h ₁	<u>e</u>				· . 			
Ш							1_1_1					
		number and street)	13,4	3,3, L	inthina	17111	n e c	C16151	+, 2,1	<u> </u>		
	Ch tha	eck if different n previously orted. (ACC)		e, 19					FL 3	3,5,9,6		
2.	FEC ID	ENTIFICATION N	UMBER ▼		CITY A			S	STATE ▲		ZIP CODE ▲	
	С				3. IS THIS REPORT	×	NEW (N)	OR	AMEN (A)	1DED		
4.	TYPE (Choose	OF REPORT	F	Monthly Report	Feb 20 (M2))	May 2	0 (M5)	Aug 20	(M8)	Nov 20 (M11) (Non-Election Year Only)	
	(a) Qu	arterly Reports:	; [;	Due On:	Mar 20 (M3))	Jun 20 (M	O (M6)	Sep 20	(M9)	Dec 20 (M12) (Non-Election Year Only)	
		April 15 Quarterly Report (0			Apr 20 (M4)		Jul 20	(M7)	Oct 20	(M10)	Jan 31 (YE)	
			(c)	;) 12-Day		Primary (12P)		General (12	G)	Runoff (12R)		
		July 15 Quarterly Report (C		PRE -Ele Report f		Conventio	n (12C)		Special (12	S)		
	×	October 15 Quarterly Report (C January 31 Year-End Report (Y			Election on	tá M	/ D	D / Y	, A A A	in the State		
		July 31 Mid-Year Report (Non-election Year Only) (MY)	(d)	d) 30-Day POST-E Report f	lection	General (30G)		Runoff (30F	1)	Special (30S)	
		Termination Report (TER)		neport i	Election on	es M	/ D	D / Y	Y Y Y	in the State		
5.	Coverin	g Period D	M / I	01 2	2018	throug	h	09	30	2018	3	
	-	I have examined that Name of Treasure		thand to the		owledge ar	d belief	it is true	, correct and c	omplete.		
Sig	nature of	Treasurer	2	7				_ Da	ate / O	/ 5-/	v v v v 2018	
NO	r	nission of false, erron	eous, or	incomplete in	nformation may s	ubject the	person s	igning this	s Report to the	penalties of 5	62 U.S.C. § 3010	
		ffice								FEC FO	RM 3X	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

2018 - 10 - 19 - 03 - 00240135

Page 2

Write or Type Committee Name ogether We Thrive Report Covering the Period: From: To: 2018 01 **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 0.00 January 1, 2018 (b) Cash on Hand at 0.00 Beginning of Reporting Period..... 25,224.43 , 59,100.29 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 59,100.29 25,224.43 6(a) and 6(c) for Column B)..... 59,100 29 25,224 .43 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 00.00 0.00 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0 00 00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 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

Re	eport Covering the Period: From:	07 01	2018	To:	09		2018
	I. Receipts		COLUMN A Total This Period	1		OLUMN B ar Year-to-Da	
11.	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	,	6,267	.00	,	18,59	2.00
1.	(ii) Unitemized(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	,	18,957 25,224		,	33,53 59,100	
	(b) Political Party Committees	·	,	-	,	,	
12.	(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other	,	25,224	.43	,	59,100	.29
13.	Party Committees	,	,		,	,	
	Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	,	,		7	,	٠
•	Refunds of Contributions Made to Federal Candidates and Other Political Committees	,	,	•	,	,	
	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Fundamental Account	nds ,	,		,	,	•
	(from Schedule H3)(b) Levin Funds (from Schedule H5)	,	,	•	,	,	•
	(c) Total Transfers (add 18(a) and 18(b))	•	,	•	,	7	
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	,	25,224	.43	,	59,100	0.29
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	,	25,224	.43	,	59,100	. 29

2018-10-19-03-00240136

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				
	(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	,	7	-		,	,		•
	Committees								
23.	Contributions to	,	,	•		,	,		•
	Federal Candidates/Committees and Other Political Committees								
24.	Independent Expenditures	,	,	•		,	,		•
	(use Schedule E)		25	224.4	3		50	100	79
25.	Coordinated Party Expenditures	. ,	ے , د		_	,	٥٦,	100	. د ۱
	(52 U.S.C. § 30116(d)) (use Schedule F)								
		,	,	•		,	,		•
26.	Loan Repayments Made								
		,	,	•		,	,		•
27.	Loans Made								
28.	Refunds of Contributions To:	,	,	•		,	,		•
	(a) Individuals/Persons Other Than Political Committees								
		,	7	•		,	,		•
	(b) Political Party Committees								
	(c) Other Political Committees	,	,	•		,	,		•
	(such as PACs)								
	(d) Total Contribution Refunds	7	1	•		,	,		•
	(add Lines 28(a), (b), and (c))								
	(add Lines 20(a), (b), and (c))	,	,	•		,	,		•
o	Other Disbursements (Including								
	Non-Federal Donations)								
	Non-rederal bonations/	,	,	•		7	,		•
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))								
	2	7	,	•		,	,		-
1	Total Dishurasments (add Lines 01/a) 02								
١١.	Total Disbursements (add Lines 21(c), 22,		_		_		_		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	,	25,2	24 .4	3	,	59,	100	. 29
32	Total Federal Disbursements	•	•			•			
JE.	(subtract Line 21(a)(ii) and Line 30(a)(ii)								
				,	2				
	from Line 31)	,	25,2	24 4	5	1	59,	100	. 29

2018-10-19-03-00240187

2018:10:19:0X:002401XX

DETAILED SUMMARY PAGE

of Disbursements

Page 5

	III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period			COLUMN B Calendar Year-to-Date		
	Total Contributions (other than loans) from Line 11(d), page 3)	7	25, 22	4.43	,	59, 10	oo 29
	otal Contribution Refunds			•			
35. N	Net Contributions (other than loans) subtract Line 34 from Line 33)	,	75,22°	4 ,43	,	59,10	0.29
(;	otal Federal Operating Expenditures add Line 21(a)(i) and Line 21(b))▶	,	,		,	,	-
(1	Offsets to Operating Expenditures from Line 15, page 3)	,	,	•	,	,	-
	Net Operating Expenditures subtract Line 37 from Line 36)	,	,	•	,	,	

Any information copied from such Reports and Stater or for commercial purposes, other than using the nan NAME OF COMMITTEE (In Full) Together We Thore	ne and address of any political commi	
Full Name of Individual (Last, First, Middle Initial) of M. M. Allen Mailing Address City Combri	State Zip Code 93428	Date of Receipt M M / D D / Y Y Y Y O 9 28 20 18 Amount of Each Receipt this Period
Name of Employer (for Individual)	Occupation (for Individual) Accounting Service aggregate Year-to-Date , 450.00	710
Waketield EEC ID purpher of contributing	State Zip Code O 28 79	Date of Receipt M M / D D / Y Y Y Y Amount of Each Receipt this Period , , , , 297.00
Name of Employer (for Individual) Self - Enployed Receipt For: Primary Xi General Other (specify) ▼	Occupation (for Individual) Writer ggregate Year-to-Date ▼ , , 333. o	Memo Item 7116-54 816-18 7126-200 813-25
Irvine		Date of Receipt M M / D D / Y Y Y Y O 9 Z 8 Z 0 1 8 Amount of Each Receipt this Period , 1,000000
NVIDIA Corp.	ggregate Year-to-Date , 1,400.0	7/5-25 8/5-25 8/28 7/25-100 8/6-100 8/30- 7/21-50 8/25-100 7/28-250 8/27-50

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 2 OF 6 (check only one)
Any information copied from such Penade and Statements	Detailed Summary Page	13 14 15 16 17
Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full) Ogether We Thrive		
Full Name of Individual (Last, First, Middle Initial) or Full O. A. Catherine Bridgetts Mailing Address 5247 South Walden Circle City Centennial State Co FEC ID number of contributing federal political committee. Name of Employer (for Individual) SIH Description:		Date of Receipt 0 9 28 2018 Amount of Each Receipt this Period , , 250.00 Memo Item 9/10-200 9/14-50
Gramercy Group	rganization Name Zip Code	Date of Receipt M M / D D / Y Y Y Y Amount of Each Receipt this Period , , 700.00 Memo Item 7/13 - 700
Not Employed N	rganization Name	Date of Receipt M M D D V V V V V V V V
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number only)	· · · · · · · · · · · · · · · · · · ·	, 1,250.∞

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 3 OF Concept one of the control of the contr
Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full) Together We Thrive Full Name of Individual (Last, First, Middle Initial) or Full (A. Margaret Goldberg Mailing Address 172 Chestnut St City Cambridge NM EEC ID sumber of contributing	Detailed Summary Page not be sold or used by any pedress of any political committee	Date of Receipt Amount of Each Receipt this Period
rederal political committee. Name of Employer (for Individual) William E. Goldberg M.D. P.C.	oation (for Individual) Hice Manager Year-to-Date ▼ , 400.00	, , , , , 200,00 Memo Item 7/9-100 8/9-100
The HOG Farm 11C	zip Code 11946 pation (for Individual) Farmes /ear-to-Date ▼	Date of Receipt OG 28 2018 Amount of Each Receipt this Period , 1,000.00
Self-Employed	zip Code 78703 pation (for Individual) rear-to-Date ▼	Date of Receipt MM / DD / Y Y Y Y O 9 Z 6 Z 0 1 8 Amount of Each Receipt this Period , , 500.00 Memo Item 7/16 - 500

ITEMIZED RECEIPTS	:	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 9 OF 6 (check only one)			
		Detailed Summary Page	11a 11b 11c 12 13 14 15 16 17			
Any information copied from such Reports and States or for commercial purposes, other than using the						
NAME OF COMMITTEE (In Full)	_					
Together We Thriv		Name -				
Full Name of Individual (Last, First, Middle Initial A. Eilen Lindburg	al) or Full C	organization Name	Date of Receipt			
Mailing Address 1205 Foster Street	Mailing Address					
City	State	Zip Code	09 28 2018			
South Bend FEC ID number of contributing	<u> </u>	46617	Amount of Each Receipt this Period			
federal political committee.	С		, , 100.00			
Name of Employer (for Individual) Refired	Occupation (for Individual)		Memo Item			
Receipt For:	 -	Zefired Year-to-Date ▼	7/21-100			
Primary X General Other (specify) ▼		450 00				
Full Name of Individual (Last, First, Middle Initial B. Lonnie Mask	Date of Receipt					
Mailing Address	io		M M / D D / Y Y Y Y			
1564 Englewood Dr	Joine	Zip Code	09 28 2018			
Rockwall	TX	75032	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		, ,150.00			
Name of Employer (for Individual)	Occupation (for Individual)		Memo Item			
Receipt For:		Offware Engineer Year-to-Date ▼	7/4-56			
Primary General Other (specify) ▼	, ,250.00		814-50			
United (specify) ▼		, , 230.80	9/4-50			
Full Name of Individual (Last, First, Middle Inition C. Donna Musarove	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name					
Mailing Address			Date of Receipt			
3707 324+h St Nw	State Zip Code		09 28 2018			
Stan wood	WA	98292	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		, , 125, 00			
Name of Employer (for Individual)		cupation (for Individual)	Memo Item			
Machington State Receipt For:		Francial Service Spazilis Year-to-Date ▼	± 7/24-25 9/24-25 8/24-25 9/25-25			
Primary General Other (specify)		_	8/29-25 9/25-25			
Carlo (specify)		, , 310.00	0177 -7			
SUBTOTAL of Receipts This Page (optional)			, , 375.00			
			· , , , , , ,			
TOTAL This Period (last page this line number of	rny)		• • •			

TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE	
Any information copied from such Reports and Statements may or for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full) Together We Thrive Full Name of Individual (Last, First, Middle Initial) or Full O	ddress of any political committee	to solicit contributions from such committee.	
Mailing Address Old MSt. NW apt 512 City Washington FEC ID number of contributing federal political committee. Name of Employer (for Individual) US Treasury	Zip Code ZOOO] upation (for Individual) Senior Analyst Year-to-Date ▼ , , , 250.00	Date of Receipt	
Self-Employed F	Zip Code 19 09 6 supation (for Individual) Horney Year-to-Date , , 375.00	Date of Receipt M M / 0 D / Y Y Y Y O 9 Z 8 Z O 1 8 Amount of Each Receipt this Period , , 375.00 Memo Item 7/13 - 100 8/15 - 275	
Not Employed	Zip Code 100 1	Date of Receipt Oq 28 2018 Amount of Each Receipt this Period , , , 25 0 8	

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 OF 6		
ΙT	EMIZED RECEIPTS	for each category of the Detailed Summary Page	11a 11b 11c 12 13 14 15 16 17		
	y information copied from such Reports and Statements may for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full) Together We Thrite				
A. 2018 1	Full Name of Individual (Last, First, Middle Initial) or Full Committee Sperr Mailing Address 1654 Woods Bend Rd. City State West Palm Beach FEC ID number of contributing federal political committee. Name of Employer (for Individual) Paramount Engineering Group Receipt For: Primary & General	Zip Code 33 406 supation (for Individual)	Date of Receipt M M / D D / Y Y Y Y O C 28 2018 Amount of Each Receipt this Period , , 25.00 Memo Item 8/16 - 25		
10-19:03:00240144	Self-Employment S	y, , 300.00 Organization Name Zip Code 9 40 6 / Cupation (for Individual) Self-EmployMen+ Year-to-Date ▼ , , 250.00	Date of Receipt M M / D D / Y Y Y Y Amount of Each Receipt this Period , 250.00 Memo Item 7/23 - 250		
c.	Mailing Address 7500 39th Ave NE City Seattle FEC ID number of contributing federal political committee. Name of Employer (for Individual) Mercanta LTD Contribution	Zip Code	Date of Receipt M M / D D / Y Y Y Y C C Z B Z O I B Amount of Each Receipt this Period , 70.00 Memo Item 7/12 - 10 8/21 - 25 9/128 - 25		
-	SUBTOTAL of Receipts This Page (optional)		, ,345.00		

