PAGE 1 / 62

FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Other Than An	Authorized Commit	tee	Office Us	se Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typover the lines.	oing, type 12I	FE4M5	
TOGETHER WE TI	HRIVE				I
ADDRESS (number and stree	•	EST RD			
▼ Check if different	STE 198				
than previously reported. (ACC)	VALRICO		FL L	33596	
2. FEC IDENTIFICATION	N NUMBER ▼	CITY ▲	STATE	E A	ZIP CODE ▲
C C00522458		3. IS THIS REPORT	NEW (N) OR	AMENDED (A)	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2) Mar 20 (M3)	May 20 (M5) Jun 20 (M6)	Aug 20 (M8) Sep 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12)
(a) Quarterly Reports:	H	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	(Non-Election Year Only) Jan 31 (YE)
April 15 Quarterly Repo	ort (Q1) (c) 12-Day	Primary (12	2P) (General (12G)	Runoff (12R)
July 15 Quarterly Repo	PRF-Electio	on	H	Special (12S)	
October 15 Quarterly Repo	ort (Q3)	м м		· · · · ·	in the
January 31 Year-End Repo	ort (YE)	Election on			in the State of
July 31 Mid-Ye Report (Non-el Year Only) (M	POST-Elect Report for t	` ·	OG) F	Runoff (30R)	Special (30S)
Termination Re (TER)		Election on	/ D D / Y Y	" Y " Y	in the State of
5. Covering Period		through		31 202	20
I certify that I have examine	ed this Report and to the be	est of my knowledge and	belief it is true, cor	rect and comple	te.
Type or Print Name of Trea	Zullo, Christopher, , ,				
Signature of Treasurer	Zullo, Christopher, , ,	[Electronica	lly Filed] Date	06 / 19	
NOTE: Submission of false, e	erroneous, or incomplete infor	mation may subject the pe	erson signing this Rep	port to the penalti	es of 52 U.S.C. § 30109
Office Use Only				I	FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

_	FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page 2
V	Vrite or Type Committee Name		
_	TOGETHER WE THRIVE		
F	Report Covering the Period: From:	01 / 01 / 2020 To:	03 31 2020
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2020		0.00
	(b) Cash on Hand at Beginning of Reporting Period	0.00	
	(c) Total Receipts (from Line 19)	76887.57	76887.57
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	76887.57	76887.57
7.	Total Disbursements (from Line 31)	76687.57	76687.57
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	200.00	200.00
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
	This committee has qualified as a multi	candidate committee. (see FEC FORM 1M)	
		For further information contact:	
		Federal Election Commission 999 E Street, NW Washington, DC 20463	
		Toll Free 800-424-9530 Local 202-694-1100	

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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port Covering the Period: From: 01	01 2020 To	
I. Receipts	COLUMN B Calendar Year-to-Date	
· •		
(i) Itemized (use Schedule A)	76687.57	76687.57
(ii) Unitemized(iii) TOTAL (add	200.00	200.00
Lines 11(a)(i) and (ii)	76887.57	76887.57
	0.00	0.00
(such as PACs)	0.00	0.00
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	76887.57	76887.57
	0.00	0.00
All Loans Received	0.00	0.00
	0.00	0.00
·	0.00	0.00
· · · · · · · · · · · · · · · · · · ·	0.00	0.00
	0.00	0.00
	0.00	0.00
·	0.00	0.00
·	0.00	4 4
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	Total This Period				
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date			
(i) Federal Share	0.00	0.00			
(ii) Non-Federal Share	0.00	0.00			
(b) Other Federal Operating Expenditures	0.00	0.00			
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00			
2. Transfers to Affiliated/Other Party Committees	0.00	0.00			
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00			
Independent Expenditures (use Schedule E)	76687.57	76687.57			
Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0.00	45 45 45 45			
	45 45	0.00			
Loan Repayments Made	0.00	0.00			
Loans Made Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00			
Than Political Committees	0.00	0.00			
(b) Political Party Committees	0.00	0.00			
(such as PACs)	0.00	0.00			
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00			
Other Disbursements (Including					
Non-Federal Donations)	0.00	0.00			
Federal Election Activity (52 U.S.C. § 30101(20)) (a) Allocated Federal Election Activity (from Schedule H6)					
(i) Federal Share	0.00	0.00			
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00			
Entirely With Federal Funds	0.00	0.00			
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00			
Total Disbursements (add Lines 21(c), 22,					
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	76687.57	76687.57			
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)					
from Line 31)	76687.57	76687.57			

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 05/2016)

of Disbursements

,		· · · · · · · · · · · · · · · · · · ·
III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	76887.57	76887.57
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	76887.57	76887.57
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
 Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FO	R LINE	PAGE	6	OF	62		
(ch	eck only	one)					
X	11a	11b		11c	12		
	13	14		15	16		17