Together We Thrive Cooperation Coopera	EMIZED INDEPENDENT EXPENDITURES							
Together We Thrive Co0522458	FOR LINE 24 OF FORM 3) AME OF COMMITTEE (In Full)							
Full Name of Payee Ful State Cotegory/ Type Calendar Year-To-Date Per Election for Office Sought Ful Name of Payee Ful Name of Payee Category/ Type Amount Category/ Type Disbursement or Obligation Category/ Type Disbursement For: Primary X General Per Election for Office Sought Ful Name of Payee Purpose of Expenditure Category/ Type Category/ Type Category/ Type Category/ Type O 7 0 1 2 0 1 8 Amount City Category/ Type O 7 0 1 2 0 1 8 Amount City Category/ Type O 7 0 1 2 0 1 8 Amount City Category/ Type O 7 0 1 2 0 1 8 Amount Category/ Type O 7 0 1 2 0 1 8 Ca								
Full Name of Payee PinPoint Web Solutions Mailing Address Tity Lake Carlisle Blvd City Orlando FL 32829 Date of Disbursement or Obligation Purpose of Expenditure Caledary Year-To-Date Per Election for Office Sought City Orlando Purpose of Expenditure Caledary Year-To-Date Purpose of Expenditure Caledary Year-To-Date Primary Category/ Type Date of Disbursement or Obligation Office Sought: House District: 19 Disbursement For: Primary X General Primary X General Date of Disbursement or Obligation Office Sought: House District: 19 Other (specify) > Disbursement For: Primary X General City Orlando Purpose of Expenditure Category/ Type Date of Disbursement or Obligation Office Sought: House District: 19 Other (specify) > Date of Disbursement or Obligation Category/ Type Orlando Purpose of Expenditure Category/ Type Orlando President Senate State: NJ Category/ Type Orlando Office Sought: House District: Orlando Office Sought: House District: Orlando Office Sought: House District: Orlando Other (specify) > Category/ Type Orlando Office Sought: House District: Orlando Office Sought: House District: Orlando Other (specify) > Other	logether We Thrive		000522458					
PinRoint WebSolutions Mailling Address 7179 Lake Carlisle Blvd City Orlando Purpose of Expenditure Online Advertising Awareness Campign Antonio Delgado Category/ Antonio Delgado Category/ Antonio Delgado Category/ Disbursement or Obligation President Senate State: NY Calendar Year-To-Date Per Election for Office Sought Pull Name of Payee Pill Nam	heck if 24-hour report							
Mailling Address 7179 Lake Carlisle BIVD City Orlando Purpose of Expenditure Online Advertising: Awareness Campign Name of Federal Candidate: Full Name of Payee Pin Date of Disbursement or Obligation Oppose President Oppose Office Sought: Shouse District: 19 Oppose President Senate State: NY President Per Election for Office Sought Full Name of Payee Pin Point WebSolutions Mailing Address 7179 Lake Carlisle Blvd City Orlando FL 32829 Date of Disbursement or Obligation Office Sought: House District: 19 Oppose Memo Item Date of Public Distribution/Dissemination Onther (specify) Amount 750 00 Date of Disbursement or Obligation Other (specify) Orlando Purpose of Expenditure Online Advertising: Auxseness Campign Type Orlando Office Sought: House District: Orlando President Senate State: NJ Disbursement or Obligation Oppose Office Sought: House District: Orlando President Senate State: NJ Disbursement For: Primary F General Oppose Disbursement For: Primary F General Oppose Disbursement For: Primary F General Other (specify) Other (specify) Other (specify) Other (specify)	Full Name of Payee	Memo Item Date	e of Public Distribution/Dissemination					
TITG Lake Carlisle Blvd City Orlando FL State State Orlando Purpose of Expenditure Online Advertising: Awareness Campaign Name of Federal Candidate: Antonio Delgado Category/ Type Orlondo President State: NY Calendar Year-To-Date Per Election for Office Sought City Orlando FL State Zip Code Oppose President Senate State: NY Disbursement For: Primary × General Other (specity) > The Category/ Other (specity) > The Category/ Other (specity) > Category/ Type Orlando City Orlando FL State Zip Code Orlando FL State Orlando FL Support Office Sought Orlando Purpose of Expenditure Online Advertising: Awareness Campaign Type Orlando Orlando FL Support Office Sought: House District: Orlando President Senate State: NI Calendar Year-To-Date Per Election for Office Sought Oppose Disbursement For: Primary * General Tom Malinowski Calendar Year-To-Date Per Election for Office Sought Oppose Disbursement For: Primary * General Other (specity) > I 900 00 (a) SUBTOTAL of Unitemized Independent Expenditures.	PinPoint WebSolutions		M					
City Orlando Purpose of Expenditure Online Advertising Awareness Campuign Calegory/ Type Orlando Purpose of Expenditure Online Advertising Awareness Campuign Calendar Year-To-Date Per Election for Office Sought City Orlando FL State State State State Category/ Type Orlando Disbursement or Obligation Oppose Disbursement For: Primary X General Other (specity) > Malling Address 7179 Lake Cartisle Blvd City Orlando FL State State Orlando Purpose of Expenditure Online Advertising Awareness Campuign Name of Federal Candidate: Tom Malinowski Calendar Year-To-Date Per Election for Office Sought Oppose Date of Disbursement or Obligation Category/ Type Orlando Date of Disbursement or Obligation Office Sought: State Support Office Sought: Other (specify) > I good Od (a) SUBTOTAL of Unitemized Independent Expenditures I good Od (b) SUBTOTAL of Unitemized Independent Expenditures	Mailing Address		09 30 2018					
Orlando Purpose of Expenditure Online Advertising: Awareness Campign Type Online Sought: And District: 19 And on Online Sought: And District: 19 Calendar Year-To-Date Per Election for Office Sought: Senate State: NY Full Name of Payee Pin Name of Payee Purpose of Expenditure Online Advertising: Auxieness Campign Type Online Sought: Advance State: NJ Calendar Year-To-Date Per Election for Office Sought Other (specify) Other (specify) Other (specify) Other (specify) Other (specify)	7179 Lake Carlisle Blvd	Amo						
Purpose of Expenditure Online Advertising Awareness Campign Type Online Sought House District: 19 President Senate State: AN Disbursement For: Primary General Other (specify) Full Name of Payee Principle Other (specify) Full Name of Payee Principle Other (specify) Online Advertising Awareness Campign Type Online Advertising Senate State: NJ Calendar Year-To-Date Per Election for Office Sought Oppose Office Sought: House District: Online Senate State: NJ Calendar Year-To-Date Per Election for Office Sought Other (specify) Other (specify) Other (specify) Other (specify)		de	950 00					
Purpose of Expenditure Online Advertising: Awareness Campaign Name of Federal Candidate: Antonio Delgado Calendar Year-To-Date Per Election for Office Sought Cily Orlando Purpose of Expenditure Oppose President Senate State: AY Disbursement For: Primary × General Other (specify) > Mailing Address 7179 Lake Cartiste Blvd City Orlando Purpose of Expenditure Online Advertising: Auxreness Campaign Name of Federal Candidate: Tom Malinowski Calendar Year-To-Date Per Election for Office Sought Oppose Date of Disbursement or Obligation Date of Disbursement or Obligation Office Sought: House District: O7 Tom Malinowski Oppose President Senate State: NJ Category/ Type O 7 0 1 2 0 18 Name of Federal Candidate: Calendar Year-To-Date Per Election for Office Sought Oppose Disbursement For: Primary × General Oppose Office Sought: House District: O7 Oppose Oppose Oppose Disbursement For: Primary × General Oppose Office Sought: Senate State: NJ Oppose Office Sought: Senate State: NJ Oppose Oppose Office Sought: Office Sought: Office Sought: Senate State: NJ Oppose Other (specify) > Other (specify) >	Orlando FL 3	2829 Date	e of Disbursement or Obligation					
Name of Federal Candidate: X Support X House District: 19 Antonio Del gado Oppose President Senate State: NY	I Caledo	y/	ангран у у му					
Antonio Delgado Oppose President Senate State: NY Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Prince Sought Malling Address 7179 Lake Cartiste Blvd City Orlando Purpose of Expenditure Online Advertising: Auweness Campign Name of Federal Candidate: Tom Malinowski Calendar Year-To-Date Per Election for Office Sought Oppose Disbursement For: Primary × General Date of Public Distribution/Dissemination On 1 2018 Amount Category/ Type O 7 0 1 2018 Name of Federal Candidate: Tom Malinowski Calendar Year-To-Date Per Election for Office Sought Quito Subtrotal of Intermized Independent Expenditures Assurting Advertising × General Disbursement For: Primary × General Disbursement or Obligation Office Sought: House District: O7 Disbursement For: Primary × General Oppose Oppose Disbursement For: Primary × General Other (specify) >	Online Advertising Awareness Campagny Tyl	pe	07 01 2018					
Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Full Name of Payee Primary ★ General Other (specify) ▶ Full Name of Payee Primary ★ General Other (specify) ▶ Memo Item Date of Public Distribution/Dissemination Amount Other (specify) ▶ Calendar Year-To-Date Per Election for Office Sought Other (specify) ▶ Date of Public Distribution/Dissemination Other (specify) ▶ Amount Other (specify) ▶ Calendar Year-To-Date Per Election for Office Sought Other (specify) ▶ Calendar Year-To-Date Per Election for Office Sought Other (specify) ▶	<u> </u>	Support Office Sou	- C-					
Per Election for Office Sought Full Name of Payee PinPoint WebSolutions Mailing Address 717 Cake Carliste Blvd City Purpose of Expenditure Online Advertising: Auxweness (anpuga Type Online Advertising: Auxweness (anpuga Type Category/ Type Office Sought: ★House District: OT Tom Malinowski Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Other (specify) Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination Amount Category/ Type Office Sought: ★House District: OT Oppose Disbursement For: Primary ★ General Other (specify) (a) SUBTOTAL of Unitemized Independent Expenditures.	Antonio Delgado	Oppose Pres	ident Senate State: NY					
Full Name of Payee Proint WebSolutionS Mailing Address 7179 Lake Carliste Blvd City Orlando Purpose of Expenditure Online Advertising: Auweness Canpugn Type Online Advertising: Auweness Canpugn Type Category/ Type Office Sought: House District: O7 Tom Malinowski Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures.	Calendar Year-To-Date	Disbursem	ent For: Primary 🗡 General					
Mailing Address 7179 Lake Carlisle Blvd City Orlando Purpose of Expenditure Online Advertising: Auxieness Canpign Type Online Advertising: Auxieness Canpign Type Online Advertising: Auxieness Canpign Type Online Sought: K House District: OT Tom Malinowski. Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures. Amount Amount Online Advertising: Auxieness Canpign Type Online Sought: K House District: OT Oppose Disbursement For: Primary & General Other (specify) 1, 900 00	Per Election for Office Sought 950	00	Other (specify) ▶					
Mailing Address 7179 Lake Cartiste Blvd City Orlando FL 32829 Purpose of Expenditure Online Advertising: Auxeness Campuga Type Online Advertising: Auxeness Campuga Type Name of Federal Candidate: Tom Malinowski Calendar Year-To-Date Per Election for Office Sought Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures. Amount Amount 750 € Amount 750 € Category/ Type O 7 01 2018 Date of Disbursement or Obligation 750 € President Senate State: NJ Disbursement For: Primary ★ General Other (specify) ▶ 1 900 00	l a _ '	Memo Item Date	e of Public Distribution/Dissemination					
Amount City Orlando Purpose of Expenditure Online Advertising: Auwreness Carpign Type Name of Federal Candidate: Tom Malinowski Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Unitermized Independent Expenditures Amount 950 \(\omega \) Amount 950 \(\omega \) Pate of Disbursement or Obligation Other (specify) President Support Office Sought: X House District: OZ Fresident Senate State: NJ Oppose Disbursement For: Primary & General Other (specify) 1 900 00	Mintoint WebSolutions	\$						
City Crlando Purpose of Expenditure Online Adustising: Auxeness (and on type Name of Federal Candidate: Tom Malinowski Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures State Zip Code 32829 Date of Disbursement or Obligation Category/ Type O 7 01 2018 Support Office Sought: X House District: O7 Oppose President Senate State: NJ Disbursement For: Primary F General Other (specify) Other (specify)	•							
Orlando Purpose of Expenditure Online Advertising: Auxweness Campuign Name of Federal Candidate: Tom Malinowski Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Unitemized Independent Expenditures Date of Disbursement or Obligation Category/ Type O 7 0 1 2 0 18 Support Office Sought: X House District: OZ Oppose President Senate State: NJ Disbursement For: Primary ★ General Other (specify) ▶ 1, 900 00			_					
Purpose of Expenditure Online Adustising: Auxieness (analy Type Online Sought: Explose District: Online Sought: Expenditures District: Online Sought: Expenditures District: Online Sought: Online Sought: Expenditures District: Online Sought: Online Sough			, , , , , , ∞					
Online Adurtising: Auweness (andign Type 07 01 2018 Name of Federal Candidate: Tom Malinowski Senate State: NJ Calendar Year-To-Date Per Election for Office Sought 950.00 Disbursement For: Primary F General Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures.		829 Date	e of Disbursement or Obligation					
Name of Federal Candidate: Tom Malinowski Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Support Office Sought: X House District: O7 Oppose President Senate State: NJ Disbursement For: Primary F General Other (specify) 1 900 00	Calego							
Tom Malinowski. Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures. Oppose President Senate State: NJ Oppose Disbursement For: Primary ★ General Other (specify) ▶ 1, 900 00	ONLINE MOURTISING. HUXURNESS COMPUGA							
Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures Disbursement For: Primary F General Other (specify) Other (specify)	Name of Federal Candidate:	. 1						
Per Election for Office Sought 95000 Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditures	IOM Malinowski							
(a) SUBTOTAL of Itemized Independent Expenditures	Calendar Year-To-Date	Disbursem						
(a) SUBTOTAL of Unitemized Independent Expenditures	rel Election for Office Sought		Other (specify) ▶					
(a) SUBTOTAL of Unitemized Independent Expenditures		•						
(a) SUBTOTAL of Uniternized Independent Expenditures	(a) SUBTOTAL of Itemized Independent Expenditures	·····	1,900,00					
(a) SOBTOTAL OF OTHER IZED INDEPENDENT EXPENDITURES								
	(a) SUBTUTAL OF ORIGINIZED INDEPENDENT EXPENDITURES	······	\$ *					
(a) TOTAL Independent Expenditures	(a) TOTAL Independent Expenditures		25 224 42					
(a) 101AL Independent Experionales		•	1 25,229 - 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.	party committee) any political party committee or its agent.							
		S 8	/ C G / Y Y Y Y					
Signature Date 10 15 7018	Signature	Date I O	15 2018					

TEMIZED INDEPENDENT EXPENDITURES				PAGE 2 OF 65 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Fuil)		.,		FEC IDENTIFICATION NUMBER ▼
Together We Thri	1e			C00522458
Check if 24-hour report 48-hour report	メ New repo	nt Amends repo	t filed on	8 / 5 B . Y Y Y /
Full Name of Payee		Memo	Item Date of	of Public Distribution/Dissemination
PinPoint WebSolutions			، ا	9 30 2018
Mailing Address				
7179 Lake Carlisle	Blud		Amoul	_
City	State	Zip Code		,950 00
Orlando	FL	32829	Date o	of Disbursement or Obligation
Purpose of Expenditure		Category/		roller of the property of the A
Online Advertising: Awarene	.55 Campaign	Туре	C	17 01 2018
Name of Federal Candidate:		X Support		t: X House District: 24
Dana Balter		Oppose	Preside	ent Senate State: NY
Calendar Year-To-Date	-		Disbursemen	t For: Primary 🗡 General
Per Election for Office Sought		150:00		ther (specify) >
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
ProPoint WebSolutions			€	99 30 2018
Mailing Address	1			-
7179 Lake Carlisle Bluc)		Amou	-
City	State	Zip Code		950,00
Orlando	FL	32829	Date	of Disbursement or Obligation
Purpose of Expenditure		Category/	,	r p . b b . v v v v
Online Advertising: Aucureness	(anprign	Type		7 01 2018
_		X Support	Office Sough	nt: House District:
Max Rose		Oppose	Presid	ent Senate State: NY
Calendar Year-To-Date		150	Disbursemer	nt For: Primary 🗡 General
Per Election for Office Sought	· · ·	50.00		Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	***************************************		•	1 900 00
(a) SUBTOTAL of Unitemized Independent Expenditure	res		•	3
(a) TOTAL Independent Expenditures			_	
(a) TOTAL independent Experiordres	••••••••••	•••••	•	: 25.224 43
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida	ate or authorized	•		•
party committee) any political party committee or its	agent.			
			g ····	n e . v m v v
Signature		Date	10	15 2018

EMIZED INDEPENDENT EXPENDITURES			-	PAC	
IAME OF COMMITTEE (In Full)				-,	R LINE 24 OF FORM 3X
		•		1_	TIFICATION NUMBER ▼
Together We Thrive			·	COO	522458
Check if 24-hour report 48-hour report	∠ New repor	rt Amends repor	rt filed on	V SI , D	\$ 4 % % X X
Full Name of Payee		☐ Memo	Item Dat	of Public Dis	stribution/Dissemination
PinPoint WebSolutions				15 to 7 to	9 9 7 Y Y Y Y
Mailing Address	1			09 3	30 2018
7179 Lake Carlisle B	ivd		Am	ount	
City	1	Zip Code		5	,950,00
Orlando F	-	32829	Dat	e of Disburser	nent or Obligation
Purpose of Expenditure		Category/		13 24 / 3	2
Online Advertising : Awareness	. Campeign	Туре		07	01 2018
Name of Federal Candidate:		∑ Support	Office Soi	ght: 🔀 F	louse District: 21
Tedra Cobb		Oppose	Pre	ident [] S	enate State: NY
Calendar Year-To-Date		3.50	Disbursen	ent For:	Primary 🗶 General
Per Election for Office Sought	,	150,00		Other (specif	y) ▶
Full Name of Payee		Memo	Item Da	e of Public Di	stribution/Dissemination
PinPoint WebSolutions			-	mar r	30 2018
Mailing Address				09	30 2010
7179 Lake Cartisle Blud			Am	ount	
City Sta	ate	Zip Code		5	950 00
Orlando	FL	32829	Da	e of Disburse	ment or Obligation
Purpose of Expenditure		Category/			D D / Y Y Y Y
Online Advertising: Auxorness (ممهماجم	Туре		07	2018
Name of Federal Candidate:		> Support	Office So	ight: 🔀 l	louse District: 07
Liuba Shirley		Oppose	Pre	sident S	Senate State: <u>NY</u>
Calendar Year-To-Date	0		Disbursen	ent For:	Primary 🔀 General
Per Election for Office Sought	۲: ۲	50.00		Other (specif	y) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	•••••			;	1,900 00
					:
(a) SUBTOTAL of Unitemized Independent Expenditures			>	r	3 4
(a) TOTAL Independent Expenditures					_
(a) TOTAL Independent Expenditures	••••••			:	25,224,43
					
Under penalty of perjury I certify that the independent ex with, or at the request or suggestion of, any candidate o	•	•		•	*
party committee) any political party committee or its ager		_		-	·
			II 73	T 6	¥ v v v
Significan		Date	י וֹח	15	2018
Signature U					- , _U

SCHEDULE E	(FEC Form	3X)
ITEMIZED INDEPE	NOENT EXPE	NDITURES

	EMIZED INDEPENDENT EXPENDITURES				PAGE OF (25
NA	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
	Toughther We Their	10			C00522458
	logether We Thri				000 3 2 2 1 30
Ch	neck if24-hour report48-hour report	メ New repo	Amends repo	rt filed on	7 48 7 5 3 7 7 7 7 7
	Full Name of Payee		. ☐ Memo	Item Date	of Public Distribution/Dissemination
	PinPoint WebSolutions				09 30 2018
	Mailing Address	n: 1		Amo	_
	7179 Lake Carlisle				
	Orlando	State FL	Zip Code		963 00
	Purpose of Expenditure	1 —	32829	Date	of Disbursement or Obligation
	Online Advertising: Awarene	SS Campaign	Category/ Type		07 01 2018
	Name of Federal Candidate:	C' l' o	X Support	Office Soug	ht: XHouse District: OB
	Moderation 700	2,0,6	Oppose	Presi	dent Senate State: K5
	Calendar Year-To-Date	c	163.00	Disburseme	ent For: Primary 🔀 General
	Per Election for Office Sought	· :	165.00		Other (specify)
	Full Name of Payee		1 Memo	Item Date	of Public Distribution/Dissemination
	MinPoint WebSolutions			S	09 30 2018
	Mailing Address 7179 Lake Cartisle Bluc	1		Amo	
	City	State	Zip Code		950 00
	Orlando	FL	32829		, , , , , , , , , , , , , , , , , , , ,
	Purpose of Expenditure			Date	of Disbursement or Obligation
	Online Advertising: Auxoreness	, Campaign	Category/ Type		0701 2018
	Name of Federal Candidate:		∑ Support	Office Sou	·
	Left Van Drew		Oppose	Presi	
	Calendar Year-To-Date Per Election for Office Sought	,	50.00	Disburseme	ent For: Primary X General Other (specify) ▶
					
	(a) SUBTOTAL of Itemized Independent Expenditures	•••••		•	1,91300
					•
	(a) SUBTOTAL of Unitemized Independent Expenditure	'es		•	\$
	(a) TOTAL Independent Expenditures			→	25.224 43
	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
	Signature		Date	10	15 2018

EMIZED INDEPENDENT EXPENDITURES				PAGE S OF 6 S FORM 3X
AME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Tarall	ه ا			CO05ZZ458
Together We Thriv				000 522 430
heck if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M / D D / Y Y Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Facebook Inc.				99/30/Z018
Mailing Address			Amou	
1 Hacker Way	State	Zip Code		
Menlo Purk	CA	_		, 🐠 ,2 16 .43
Purpose of Expenditure		94025	Date	of Disbursement or Obligation
Online Advertising! GOTV	Campaign	Category/ Type	0	7 01 2018
Name of Federal Candidate:		∑ Support	Office Sough	L-1
Danny O'Connor		Oppose	Presid	lent Senate State: 6 H
Calendar Year-To-Date Per Election for Office Sought	10	01.43	Disburseme	
	, ,,,,,		_	Other (specify)
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Mailing Address				
Walling Address			Amou	unt .
City	State	Zip Code		, ,
			Date	of Disbursement or Obligation
Purpose of Expenditure	·	Category/		M M / D D / Y Y Y
	· · · · ·	Туре		
Name of Federal Candidate:		Support	Office Soug	
		Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought			Disburseme	
<u> </u>	, ,			Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·		•	. 1,001.43
				, 1,001.10
(a) SUBTOTAL of Unitemized Independent Expenditu	res		•	, , .
(a) TOTAL Independent Expenditures			•	, 25,224.43
				, 13,227.73
Under penalty of perjury I certify that the independent	•	•		•
with, or at the request or suggestion of, any candida party committee) any political party committee or its		committee or agent α	or eitner, or (i	The reporting entity is not a political
Signature		Date	, 10	15 2018

TEMIZED INDEPENDENT EXPENDITORES				PAGE Q OF 65
NAME OF CO. 11				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	•			FEC IDENTIFICATION NUMBER ▼
Together We Thrive				C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	H M / D D / Y Y Y
Full Name of Payee	······································	☐ Memo	Item Dat	te of Public Distribution/Dissemination
Jaalin Hurvey: PPW	2			M M / D D / Y Y Y
Mailing Address				09 30 2018
7179 Lake Carlisle B	Iud		Am	ount
City	State	Zip Code		1500
Orlando	FL	32829		, , ,
Purpose of Expenditure		•	Dat	e of Disbursement or Obligation
		Category/ Type		07 01 Z018
Online Advertising: DM Aware	Mesz (ombas			
Name of Federal Candidate:		★ Support	Office So	•
Ann Kirkpatrick		Oppose	Pre	sident Senate State: AZ
Calendar Year-To-Date	_		Disbursen	nent For: Primary 🗡 General
Per Election for Office Sought	, , , ,	30.00		Other (specify) ▶
Full Name of Payee		☐ Memo	Item Da	te of Public Distribution/Dissemination
Facebook the.				M M / D D / Y Y Y
Mailing Address				09 30 2018
1 Hacker Way			Am	ount
City	State	Zip Code		, 113,00
Menlo Park	CA	94025	Dat	te of Disbursement or Obligation
Purpose of Expenditure	_L	Category/		M M / D D / Y Y Y
Online Advertising: GOTV C	ampaian	Type		07 01 2018
Name of Federal Candidate:		Support	Office So	ught: House District: 67
Ann Kirkpatrick		Oppose	l —	sident Senate State: A2
•	<u> </u>		Disbursen	
Calendar Year-To-Date Per Election for Office Sought	, ,E	30.00	0.000.00.	· · · · · · · · · · · · · · · · · · ·
				Other (specify) ▶
(a) CURTOTAL of heaving discharged at Force discount				12800
(a) SUBTOTAL of Itemized Independent Expenditures	i		•	, , , , , , , , , , , , , , , ,
(a) SUBTOTAL of Unitemized Independent Expenditu	res			
(a) Cook of Maria Cook of the				, , -
(a) TOTAL Independent Expenditures			• •	, 25,224.43
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized			
		Date	мм	/ D D / Y Y Y Y
Signature		_ Date	10	15 2018

				FOR LINE 24 OF FORM 3X
AME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Together We Thrive				C00522458
heck if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed or	ми / оо / ч ч ч П
Full Name of Payee		☐ Memo	Item [Date of Public Distribution/Dissemination
PinPoint WebSolutions				M M / D D / Y Y Y
Mailing Address				09 30 2018
7179 Lake Carlisle Bli	Jd		^	Amount
City	State	Zip Code		, ,402.00
Orlando	FL	32829	1	Date of Disbursement or Obligation
Purpose of Expenditure	^	Category/		M M / D D / Y Y Y
Online Advertising: Award	eness Com	Paign		07 01 2018
Name of Federal Candidate:		Support		Sought: House District: 02
Ann Kirkpatrick		Oppose		President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		530.00	Disburs	sement For: Primary K General
	, ,			Other (specify)
Full Name of Payee		∐ Memo	Item [Date of Public Distribution/Dissemination
Mailing Address				m m / U U / 1 1 1 1
Mailing Address			,	Amount
City	State	Zip Code		, , ,
			ו	Date of Disbursement or Obligation
Purpose of Expenditure		Category/ Type		M M / D D / Y Y Y
Name of Federal Candidate:		Support	Office	Sought: House District:
1		Oppose	F	President Senate State:
Calendar Year-To-Date		•	Disburs	sement For: Primary General
Per Election for Office Sought	, ,	•	[Other (specify) >
(a) SUBTOTAL of Itemized Independent Expenditure	es			, ,402.00
(a) SUBTOTAL of Uniternized Independent Expendi	tures		• •	, ,
(a) TOTAL Independent Expenditures			· •	, 25,224.43
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any cand party committee) any political party committee or in	idate or authorized	•		
Signature		Date	• M (5 15 2018
- · g· · g· · g· · g			' '	

OF 65

PAGE

2018 - 10 - 10 - 0M - 00230152

TEMIZED INDEPENDENT EXPENDITURES				PAGE S OF 65 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Together We Thrive				C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed or	1 1
Full Name of Payee		∰ Memo	Item [Date of Public Distribution/Dissemination
Laalin Harvey: PPW	ک			8 8 7 8 8 7 8 7 8 9 8 9 8 9 8 9 8 9 8 9
Mailing Address		· · · · · · · · · · · · · · · · · · ·		09 30 2018
7179 Lake Carliste Bl	100		1	Amount
City	State	Zip Code		113.00
Orlando	FL	32829		Date of Disbursement or Obligation
Purpose of Expenditure	*****	Category/		Part / P P / P P / P P P
Online Advertising: DM Awaren	ness Compai			07 01 2018
Name of Federal Candidate:		Y Support	Office S	Sought: K House District: 06
Jason Crow		Oppose		resident Senate State: CO
Calendar Year-To-Date				ement For: Primary X General
Per Election for Office Sought	. 1	53000		Other (specify)
Full Name of Payee		Memo		Date of Public Distribution/Dissemination
Facebook the.				w r v b b c v v t v
Mailing Address				09 30 2018
1 Hacker Way				Amount
City	State	Zip Code		15.00
Menlo Park	CA	94025		,
Purpose of Expenditure	<u>.</u>	Category/		Date of Disbursement or Obligation
Online Advertising: GOTV C	ampaign	·		07 01 2018
Name of Federal Candidate:		Support Oppose	1	Sought: House District: 60 President Senate State: 0
Calendar Year-To-Date			Disburs	sement For: Primary 7 General
Per Election for Office Sought	7	530,00	1	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures			· •	128 00
(a) SUBTOTAL of Unitemized Independent Expenditu	res		. •	ş 5 ·
(a) TOTAL Independent Expenditures			· •	, 25, 224.43
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	reported herein were d committee or agent	not mad of either,	de in cooperation, consultation, or concert or (if the reporting entity is not a political
			¥1 1	r i o b i v v v v
Signature		Date	e 14	0 15 2018

			<u> </u>	FOR LINE 24 OF FORM 3
ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER
Together We Thrive				C00522458
eck if 24-hour report 48-hour report	New repor	t Amends repo	ort filed on	я я и в в и у у у .
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
PinPoint WebSolutions				0 3 / 5 3 / 7 7 7 7
Mailing Address		 		09 30 2018
7179 Lake Carlisle Blu	ıd		Amo	unt
City	State	Zip Code		40200
Orlando	FL	32829	Data	of Dichuranment or Obligation
Purpose of Expenditure		Category/	Dale	of Disbursement or Obligation
Online Advertising: Aware	ness Came	Type		07.01 2018
Name of Federal Candidate:		X Support		ht: K House District:
Jason Crow	•	Oppose	j -	dent Senate State:
				ent For: Primary & Gene
Calendar Year-To-Date Per Election for Office Sought		30,00		Other (specify) ▶
Full Name of Payee		<u> </u>	Item Date	of Public Distribution/Dissemination
				$\mathcal{G} = \{0, \dots, r \in \mathfrak{I} \mid \mathfrak{I} = \mathfrak$
Mailing Address			Amo	unt
City	State	Zip Code		ş ş
	1		Data	
Purpose of Expenditure		Category/	Dale	of Disbursement or Obligation
		Туре	}	
Name of Federal Candidate:	l	Support	Office Sou	aht: House District:
		Oppose	Presi	
Calendar Year-To-Date			Disburseme	7. 4
Per Election for Office Sought	¥ 7			Other (specify) ▶
				
(a) SUSTOTAL of Itemized Independent Expenditure	S		. •	402,0
(a) SUBTOTAL of Unitermized Independent Expendite	ures		▶	
. ,			\	3 9
(a) TOTAL Independent Expenditures			·· •	: 25:224:4
				
with, or at the request or suggestion of, any candic	date or authorized	•		•
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candio party committee) any political party committee or its	date or authorized	•		•

2018 - 10 - 19 - 0% - 00240154

SCHED ITEMIZE

Together We Thrive ck if 24-hour report 48-hour report New report		C 00522458
ck if 24-hour report 48-hour report New report		1 C 00522458
Full Name of Payee	Amends repo	rt filed on
	; i Memo	Item Date of Public Distribution/Dissemination
Laalin Harvey: PPWS		4 4 7 5 5 7 Y Y Y Y
Mailing Address		09 30 2018
7179 Lake Carlisle Blud		Amount
City State	Zip Code	11300
Orlando FL	32829	Date of Disbursement or Obligation
Purpose of Expenditure	Category/	6 H / 5 5 / 5 / 7 S
Unline Advertising: DM Awareness Campaig		07 01 2018
Name of Federal Candidate:	Support	Office Sought: House District: 01
Abby Finkenquet	Oppose	President Senate State: 1A
Calendar Year-To-Date		Disbursement For: Primary
Per Election for Office Sought	30 00	Other (specify) ▶
Full Name of Payee	<u></u> Memo	1
Facebook Ihc.		v v t b b t v v t
Mailing Address		09 30 2018
1 Hacker Way		Amount
City State	Zip Code	15,00
Menlo Park CA	94025	Date of Disbursement or Obligation
Purpose of Expenditure	Category/	# # 1 D P / Y Y F
Online Advertising: GOTV Campaign	Туре	07 01 2018
Name of Federal Candidate:	X Support	Office Sought: House District: 01
Abby Finkenquer	Oppose	President Senate State: 1 14
Calendar Year-To-Date	_	Disbursement For: Primary X Gener
Per Election for Office Sought	30.00	Other (specify) >
		170 00
a) SUBTOTAL of Itemized Independent Expenditures		128,00
a) SUBTOTAL of Unitemized Independent Expenditures		· •
a) TOTAL Independent Expenditures		25,224.4
Under penalty of perjury I certify that the independent expenditures re	annial basels	and made in appropriate annual labels and

Date

10

2018

FEMIZED INDEPENDENT EXPENDITURES				PAGE OF OF STATE OF S
NAME OF COMMITTEE (In Full)			<u></u>	FEC IDENTIFICATION NUMBER ▼
Together We Thrive				C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	я / в в / V У У .
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
PinPoint WebSolutions				9 9 7 9 9 7 7 7 7 7 7
Mailing Address				09 30 2018
7179 Lake Carlisle Blue	ઇ		Amou	int
City	State	Zip Code		, 402,00
Orlando	FL	32829	Date	of Disbursement or Obligation
Purpose of Expenditure		Category/		war baa ka wa ba
Online Advertising: Awaren Name of Federal Candidate:	ress Cum	Paign	(07 01 2018
l .		> Support		ht: CHouse District: O1
Abby Finkenaver		Oppose	Presid	lent Senate State:
Calendar Year-To-Date		T 2	Disburseme	nt For: Primary Y-General
Per Election for Office Sought	ء ر ·	530,00		Other (specify)
Full Name of Payee		. Memo	Item Date	of Public Distribution/Dissemination
				r w r g v r m v v v
Mailing Address				
			Amou	πιτ
City	State	Zip Code		\$ \$ T
			Date	of Disbursement or Obligation
Purpose of Expenditure		Category/ Type		п ж э в в э ч э ч ч
Name of Federal Candidate:		Support	Office Soug	ht: House District:
		Oppose	Presid	
Calendar Year-To-Date			Disburseme	nt For: Primary General
Per Election for Office Sought	ş 1			Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	·		. ▶	402.00
(a) SUBTOTAL of Unitemized Independent Expenditure	res		• •	z *
(a) TOTAL Independent Expenditures			· •	, 25,224.43
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		•
Signature		_ Date	ia d /	15 2018

2018-10-19-03-00240156

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE 12 OF 65 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ 000522458 Together We Thrive Check if 24-hour report 48-hour report New report Amends report filed on Full Name of Payee Date of Public Distribution/Dissemination : Memo Item Jaalin Harvey: PPWS 30 2018 7179 Lake Carliste Blud **Amount** 113 00 Zip Code State Orlando FL 32829 Date of Disbursement or Obligation Purpose of Expenditure HOLDER FOR STORM Category/ Online Advertising: DM Awareness Campaign Type 2018 Name of Federal Candidate: X House District: Support Office Sought: Haley Stevens State: M (Oppose President Senate Disbursement For: Primary X General Calendar Year-To-Date ,530,00 Per Election for Office Sought Other (specify) ▶ Date of Public Distribution/Dissemination Full Name of Payee Memo Item Facebook Ihc. 30 Mailing Address **Amount** 1 Hacker Way 1500 State Zip Code Menlo Park 94025 Date of Disbursement or Obligation Purpose of Expenditure 8 8 7 3 5 7 Y Y Y Y Category/ Online Advertising: GOTV Campaign 01 2018 Name of Federal Candidate: District: 1 Support ✗ House Office Sought: Haley Stevens State: MI Oppose President Senate Disbursement For: Primary → General Calendar Year-To-Date .530.00 Per Election for Office Sought Other (specify) 12800 (a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Uniternized 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.

Date

15 2018

FEMIZED INDEPENDENT EXPENDITURES				PAGE \3 OF 65 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Together We Thrive				C 005 22458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	8 4 1 5 5 . t t t t .
Full Name of Payee		☐ Memo	Item D	ate of Public Distribution/Dissemination
PinPoint WebSolutions				e wax bayayay
Mailing Address				09 30 2018
7179 Lake Carlisle Blue	ઇ		A	mount
City	State	Zip Code	-	402 00
Orlando	FL	32829		, , , , , , , , , , , , , , , , , , ,
Purpose of Expenditure		Category/	^u	ate of Disbursement or Obligation
Online Advertising: Awaren Name of Federal Candidate:	ness Com	Paign		07 01 2018
_		Support	ŀ	ought: House District: U
Haley Stevens		Oppose	; Pı	esident Senate State: M
Calendar Year-To-Date Per Election for Office Sought	± >	530,00		ement For: Primary General Other (specify)
Full Name of Payee		. Memo		ate of Public Distribution/Dissemination
				O O O O O
Mailing Address				
			A	mount
City	State	Zip Code		
				\$
Purpose of Expenditure	<u> </u>	G-1/	[ate of Disbursement or Obligation
		Category/ Type		
Name of Federal Candidate:		Support	Office S	ought: House District:
		Oppose	☐ Pi	resident Senate State:
Calendar Year-To-Date			Disburs	ement For: Primary General
Per Election for Office Sought	3	3	i .	Other (specify) >
(a) SUBTOTAL of Itemized Independent Expenditures			· •	402,00
				, (
(a) SUBTOTAL of Unitemized Independent Expenditure	res		. •	5 3
(a) TOTAL Independent Expenditures			· •	, 25,224,43
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Signature		Date	a to	15 2018
				

2018 · 10 · 19 · 0M · 00240158

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)

PAGE 14 OF 65
FOR LINE 24 OF FORM 3X
FEC IDENTIFICATION NUMBER ▼
C 00522458
9 9 7 9 8 7 7 7 7 7 9 1
Date of Public Distribution/Dissemination
09 30 2018
09 30 2018
Amount
113 00
Date of Disbursement or Obligation
07 01 2018
Sought: X House District: 07
resident Senate State: MN
ement For: Primary Y General
Other (specify) ▶
Date of Public Distribution/Dissemination
09 30 2018
Amount
, 15,00
Date of Disbursement or Obligation
07 01 2018
Sought: House District: 02
President Senate State: MN
sement For: Primary 🗡 General
Other (specify) ▶
128 00
5 7 .
, 25,224.43
de in cooperation, consultation, or concert or (if the reporting entity is not a political

Together We Thrive		C 00522458		
Check if 24-hour report . 48-hour report	New repo	ort Amends repo	rt filed on	V G I D D I Y I Y Y
Full Name of Payee		∷ Memo	item Da	te of Public Distribution/Dissemination
Jaalin Harvey: PPW	کر			N H I D C + I Y Y
Mailing Address	1			09 30 2018
7179 Lake Carliste B	aud		Am	nount
City	State	Zip Code		113 00
Orlando	FL	32829	Da	ite of Disbursement or Obligation
Purpose of Expenditure	<u>l</u>	Category/	T la	or H / P E / P E / P P
Online Advertising: DM Aware	ness (compris			07 01 2018
Name of Federal Candidate:		Support	Office So	· · · · · · · · · · · · · · · · · · ·
Hogie Craig		Oppose	Pre	sident Senate State: MN
Calendar Year-To-Date Per Election for Office Sought	_ 1	53000		ment For: Primary Y General
	<i>)</i>			Other (specify)
Full Name of Payee		Memo	item Da	te of Public Distribution/Dissemination
Facebook the.				09 30 2018
Mailing Address			Ап	nount
1 Hacker Way	Chata	Zia Cada		15 00
City Menlo Park	State	Zip Code		, 15 ,00
Purpose of Expenditure	<u>Cr</u>	94025	Da	ate of Disbursement or Obligation
Online Advertising: GOTV	iampaign	Category/ Type		07 01 2018
Name of Federal Candidate:		Support	Office So	ought: KHouse District: 07
Angie Craiq		Oppose	Pre	esident Senate State: MN
Calendar Year-To-Date		_	Disburser	ment For: Primary 🔀 General
Per Election for Office Sought	7 7	530.00		Other (specify) >
(a) SUBTOTAL of Itemized Independent Expenditures	s		•	128 00
(a) SUBTOTAL of Unitemized Independent Expenditu	ıres		•	3 5
(a) TOTAL Independent Expenditures			· •	, 25,224.43
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Signature		_ Date	10	15 2018

2018 - 10 - 19 - 01 - 00240159

					FOR LINE 24 OF FORM 3X
IAV	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
	Together We Thrive				C00522458
Che	eck if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed or	明 相 メ B B メ ヤ フ Y
	Full Name of Payee		Memo	Item C	Date of Public Distribution/Dissemination
	PinPoint WebSolutions	•			6 6 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
-	Mailing Address				09 30 2018
	7179 Lake Carlisle Blu	d		<i>A</i>	Amount
f	City	State	Zip Code		402,00
	Orlando	FL	32829		
	Purpose of Expenditure	<u> </u>	Category/	'	Date of Disbursement or Obligation
	Online Advertising: Awaren	ress Com	Type		07 01 2018
	Name of Federal Candidate:		Support	Office S	Sought: X House District: 02
	Angie Craia		Oppose	1	resident Senate State: MN
	Calendar Year-To-Date				ement For: Primary X General
	Per Election for Office Sought	, ,	30,00		Other (specify)
Ī	Full Name of Payee		: Memo		Date of Public Distribution/Dissemination
ł	And the second second				or are a second of the second of
-	Mailing Address	 			
				/	Amount
f	City	State	Zip Code		ş ş
-					Date of Disbursement or Obligation
t	Purpose of Expenditure		Category/		
			Туре		
ļ	Name of Federal Candidate:		Support	Office S	Sought: House District:
			Oppose	I P	resident Senate State:
	Calendar Year-To-Date			Disburs	ement For: Primary X General
	Per Election for Office Sought	3 7	,		Other (specify)
. ((a) SUBTOTAL of Itemized Independent Expenditures	3		· •	40200
((a) SUBTOTAL of Uniternized Independent Expenditu	res		. ▶	, n
	(a) TOTAL Independent Expenditures			. •	
,	, TO THE INDOPOSITION EXPENDITURES			•	25,224.43
	Under penalty of perjury I certify that the independent	ant expenditures	reported herein word	not med	e in cooperation consultation or concert
,	Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		
,		•			
	(4 m		Date	i.i. i	: 7
	Signature		_ Date	• ((15 2018
_					

20-8-10-19-03-00240160

				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Together We Thrive				C00522458
				V G / O P / Y Y V Y
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	* 4 * 2 *
Full Name of Payee	_	: Memo	Item Dat	e of Public Distribution/Dissemination
Laalin Harvey: PPW	2			N W Y B B A Y Y Y
Mailing Address				09 30 2018
7179 Lake Carliste Bl	ud		Am	ount
City	State	Zip Code		113 00
Orlando	FL	32829	Dat	e of Disbursement or Obligation
Purpose of Expenditure		Category/	Dat	or it is a property of Congation
Online Advertising: DM Awaren	vesz (ampai			07 01 2018
Name of Federal Candidate:		> Support	Office Sou	ught: X House District: 03
Dean Phillips		Oppose	Pres	sident Senate State: MN
Calendar Year-To-Date	7	<u> </u>	Disbursen	nent For: Primary X General
Per Election for Office Sought	, , 5	30,00		Other (specify) ▶
Full Name of Payee		<u></u> Memo	1	e of Public Distribution/Dissemination
Facebook the.				9 7 7 2 8 7 7 7 7
Mailing Address				09 30 2018
1 Hacker Way			Am	ount
City	State	Zip Code		15,00
Menlo Park	CA	94025		, ,
Purpose of Expenditure		Category/	Da	te of Disbursement or Obligation
Online Advertising: GOTV C	c. ADe icia	÷		07 01 2018
Name of Federal Candidate:	21-40-1-21-0	Support	Office Sor	
Dean Phillips		Oppose	i	sident Senate State: MN
Calendar Year-To-Date		throat **	Disbursen	
Per Election for Office Squaht	, ,	30 00		Other (specify) ▶
<u></u>	<u>· </u>		<u>'</u>	Otrier (specify)
(a) SUBTOTAL of Itemized Independent Expenditures				128 00
(4) 3357 GTAE OF RESIDENT EXPENDITIONS		••••••		7 7 50 4
(a) SUBTOTAL of Unitermized Independent Expenditur	es		. ▶	_
				ş 5 "
(a) TOTAL Independent Expenditures			•	25, 224, 43
Under penalty of perjury I certify that the independe	nt expenditures	reported herein were	not made	in cooperation, consultation, or concert
with, or at the request or suggestion of, any candida party committee) any political party committee or its		committee or agent	of either, or	(if the reporting entity is not a political
any pominate of its	-g0111.			
		_	18 41	2 0 0 1 4 4 4 4 4
Signature		_ Date	10	15 2018