	Statements may not be sold or used by any per he name and address of any political committee	
NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE		
Full Name of Individual (Last, First, Middle I Bennett, Abby, , , Mailing Address 594 Allens Creek Rd City Rochester FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General	State Zip Code NY 14618 C Occupation (for Individual) Aggregate Year-to-Date ▼	Date of Receipt 03 31 2020 Transaction ID : SA11Al.4125 Amount of Each Receipt this Period 250.00 Memo Item
Other (specify) ▼ Full Name of Individual (Last, First, Middle I Carter, Robert, , , Mailing Address 10500 Glenview Way	Initial) or Full Organization Name	Date of Receipt 03 25 2020
City Rancho Cordova FEC ID number of contributing federal political committee. Name of Employer (for Individual) Alta Vista Solu Receipt For:	State Zip Code CA 95670 C Occupation (for Individual) Engineer	Transaction ID : SA11Al.4123 Amount of Each Receipt this Period 250.00 Memo Item
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle I Fernandez, Miguel, , , Mailing Address 411 Rim Rd City El Paso FEC ID number of contributing federal political committee. Name of Employer (for Individual) Transtelco	Initial) or Full Organization Name State Zip Code 79902-3510 C Occupation (for Individual) Executive	Date of Receipt M
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)	>	750.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: **PAGE** 7 OF Use separate schedule(s) (check only one) **X** 11a 11b 12 11c

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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Foster, Derek, , , Date of Receipt Mailing Address 22727 Marjorie Ave 2020 City Zip Code State Transaction ID: SA11AI.4105 CA Torrance 90505 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Red Hat Consultant Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gerter, Nancy, , , Date of Receipt Mailing Address 51 Abbottsford Road 2020 City State Zip Code Transaction ID: SA11AI.4109 **Brookline** MA 02446 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Harvard Professor Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 250.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Gottstein, Sandy, , , Date of Receipt Mailing Address PO Box 111818 09 2020 City State Zip Code Transaction ID: SA11AI.4111 AR Anchorage 99511 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) retired retired Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER:						PAGE		8	OF	62
(0	(check only one)									
	X	11a		11b		11c		12		
		13		14		15		16	;	17

Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may not be sold or used by any per the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE						
Full Name of Individual (Last, First, Middle Irvin, Daniel, , , Mailing Address 189 Beacon st Apt 7	e Initial) or Full Organization Name	Date of Receipt				
City	State Zip Code	02 09 2020				
Boston	MA 02116	Transaction ID : SA11AI.4099 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	1000.00				
Name of Employer (for Individual) Not Employed	Memo Item					
Receipt For: Primary General Other (specify) ▼						
Full Name of Individual (Last, First, Middle John, Farley, , , Mailing Address 260 Presque Isle Road	e Initial) or Full Organization Name	Date of Receipt				
City	State Zip Code SC 29072	03 13 2020 Transaction ID : SA11AI.4121				
Lexington FEC ID number of contributing federal political committee.	SC 29072	Amount of Each Receipt this Period 250.00				
Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Financial Advisor	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00					
Full Name of Individual (Last, First, Middle C. Kelly, Michael, , ,	e Initial) or Full Organization Name	Date of Receipt				
Mailing Address 650 California	State 7 in Code	01 26 2020				
City San Francisco	State Zip Code CA 94108	Transaction ID : SA11AI.4107 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	1000.00				
Name of Employer (for Individual) Walkup law Firm	Occupation (for Individual) Attorney	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00					
SUBTOTAL of Receipts This Page (optional	l) >	2250.00				
TOTAL This Period (last page this line num	ber only)					

FOR LINE NUMBER:						PAGE	9	OF	62	
	(cl	he	ck only	or	ie)					
		X	11a		11b		11c	12		
			13		14		15	16	;	17

Any information copied from such Reports and or for commercial purposes, other than using the							
NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE							
Full Name of Individual (Last, First, Middle I Levine, Lorraine, , ,	nitial) or Full Organ	nization Name	Date of Receipt				
Mailing Address 100 Towne Terrace	Mailing Address 100 Towne Terrace						
City	State Zip Code tos CA 95032						
Los Gatos	CA	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.							
Name of Employer (for Individual) Not Employed	Occupat Not Em	tion (for Individual) ployed	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 250.00					
Full Name of Individual (Last, First, Middle I Monib, Zirvi, , ,	nitial) or Full Organ	nization Name	Date of Receipt				
Mailing Address 19 Major Road	I-	I	02 23 2020 Transaction ID : SA11Al.4116				
City Monmouth Junction	State Zip Code uth Junction NJ 08852						
FEC ID number of contributing federal political committee.	C	00052	Amount of Each Receipt this Period 250.00				
Name of Employer (for Individual) Summit Medical Group	Occupati Dermati	tion (for Individual)	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 250.00					
Full Name of Individual (Last, First, Middle I Schroeder, Jonathan, , ,	nitial) or Full Organ	nization Name	Date of Receipt				
Mailing Address 2570 Canyon Drive			03				
City Los Angeles	State CA	Zip Code 90068	Transaction ID : SA11AI.4118 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		250.00				
Name of Employer (for Individual) 20th century fox	Occupat writer	tion (for Individual)	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 250.00					
SUBTOTAL of Receipts This Page (optional)		·····	750.00				
TOTAL This Period (last page this line number	er only)						

FOR LINE NUMBER:				PAGE	_ ′	10	OF	62		
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16	;	17

	ny information copied from such Reports and Sta for commercial purposes, other than using the r						
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE						
Α.	Full Name of Individual (Last, First, Middle Initial Smith, James, , , Mailing Address 7212 Burtonwood Drive	Date of Receipt					
				03 10 2020			
	City	State VA	Zip Code 22307	Transaction ID : SA11AI.4120			
	Alexandria	I VA	22307	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		100.00			
	Name of Employer (for Individual) Self-Employed	1 .	ation (for Individual) policy consultant	Memo Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 300.00				
В.	Full Name of Individual (Last, First, Middle Initial Unitemized, Contributions, , , Mailing Address	l) or Full Org	anization Name	Date of Receipt			
				03 31 2020			
	City	State	Zip Code	Transaction ID : SA11AI.4344			
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 72087.57			
	Name of Employer (for Individual)	Occup	ation (for Individual)	Memo Item Unitemized Contributions under \$200			
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 72087.57				
С.	Full Name of Individual (Last, First, Middle Initia	l) or Full Org	anization Name	Date of Receipt			
	Mailing Address			M = M / D = D / Y = Y = Y			
	City	State	Zip Code	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С					
	Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item			
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼				
S	SUBTOTAL of Receipts This Page (optional)		•	72187.57			
Т	OTAL This Period (last page this line number or	nly)		76687.57			

TEMIZED INDEPENDENT EXPENDITURES	S			PAGE 11 OF 62 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
_				C 000322430
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
Harvey, Jaalin, , ,				03 / 31 / 2020
Mailing Address			Amo	ount
City	State	Zip Code		750.00
				nsaction ID : SE.4335
Purpose of Expenditure		Category/	Date	e of Disbursement or Obligation
Online Marketing		Type		03 31 2020
Name of Federal Candidate:		Support	Office Sou	ght: House District:
McConnell, Mitch, , ,		Oppose	Presi	ident Senate State: KY
Calendar Year-To-Date Per Election for Office Sought		750.00	Disburseme	
	1		1	Other (specify)
Full Name of Payee Harvey, Jaalin, , ,		☐ Memo	Item Date	e of Public Distribution/Dissemination
• • • • • • • • • • • • • • • • • • • •				03 / 31 / 2020
Mailing Address			Amo	bunt
City	Otata	7:n Code		750.00
City	State	Zip Code		nsaction ID : SE.4338
Purpose of Expenditure		Category/	Date	e of Disbursement or Obligation
Online Marketing		Type		03 31 2020
Name of Federal Candidate:		✗ Support	Office Sou	ght: House District:
Kelly, Mark, , ,		Oppose	Presi	ident Senate State: AZ
Calendar Year-To-Date		750.00	Disburseme	ent For: Primary 🗶 General
Per Election for Office Sought		750.00	2020	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	9 \$		· [1500.00
(b) SUBTOTAL of Unitemized Independent Expendit	tures		· • [
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorized			
Zullo, Christopher, , ,	[Electronically Fi	ladi	M = M	
Signature	_[ълеси описану F1	<u>Date</u>	e 06	19 2020