EMIZED INDEPENDENT EXPENDITURES				PAGE 17 OF 65 I
IAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Together We Thrive				C 005 22458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	. чеелту у.
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
PinPoint WebSolutions			1	7 7 7 7 7 6 G 7 K S
Mailing Address			(09 30 2018
7179 Lake Carlisle Blu	d		Amou	int
City	State	Zip Code		402 00
Orlando	FL	32829	Data	of Disbursement or Obligation
Purpose of Expenditure	<u> </u>	Category/		a a / a a / y y m y
Online Advertising: Awaren	ress Com	Type Paign		7 01 2018
Name of Federal Candidate:		∠ Support	_	ht: X House District: 63
Dean Phillips		Oppose	Presid	lent Senate State: MN
Calendar Year-To-Date		~ -	Disburseme	nt For: Primary X General
Per Election for Office Sought	÷ 5	530.00		Other (specify) ▶
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
····				0 W / O U / Y Y Y Y
Mailing Address				
			Amou	unt
City	State	Zip Code		
				; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
Purpose of Expenditure	<u> </u>	Category/		of Disbursement or Obligation
		Type		
Name of Federal Candidate:		Support	Office Sour	ht: House District:
		Oppose	Presid	
			,	nt For: Primary General
Calendar Year-To-Date Per Election for Office Sought	3 3	,	1	Other (specify)
			<u> </u>	Other (specify)
(a) CHRTOTAL of Hamitad Independent Evpanditures				402 00
(a) SUBTOTAL of Itemized Independent Expenditures			· •	(0.1,00
(a) SUBTOTAL of Uniternized Independent Expenditu	res	•		
(-,				; 7
(a) TOTAL Independent Expenditures			• •	, 25,224,43
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
()			ia ži ž	0 6 / 7 7 7 7
Signature	·	Date	10	15 2018

2018 - 10 - 19 - 07 - 00240162

				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Together We Thrive				C 00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	# # # # # # # # # # # # # # # # # # #
Full Name of Payee		∰ Memo	Item Da	ate of Public Distribution/Dissemination
Laalin Harvey: PPU	کر			B B 7 7 5 7 4 4 7 7 4
Mailing Address				09 30 2018
7179 Lake Carlisle B	Jud		Ar	nount
City	State	Zip Code	 }	113 00
Orlando	FL	32829		5 7 .
Purpose of Expenditure		,	Da	ate of Disbursement or Obligation
Online Advertising: DM Aware	was C	Category/		07 01 2018
Name of Federal Candidate:	MEZZ COMPA			
(Support		ought: House District:
Mike Sherrill	<u>.</u>	Oppose		esident Senate State: NJ
Calendar Year-To-Date	5	30.00		ment For: Primary
Per Election for Office Sought	, ,	730, 00		Other (specify) ▶
Full Name of Payee		Memo	Item Da	ate of Public Distribution/Dissemination
Facebook the.				* * * * * * * * * * * * * * * * * * *
Mailing Address				09 30 2018
1 Hacker Way			Ar	nount
City	State	Zip Code		, , 15,00
Menlo Park	CA	94025		ate of Disbursement or Obligation
Purpose of Expenditure	<u> </u>	Category/		
Online Advertising: GOTV	ampaian	1 —	1	07 01 2018
Name of Federal Candidate:	4.7	Σ Support	Office Se	ought: K House District:
Mike Sherrill		Oppose		esident Senate State: NJ
Calendar Year-To-Date	·· -		1	ment For: Primary
Per Election for Office Sought	7 5	530,00	<u>;</u>	Other (specify) ▶
	· · ·		L :=	
(a) SUBTOTAL of Itemized Independent Expenditures	s	·		128 00
(a) SOBTOTAL OF NOTIFICE INDEPENDENT EXPENDITION	J,			; ;
(a) SUBTOTAL of Uniternized Independent Expenditu	ıres		. •	
			-	9 9
(a) TOTAL Independent Expenditures			•	, 25,224.43
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized	reported herein were d committee or agent	not made of either, o	in cooperation, consultation, or concert or (if the reporting entity is not a political
		Date	:8 50 a	_
Signature		Date	10	15 2018

	INDEPENDENT EXPENDITURES	•			PAGE 9 OF 65 FOR LINE 24 OF FORM 3X
NAME OF C	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
T	all - Illa Thoise				C 005 22458
109	ether We Thrive				
Check if	24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	5 4 1 2 9 2 7 7 7 4 .
Full Nan	ne of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
12.7	Point WebSolutions				B B / B 3 / Y Y Y Y
Mailing /					09 30 2018
717	q Lake Carlisle Bh	19		Amo	
City		State	Zip Code		, 402,00
001	ando.	FL	32829	Date	e of Disbursement or Obligation
, ·	of Expenditure		Category/		8 8 7 8 9 7 8 8 9 8 8 9 8 8 9 8 8 9 8 8 9 8 9
Onlin	ne Advertising: Aware	eness Com	Type Paigy		07 01 2018
Name of	f Federal Candidate:		X Support		ght: K House District:
1 Wit	he Sherrill		Oppose	Pres	ident Senate State: N.)
Cal	endar Year-To-Date			Disbursem	ent For: Primary Ceneral
Per	Election for Office Sought	, , 5	30.00		Other (specify) ▶
Full Nar	ne of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
]				}	# W / S & / Y Y Y Y
Mailing	Address				
,				Amo	ount
City		State	Zip Code		
				Date	e of Disbursement or Obligation
Purpose	of Expenditure		Category/		и м х в в , ч х ч х
			Туре		
Name o	f Federal Candidate:	- <u> </u>	Support	Office Sou	ght: House District:
			Oppose	Pres	sident Senate State:
Са	lendar Year-To-Date			Disbursem	ent For: Primary General
Pe	r Election for Office Sought	1 1	,		Other (specify) ▶
(a) SUBT	TOTAL of Itemized Independent Expenditure	es		. •	402.00
(a) SUBT	TOTAL of Unitemized Independent Expendit	tures		. ▶	5 5
(a) TOTA	L Independent Expenditures				
(a) 101A	at independent Expenditures	•••••		· •	, 25,224,43
					
with, or	enalty of perjury I certify that the indepen- at the request or suggestion of, any candi mmittee) any political party committee or it	date or authorized			
				• .	/ D a : V . T . T
Signa	ture /		_ Date	10	15 2018

2018 10 19 03 00240164

				FOR LINE 24 OF FORM 3X
IAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Together We Thrive				C00522458
				0 9 1 9 8 1 7 1 9 9
check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	
Full Name of Payee	_	: Memo	Item Date	of Public Distribution/Dissemination
Laalin Harvey: PPW	2			
Mailing Address	(09 30 2018
7179 Lake Carliste B	100		Amoi	unt
City	State	Zip Code		113 00
Orlando	FL	32829	Data	of Dishumament or Obligation
Purpose of Expenditure		Category/	Date	of Disbursement or Obligation
Online Advertising: DM Awaren	ness Campai			07 01 Z018
Name of Federal Candidate:		Support	Office Soug	ht: 🔀 House District: 🔼
Susic Lee		Oppose		dent Senate State: NV
Calendar Year-To-Date			Disburseme	ent For: Primary X General
Per Election for Office Sought	. , , , ,	530,00		Other (specify) ▶
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
Facebook the.				
Mailing Address				09 30 2018
1 Hacker Way			Amo	·
City	State	Zip Code		15,00
Menlo Park	CA	94025	Date	of Disbursement or Obligation
Purpose of Expenditure	1	Category/	Date	
Online Advertising: GOTV C	ampaign			07 01 2018
Name of Federal Candidate:		Support	Office Soug	ght: K House District: 03
SusieLee		Oppose	Presi	dent Senate State: <u>UU</u>
Calendar Year-To-Date			Disburseme	ent For: Primary 🌂 General
Per Election for Office Sought	7 e 4	530 - 60	<u> </u>	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			•	, 128,00
				* · · · · · · · · · · · · · · · · · · ·
(a) SUBTOTAL of Uniternized Independent Expenditu	res		• •	ş
(a) TOTAL Independent Expenditures			· •	, 25,224,43
Haday papelly of positive I positive Alexa Alexander	nt overelling	roported horsis were	not made :-	cooperation consultation or consect
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate	ate 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.			
			14 65	
Signature		Date		15 2018

				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Together We Thrive				C 005 22458
Check if 24-hour report 48-hour report	New repo	ort : Amends repo	ort filed on	м ч х в в х х х х .
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
PinPoint WebSolutions		•		6 A + 5 3 / Y Y Y Y
Mailing Address				09 30 2018
7179 Lake Carlisle Blu	d		· An	nount
City	State	Zip Code		402 00
Orlando	FL	32829		
Purpose of Expenditure	 	Category/	/ 0	ate of Disbursement or Obligation
Online Advertising: Awaren	ness Com	Type		07 01 2018
Name of Federal Candidate:	 	Support	Office So	ought: X House District: 03
Susie Lee		Oppose	j	esident Senate State: NV
Calendar Year-To-Date				ment For: Primary × General
Per Election for Office Sought	e 9 (530.00		Other (specify)
Full Name of Payee		Memo	1	ate of Public Distribution/Dissemination
				$(C_{ij}, A_{ij}, A_{ij}, B_{ij}, B_{ij}, A_{ij}, A_{$
Mailing Address				
			An	mount
City	State	Zip Code		£ \$
			Da	ate of Disbursement or Obligation
Purpose of Expenditure	_ 	Category/		
		Туре		
Name of Federal Candidate:	·	Support	Office Sc	ought: House District:
		Oppose	Pre	esident Senate State:
Calendar Year-To-Date			Disburse	ment For: Primary General
Per Election for Office Sought	1 1	3		Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	S		• •	402,00
				·
(a) SUBTOTAL of Unitemized Independent Expenditu	res		. •	g g
(a) TOTAL Independent Expenditures				_
(a) TOTAL Independent Expenditures	•••••••••		· •	25,224.43
			not made	in accounting accountation or account
Under penalty of perjury I certify that the independed with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
(\mathcal{U})		_ Date	ы 13 6 _{г.}	15 2018
Signature			10	13 2010

PAGE 2

OF 65

2018-10-19-03-00240166

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE 22 OF 65
FOR LINE 24 OF FORM 3X

				FOR LINE 24 OF FORIVI SX
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Together We Thrive				C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed (e a reer a e reer
Full Name of Payee		: i Memo	Item	Date of Public Distribution/Dissemination
Jaalin Harvey: PPW	ک		1	n
Mailing Address		_	=	09 30 2018
7179 Lake Carliste Bl	ud			Amount
City	State	Zip Code		, 113 00
Orlando	FL	32829		Date of Disbursement or Obligation
Purpose of Expenditure		Category/		R R / P E . Y / Y Y
Online Advertising: DM Awarev	resz (cimpri			07 01 2018
Name of Federal Candidate:		Support	Office	Sought: House District: 10
Jennifer Wexton		Oppose		President Senate State: VA
Calendar Year-To-Date			Disbu	rsement For: Primary 🗸 General
Per Election for Office Sought	, ,	530,00		Other (specify) ▶
Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination
Facebook the.				# 1 / D D - Y 7 Y
Mailing Address				09 30 2018
1 Hacker Way				Amount
City	State	Zip Code		, 15,00
Menlo Park	CA.	94025		Date of Disbursement or Obligation
Purpose of Expenditure	<u> </u>	Category/		
Online Advertising: GOTV C	ampaign	Туре		07 01 2018
Name or Federal Candidate:		Support	Office	Sought: House District: 10
Jennifor Wexton		Oppose		President Senate State: VA
Calendar Year-To-Date		~7.0.00	Disbu	rsement For: Primary General
Per Election for Office Sought	;	530.00	<u> </u>	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures				, ,)28,00
(a) SUBTOTAL of Uniternized Independent Expenditur	es		. •	\$ 5
(a) TOTAL Independent Expenditures			. •	, 25,224.43
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
CC /	anagangan aya	Date	;; B	0 15 2018
Signature <i>V</i>			F	0 13 2010

EMIZED INDEPENDENT EXPENDITURES				PAGE 25 OF 65 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
				C00522458
Together We Thrive				000322138
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	3 % / \$ & . # > ¥ .
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
PinPoint WebSolutions			- 1	
Mailing Address				09 30 2018
7179 Lake Carlisle Blue	<i>.</i> }		Amo	·
City	State	Zip Code		402,00
Orlando	FL	32829	Date	of Disbursement or Obligation
Purpose of Expenditure		Category/		M
Online Advertising: Awaren	ress Com	Pains		07 01 2018
Name of Federal Candidate:		X Support	Office Soug	ht: ZHouse District: 16
Jennifer Wexton		Oppose	Presid	dent Senate State: YA
Calendar Year-To-Date		`	Disburseme	ent For: Primary & General
Per Election for Office Sought	÷ 'p	30,00		Other (specify) ▶
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
••			1	0 9 1 2 2 1 4 7 4 7
Mailing Address				
	٠		Amo	unt
City	State	Zip Code		; 5
			Date	of Disbursement or Obligation
Purpose of Expenditure		Category/		N H / P D , Y / M Y
		Туре		
Name of Federal Candidate:		Support	Office Sou	ght: House District:
		Oppose	Presi	
Calendar Year-To-Date			Disburseme	ent For: Primary General
Per Election for Office Sought	3 3	5		Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			. •	40200
				·
(a) SUBTOTAL of Unitermized Independent Expenditure	es		. ▶	; ;
(a) TOTAL Independent Expenditures	•••••••		· •	, 25,224.43
				
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		•
		_ Date	• 10	15 2018
Signature		·····		

2018-10-19-05-00240168

PAGE 24	OF	65
FOR LINE 2	4 OF FO	DRM 3X

NAME OF COMMITTEE (In Full)				TOTT EINE 24 OF TOTAL OX
WINE OF OCIVIAITY FEE (III Fully)				FEC IDENTIFICATION NUMBER ▼
Together We Thrive				C00522458
Check if 24-hour report 48-hour report	New repo	rt Amends repo	rt filed on	v
Full Name of Payee	Item Dat	e of Public Distribution/Dissemination		
Laalin Harvey: PPW				
Mailing Address	Am	09 30 2018		
7179 Lake Carliste B				
City	State	Zip Code		113 00
Orlando	FL	32829	Dat	e of Disbursement or Obligation
Purpose of Expenditure	Category/			
Online Advertising: DM Awaren	vezz (ombui			07 01 2018
Name of Federal Candidate:		Support		ight: X House District:
Dan Feehan		Oppose		sident Senate State: MN
Calendar Year-To-Date Per Election for Office Sought	Ţ.	30,00		nent For: Primary & General
rei Liection for Onice Sought		770, 00		Other (specify) >
Full Name of Payee		Memo	Item Dat	e of Public Distribution/Dissemination
Facebook the.	· 			09 30 2018
Mailing Address			Am	ount
1 Hacker Way				
City	State	Zip Code		, 15,00
Menlo Park	CA CA	94025	Dat	e of Disbursement or Obligation
Purpose of Expenditure		Category/ Type		
Online Advertising: GOTV C	ampaign			07 01 2018
Name of Federal Candidate:		Support		ight: House District:
Dan Feehan		Oppose		sident Senate State: MN
Calendar Year-To-Date Per Election for Office Sought	5	30.00	Disbursen	nent For: Primary K General
Fel Election to Onice Sought	7 ()		1	Other (specify) ▶
				128 00
(a) SUBTOTAL of Itemized Independent Expenditures			•	
(a) SUBTOTAL of Unitemized Independent Expenditure	res			
(a) colored an emission masper contraction and emission a				5 -
(a) TOTAL Independent Expenditures			•	25:224.43
Under penalty of perjury I certify that the independe				
with, or at the request or suggestion of, any candidate party committee) any political party committee or its		commutee or agent	oi eillief, Of	the reporting entity is not a political
$Q_{i} \wedge Q_{i}$				
		Date	13 Ai	
Signature		_ Date	10	15 2018

CHEDOLE E (LEO LOUIS ON)					
remized independent expenditures				PAGE 25 OF LeS	
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
		*		_	
Together We Thrive				C 005 22458	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed (on a restriction of the restrict	
Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination	
PinPoint WebSolutions			}	to the company of the transfer	
Mailing Address		09 30 2018			
7170 Lake Carliste Blue	.}			Amount	
7179 Lake Carlisle Blue	State	Zip Code		402 00	
Orlando	FL	32829		, (02)	
Purpose of Expenditure		Category/		Date of Disbursement or Obligation	
1 '	}				
Online Advertising: Awarev	ress (am	Paign	,l	0701 2018	
Name of Federal Candidate:		Support		Sought:	
Dan Feehan		Oppose		President Senate State: MP	
Calendar Year-To-Date			Disbu	rsement For: Primary X General	
Per Election for Office Sought	; , , ,	30 00	Ì	Other (specify) ▶	
Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination	
•••				BOOK OF BOOK WINDS	
Mailing Address					
				Amount	
City	State	Zip Code			
			į	\$	
Purpose of Expenditure	L			Date of Disbursement or Obligation	
Turpose of Experiorare		Category/ Type	}	M M A P D T A A M A	
Name of Federal Candidate:		Support	1	Sought: House District:	
		Oppose		President Senate State:	
Calendar Year-To-Date			Disbu	rsement For: Primary General	
Per Election for Office Sought	ţ <u> </u>			Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			•	402.00	
				, (0 =1	
(a) SUBTOTAL of Uniternized Independent Expenditur	es		•		
				<i>;</i>	
(a) TOTAL Independent Expenditures			·· •	, 25,224.43	
Under penalty of perjury I certify that the independe	nt ovnonditures	reported berein were	not me	ade in cooperation, consultation, or concert	
with, or at the request or suggestion of, any candida					
party committee) any political party committee or its	agent.				
		Dat	e f	0 15 2018	
Signature			í	0 13 2010	

2018 - 10 · 19 · 0M · 00240170

EMIZED INDEPENDENT EXPENDITURES				PAGE 24 OF 65
AME OF COMMITTEE (In Full)	<u> </u>	· · · · · · · · · · · · · · · · · · ·		FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
T 1.1. The 10				C00522458
Together We Thrive	·			0 00 0 1 10
heck if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	1
Full Name of Payee		; Memo	Item Date	of Public Distribution/Dissemination
Jaalin Harvey: PPW	2			
Mailing Address				09 30 2018
7179 Lake Carliste B			Amo	
City	State	Zip Code		, 113,00
Orlando	FL	32829	Date	of Disbursement or Obligation
Purpose of Expenditure	۸,	Category/		0 8 7 5 5 7 5 7 7 8
Online Advertising: DM Awaren	vesz (ambu	<u> </u>		07 01 Z018
Name of Federal Candidate:		Support		tht: K House District: 08 dent Senate State: MN
		Oppose		
Calendar Year-To-Date Per Election for Office Sought	, , ,	30 00		ent For: Primary X General Other (specify) >
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
Facebook the.				* * * * * * * * * * * * * * * * * * *
Mailing Address				09 30 2018
1 Hacker Way			Amo	
City	State	Zip Code		, 15,00
Menlo Park	CA	94025	Date	of Disbursement or Obligation
Purpose of Expenditure		Category/ Type		
Online Advertising: GOTV C	ampaign	· <u></u>		07 01 2018
Name of Federal Candidate: Joe Radinovich		Support	Office Sou	**************************************
Joe Radmovich		Oppose	Presi	
Calendar Year-To-Date Per Election for Office Sought	•	530-00	l	ent For: Primary > General
	7	350-00		Other (specify)
(a) CUDTOTAL of Itemized Independent Evereditures				156
(a) SUBTOTAL of Itemized Independent Expenditures	***************************************		• •	. 128,00
(a) SUBTOTAL of Unitemized Independent Expenditure	es		. •	
				ý 5 ·
(a) TOTAL Independent Expenditures			• •	25,224.43
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	reported herein were d committee or agent	not made in of either, or (cooperation, consultation, or concert if the reporting entity is not a political
(//)		Date	11 85	
Signature		Dan	10	15 2018