TEMIZED INDEPENDENT EXPENDITURES	S			PAGE 12 OF 62
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
				M = M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	W - W / D - D / T - T - T - T
Full Name of Payee Harvey, Jaalin, , ,		☐ Memo	Item Date	te of Public Distribution/Dissemination
•				03 31 2020
Mailing Address			Am	nount
City	State	Zip Code	$ \Gamma$	750.00
				ansaction ID : SE.4340
Purpose of Expenditure		Category/	Dai	te of Disbursement or Obligation
Online Marketing		Type	_	03 31 2020
Name of Federal Candidate:		Support	Office Soi	ught: House District:
Tillis, Thom, , ,		x Oppose	Pre	sident Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		1500.00	Disbursen 2020	nent For: Primary X General
	7 7			Other (specify)
Full Name of Payee Harvey, Jaalin, , ,		☐ Memo	Item Dat	te of Public Distribution/Dissemination
Mailing Address				03 / 31 / 2020
Mailing Address			Am	nount
City	State	Zip Code	$ +$ Γ	630.00
				ansaction ID : SE.4342
Purpose of Expenditure		Category/	Da	te of Disbursement or Obligation
Online Marketing		Type	_	03 31 2020
Name of Federal Candidate:		Support	Office Soi	ught: House District:
Collins, Susan, , ,		x Oppose	Pre	sident Senate State: ME
Calendar Year-To-Date Per Election for Office Sought		630.00	Disbursen 2020	nent For: Primary 🗶 General
rei Election for Office Sought	7 7		2020	Other (specify)
(a) CURTOTAL of harrised bedeen added to send the	-			4200.00
(a) SUBTOTAL of Itemized Independent Expenditure	9S		• •	1380.00
(b) SUBTOTAL of Unitemized Independent Expendit	ures			
(c) TOTAL Independent Expenditures			• •	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorized			
Zullo, Christopher, , ,	[Electronically Fi		М = М	/ D D / Y Y Y Y

TEMIZED INDEPENDENT EXPENDITURES				PAGE 13 OF 62 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M / D D / Y Y Y Y
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item Date	of Public Distribution/Dissemination
			[03 / 31 / Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Amou	int
City	State	Zip Code		750.00
Orlando	FL	32829	Trans	saction ID : SE.4127 of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type		03 31 2020
Name of Federal Candidate:		X Support	Office Sough	ht: X House District: 10
Harder, Josh, , ,		Oppose	Presid	C^
Calendar Year-To-Date		750.00	Disburseme	nt For: Primary Seneral
Per Election for Office Sought	7-1-1-7-	730.00	2020	Other (specify)
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
PinPoint WebSolutions				03 / 31 / 2020
Mailing Address 7179 Lake Carlisle Blvd			Amou	int
	T :	T =	741100	
City Orlando	State FL	Zip Code 32829		750.00 saction ID : SE.4130 of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Prograr	amina	Category/		M M / D D / Y Y Y Y
Consulting, Staffing	iiiiiig,	Type		03 31 2020
Name of Federal Candidate:		x Support	Office Sough	ht: House District: 15
Swalwell, Eric, , ,		Oppose	Presid	lent Senate State: CA
Calendar Year-To-Date		750.00	Disbursemer	nt For: Primary Seneral
Per Election for Office Sought	7 7		2020	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures				1500.00
(b) SUBTOTAL of Unitemized Independent Expenditu	'es		• •	
(c) TOTAL Independent Expenditures			•	.,,
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			
Zullo, Christopher, , ,	Electronically Fil	led]	M M /	19 / 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Signature		Date	9 06	19 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 14 OF 62 FOR LINE 24 OF FORM 3X	
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
TOGETHER WE THRIVE					
				C C00522458	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y	
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination	
PinPoint WebSolutions			N	03 31 7 2020	
Mailing Address 7179 Lake Carlisle Blvd			Amou	nt	
City	State	Zip Code		750.00	
Orlando	FL	32829		saction ID : SE.4132 of Disbursement or Obligation	
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type		03 / 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate:		X Support	Office Sough	nt: X House District: 17	
Khanna, Ro, , ,		Oppose	Preside	ent Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought	7	750.00	Disbursemen	nt For: Primary ✗ General Other (specify) ▶	
Full Name of Payee		Memo	l _	of Public Distribution/Dissemination	
PinPoint WebSolutions			_	M = M / D = D / Y = Y = Y	
Mailing Address			— L	03 31 2020	
7179 Lake Carlisle Blvd			Amou	nt	
City	State	Zip Code	<u> П</u>	750.00	
Orlando	FL	32829		saction ID : SE.4134 of Disbursement or Obligation	
Purpose of Expenditure Design, Advertising, Marketing, Research, Prograr Consulting, Staffing	mming,	Category/ Type		03 31 2020	
Name of Federal Candidate:		x Support	Office Sough	nt: Nouse District: 02	
Huffman, Jared, , ,		Oppose	Preside	ent Senate State: CA	
Calendar Year-To-Date		750.00	Disbursemen	nt For: Primary X General	
Per Election for Office Sought	7 7	700.00	²⁰²⁰	Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	;		· [1500.00	
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•		
(c) TOTAL Independent Expenditures					
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	•			
Zullo, Christopher, , ,	[Electronically Fil	led1	M = M /	D D / Y Y Y Y	
Signature	₁ 2.00 опишну Г и	_ Date	9 06	19 2020	

				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				
				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y Y
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item	Date of Public Distribution/Dissemination
				03 31 2020
Mailing Address 7179 Lake Carlisle Blvd				Amount
City	State	Zip Code		750.00
Orlando	FL	32829		Transaction ID : SE.4136
Purpose of Expenditure Design, Advertising, Marketing, Research, Programmer Consulting, Staffing	ning,	Category/ Type		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office	Sought: House District: 20
Panetta, Jimmy, , ,		Oppose		President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	, , ,	750.00	Disbu 2020	rsement For: Primary General Other (specify) ▶
Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination
PinPoint WebSolutions				03 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				03 31 2020
7170 Lake Guillole Biva				Amount
City	State	Zip Code		750.00
Orlando	FL	32829		Transaction ID : SE.4138 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ıming,	Category/ Type		03 / 31 / 2020
Name of Federal Candidate:		x Support	Office	Sought: House District: 21
Cox, TJ, , ,		Oppose		President Senate State: CA
Calendar Year-To-Date		750.00	1	rsement For: Primary X General
Per Election for Office Sought	T - T -	700.00	2020	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			. •	1500.00
(b) SUBTOTAL of Unitemized Independent Expenditur	es		. •	
(c) TOTAL Independent Expenditures			. •	
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			
Zullo, Christopher, , ,	Electronically File	ed]	M	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	e 06) 19 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 16 OF 62 FOR LINE 24 OF FORM 3X	
NAME OF COMMITTEE (In Full)					
TOGETHER WE THRIVE				FEC IDENTIFICATION NUMBER ▼	
				C C00522458	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	n M = M / D = D / Y = Y = Y	
Full Name of Payee		☐ Memo	Item I	Date of Public Distribution/Dissemination	
PinPoint WebSolutions				03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 7179 Lake Carlisle Blvd			,	Amount	
City	State	Zip Code		750.00	
Orlando	FL	32829		Transaction ID : SE.4141 Date of Disbursement or Obligation	
Purpose of Expenditure Design, Advertising, Marketing, Research, Programs Consulting, Staffing	ming,	Category/ Type		03 / 31 / 2020	
Name of Federal Candidate:		✗ Support	Office \$	Sought: X House District: 24	
Carbajal, Salud, , ,		Oppose		President Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought		750.00	Disburs	ement For: Primary General	
	,			Other (specify)	
Full Name of Payee PinPoint WebSolutions		∐ Memo	Item I	Date of Public Distribution/Dissemination	
Mailing Address				03 31 2020	
7179 Lake Carlisle Blvd			,	Amount	
City	State	Zip Code		750.00	
Orlando	FL	32829		Transaction ID : SE.4143 Date of Disbursement or Obligation	
Purpose of Expenditure Design, Advertising, Marketing, Research, Progran Consulting, Staffing	nming,	Category/ Type		03 31 2020	
Name of Federal Candidate:		x Support	Office \$	Sought: House District: 25	
Hill, Katie, , ,		Oppose	F	President Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	750.00	Disburs 2020	sement For: Primary General	
			L	Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			. [1500.00	
(b) SUBTOTAL of Unitemized Independent Expenditure	'es		•	, ,	
(c) TOTAL Independent Expenditures			•		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Zullo, Christopher, , ,	Electronically Fil	edl -	M	M / D D / Y Y Y Y Y	
Signature		_ Date	9 06	19 2020	

TEMIZED INDEPENDENT EXPENDITURES				PAGE 17 OF 62 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed or	n M M / D D / Y Y Y Y
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item [Date of Public Distribution/Dissemination
Mailing Address 7179 Lake Carlisle Blvd				03 31 2020 Amount
City	State	Zip Code		750.00
Orlando	FL	32829		Transaction ID : SE.4145
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type		Date of Disbursement or Obligation 03 31 2020
Name of Federal Candidate:		✗ Support	Office S	Sought: House District: 26
Brownley, Julia, , ,		Oppose	F	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	750.00	Disburs 2020	ement For: Primary X General Other (specify) ▶
Full Name of Payee		☐ Memo	Item [Date of Public Distribution/Dissemination
PinPoint WebSolutions				03 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				Amount
City	State	Zip Code		750.00
Orlando	FL	32829		Transaction ID : SE.4147 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Prograr Consulting, Staffing	nming,	Category/ Type		03 / 31 / 2020
Name of Federal Candidate:		✗ Support	Office S	Sought: X House District: 29
Cardenas, Tony, , ,		Oppose	F	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	750.00	Disburs 2020	ement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures			. •	1500.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		[
()				
(c) TOTAL Independent Expenditures			•	
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			
Zullo, Christopher, , ,	Electronically Fil	led1 -	M	
Signature	The first t	Date	e 06	19 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 18 OF 62 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				
				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
PinPoint WebSolutions				03 31 2020
Mailing Address 7179 Lake Carlisle Blvd			Amo	unt
City	State	Zip Code	— I	750.00
Orlando	FL	32829		nsaction ID : SE.4149
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type	Date	of Disbursement or Obligation M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office Sou	ght: X House District: 34
Gomez, Jimmy, , ,		Oppose	Presi	dent Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		750.00	Disburseme	, ,
Full Name of Payer	, , ,			Other (specify) ▶ of Public Distribution/Dissemination
Full Name of Payee PinPoint WebSolutions		Memo	Item Date	M M / D D / Y Y Y Y Y
Mailing Address				03 31 2020
7179 Lake Carlisle Blvd			Amo	unt
City	State	Zip Code	-	750.00
Orlando	FL	32829		nsaction ID : SE.4151 of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type		03 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		x Support	Office Sou	ght: X House District: 36
Ruiz, Raul, , ,		Oppose	Presi	dent Senate State: CA
Calendar Year-To-Date		750.00	Disburseme	ent For: Primary General
Per Election for Office Sought	7 7		2020	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·		• [1500.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· •	
(c) TOTAL Independent Expenditures			•	
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			
Zullo, Christopher, , ,	Electronically Fil	led1	M = M	D D / Y Y Y Y Y
Signature		Date	e 06	19 2020