			<u> </u>	FOR LINE 24 OF FORM 3X
IAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Together We Thrive		· · · · · · · · · · · · · · · · · · ·		C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	इब्रह्म, प्रभू
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
PinPoint WebSolutions			1	8 3 7 3 3 7 8 8 7 8 9
Mailing Address				09 30 2018
7179 Lake Carlisle Blu	id		Amoi	unt
City	State	Zip Code		402,00
Orlando	FL	32829	Data	, i
Purpose of Expenditure		Category/	_	of Disbursement or Obligation
Online Advertising: Aware	ness Com	Paign		07 01 2018
Name of Federal Candidate:		Support	ľ	ht: KHouse District: 08
Loe Radinovich	<u>.</u>	Oppose	Presid	dent Senate State: MN
Calendar Year-To-Date			Disburseme	nt For: Primary Y General
Per Election for Office Sought	3 2	136.00		Other (specify) >
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
				e a carrier
Mailing Address			Amo	unt
City	State	Zip Code		
		1		\$ 5
Purpose of Expenditure		0-1-1-1		of Disbursement or Obligation
		Category/ Type		
Name of Federal Candidate:		Support	Office Soug	ht: House District:
		Oppose	Presi	dent Senate State:
Calendar Year-To-Date			Disburseme	ent For: Primary General
Per Election for Office Sought	3 3	,		Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditure	s		. ▶	402.00
(a) SUBTOTAL of Unitemized Independent Expenditu	ures		•	, ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
(a) TOTAL Independent Expenditures			· >	, 25,224.43
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or it	date or authorized			
Signature		Date	o I O	15 2018

PAGE 27

OF 6,5

2018 10 19 03 00240172

PAGE 28 OF 65 FOR LINE 24 OF FORM 3X
EC IDENTIFICATION NUMBER ▼
000522458
G / 9 B / V & Y Y
Public Distribution/Dissemination
9 30 2018
, 113 ,∞
Disbursement or Obligation
7 01 2018
1 01 2010
Senate State: FL
For: Primary X General
er (specify) >
Public Distribution/Dissemination
9 30 2018
, , 15.00
Disbursement or Obligation
7 01 2018
House District: 26
t Senate State: FL
For: Primary General er (specify) ▶
or (appeary) r
, 128,00
3 5 -
, 25,224.43
operation, consultation, or concert

NA	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
	Together We Thrive				C00522458
\vdash	Together of the				
Ch	eck if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	u 6 4 5 6 7 7 6 4 4
	Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination
	Laalin Harvey: PPW	ک			
	Mailing Address	1			09 30 2018
	7179 Lake Carliste Bl	ud			Amount
	City	State	Zip Code		, 113 ∞
	Orlando	FL	32829		Date of Disbursement or Obligation
	Purpose of Expenditure		Category/		6 H 2 P P V V V V V
	Online Advertising: DM Awaren	ness (ampai			07 01 2018
	Name of Federal Candidate:		Support	Office	Sought: KHouse District: 26
	Debbie Mucar Sel-Po	well	Oppose	1	President Senate State: FL
i	Calendar Year-To-Date			 -	sement For: Primary X General
	Per Election for Office Sought	, , ,	030,00		Other (specify) >
	Full Name of Payee		Memo	1	Date of Public Distribution/Dissemination
	Facebook Inc.				$\mathcal{Y} = \mathcal{X} = \mathcal{T} = \hat{\mathcal{Y}} = \hat{\mathcal{Y}} = \mathcal{Y} = \mathcal{Y} = \mathcal{Y} = \mathcal{Y}$
	Mailing Address	·		-	09 30 2018
	1 Hacker Way				Amount
	City	State	Zip Code		, 15.00
	Menlo Park	LA CA	94025	:	Date of Disbursement or Obligation
	Purpose of Expenditure		Category/ Type		
	Online Advertising: GOTV C		07 01 2018		
	- Carro or regoral candidate.		Support	Office	Sought: House District: 26
	Debbie Mucarsel-Pou	rell	Oppose		President Senate State: FL
	Calendar Year-To-Date	~	`	Disbu	rsement For: Primary General
	Per Election for Office Sought	, , , , , , , , , , , , , , , , , , ,	30.00		Other (specify) >
	(a) SUBTOTAL of Itemized Independent Expenditures			. •	, 128,00
	(a) SUBTOTAL of Unitemized Independent Expenditur	es	•••••	. •	9 9
	(a) TOTAL Indicated at Face of these				0
	(a) TOTAL Independent Expenditures			. •	, 25, 224, 43
-					
	Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
	O , \triangle				
			Date	;: e	
	Signature		Date	1	0 15 2018

2018:10:10:0N:00240-125

TEMIZED INDEPENDENT EXPENDITURES				PAGE 29 OF 65 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Together We Thrive				C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
PinPoint WebSolutions				P H / B 3 / Y 7 7 Y
Mailing Address			ì	09 30 2018
7179 Lake Carlisle Blu	d		Amo	
City	State	Zip Code		,402,00
Orlando	FL	32829	Date	of Disbursement or Obligation
Purpose of Expenditure		Category/		and the second
Online Advertising: Awaren	ress Com	Paign		0701 2018
Traine of Foderal Garaidate.		Support	1	ght: XHouse District: 26
Debbie Mucarsel-Powe	<u> </u>	Oppose		dent Senate State: E
Calendar Year-To-Date Per Election for Office Sought	,	30.00		ent For: Primary ✓ General Other (specify) ►
Full Name of Payee		[Memo		of Public Distribution/Dissemination
Tall Name of Cayoo		C: McMo	liem Julio	
Mailing Address				
3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			Amo	ount
City	State	Zip Code		
			Date	of Dishumament or Obligation
Purpose of Expenditure	J	Category/	Date	e of Disbursement or Obligation
		Type		
Name of Federal Candidate:		Support	Office Sou	ght: House District:
		Oppose	Presi	
Calendar Year-To-Date			Disburseme	ent For: Primary General
Per Election for Office Sought	\$			Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	S		· •	402 00
(a) SUBTOTAL of Unitemized Independent Expenditu	res		. ▶	;
(a) TOTAL Independent Expenditures				
				25:224-43
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candident party committee or its	ate or authorized			
(1)			is 't	/ D D / Y V V Y
Signature		Date	10	15 2018

2018-10-19-03-00240174

				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Together We Thrive				C 00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	Y Y Y Y Y Y Y Y Y Y Y Y
Full Name of Payee		; i Memo	Item Da	te of Public Distribution/Dissemination
Jaalin Harvey : PPW	2			81 B 7 B C 7 Y Y Y
Mailing Address				09 30 2018
7179 Lake Carliste B	aud		Ап	nount
City	State	Zip Code		113 60
Orlando	FL	32829		\$
Purpose of Expenditure		•	Da	te of Disbursement or Obligation
Online Advertising: DM Aware	west Campai	Category/		07 01 2018
Name of Federal Candidate:	11627 (211)211	Support	Office Se	ought: House District: 27
Donna Shalala		Oppose		esident Senate State: FL
				ment For: Primary Y-General
Calendar Year-To-Date Per Election for Office Sought	, ,	530.00		Other (specify)
Full Name of Payee		Memo	Item Da	te of Public Distribution/Dissemination
Facebook the.				
Mailing Address				09 30 2018
1 Hacker Way			An	nount
City	State	Zip Code		, 15,00
Menlo Park	CA	94025	D-	ate of Disbursement or Obligation
Purpose of Expenditure	. <u> </u>	Category/		HE WAY SET A V V V V
Online Advertising: GOTV C	ampaign	÷ :-		07 01 2018
Name of Federal Candidate:		X Support	Office Sc	ought: KHouse District: 27
Donna Shalala		Oppose	,	esident Senate State: FL
Calendar Year-To-Date			Disburse	ment For: Primary General
Per Election for Office Sought	7 :	30.00	Ī	Other (specify)
				7/
(a) SUBTOTAL of Itemized Independent Expenditures	S		•	128,00
				;
(a) SUBTOTAL of Unitermized Independent Expenditu	ıres		•	5 5
				,
(a) TOTAL Independent Expenditures			▶	, 25, 224, 43
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized	•		·
		Date	26 ST.	
Signature		. Date	10	15 2018

EMIZED INDEPENDENT EXPENDITURES				PAGE 3 OF 6 C
AME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Together We Thrive				C 005 22458
heck if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	6 / P P . V V Y .
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
PinPoint WebSolutions			,	3 30 7 5 3 7 8 8 7 9
Mailing Address		 	(09 30 2018
7179 Lake Carlisle Blu	d		Amou	
City	State	Zip Code		402 00
Orlando	FL	32829	Date	of Disbursement or Obligation
Purpose of Expenditure	<u> </u>	Category/		K W / K B D / K K H /
Online Advertising: Aware	ness Cam	Paign	1	97 01 2018
Name of Federal Candidate:		Support	Office Sough	nt: Y House District: 27
Ponna Shalala		Oppose	Presid	ent Senate State: FL
Calendar Year-To-Date			Disbursemer	nt For: Primary 🗡 General
Per Election for Office Sought	5	i .		Other (specify)
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
ener e	-		} ;	$G = W \rightarrow -A - B - F - N - N - N - N$
Mailing Address				
			Amou	ınt
City	State	Zip Code		\$ 9 ·
	<u> </u>		Date	of Disbursement or Obligation
Purpose of Expenditure		Category/ Type		T M Y 5 8 Y Y Y
Name of Federal Candidate:		Support	Office Soug	ht: House District:
		Oppose	Presid	lent Senate State:
Calendar Year-To-Date			Disburseme	nt For: Primary General
Per Election for Office Sought	ş	•		Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	3		. •	402.00
			•	
(a) SUBTOTAL of Uniternized Independent Expenditu	res		•	ş ş
(a) TOTAL Independent Expenditures			· •	, 25,224, 43
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized	reported herein were committee or agent	not made in of either, or (if	cooperation, consultation, or concert f the reporting entity is not a political
Signature	are managed statement through	_ Date	ia hi /	15 2018

2018 - 10 - 19 - 03 - 00240176

SCHEDÜLE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

Together We Thrive

NAME OF COMMITTEE (In Full)

PAGE 32 OF 65 FOR LINE 24 OF FORM 3X
EC IDENTIFICATION NUMBER V
C00522458
G / P P / Y Y Y Y
Public Distribution/Dissemination
H / H E - Y F T Y
9 30 2018
, 113 60
Disbursement or Obligation
R / P P / Y / T M
7 01 Z018
House District: 03
nt Senate State: 1 14
For: Primary General
ner (specify)
Public Distribution/Dissemination
99 30 2018
, , 15,00
Disbursement or Obligation
20 1 20 5 7 Y Y Y Y
7 01 2018
House District: 03 Senate State: 14
For: Primary % General
ner (specify) >
128,00
, , , , , , , , , , , , , , , , , , ,
, 25,224.43

Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on
Full Name of Payee	Item	Date of Public Distribution/Dissemination		
Laalin Hurvey: PPWS				
Mailing Address	,			09 30 2018
7179 Lake Carliste Bl	ud		İ	Amount
City	State	Zip Code		113 60
Orlando	FL_	32829		Date of Disbursement or Obligation
Purpose of Expenditure		Category/		
Online Advertising: DM Awaren	ness (ampai	SN Type		07 01 2018
Name of Federal Candidate:		X Support	Office	Sought: SHouse District: 03
Cindy Axne		Oppose		President Senate State: 1 4
Calendar Year-To-Date		5	Disbu	rsement For: Primary > General
Per Election for Office Sought	<i>2</i> 9	530,00		Other (specify) ▶
Full Name of Payee		<u></u> Memo	Item	Date of Public Distribution/Dissemination
Facebook the.				
Mailing Address				09 30 2018
1 Hacker Way				Amount
City	State	Zip Code		, 15,00
Menlo Park	(CiA	94025		Date of Disbursement or Obligation
Purpose of Expenditure		Category/		5 4 1 9 5 7 Y Y Y
Online Advertising: GOTV C	ampaign	. Type	ĺ	07 01 2018
Name of Federal Candidate:		✓ Support	Office	Sought: House District: 03
Gndy Axne		Oppose		President Senate State:
Calendar Year-To-Date			Disbu	rsement For: Primary 🔀 General
Per Election for Office Sought	;	530,00		Other (specify)
				•
(a) SUBTOTAL of Itemized Independent Expenditures	••••••	•••••	. •	128,00
(a) SUBTOTAL of Uniternized Independent Expenditur	es	••••••	. •	5 5
(a) TOTAL Independent Expanditures				
(a) TOTAL Independent Expenditures			. ▶	25,224.43
		<u> </u>		
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida				
party committee) any political party committee or its		J		
			. 5	
		Date	е ,	0 15 2018
Signature	- <u></u>			
				FEC Schedule E (Form 3X) Rev. 0/201

Together We Thrive

Check if 24-hour report 48-hour report

PinPoint WebSolutions

7179 Lake Carlisle Blud

NAME OF COMMITTEE (in Full)

Full Name of Payee

Orlando

Purpose of Expenditure

Online Advertising Name of Federal Candidate:

Calendar Year-To-Date

Per Election for Office Sought

Cindy Axne

Full Name of Payee

Purpose of Expenditure

Name of Federal Candidate:

Calendar Year-To-Date Per Election for Office Sought

Mailing Address

City

	mos 35 or / =
	PAGE 33 OF 65 FOR LINE 24 OF FORM 3X
	FEC IDENTIFICATION NUMBER ▼
	C 005 22458
filed	00 13 2 2 2 2 11 5 5 .
em	Date of Public Distribution/Dissemination
	09 30 2018
	Amount
	, , , , , , , , , , , , , , , , , , , ,
	Date of Disbursement or Obligation
	07 01 2018
	e Sought: House District: 03
	President Senate State: 1A
Disbı	ursement For: ☐ Primary
em	Date of Public Distribution/Dissemination
	propried to the propried to th
	Amount
-	; ; ;
	Date of Disbursement or Obligation
Offic	e Sought: House District:
1	President Senate State:
Disb	ursement For: Primary General
	Other (specify) ▶
>	. 402 00

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

New report

State

FL

Awareness Campaian

State

Amends report filed on

Memo Item

Zip Code

Category/

,530,00

Zip Code

Category/ Type

> Support Oppose

32829

Support

Oppose

Memo Item

(a) SUBTOTAL of Itemized Independent Expenditures

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

(a) TOTAL Independent Expenditures

Date 2018

25 224 43

20-8 - 10 - 19 - 08 - 002 0178

SCHEDULE E (FEC Form 3X)				
TEMIZED INDEPENDENT EXPENDITURES	·			PAGE 34 OF 65
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
				C 00522458
Together We Thrive				000322130
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	v q / e p / T y y y
Full Name of Payee		; Memo	Item Dat	te of Public Distribution/Dissemination
Laalin Harvey : PPW	اک			
Mailing Address	. 1			09 30 2018
7179 Lake Carliste B	<i>boli</i>		Am	ount
City	State	Zip Code		11300
Orlando	FL	32829	Dat	te of Disbursement or Obligation
Purpose of Expenditure		Category/		STATES
Online Advertising: DM Aware	ness (ampai	Sy Type		07 01 2018
Name of Federal Candidate:		X Support	Office Sou	ught: K House District: 62
Paul Davis		Oppose		sident Senate State: KS
Calendar Year-To-Date	<u> </u>		Disbursen	nent For: Primary X General
Per Election for Office Sought	٠ ١٠ <u></u>	30,00		Other (specify) ▶
Full Name of Payee		Memo	Item Daf	te of Public Distribution/Dissemination
Facebook the.				W B I B B V V V V
Mailing Address				09 30 2018
1 Hacker Way			Am	nount
City	State	Zip Code		, 15,00
Menlo Park	CiA	94025	Da	te of Disbursement or Obligation
Purpose of Expenditure		Category/		0 a 1 a 5 7 Y Y Y
Online Advertising: GOTV C	ampaign	Туре		07 01 2018
Name of Federal Candidate:		Y Support	Office So	ught: SHouse District: 67
Paul Davis		Oppose	Pre	sident Senate State: K5
Calendar Year-To-Date	1	530,00	Disbursen	ment For: Primary 🗶 General
Per Election for Office Sought	ÿ ,	7 20 00		Other (specify) ▶
				15.4.5
(a) SUBTOTAL of Itemized Independent Expenditures	S		• •	, 128,00
(a) CURTOTAL at the basis of ladge and as Europe dist				·
(a) SUBTOTAL of Unitemized Independent Expenditu	ıres	***************************************	· •	3 3
(a) TOTAL Independent Expenditures			⊾	75 721 42
				, 25, 224, 43
Under penalty of perjury I certify that the independ	lant avanaditures	roported berein were	not made	in connection, consultation, or concert
with, or at the request or suggestion of, any candid	late or authorized	•		•
party committee) any political party committee or its	agent.			
			n 40	

Date

10

2018

2018-10-19-08-00230179

EMIZED INDEPENDENT EXPENDITURES				PAGE 35 OF 65
IAME OF COMMITTEE (In Full)			· · · · · · · · · · · · · · · · · · ·	FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
Together We Thrive				C 005 22458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	5 4 / 5 9 M M M 3 .
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
PinPoint WebSolutions				
Mailing Address	7		i	09 30 2018
7179 Lake Carlisle Blu	d		Amo	
City	State	Zip Code		, 402,00
Orlando	FL	32829	Date	of Disbursement or Obligation
Purpose of Expenditure		Category/		x 0 / 2 2 / v v v
Online Advertising: Awaren	ness Com	Paign		0701 2018
Name of Federal Candidate:		Support	Office Soug	ght: X House District: 62
Paul Vavis		Oppose	Presi	dent Senate State: KS
Calendar Year-To-Date	7		Disburseme	ent For: Primary 🏲 General
Per Election for Office Sought	· · · · ·	30.00		Other (specify) ▶
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
				to Maria Santa Andrew Andrew
Mailing Address				
			Amo	ount :
City	State	Zip Code		\$ 5 T
			Date	of Disbursement or Obligation
Purpose of Expenditure		Category/		E S 1 5 9 , Y Y Y Y
		Туре		
Name of Federal Candidate:		Support	Office Sou	` ¹
		Oppose	Presi	
Calendar Year-To-Date				ent For: Primary General
Per Election for Office Sought	3 3	<u> </u>		Other (specify) ▶
				_
(a) SUBTOTAL of Itemized Independent Expenditures	S		→	402 00
(a) CURTOTAL of Hallowined Indocement Evranditus				
(a) SUBTOTAL of Unitemized Independent Expenditu	ires		• •	3 *
(a) TOTAL Independent Expenditures			· •	, 25,224,43
	 			
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized	reported herein were committee or agent	not made in of either, or (n cooperation, consultation, or concert (if the reporting entity is not a political
	•			
$(U \sim$		Date	la ?:	70078178
Signature		Dail	10	15 2018

2018 - 10 - 19 - 03 - 00240180

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE 34 OF 65 FOR LINE 24 OF FORM 3X

IAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
To the Table				C00522458
Together We Thrive				
Check if24-hour report48-hour report	New repo	ort Amends repo	rt filed c	рог <u>о</u> р 1 7 4 4 4.
Full Name of Payee	Item	Date of Public Distribution/Dissemination		
Jaalin Harvey : PPW	کر			
Mailing Address				09 30 2018
7179 Lake Carliste B	dud			Amount
City	State	Zip Code		(13 00
Orlando	FL	32829		Date of Disbursement or Obligation
Purpose of Expenditure		Category/		6 4 7 P P . Y 7 Y
Online Advertising: DM Aware	ness Campai	'S' Type		07 01 2018
Name of Federal Candidate:		X Support	Office	Sought: House District: 00
Amy McGrath		Oppose		President Senate State: KY
Calendar Year-To-Date			Disbur	sement For: Primary X General
Per Election for Office Sought	, , ,	30 00		Other (specify) ▶
Full Name of Payee		<u></u> Memo	Item	Date of Public Distribution/Dissemination
Facebook the.				W. C. P. B. B. A. V. V. Y. A.
Mailing Address				09 30 2018
1 Hacker Way				Amount
City	State	Zip Code		. 15.00
Menlo Park	CiA	94025		Date of Disbursement or Obligation
Purpose of Expenditure	<u> </u>	Category/		n and a first of the property
Online Advertising: GOTV (ampaign	Туре		07 01 2018
Name of Federal Candidate:		Support	Office	Sought: House District: 06
Any Mc Grath		Oppose	i	President Senate State: KY
Calendar Year-To-Date	7	530.00	Disbu	rsement For: Primary × General
Per Election for Office Sought	ÿ . Č			Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	s		. •	128,00
(a) SUBTOTAL of Uniternized Independent Expenditu	ıres			·
(a) 222.2 m. 20. dimension appropriate				\$ 5
(a) TOTAL Independent Expenditures			•	, 25,224.43
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Signature		Date	e /	0 15 2018

EMIZED INDEPENDENT EXPENDITURES				PAGE 3) OF 65 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			, -,	FEC IDENTIFICATION NUMBER ▼
Together We Thrive				C 005 22458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	3
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
PinPoint WebSolutions				
Mailing Address				09 30 2018
7179 Lake Carlisle Blu	d		Amou	•
City	State	Zip Code		402 00
Orlando	FL	32829	Date	of Disbursement or Obligation
Purpose of Expenditure		Category/		to the first of th
Online Advertising: Aware	ness Cam	Paign		07 01 2018
Name of Federal Candidate:		X Support	Office Soug	ht: X House District: 66
Any McGrath		Oppose	Presid	dent Senate State: KY
Calendar Year-To-Date				ent For: Primary Ceneral
Per Election for Office Sought	, b	30,00	\square	Other (specify) ▶
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
And the second second				e w / 5 5 / 7 7 7 7 7
Mailing Address				
			Amo	unt
City	State	Zip Code		\$ 5 ·
			Date	of Disbursement or Obligation
Purpose of Expenditure	<u> </u>	Category/		F W F S , W W Y
		Туре		
Name of Federal Candidate:		Support	Office Soug	ht: House District:
		Oppose	Presid	dent Senate State:
Calendar Year-To-Date			Disburseme	ent For: Primary General
Per Election for Office Sought	i 5	,		Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	S		· >	402.00
(a) SUBTOTAL of Uniternized Independent Expenditu	ıres		. ▶	;
(a) TOTAL Independent Expenditures			_	_
(a) TOTAL independent Expenditures			•	, 25,224.43
	 			
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Signature		_ Date	e la tr	15 2018
			·····	·

2018 - 10 - 19 - 0M - 00240182

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE 38 OF 65
FOR LINE 24 OF FORM 3X

				FOR LINE 24 OF FORW 3X
AME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Together We Thrive				C00522458
heck if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	*
Full Name of Payee		∰ Memo	Item D	ate of Public Distribution/Dissemination
Jaalin Harvey: PP	ωS			M M / P E / Y T Y Y
Mailing Address		· · · · · · · · · · · · · · · · · · ·		09 30 2018
7179 Lake Carlisle	Blud		Aı	mount
City	State	Zip Code		113 00
Orlando	FL	32829		ate of Disbursement or Obligation
Purpose of Expenditure		Category/		or a companion
Online Advertising: DM Awa	reness Campai			07 01 2018
Name of Federal Candidate:		Support	Office S	ought: XHouse District: 67
Jared Golden		Oppose		esident Senate State: ME
Calendar Year-To-Date			Disburse	ment For: Primary > General
Per Election for Office Sought	y t	530 00	Į.	Other (specify) ▶
Full Name of Payee		<u></u> Memo		ate of Public Distribution/Dissemination
Facebook the			ļ	y r / b b v y y y
Mailing Address		·		09 30 2018
1 Hacker Way			A	mount
City	State	Zip Code		15.00
Menlo Park	CiA .	94025		ate of Disbursement or Obligation
Purpose of Expenditure		Category/		A A C D 7 / Y Y Y Y
Online Advertising: GOTV	Campaign	-		07 01 2018
Name of Federal Candidate:		Support	Office S	ought: X House District: 62
Jeran Golden		Oppose	Pr	esident Senate State: ME
Calendar Year-To-Date				ement For: Primary X General
Per Election for Office Sought	,	30.00	<u> </u>	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ures		• •	12800
(a) SUBTOTAL of Unitermized Independent Expen	ditures		. •	y 5 "
(a) TOTAL Independent Expenditures			>	25,224.43
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any camparty committee) any political party committee or	ididate or authorized	•		•
		Date	14 AI 9 .	
Signature			10	15 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 39 OF 65 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	· 			FEC IDENTIFICATION NUMBER ▼
Together We Thrive				C00522458
Check if 24-hour report 48-hour report	New repo	rt Amends repo	rt filed on	, н / в в . т у у .
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
PinPoint WebSolutions			1	Y Y Y Y C G : K B
Mailing Address				09 30 2018
7179 Lake Carlisle Blue	ે		Amou	
City	State	Zip Code		402.00
Orlando	FL	32829	Date	of Disbursement or Obligation
Purpose of Expenditure		Category/		a d / g e / v v y
Online Advertising: Awaren	ress Cam	Paigy		07 01 2018
Name of Federal Candidate:		∑ Support	_	ht: とHouse District: <u>82</u>
Jared Golden		Oppose	Presid	lent Senate State: ME
Calendar Year-To-Date		0 60	Disburseme	nt For: Primary X General
Per Election for Office Sought	, ,5	30,00		Other (specify)
Full Name of Payee	· · · · · · · · · · · · · · · · · · ·	☐ Memo	Item Date	of Public Distribution/Dissemination
· · · · · · · · · · · · · · · · · · ·			Ì	er more a service y
Mailing Address				
			Amou	ınt
City	State	Zip Code		, , ,
			Date	of Disbursement or Obligation
Purpose of Expenditure		Category/ Type		7 H / 5 P , Y Y M Y
Name of Federal Candidate:		Cuppet	Office Sour	ht: House District:
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Support Oppose	Presid	- 4.5
Calendar Year-To-Date		1 22		nt For: Primary General
Per Election for Office Sought	3 3	a		Other (specify)
				
(a) SUBTOTAL of Itemized Independent Expenditures			. •	402 00
				;
(a) SUBTOTAL of Unitemized Independent Expenditure	res		· •	3 3
(a) TOTAL Independent Expenditures			• •	: 25:224:43
				
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
			ka Di /	0 0 / 7 * 7 *
Signature		_ Date	10	15 2018

20-8-10-19-0M-00240-84

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENSE.

EMIZED INDEPENDENT EXPENDITURES	•	,		PAGE 46 OF 65 FOR LINE 24 OF FORM 3X
AME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
				C00522458
Together We Thrive				000322130
heck if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	V G / P P / D V V V
Full Name of Payee		: Memo	Item Date	of Public Distribution/Dissemination
Laalin Harvey: PPW	ک			# # # # # # # # # # # # # # # # # # #
Mailing Address				09 30 2018
7179 Lake Carlisle Bl	ud		Amo	· · · · · · · · · · · · · · · · · · ·
City	State	Zip Code		113 00
Orlando	FL	32829	Date	of Disbursement or Obligation
Purpose of Expenditure		Category/		
Online Advertising: DM Awaren	ness (ampai	∵√ Type		07 01 2018
Name of Federal Candidate:		Support	Office Sou	ght: X House District: 09
Dan McCready		Oppose	a retracts	dent Senate State: NC
Calendar Year-To-Date		-	Disburseme	ent For: Primary 🔀 General
Per Election for Office Sought	5 1	20,00		Other (specify) ▶
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
Facebook Ihc.				* * / 5 * * * * * * * *
Mailing Address				09 30 2018
1 Hacker Way			Amo	
City	State	Zip Code		, 15,00
Menlo Park	CA	94025	Date	e of Disbursement or Obligation
Purpose of Expenditure		Category/		H W T D D / Y Y Y Y
Online Advertising: GOTV C Name of Federal Candidate:	ampaign	Туре		07 01 2018
Name of Federal Candidate:		∑ Support	Office Sou	ght: K House District: 69
Dan McCready		Oppose	Pres	ident Senate State: NC
Calendar Year-To-Date			Disbursem	ent For: Primary X General
Per Election for Office Sought	7	530.60		Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			• •	,128,00
				·
(a) SUBTOTAL of Unitemized Independent Expenditur	es		. ▶	3
(a) TOTAL Independent Expenditures				25 - 1
(a) TOTAL Independent Expenditures			•	25,224.43
			 .	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida				
party committee) any political party committee or its			• •	
(//)			••	
		Date	10	15 2018
Signature V			10	13 2010

TEMELO MOLI LINDLITI LA LINDITOTILO				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Together We Thrive				C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	3 4 7 5 5 7 7 Y .
Full Name of Payee		Memo	Item Dat	e of Public Distribution/Dissemination
PinPoint WebSolutions				6 A / D A / Y Y Y Y
Mailing Address				09 30 2018
7179 Lake Carlisle Blu	d		Am	ount
City	State	Zip Code		402 00
Orlando	FL	32829		·
Purpose of Expenditure	L	Category/	Dat	e of Disbursement or Obligation
Online Advertising: Awaren	ness Cam	Type		0701 2018
Name of Federal Candidate:		Support	Office Sou	ught: X House District: 09
Dan McCready		Oppose	I	sident Senate State: <u>VC</u>
Calendar Year-To-Date				nent For: Primary Y General
Per Election for Office Sought	<u>ط</u> 	30,00		Other (specify) ▶
Full Name of Payee		<u>C</u> ∉ Memo	Item Dat	e of Public Distribution/Dissemination
Mailing Address				
Mailing Address			Am	ount
City	State	Zip Code		; ; ·
			Do.	
Purpose of Expenditure		Category/ Type	Dai	le of Disbursement or Obligation
Name of Federal Candidate:		Support	Office Sou	ught: House District:
		Oppose	Pres	
Calendar Year-To-Date			Disbursen	nent For: Primary General
Per Election for Office Sought	3 3			Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures (a) SUBTOTAL of Unitemized Independent Expenditu			·	,402.00
(a) 300101AL OF OFFICERIEZED INDEPENDENT EXPENDITU	165		. ▶	₹ ÷
(a) TOTAL Independent Expenditures			• •	: 25:224.43
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
(Un		Dete	is ():	15 2018
Signature		Date	10	15 2018

EMIZED INDEPENDENT EXPENDITURE	=5			PAGE 4 C OF 65
AME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
TABLE OF COMMITTEE (III Fully				FEC IDENTIFICATION NUMBER ▼
Together We Thrive	·			C 00522458
heck if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on	8 G 7 B B 7 V V V V
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
Laalin Harvey: PP	$\omega \leq$			W W 7 D C 7 Y Y 7 Y
Mailing Address	. 1	** • • •		09 30 2018
7179 Lake Carliste	Blud		Amo	, ,
City	State	Zip Code		(13 60
Orlando	FL	32829	Data	of Disbursement or Obligation
Purpose of Expenditure		Category/	Date	G K / D D / Y / Y Y
Online Advertising: DM Awa	ceness (compo			07 01 2018
Name of Federal Candidate:		√ Support	Office Soug	1/
Kathy Maurin y		Oppose	Presi	dent Senate State: NC
Calendar Year-To-Date		Г ¬	Disburseme	ent For: Primary X General
Per Election for Office Sought	2	530,00		Other (specify) ▶
Full Name of Payee		Memo	<u> </u>	of Public Distribution/Dissemination
Facebook the.				www.y.b.b., v.v.y.y
Mailing Address				09 30 2018
1 Hacker Way			Amo	unt
City	State	Zip Code		, 15,00
Menlo Park	CA	94025	Data	·
Purpose of Expenditure	<u> </u>	Category/	Date	e of Disbursement or Obligation
Online Advertising: GOTV	Campaign			07 01 2018
Name of Federal Candidate:		Support	Office Sou	
Kathy Manning		Oppose	Presi	dent Senate State: NC
Calendar Year-To-Date	····	~	Disburseme	
Per Election for Office Sought	ş , , , , , , , , , , , , , , , , , , ,	530,00		Other (specify) >
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		. •	128,00
(a) SUBTOTAL of Unitemized Independent Expendent	ditures		• •	3 5
(a) TOTAL Independent Expenditures			· •	25,224.43
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize		of either, or ((if the reporting entity is not a political
		Date	9 KC 1 D	15 2018
Signature V			112	11 2010

2018 - 10 - 19 - 05 - 00240187

EMIZED INDEPENDENT EXPENDITURES				PAGE 43 OF 65 FOR LINE 24 OF FORM 3X
AME OF COMMITTEE (In Full)		·		FEC IDENTIFICATION NUMBER ▼
				C00522458
Together We Thrive			·	000322136
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
PinPoint Web Solutions				0 3 / D 2 / Y Y Y Y
Mailing Address				09 30 2018
7179 Lake Carlisle Blu	d		Amo	
City	State	Zip Code		402 00
Orlando	FL	32829	Date	of Disbursement or Obligation
Purpose of Expenditure	<u> </u>	Category/	Date	m ii / u > / v v v
Online Advertising: Awaren	ness Cam	Type		07 01 2018
Name of Federal Candidate:		Y Support	Office Soug	ght: KHouse District: 13
Kathy Manning		Oppose	Presi	dent Senate State: NC
Calendar Year-To-Date			Disburseme	ent For: Primary Y General
Per Election for Office Sought	3 > >	030,00		Other (specify) ▶
Full Name of Payee		<u> </u>	Item Date	of Public Distribution/Dissemination
• • •				B W + 5 P / V Y Y Y
Mailing Address				
			Amo	punt
City	State	Zip Code		, 5 · ·
]	j	Date	of Disbursement or Obligation
Purpose of Expenditure	1, <u>, -</u>	Category/		7 W / 5 D , Y 7 Y
		Туре		
Name of Federal Candidate:		Support	Office Sou	ght: House District:
		Oppose	Presi	ident Senate State:
Calendar Year-To-Date	- ,		Disburseme	ent For: Primary General
Per Election for Office Sought	3 7			Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	S		. •	402 00
•				*
(a) SUBTOTAL of Unitemized Independent Expenditu	res		. ▶	; 3
(a) TOTAL Independent Expenditures			· >	, 25,224.43
Under penalty of perjury I certify that the independent				
with, or at the request or suggestion of, any candid- party committee) any political party committee or its		committee or agent	or eimer, or (in the reporting entity is not a political
				·
(U ~		Date	ia M B	100/4177
Signature		Dali	° 10	15 2018

2018 - 10 - 19 - 03 - 00240188

PAGE 44	OF	65				
FOR LINE 24	OF F	ORM 3X				
DENTIFICATION NUMBER ▼						

				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Together We Thrive		·		C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo		. я г у р г у у ч
Full Name of Payee		: Memo	Item Date	of Public Distribution/Dissemination
Laalin Harvey : PPW	کر		ı	Y Y Y 1 7 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Mailing Address	. 1		į.	09 30 2018
7179 Lake Carliste B	909		Amou	int
City	State	Zip Code		113,00
Orlando	FL	32829	Date	of Disbursement or Obligation
Purpose of Expenditure		Category/	1	
Online Advertising: DM Aware	ness (ampai	ンペ Type		57 01 ZO18
Name of Federal Candidate:		∑ Support	Office Soug	ht: House District: <u>6 중</u>
Andrew Kim		Oppose	Presid	lent Senate State: NJ
Calendar Year-To-Date		7	Disburseme	nt For: Primary +General
Per Election for Office Sought	,	530 00		Other (specify)
Full Name of Payee	<u> </u>	<u></u> Memo	Item Date	of Public Distribution/Dissemination
Facebook Inc.				
Mailing Address				09 30 2018
1 Hacker Way			Amou	unt
City	State	Zip Code		, 15,00
Menlo Park	CA	94025	Date	of Disbursement or Obligation
Purpose of Expenditure		Category/		
Online Advertising: GOTV (Lampaign	Туре		07 01 2018
Name of Federal Candidate:		∑ Support	Office Soug	· · · · · · · · · · · · · · · · · · ·
Andrew Kin		Oppose	Presid	dent Senate State: HJ
Calendar Year-To-Date		20	Disburseme	ent For: Primary General
Per Election for Office Sought	3 y C	30,00		Other (specify) ▶
(a) SUBTOTAL of Uniterprised Independent Expenditures			•	128 00
(a) SUBTOTAL of Uniternized Independent Expenditu	JI 65		· •	\$ 5
(a) TOTAL Independent Expenditures			· •	, 25,224.43
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorized	•		•
			7: A 1 .	0 2 / Y * Y X
Signature		Date	e 10	15 2018

ITEMIZED INDEPENDENT EXPENDITURES	}			PAGE 45 OF 65 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Together We Thrive		·		C00522458
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	ши ле в личу.
Full Name of Payee		Memo	Item Da	ate of Public Distribution/Dissemination
PinPoint WebSolutions				B M / D & / P Y Y Y
Mailing Address				09 30 2018
7179 Lake Carlisle Blu	id		An	nount .
City	State	Zip Code		402.00
Orlando	FL	32829		, ·
Purpose of Expenditure	<u> </u>	Category/	Da	ate of Disbursement or Obligation
Online Advertising: Aware	ness Can	Type		0701 2018
Name of Federal Candidate:		✓ Support	1	ought: House District: 02
Andrew Kir		Oppose	Pre	esident Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought	ē 2	530 00		ment For: Primary ✓ General Other (specify) ✓
Full Name of Payee		. Memo		ate of Public Distribution/Dissemination
Tun runno or rayoo		<u>_</u> ;	ne	
Mailing Address				
Maining Address			An	nount
City	State	Zip Code		ş ş
			Da	ate of Disbursement or Obligation
Purpose of Expenditure		Category/ Type		
Name of Federal Candidate:		Support	Office So	'ama, .
Calendar Year-To-Date Per Election for Office Sought			ĺ	ment For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure (a) SUBTOTAL of Unitemized Independent Expenditure			·· •	402,00
(a) TOTAL Independent Expenditures			·· >	: 25:224.43
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candic party committee) any political party committee or its	date or authorize	s reported herein were d committee or agent	e not made of either, o	in cooperation, consultation, or concert r (if the reporting entity is not a political
Signature		Dat	ie (b	15 2018

2018 - 10 - 19 - 03 - 00240190

TEMIZED INDEPENDENT EXPENDITURES				PAGE 4(OF 65 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
T A T				C00522458
Together We Thrive				0 00 3 2 2 13 0
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	
Full Name of Payee		: Memo	Item Date	of Public Distribution/Dissemination
Laalin Harvey: PPW	2			a margar a rata
Mailing Address				09 30 2018
7179 Lake Carliste B	lud		Amo	
City	State	Zip Code		113.00
Orlando	FL	32829	Date	of Disbursement or Obligation
Purpose of Expenditure	l	Category/	Date	
Online Advertising: DM Aware	ness Campai			07 01 2018
Name of Federal Candidate:		Support	Office Sou	ght: K House District: 07
Tom Malinowski		Oppose	Presi	dent Senate State: しょ
Calendar Year-To-Date		۲ –	Disburseme	ent For: Primary Y General
Per Election for Office Sought	. ,	530.00		Other (specify) ▶
Full Name of Payee	 	Memo		of Public Distribution/Dissemination
Facebook the.				# # / D # / V V T _
Mailing Address				09 30 2018
1 Hacker Way			Amo	
City	State	Zip Code		15.00
Menlo Park	CiA	94025	Date	of Disbursement or Obligation
Purpose of Expenditure	<u></u>	Category/	Date	or Disbursement of Conganon
Online Advertising: GOTV C Name of Federal Candidate:	ampaign	Туре		07 01 2018
		Support	Office Sou	ght: X House District: 07
Tom Malinowski		Oppose	Presi	ident Senate State: W
Calendar Year-To-Date			Disburseme	ent For: Primary X General
Per Election for Office Sought	7	030 - 00	: · ;	Other (specify) ▶
				<u>-</u>
(a) SUBTOTAL of Itemized Independent Expenditures	3		•	128.00
				, :
(a) SUBTOTAL of Unitemized Independent Expenditu	res		. ▶	3 5
(a) TOTAL Independent Expenditures			. ▶	25,224 43
				