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 Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee PinPoint WebSolutions 03 31 2020 Mailing Address 7179 Lake Carlisle Blvd Amount City State Zip Code 750.00 FL 32829 Transaction ID: SE.4153 Orlando Date of Disbursement or Obligation Purpose of Expenditure Category/ Design, Advertising, Marketing, Research, Programming, 03 31 2020 Type Consulting, Staffing Name of Federal Candidate: 39 **X** Support Office Sought: **✗** House District: Cisneros, Gil,,, CA Oppose President State: Senate Disbursement For: Primary **X** General Calendar Year-To-Date 750.00 2020 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item PinPoint WebSolutions 2020 31 03 Mailing Address 7179 Lake Carlisle Blvd Amount 750.00 City State Zip Code Orlando Transaction ID: SE.4155 FL 32829 Date of Disbursement or Obligation Purpose of Expenditure Category/ Design, Advertising, Marketing, Research, Programming, 31 2020 03 Type Consulting, Staffing Name of Federal Candidate: 41 x Support Office Sought: **✗** House District: Takano, Mark, , , CA Oppose President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 750.00 2020 Per Election for Office Sought Other (specify) ▶ 1500.00 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Zullo, Christopher,,, [Electronically Filed] 19 2020 Date Signature

PAGE

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OF

62

TEMIZED INDEFENDENT EXPENDITORES	•		PAGE 20 OF 62 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE			C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on
Full Name of Payee PinPoint WebSolutions		☐ Memo	M M / D D / Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			03 31 2020 Amount
City	Ctoto	Zin Codo	750.00
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4157 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type	03 / 31 / 2020
Name of Federal Candidate:		✗ Support	Office Sought: House District: 44
Barragan, Nanette, , ,		Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	7	750.00	Disbursement For: Primary General 2020 Other (specify) ▶
Full Name of Payee		☐ Memo	Item Date of Public Distribution/Dissemination
PinPoint WebSolutions			03 / 31 / 2020
Mailing Address 7179 Lake Carlisle Blvd			Amount
City	State	Zip Code	750.00
Orlando	FL	32829	Transaction ID : SE.4159 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	mming,	Category/ Type	03 / 31 / 2020
Name of Federal Candidate:		x Support	Office Sought: House District: 45
Porter, Katie, , ,		Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	7	750.00	Disbursement For: Primary General 2020 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	3		. • 1500.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		•
(c) TOTAL Independent Expenditures			•
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	•	
Zullo, Christopher, , ,	[Electronically Fil	ed] Date	e 06 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_ Duit	

TEMIZED INDEPENDENT EXPENDITURES				PAGE 21 OF 62	
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼	
TOGETHER WE THRIVE					
				C C00522458	
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	"M" / D "D / Y "Y "Y "Y	
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination	
PinPoint WebSolutions				03 31 2020	
Mailing Address 7179 Lake Carlisle Blvd			Amou	nt	
City	State	Zip Code		750.00	
Orlando	FL	32829		saction ID : SE.4161 of Disbursement or Obligation	
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type		03 / 31 / 2020	
Name of Federal Candidate:		X Support	Office Sough	nt: X House District: 46	
Correa, Lou, , ,		Oppose	Presid	ent Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	750.00	Disbursemer	nt For: Primary X General Other (specify) ▶	
Full Name of Payee		☐ Memo	l _	of Public Distribution/Dissemination	
PinPoint WebSolutions		Wellio		M M / D D / Y Y Y Y	
Mailing Address			L	03 31 2020	
7179 Lake Carlisle Blvd			Amou	nt	
City	State	Zip Code		750.00	
Orlando	FL	32829		saction ID : SE.4163 of Disbursement or Obligation	
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	mming,	Category/ Type		03 31 2020	
Name of Federal Candidate:		x Support	Office Sough	nt: K House District: 47	
Lowenthal, Alan, , ,		Oppose	Presid	ent Senate State: CA	
Calendar Year-To-Date		750.00	Disbursemer	nt For: Primary 🗶 General	
Per Election for Office Sought	7 7	700.00	²⁰²⁰	Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	3		•	1500.00	
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· •		
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized	•		•	
Zullo, Christopher, , ,	[Electronically Fil	led1	M = M /	D D / Y Y Y Y Y	
Signature	при	Date Date	9 06	19 2020	