Under penalty of perjury I certify that the independent	•	•		•
with, or at the request or suggestion of, any candid party committee) any political party committee or its		J committee or agent	o emie, of (in the reporting entity is not a political
O , \wedge				
		Date	.a. & . ∋ .	6 8 1 4 4 4 4
Signature			10	15 2018

			<u> </u>	FOR LINE 24 OF FORM 3X
IAME OF COMMITTEE (In Fuil)				FEC IDENTIFICATION NUMBER ▼
Together We Thrive			·	C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on) A / B B / Y Y Y .
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
PinPoint WebSolutions			1	0 0 7 5 5 7 Y Y Y Y
Mailing Address				09 30 2018
7179 Lake Carlisle Blue	d		Amou	unt
City	State	Zip Code		402.00
Orlando	FL	32829		•
Purpose of Expenditure	<u> </u>		Date	of Disbursement or Obligation
Online Advertising: Awaren	ness Cam	Category/ Type Paiらい		07 01 2018
Name of Federal Candidate:		X Support	Office Soug	—
Tom Malinowski		Oppose	Presid	lent Senate State: 25
Calendar Year-To-Date	τ		Disburseme	nt For: Primary Ceneral
Per Election for Office Sought		230.00		Other (specify)
Full Name of Payee		☐ Memo		of Public Distribution/Dissemination
				DOMESTIC BOOK OF THE TOTAL TOTAL TOTAL CONTROL OF THE PROPERTY
Mailing Address			Amou	unt
City	State	Zip Code		
				; ; ; · · · · · · · · · · · · · · · · ·
Purpose of Expenditure	<u> </u>	Catagony		of Disbursement or Obligation
		Category/ Type		
Name of Federal Candidate:		Support	Office Soug	ht: House District:
		Oppose	Presid	dent Senate State:
Calendar Year-To-Date			Disburseme	nt For: Primary General
Per Election for Office Sought	3 7	•		Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures				,402,00
(a) SUBTOTAL of Unitemized Independent Expenditu	res		• •	7 *
(a) TOTAL Independent Expenditures			• •	, 25,224,43
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
			ia No A	
Signature		Date	9 (0	15 2018

OF 65

2018-10-19-03-00240192

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)

PAGE UR OF 65
PAGE UB OF 65 FOR LINE 24 OF FORM 3X
FEC IDENTIFICATION NUMBER ▼
C00522458
0 00 3 - 2 13 0
9 1 0 0 7 7 7 7 7
of Public Distribution/Dissemination
: A 7 B E 7 Y 7 Y Y
09 30 2018
nt -
11300
(1)00
of Disbursement or Obligation
CHOPE CARRON
57 01 ZO18
t: XHouse District: 62
ent Senate State: NM

Together We Thrive				C 00522458		
check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed or	V G / 2 B / 7 7 Y Y		
Full Name of Payee		Memo	Item [Date of Public Distribution/Dissemination		
Jaalin Harvey : PPW	2			standard to the same		
Mailing Address				09 30 2018		
7179 Lake Carlisle B	rud			Amount		
City	State	Zip Code		11300		
Orlando	FL	32829		Date of Disbursement or Obligation		
Purpose of Expenditure	<u> </u>	Category/		6 H / 5 E . Y / Y		
Online Advertising: DM Aware	ness Campai	Sv Type	j	07 01 2018		
Name of Federal Candidate:		X Support	Office S	Sought: XHouse District: 02		
Xochith Torres Small		Oppose	P	President Senate State: 12 M		
Calendar Year-To-Date	(5	Disburs	sement For: \square Primary χ General		
Per Election for Office Sought	, , , , ,	30.00	ŗ	Other (specify) ▶		
Full Name of Payee			Item [Date of Public Distribution/Dissemination		
Facebook the.				# E / 5 5 6 Y Y Y Y		
Mailing Address				09 30 2018		
1 Hacker Way			'	Amount		
City	State	Zip Code		, 15,00		
Menlo Park	CiA	94025		Date of Disbursement or Obligation		
Purpose of Expenditure	·	Category/		8 8 5 7 × Y Y Y Y		
Online Advertising: GOTV (ampaign	Туре		07 01 2018		
Name of Federal Candidate: X Support Office Sought: X House District: C						
Xochity Torres Small		Oppose	F	President Senate State: NM		
Calendar Year-To-Date		~ _	Disburs	sement For: Primary X General		
Per Election for Office Sought	3	530.00		Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures	3		•	, 128,00		
(a) SUBTOTAL of Unitemized Independent Expenditu	ıres		•	5 5		
(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 I		5.	:: :			
Signature		Date	10	0 15 2018		

			<u> </u>	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Together We Thrive	 		-	C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	и в в в у у у у .
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
PinPoint WebSolutions				
Mailing Address				09 30 2018
7179 Lake Carlisle Blue		,	Amo	
City	State	Zip Code		, 402,00
Orlando	FL	32829	Date	of Disbursement or Obligation
Purpose of Expenditure		Category/		M M / 2 8 / V V V V V
Online Advertising: Awaren	ness Cam	Paign		0701 2018
Name of Federal Candidate:		X Support	Office Soug	ght: K House District: 672
Xochitl Torres Small		Oppose	Presi	dent Senate State: NM
Calendar Year-To-Date		· _	Disburseme	ent For: Primary X General
Per Election for Office Sought	. , ,	530,00		Other (specify) >
Full Name of Payee	·	<u> </u>	1	of Public Distribution/Dissemination
				$\theta = \theta = \ell - \sigma - \rho - \rho = \ell - \nu - \nu - \nu = \nu - \nu$
Mailing Address				
			Amo	ount
City	State	Zip Code		
			Date	of Disbursement or Obligation
Purpose of Expenditure	1	Category/		THEFT SHOP IN THE TOTAL
		Туре		
Name of Federal Candidate:	·	Support	Office Sou	ght: House District:
		Oppose	Presi	ident Senate State:
Calendar Year-To-Date			Disburseme	ent For: Primary General
Per Election for Office Sought	3 1	,		Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			·· >	402,00
(a) SUBTOTAL of Uniternized Independent Expenditu	res		•	
·				; ;
(a) TOTAL Independent Expenditures			·· •	, 25,224.43
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
(21)~			ka is	/ O O / Y 0 O Y
Signature		Date	e 10	15 2018
				

PAGE 49

OF 65

2018 - 10 - 19 - 0M - 00240194

TEMIZED INDEPENDENT EXPENDITURES				PAGE 50 OF 65
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
·				
Together We Thrive				C 00522458
Check if24-hour report48-hour report	New rep	ort Amends repo	rt filed o	уч гэв. Уууч п
Full Name of Payee		; i Memo	ltem	Date of Public Distribution/Dissemination
Laalin Harvey: PPW	2			7
Mailing Address				09 30 2018
7179 Lake Carliste B	lud			Amount
City	State	Zip Code		, 113 00
Orlando	FL	32829		Date of Disbursement or Obligation
Purpose of Expenditure		Category/	<u> </u>	GRADE ELECTION
Online Advertising: DM Aware	ness Campa			07 01 2018
Name of Federal Candidate:		X Support	Office	Sought: House District: 19
Antonio Delgado		Oppose	F	President Senate State:
Calendar Year-To-Date			Disburs	sement For: Primary Y General
Per Election for Office Sought	3 9 9	530,00		Other (specify) ▶
Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination
Facebook the				
Mailing Address				09 30 2018
1 Hacker Way				Amount
City	State	Zip Code		, 15,00
Menlo Park	CiA	94025		Date of Disbursement or Obligation
Purpose of Expenditure	<u></u>	Category/		B B 1 3 3 3 4 8 8 8 8
Online Advertising: GOTV (ampaign	Туре		07 01 2018
Name of Federal Candidate:		X Support	Office	Sought: House District: 17
Antonio Delgado		Oppose		President Senate State:
Calendar Year-To-Date			Disbur	sement For: Primary Y General
Per Election for Office Sought	7 : •	530.00		Other (specify) ▶
				120 00
(a) SUBTOTAL of Itemized Independent Expenditures	S		. •	128.60
(a) SUBTOTAL of Unitemized Independent Expenditu	roc.		_	
(a) 30010 IAE of Officerinzed independent Experional			. •	\$ 5
(a) TOTAL Independent Expenditures				, 25,224.43
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized	reported herein were d committee or agent	not mad of either,	de in cooperation, consultation, or concert or (if the reporting entity is not a political
			10	m too be a very very
Signature		. Date		

MOHOLING - WO - OH - OH - OH

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE S OF 05 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Fuil)				FEC IDENTIFICATION NUMBER ▼
Together We Thrive				C 005 22458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	тя / в ч / ч ч ч . n
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
PinPoint WebSolutions				parabal, yyyy
Mailing Address				09 30 2018
7179 Lake Carlisle Blu	d		}	Amount
City	State	Zip Code		402.00
Orlando	FL	32829	}	Date of Disbursement or Obligation
Purpose of Expenditure	<u> </u>	Category/		a D / a e / Y M M /
Online Advertising: Awaren Name of Federal Candidate:	ness Com	Type		07 01 2018
Name of Federal Candidate:		Support	Office	Sought: X House District: 19
Antonio Delgado		Oppose		President State:
Calendar Year-To-Date		7		sement For: Primary X General
Per Election for Office Sought	;	30,09	Į.	Other (specify)
Full Name of Payee		. Memo	' -	Date of Public Distribution/Dissemination
				(0 M + N ± 1 M Y N Y
Mailing Address				
				Amount
City	State	Zip Code		
				;
Purpose of Expenditure		Category/		Date of Disbursement or Obligation
		Type	1	
Name of Federal Candidate:		Support	Office	Sought: House District:
		Oppose	1	President Senate State:
Calendar Year-To-Date		· · · · · · · · · · · · · · · · · · ·	 	sement For: Primary General
Per Election for Office Sought	1 1	3	l .	Other (specify)
			<u> </u>	
(a) SUBTOTAL of Itemized Independent Expenditures	}		. •	402,00
·				
(a) SUBTOTAL of Unitemized Independent Expenditu	res		. •	7
				,
(a) TOTAL Independent Expenditures			·· ▶	25.224-43
Under penalty of perjury I certify that the independent	ent expenditures	reported herein were	not ma	de in cooperation, consultation, or concert
with, or at the request or suggestion of, any candida party committee) any political party committee or its		committee or agent	of either,	, or (if the reporting entity is not a political
(4 m		Date	i.	4 / 0 0 / 2 × 5 ×
Signature		_, Date		0 15 2018

TEMIZED INDEPENDENT EXPENDITURES				FOR LINE 24 OF FORM 3X	
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
				C 00522458	
Together We Thrive				000322130	
Check if . 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	v a rop v v v	
Full Name of Payee	<u> </u>	: ! Memo	Item Date	e of Public Distribution/Dissemination	
Jaalin Harvey : PPW	2			V H / 7 5 / 4 7 7	
Mailing Address				09 30 2018	
7179 Lake Carlisle B	lud		Amo	_	
City	State	Zip Code		113 00	
Orlando	FL	32829	Date	e of Disbursement or Obligation	
Purpose of Expenditure		Category/		8 H 2 B 5 . S 8 V Y	
Online Advertising: DM Aware	ness Campri	ジベ Type		07 01 2018	
Name of Federal Candidate:		Support	Office Sou		
Anthony Brindis.		Oppose	Pres	ident Senate State:	
Calendar Year-To-Date		r	Disbursem	ent For: Primary 🌂 General	
Per Election for Office Sought	. 1	530 00		Other (specify) ▶	
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination	
Facebook the.					
Mailing Address				09 30 2018	
1 Hacker Way			Amo	ount	
City	State	Zip Code		, 15,00	
Menlo Park	CiA	94025	Date	e of Disbursement or Obligation	
Purpose of Expenditure		Category/			
Online Advertising: GOTV C	ampaign	Туре		07 01 2018	
Name of Federal Candidate:			Office Sou		
Anthony Brindis.	 -	Oppose	Pres	ident Senate State: NY	
Calendar Year-To-Date	C		Disbursem	ent For: Primary 🗲 General	
Per Election for Office Sought	· · · · ·	30.00	<u> </u>	Other (specify) ▶	
				120	
(a) SUBTOTAL of Itemized Independent Expenditures	·		. •	158 00	
(a) OUDTOTAL of Units arised Independent Consolition				·	
(a) SUBTOTAL of Uniternized Independent Expenditu	res	••••••	· •	ş 5 .	
(a) TOTAL Independent Expenditures			. •	25 224 43	
			•	1 00:227 75	
Under penalty of periury I certify that the independent	ent expenditures	reported herein were	not made i	n cooperation, consultation, or concert	
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	ayen.				
			1 M W	0 0 / 7 * 4 *	
Signature		Date	e 10	15 2018	

		•		FOR LINE 24 OF FORM 3X
IAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Together We Thrive				C 005 22458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	55 H / 2 9 / Y Y Y .
Full Name of Payee		Memo	Item D	Pate of Public Distribution/Dissemination
PinPoint Web Solution S				B B C B S A A A A A
Mailing Address				09 30 2018
7179 Lake Carlisle Blue	d		Δ	mount
City	State	Zip Code		402.00
Orlando	FL	32829	_	,
Purpose of Expenditure	L	Category/	[Date of Disbursement or Obligation
Online Advertising: Awaren	ress Cam	Type		07 01 2018
Online Advertising: Awaren Name of Federal Candidate:		X Support	Office S	Sought: X-House District: 22
Anthony Brindis,		Oppose		resident Senate State:
Calendar Year-To-Date Per Election for Office Sought	ş , , , , ,	30,00		ement For: Primary y General Other (specify) ▶
Full Name of Payee		Memo	Item C	Date of Public Distribution/Dissemination
				$0 \leq W \leq r \leq S \leq g \leq r \leq V \leq V \leq V \leq V \leq V$
Mailing Address				
			4	Amount
City	State	Zip Code		\$ 5 T
Purpose of Expenditure	J	Category/ Type		Date of Disbursement or Obligation
Name of Federal Candidate:		Support	Office S	Sought: House District:
		Oppose		resident Senate State:
Calendar Year-To-Date			Disburs	ement For: Primary General
Per Election for Office Sought	1 1			Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	·		· >	,402.00
(a) SUBTOTAL of Uniternized Independent Expenditure	res		• •	z - 7
(a) TOTAL Independent Expenditures			•	, 25,224.43
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	reported herein were committee or agent	not mad of either,	e in cooperation, consultation, or concert or (if the reporting entity is not a political
Ch m		Date	ia i.	15 2018
Signature			, ,	, , , , U

SCHEDULE E (FEC Form 3X)				
TEMIZED INDEPENDENT EXPENDITURES				PAGE 54 OF 65 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Together We Thrive		>		C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	9 7 9 8 7 7 9 V V
Full Name of Payee Laalin Harvey: PPW		: Memo	Item Date	of Public Distribution/Dissemination
Mailing Address 7179 Lake Carliste Bl			Amou	09 30 2018
City	State	Zip Code		113.00
Orlando	FL	32829		
Purpose of Expenditure		Category/	Date	of Disbursement or Obligation
Online Advertising: DM Awarev	ness (ampai			57 01 2018
Name of Federal Candidate:		Support	Office Soug	ht: 🗸 House District: 💍 📗
Aftab Purevail		Oppose	Presid	lent Senate State: 8H
Calendar Year-To-Date Per Election for Office Sought	E	30,00	_	nt For: Primary General
	, ,		·	Other (specify)
Full Name of Payee		Memo		of Public Distribution/Dissemination
Facebook Ihc. Mailing Address				09 30 2018
1 Hacker Way			Amo	` -
City	State	Zip Code		15.00
Menlo Park	CA	94025	Date	of Disbursement or Obligation
Purpose of Expenditure	<u> </u>	Category/	Date	CONTROL OF THE POST OF THE POS
Online Advertising: GOTV C	ampaign	Туре		07 01 2018
Name of Federal Candidate:	•	∑ Support	Office Soug	'a'y
Aftab Pureval		Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	; <u></u>	30.00	Disburseme	nt For: ☐ Primary
(a) SUBTOTAL of Itemized Independent Expenditures			. •	
				; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
(a) SUBTOTAL of Unitemized Independent Expenditur	es		· >	5 7
(a) TOTAL Independent Expenditures			· •	, 25, 224, 43
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			

Date

10

Together We Thrive

Check if 24-hour report 48-hour report

PinPoint WebSolutions

7179 Lake Carlisle Blud

Online Advertising: Awareness Compaign

NAME OF COMMITTEE (In Full)

Full Name of Payee

Orlando

Full Name of Payee

Purpose of Expenditure

Name of Federal Candidate:

Calendar Year-To-Date Per Election for Office Sought

Mailing Address

City

Purpose of Expenditure

Name of Federal Candidate:

Aftab Pineval

Per Election for Office Sought

Calendar Year-To-Date

	PAGE 55 OF (05 FOR LINE 24 OF FORM 3X
	FEC IDENTIFICATION NUMBER ▼
	C00522458
filed	ая/во/чүү. on
em	Date of Public Distribution/Dissemination
	е и сведууу
	09 30 2018
	Amount
	, 402.00
	Date of Disbursement or Obligation
	* # 7 L 3 / Y Y Y Y
	07 01 2018
Office	Sought: House District: OI
	President Senate State: 6 th
Disbu	ursement For: Primary × General
	Other (specify)
em	Date of Public Distribution/Dissemination
	BOOK CONTRACTOR
_	
	Amount
	g 5
	Date of Disbursement or Obligation
	7 8 7 5 5 . Y Y Y Y
Office	e Sought: House District:
	President Senate State:
	·
DISD	ursement For: Primary General Other (specify) ▶
•	,402.00
•	; ; ; ; ·
>	, 25,224,43
	nade in cooperation, consultation, or concert er, or (if the reporting entity is not a political

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

Amends report filed on

Memo Item

Zip Code

Category/

530,00

Zip Code

Category/ Туре

Support

Oppose

32829

Support |

Oppose

Memo Item

New report

State

State

FL

Signature

(a) SUBTOTAL of Itemized Independent Expenditures

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

(a) TOTAL Independent Expenditures

Date

2018 - 10 - 19 - 0M - 00V40V00

EMIZED INDEFENDENT EXPENDITURES				FOR LINE 24 OF FORM 3X
AME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Together We Thrive				C00522458
				. U 1 2 2 1 7 7 7 7 7
heck if 24-hour report 48-hour report	New rep	oort Amends repo	rt filed on	
Full Name of Payee	_	: Memo	Item Date	of Public Distribution/Dissemination
Laalin Harvey: PPW	2			
Mailing Address	1			09 30 2018
7179 Lake Carliste Bl	00		Amou	
City	State	Zip Code		113.00
Orlando	FL	32829	Date	of Disbursement or Obligation
Purpose of Expenditure	_	Category/		
Online Advertising: DM Awaren	ness Campa	350 Type		57 01 ZO18
Name of Federal Candidate:		Support	Office Soug	ht: House District:
Scott Wallace		Oppose	Presid	lent Senate State: PA
Calendar Year-To-Date		530,00		nt For: Primary K General
Per Election for Office Sought	\$ 1 T	370 00		Other (specify)
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
Facebook Ihc.				09 30 2018
Mailing Address			Amou	` _
1 Hacker Way				•
City Menlo Park	State	Zip Code	Ì	, 15-00
	CA	94025	Date	of Disbursement or Obligation
Purpose of Expenditure		Category/ Type		8
Online Advertising: GOTV C	ampaign	1,750		07 01 2018
Name of Federal Candidate:		> Support	Office Soug	ΩN
Scott Wallace		Oppose	Presid	John Condition Office.
Calendar Year-To-Date Per Election for Office Sought		530.00	Disburseme	<u></u>
Tel closion to chief design.	7			Other (specify) ▶
				120 00
(a) SUBTOTAL of Itemized Independent Expenditures	•••••		• •	128,00
(a) SUBTOTAL of Unitermized Independent Expenditure	es			
(c) COLIC INCLUI CINCOINICE INCOPORTION Experience				ş
(a) TOTAL Independent Expenditures			. •	, 25,224.43
		·		
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida	•	· · · · · · · · · · · · · · · · · · ·		
party committee) any political party committee or its	agent.			
			98 AT 1	e o v v v v v
Signature	·	Date		15 2018

2018 - 10 - 19 - 0M - 00240201

ITEMIZED INDEPENDENT EXPENDITURES				PAGE 57 OF 65 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	<u> </u>			FEC IDENTIFICATION NUMBER ▼
				C 005 22458
Together We Thrive	-			000322738
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	ан и в в и у у у
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
PinPoint WebSolutions				P W (D 3 / Y Y Y Y
Mailing Address				09 30 2018
7179 Lake Carlisle Blu	d		Amo	· ····
City	State	Zip Code		402.00
Orlando	FL	32829	Date	e of Disbursement or Obligation
Purpose of Expenditure	<u> </u>	Category/		# J J B 8 / Y Y Y
Online Advertising: Awaren	ress Com	Paign		07 01 2018
Name of Federal Candidate:			Office Sou	ight: Flouse District: 51
Scott wallace		Oppose	Pres	sident Senate State: PA
Calendar Year-To-Date	(- Da aa	Disbursem	ent For: Primary > General
Per Election for Office Sought	÷ ,	230:00		Other (specify) ▶
Full Name of Payee		Memo	Item Date	e of Public Distribution/Dissemination
Mailing Address				
			· Ame	ount
City	State	Zip Code		ş ş -
			Date	e of Disbursement or Obligation
Purpose of Expenditure		Category/ Type		7 W 7 5 5 . Y V 7 Y
Name of Federal Candidate:		Support	Office Sou	ught: House District:
		Oppose	Pres	
Calendar Year-To-Date			Disbursem	nent For: Primary General
Per Election for Office Sought	3 3	•		Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				402 00
(a) SUBTOTAL of Uniternized Independent Expenditu	res		. ▶	· 9
(a) TOTAL Independent Expenditures			· >	: 25:224-43
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candident party committee) any political party committee or its	ate or authorized			
Signature		_ Date	e (D	15 2018

2018 - 10 - 19 - 0M - 00246262

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE 58 OF 65

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Together We Thrive	C 00522458
Check if 24-hour report 48-hour report New report Amends report filed	ON
Full Name of Payee " Memo Item	Date of Public Distribution/Dissemination
Laalin Harvey: PPWS	\$ 8 7 5 5 7 4 4 7 4
Mailing Address	09 30 2018
7179 Lake Carliste Blud	Amount
City State Zip Code	113.00
Orlando FL 32829	Date of Disbursement or Obligation
Purpose of Expenditure Category/	0 H / D D / Y Y
Online Advertising: DM Awareness Campaism Type	07 01 2018
Name of Federal Candidate: Support Office	e Sought: X House District: 04
Ben McAdams Oppose	President Senate State: UT
, caronian round	ursement For: Primary / General
Per Election for Office Sought	Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Facebook the.	
Mailing Address	09 30 2018
1 Hacker Way	Amount
City State Zip Code	٥٥, کا ،
Menlo Park CiA 94025	Date of Disbursement or Obligation
Purpose of Expenditure Category/	8 4 1 3 5 7 V Y Y Y
Online Advertising: GOTV Campaign Type	07 01 2018
Name of Federal Candidate: X Support Office	e Sought: K House District: 64
	President Senate State: UT
Calendar Year-To-Date Per Election for Office Sought Disbut	ursement For: Primary X General
Fel Clection for Gince Sought	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	128.00
	ž .
(a) SUBTOTAL of Uniternized Independent Expenditures	, ,
(a) TOTAL Independent Expenditures	25,224,43
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	67
Signature	0 15 2018

SCHEDU	LE E	(FEC	Form	3X)
ITEMIZED	INDEPE	NDENT	EXPE	NDITURES

PAGE 59 OF 65
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)		 		FEC IDENTIFICATION NUMBER ▼
Together We Thrive				C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed	13 점 7 한 9 . 보 첫 Y . on
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
PinPoint WebSolutions			,	
Mailing Address				09 30 2018
7179 Lake Carlisle Blu	d			Amount
City	State	Zip Code		402.00
Orlando	FL	32829		, , , , ,
Purpose of Expenditure				Date of Disbursement or Obligation
	0	Category/		
Online Advertising: Aware Name of Federal Candidate:	ness Cam	paign		07 01 2018
		Support	Office	e Sought: House District: 64
Ben Mc Adams		Oppose		President Senate State: UT
Calendar Year-To-Date		<u> </u>	Disbu	ursement For: Primary
Per Election for Office Sought		530,00		Other (specify) ▶
Full Name of Payee		. Memo	Item	Date of Public Distribution/Dissemination
Tull Name of Layee		·" (IAIGIIIO	ilein	
	· 			
Mailing Address			,	Amount
				Artioun
City	State	Zip Code		\$ 0 °
				Date of Disbursement or Obligation
Purpose of Expenditure	.1	Category/		Wall A D. D. Y. A. Y. Y.
		Type		
Name of Federal Candidate:		Company	0450	Cought: Titleuce Dietriet.
Traine of Foderal Sandibate.		Support	l	e Sought: House District:
		Oppose		President Senate State:
Calendar Year-To-Date			Disb	ursement For: Primary General
Per Election for Office Sought	3 3 5	·		Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	s		. •	402,00
(a) SUBTOTAL of Unitemized Independent Expenditu	ıres		. •	y y **
(a) TOTAL Independent Expenditures			. •	, 25,224.43
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorized			
Signature		_ Date	e	0 15 2018

2018: 10: 19: 0%: 00240204

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDIT

EMIZED INDEPENDENT EXPENDITURES				PAGE 60 OF 65 FOR LINE 24 OF FORM 3X
IAME OF COMMITTEE (In Full)			<u>-</u>	FEC IDENTIFICATION NUMBER ▼
Together We Thrive				C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	V G 7 9 P . T Y Y Y
Full Name of Payee		: i Memo	Item D	ate of Public Distribution/Dissemination
Jaalin Harvey: PPW	2			# 6 / B 5 / 4 / 7 Y
Mailing Address	,			09 30 2018
7179 Lake Carlisle B	lud		A	mount
City	State	Zip Code		113.00
Orlando	FL	32829		into of Dishussement or Obligation
Purpose of Expenditure		Category/		ate of Disbursement or Obligation
Online Advertising: DM Aware	ness Campa			07 01 2018
Name of Federal Candidate:		₹ Support	Office S	ought: X House District: 62
Flaine Luria		Oppose		resident Senate State: VA
Calendar Year-To-Date	 			ement For: Primary & General
Per Election for Office Sought	, ,	530,00		Other (specify)
Full Name of Payee		! Memo		ate of Public Distribution/Dissemination
Facebook the.				r r r b r c v v v v
Mailing Address				09 30 2018
1 Hacker Way			Α	mount
City	State	Zip Code		15.00
Menlo Park	CA	94025		, ,
Purpose of Expenditure	1		'	Date of Disbursement or Obligation
Online Advertising: GOTV C	ampaign	Category/ Type		07 01 2018
Name of Federal Candidate:		Support	Office S	· · · · · · · · · · · · · · · · · · ·
Elaine Luria		Oppose	. : P	resident Senate State: VH
Calendar Year-To-Date Per Election for Office Sought		530,00	1 .	ement For: ☐ Primary
(a) SUBTOTAL of Itemized Independent Expenditures			•	128.00
				,
(a) SUBTOTAL of Unitemized Independent Expenditu	res		• •	\$
(a) TOTAL Independent Expenditures			· •	, 25,224.43
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
		Date	<u>.</u>	
Signature		Date	10	15 2018

S

CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITURES				PAGE (1) OF (05)
IAME OF COMMITTEE (In Full)			·	FOR LINE 24 OF FORM 3X
, and 5, 55, and 1, 22 (iii 1, 51)				FEC IDENTIFICATION NUMBER ▼
Together We Thrive			· 	C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	
Full Name of Payee		Memo	Item Da	te of Public Distribution/Dissemination
PinPoint WebSolutions				
Mailing Address				09 30 2018
7179 Lake Carlisle Blu	d		An	nount
City	State	Zip Code		402,00
Orlando	FL	32829	Da	te of Disbursement or Obligation
Purpose of Expenditure	 	Category/		
Online Advertising: Awaren	ness Com	Type		07 01 2018
Name of Federal Candidate:		Support	Office So	ught: X House District: 02
Elaine Luria		Oppose		sident Senate State: VA
Calendar Year-To-Date				ment For: Primary XGeneral
Per Election for Office Sought	· , · , ·	30,00		Other (specify) ▶
Full Name of Payee		Memo	Item Da	ite of Public Distribution/Dissemination
				$(G \otimes M) \otimes C \otimes G \otimes G \otimes F \otimes G \otimes V \otimes V \otimes V \otimes V$
Mailing Address				
			Ап	nount
City	State	Zip Code		9
			Da	ate of Disbursement or Obligation
Purpose of Expenditure		Category/		T R 7 5 5 7 7 7 7 7 7
		Туре		
Name of Federal Candidate:	 	Support	Office So	ought: House District:
		Oppose	Pre	esident State:
Calendar Year-To-Date			Disburse	ment For: Primary General
Per Election for Office Sought	3	•		Other (specify) ▶
				
(a) SUBTOTAL of Itemized Independent Expenditures	s		. •	402.00
				•
(a) SUBTOTAL of Unitemized Independent Expenditu	res		· •	; ;
(a) TOTAL Independent Expenditures			. ▶	25.224.43
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
party committee of its	. ugum.			
(U)		_	Li ':	7 0 0 F 7 7 1 1 Y
Signature		_ Date	10	15 2018

2018 - 10 - 19 - 0M - 00240200

S

EMIZED INDEPENDENT EXPENDITURES				PAGE 62 OF 65
ANAS OS COMMITTES (In Sull)	·-		<u>-</u>	FOR LINE 24 OF FORM 3X
AME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Together We Thrive				C 00522458
heck if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	9 W 1 9 B , T Y Y Y
Full Name of Payee		Memo	Item Dat	e of Public Distribution/Dissemination
Jaalin Harvey : PPW	20			8 4 7 9 8 7 Y Y
Mailing Address				09 30 2018
7179 Lake Carliste B	and .		Am	ount
City	State	Zip Code		113.00
Orlando	FL	32829	Dat	e of Disbursement or Obligation
Purpose of Expenditure	I	Category/	—— Dai	6 4 5 5 5 5 7 7 7 7 Y
Online Advertising: DM Aware	ness Campa			07 01 2018
Name of Federal Candidate:	······································	₹ Support	Office Sou	ught: X House District: 07
A bigail Spanberger		Oppose		sident Senate State: VA
Calendar Year-To-Date	·····		Disbursen	nent For: Primary General
Per Election for Office Sought	, ,	530.00		Other (specify) ▶
Full Name of Payee		! Memo	i	e of Public Distribution/Dissemination
Facebook the.				
Mailing Address				09 30 2018
1 Hacker Way			Am	ount
City	State	Zip Code		, 15.00
Menlo Park	CA	94025	Dat	te of Disbursement or Obligation
Purpose of Expenditure	· · · · · · · · · · · · · · · · · · ·	Category/		5 B 7 B 5 8 8 8 8 8
Online Advertising: GOTV (ampaign	Туре		07 01 2018
Name of Federal Candidate:		X Support	Office So	ught: House District: 67
Abigail Span berger		Oppose	Pre	sident Senate State: VA
Calendar Year-To-Date			Disbursen	nent For: Primary
Per Election for Office Sought	7 f	530,00		Other (specify)
				
(a) SUBTOTAL of Itemized Independent Expenditures	S		•	128.00
				,
(a) SUBTOTAL of Unitemized Independent Expenditu	res	•••••	•	s
(a) TOTAL Independent Expenditures			. •	25, 224 43
			_ _	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorize			
(/L)			O \$4	0 0 7 Y Y Y
Signature	· · · · · · · · · · · · · · · · · · ·	Date	10	15 2018

ADADANGO : WO : 61 : OL : STON

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE 63 OF 65
FOR LINE 24 OF FORM 3X

				TON LINE 24 OF TONIW 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Together We Thrive				C 005 22458
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed	w
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
PinPoint WebSolutions			ĺ	0 3 / 0 3 / 1 7 7 7
Mailing Address 7179 Lake Carliste Blu	d			09 30 2018 Amount
City	State	Zip Code		402.00
Orlando	FL	32829	}	•
Purpose of Expenditure	1	ļ		Date of Disbursement or Obligation
Online Advertising: Aware	ness Can	Category/ Type		0701 2018
		X Support	Office	Sought: House District: 67
Abigail Spanberger		Oppose		President Senate State: VA
Calendar Year-To-Date		```	Disbu	rsement For: Primary General
Per Election for Office Sought	; , ,	530,00		Other (specify) >
Full Name of Payee		<u> </u>	Item	Date of Public Distribution/Dissemination
				y = y + y + y + y + y + y + y + y + y +
Mailing Address				Amount
City	State	Zip Code		; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
	<u> </u>	<u> </u>		Date of Disbursement or Obligation
Purpose of Expenditure		Category/ Type		F W 1 5 9 . 4 4 7 7
Name of Federal Candidate:	· · · · · · · · · · · · · · · · · · ·	Support	Office	Sought: House District:
1		Oppose		President Senate State:
Calendar Year-To-Date			Disbu	ursement For: Primary General
Per Election for Office Sought	: 3	3		Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	s			402.00
				, , , ,
(a) SUBTOTAL of Uniternized Independent Expenditu	ıres		▶	
				÷ **
(a) TOTAL Independent Expenditures			. •	: 25:224-43
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Signature		Dat	e (b 15 2018

2018-10-19-03-00240208

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE 4 OF 65
FOR LINE 24 OF FORM 3X

ALANAE OF COMMUTTEE (In Early)				TOTAL EARL EAR OF TOTAL OX
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Together We Thrive		•		C00522458
Check if 24-hour report 48-hour report	New repo	rt Amends repo	rt filed on	раз э в (н у к л
Full Name of Payee		Memo	Item Date	e of Public Distribution/Dissemination
Jaalin Harvey: PPW	ک			4 E ' 9 9 . 6 Y Y Y
Mailing Address				09 30 2018
7179 Lake Carliste Bl	ud		Amo	
City	State	Zip Code		116.41
Orlando	FL	32829		
Purpose of Expenditure		•	Date	e of Disbursement or Obligation
Online Advertising: DM Awaren	Sacs Council	Category/ Type		67 01 2018
Name of Federal Candidate:	1627 (aubiti			
Richard Lindsay		Support Oppose		ght: YHouse District: 08
Richard Liviosay		Oppose		ident Senate State: WA
Calendar Year-To-Date Per Election for Office Sought	F	33 49		ent For: Primary 4 General
	; , , ,	, , ,		Other (specify) ▶
Full Name of Payee		∰ Memo	Item Date	e of Public Distribution/Dissemination
Facebook the.				09 30 2018
Mailing Address				, ,
1 Hacker Way			Ame	ount
City	State	Zip Code		, , 15.00
Menlo Park	CiA	94025	Date	e of Disbursement or Obligation
Purpose of Expenditure		Category/		N G / 9 3 / V / T C
Online Advertising: GOTV C	ampaign	Туре		07 01 2018
Name of Federal Candidate:		Support	Office Sou	ight: ▼House District: <u>○</u> 8
Richard Lindsuy		Oppose	Pres	sident Senate State: WA
Calendar Year-To-Date			Disbursem	ent For: Primary X General
Per Election for Office Sought	, , ,	33 47	[]	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			•	131.41
				· · · · · · · · · · · · · · · · · · ·
(a) SUBTOTAL of Unitemized Independent Expenditure	es		•	ş : *
(a) TOTAL Independent Expenditures			•	, 25,224.43
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Signature		_ Date	10	15 2018
- <u>J = =</u>				

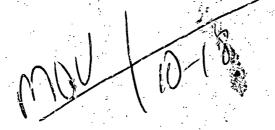
TEMIZED INDEPENDEN				•	PAGE (,5 OF (,5)
NAME OF COMMITTEE (In F	ull)				FEC IDENTIFICATION NUMBER ▼
	1. The size				C 005 22458
Together U	- INCIVC				000022738
Check if 24-hour report	48-hour report	New repo	rt Amends repo	rt filed o	AAADDAKKY on
Full Name of Payee			Memo	Item	Date of Public Distribution/Dissemination
PinPoint Web	.Solution s			ĺ	8 8 7 5 5 7 Y Y Y Y
Mailing Address					09 30 2018
7179 Lake	Curlisle Blu	d			Amount
City		State	Zip Code		402 00
Orlando		FL	32829	Ì	Date of Disbursement or Obligation
Purpose of Expenditure		<u>.</u>	Category/		X S P D P Y Y Y
Online Advertis	ing: Aware	ness Cam	Type Paian		07 01 2018
Name of Federal Candida	te:		X Support	Office	Sought: X House District: OB
Richard Lina	dsay		Oppose		President Senate State: WA
Calendar Year-To-Dat	e				rsement For: Primary General
Per Election for Office	=	, ,5	33 .41		Other (specify) >
Full Name of Payee			Memo	1	Date of Public Distribution/Dissemination
2,00					8 8 7 5 8 7 5 7 7 7
Mailing Address					
					Amount
City		State	Zip Code		5 y =
					Date of Disbursement or Obligation
Purpose of Expenditure		<u> </u>	Category/		
			Туре		
Name of Federal Candida	te:		Support	Office	Sought: House District:
			Oppose		President Senate State:
Calendar Year-To-Dat	te			Disbu	rsement For: Primary General
Per Election for Offic		1 3	a		Other (specify) ▶
!	 	· · · · · · · · · · · · · · · · · · ·		1	
(a) SUBTOTAL of Itemized	Independent Expenditures	S			402,00
	· . ·		•		, , , (02,00
(a) SUBTOTAL of Unitemize	ed Independent Expenditu	ıres		. •	
		•			\$ \$
(a) TOTAL Independent Exp	oenditures			•	: 25:224.43
					
		•	•		ade in cooperation, consultation, or concert r, or (if the reporting entity is not a political
party committee) any politic			- similar of agoin		, and the repetiting string to that a political
				_	

Date

10

15

2018



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

1 LBS 1 OF 1 SHP WT: 1 LBS DATE: 15 OCT 2018

SHIP FEDERAL ELECTION COMMISSION TO: 999 \mathbb{E}^{2} ST NW

SHIP TO: 18/0ct/2018 18:52 2000

FEDERAL ELECTION COMMISSION 1050 1ST ST NE

Ek=2

WASHINGTON DC 20002 4694



MD 201 9 – 58

1ZV832R00361912419

TRACKING #: 1Z V83 2R0 03 6191 2419



BILLING: P/P

ISH 19.00N ZZP 450 86.5U 10/2018



IEE NOTICE ON REVEISE regarding UPS Terms, and notice of finitiation of Rabillry. Where allowed by law, shipper authorizes UPS to act as forwarding agent for export control and usurons purposes. If exported from the US happer exhibits that the commodities, technology or software were exported from the US in accordance with the Export Administration (Spealations, Development on Control and Control an

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate	
Hand Delivered	Date of Receipt
Postmarked USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
	Shipping Date /0/15 /18 ss Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Receipt or Postmarked
PREPARER M	10/19/18 DATE PREPARED
(3/2015)	DATE PREPARED