PAGE 22 OF 62 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 Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee PinPoint WebSolutions 03 31 2020 Mailing Address 7179 Lake Carlisle Blvd Amount City State Zip Code 750.00 FL 32829 Transaction ID: SE.4165 Orlando Date of Disbursement or Obligation Purpose of Expenditure Category/ Design, Advertising, Marketing, Research, Programming, 03 31 2020 Type Consulting, Staffing Name of Federal Candidate: 48 **X** Support Office Sought: **✗** House District: Rouda, Harley, , , CA Oppose President State: Senate Disbursement For: Primary **X** General Calendar Year-To-Date 750.00 2020 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item PinPoint WebSolutions 2020 31 03 Mailing Address 7179 Lake Carlisle Blvd Amount 750.00 City State Zip Code Orlando Transaction ID: SE.4167 FL 32829 Date of Disbursement or Obligation Purpose of Expenditure Category/ Design, Advertising, Marketing, Research, Programming, 31 2020 03 Type Consulting, Staffing Name of Federal Candidate: 49 x Support Office Sought: **X** House District: Levin, Mike, , , CA Oppose President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 750.00 2020 Per Election for Office Sought Other (specify) ▶ 1500.00 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Zullo, Christopher,,, [Electronically Filed] 19 2020 Date Signature

TEMIZED INDEPENDENT EXPENDITURES				PAGE 23 OF 62 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item Date	e of Public Distribution/Dissemination
Mailing Address				03 / 31 / 2020
7179 Lake Carlisle Blvd			Amo	ount
City	State	Zip Code		750.00
Orlando	FL	32829		nsaction ID : SE.4169 e of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type		03 31 2020
Name of Federal Candidate:		X Support	Office Sou	ght: X House District: 51
Vargas, Juan, , ,		Oppose	Pres	ident Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		750.00	Disbursem 2020	
Full Marsa of Davis			ı Dot	Other (specify)
Full Name of Payee PinPoint WebSolutions		∐ Memo	Item Date	e of Public Distribution/Dissemination
Mailing Address				03 31 2020
7179 Lake Carlisle Blvd			Amo	ount
City	State	Zip Code		750.00
Orlando	FL	32829	I	insaction ID : SE.4171 e of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type		03 / 03 / 2020
Name of Federal Candidate:		x Support	Office Sou	ght: 📕 House District:52
Peters, Scott, , ,		Oppose	Pres	ident Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	750.00	Disbursem 2020	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures				1500.00
42015-5-1				
(b) SUBTOTAL of Unitemized Independent Expenditu	res		• •	7 7 7
(c) TOTAL Independent Expenditures			•	
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			
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Signature		Date	e 06	19 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 24 OF 62 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item Date	of Public Distribution/Dissemination
Mailing Address				03 / 31 / 2020
7179 Lake Carlisle Blvd			Amo	punt
City	State	Zip Code		750.00
Orlando	FL	32829		nsaction ID : SE.4173 e of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type		03 / 31 / 2020
Name of Federal Candidate:		X Support	Office Sou	ght: X House District:07
Bera, Ami, , ,		Oppose	Pres	ident Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	, , ,	750.00	Disbursement 2020	ent For: Primary X General Other (specify) ▶
Full Name of Payer		□ Mama	Itaan Date	e of Public Distribution/Dissemination
Full Name of Payee PinPoint WebSolutions		∐ Memo	Item Date	M M / D D / Y Y Y Y
Mailing Address				03 31 2020
7179 Lake Carlisle Blvd			Amo	punt
City	State	Zip Code		750.00
Orlando	FL	32829		nsaction ID : SE.4175 e of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type		03 / 31 / 2020
Name of Federal Candidate:		x Support	Office Sou	ght: 🗶 House District:02
Neguse, Joe, , ,		Oppose	Pres	ident Senate State: CO
Calendar Year-To-Date Per Election for Office Sought	· · · · ·	750.00	Disburseme 2020	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures			· -	1500.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res			
				, , , , , , , , , , , , , , , , , , , ,
(c) TOTAL Independent Expenditures			•	
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			
Zullo, Christopher, , ,	Electronically Fil	[ed]	e 06	19 2020
Signature		Date	5 00	10 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 25 OF 62
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
TOGETHER WE THRIVE				FEC IDENTIFICATION NUMBER ▼
				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		Memo	Item D	ate of Public Distribution/Dissemination
PinPoint WebSolutions				03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			A	mount
City	State	Zip Code	— [750.00
Orlando	FL	32829		ransaction ID : SE.4177
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	l ming,	Category/ Type		ate of Disbursement or Obligation M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office C	ought: House District: 06
Crow, Jason, , ,		Support Oppose	Office S	ought: House District: OO esident Senate State: CO
Calendar Year-To-Date				ement For: Primary X General
Per Election for Office Sought	,	750.00	2020	Other (specify)
Full Name of Payee		☐ Memo	Item D	ate of Public Distribution/Dissemination
PinPoint WebSolutions				03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				03 31 2020
7 T70 Zallo Galliolo Biva			A	mount
City	State	Zip Code		750.00
Orlando	FL	32829		Transaction ID : SE.4180 ate of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Prograr Consulting, Staffing	nming,	Category/ Type		03 / 31 / 2020
Name of Federal Candidate:		x Support	Office S	ought: K House District: 05
Hayes, Jahana, , ,		Oppose	Pr	esident Senate State: CT
Calendar Year-To-Date		750.00		ement For: Primary X General
Per Election for Office Sought	7-1-1-7	730.00	2020	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			· • [1500.00
(1) 011070711 (11 ii i			Г	
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures			[
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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			
Zullo, Christopher, , ,	Electronically Fil	led1	M = M	/ D D / Y Y Y Y Y
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TEMIZED INDEPENDENT EXPENDITURES				PAGE 26 OF 62
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
				G 000022400
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M M / D D / Y Y Y Y
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item Date	of Public Distribution/Dissemination
PinPoint WebSolutions				03 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Amo	unt
		7: 0		
City	State	Zip Code 32829	Tron	750.00 saction ID : SE.4182
Orlando	FL FL	32029		of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type		03 / 31 / 2020
Name of Federal Candidate:		X Support	Office Soug	ht: X House District:
Blunt Rochester, Lisa, , ,		Oppose	Presid	dent Senate State: DC
Calendar Year-To-Date		750.00	Disburseme	ent For: Primary X General
Per Election for Office Sought	7-1-5	750.00	2020	Other (specify) ▶
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
PinPoint WebSolutions				M 03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			A	
			Amo	unt
City	State	Zip Code	<u> </u> _	750.00
Orlando	FL	32829		nsaction ID : SE.4184 of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type		M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		x Support	Office Soug	ht: K House District: 01
Case, Ed, , ,		Oppose	Presid	dent Senate State: HI
Calendar Year-To-Date		750.00	Disburseme	ent For: Primary X General
Per Election for Office Sought	7 7	750.00	2020	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	;			1500.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res			
(c) TOTAL Independent Expenditures			•	
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	•		•
Zullo, Christopher, , ,	[Electronically Fil	ledl –	M = M /	D D / Y Y Y Y Y
Signature		Date	€ 06	19 2020

TEMIZED INDEPENDENT EXPENDITURES			PAGE 27 OF 62 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE			C C00522458
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Date of Public Distribution/Dissemination
PinPoint WebSolutions			03 31 2020
Mailing Address 7179 Lake Carlisle Blvd			Amount
City	State	Zip Code	750.00
Orlando	FL	32829	Transaction ID : SE.4186 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type	03 / 31 / 2020
Name of Federal Candidate:		Support	Office Sought: House District: 01
Fulcher, Russ, , ,		× Oppose	President Senate State: ID
Calendar Year-To-Date Per Election for Office Sought		750.00	Disbursement For: Primary General 2020
	1 1		Other (specify) ▶
Full Name of Payee PinPoint WebSolutions		☐ Memo	M M / D D / Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			03 31 2020 Amount
City	State	Zip Code	750.00
Orlando	FL	32829	Transaction ID : SE.4188 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type	03 / 31 / 2020
Name of Federal Candidate:		x Support	Office Sought: House District: 10
Schneider, Brad, , ,		Oppose	President Senate State: IL
Calendar Year-To-Date Per Election for Office Sought	7 7	750.00	Disbursement For: ☐ Primary X General 2020 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			1500.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		
(c) TOTAL Independent Expenditures			•
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		
Zullo, Christopher, , ,	[Electronically Fi	led1 -	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	omeany I'u	Date	re 06 19 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 28 OF 62
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
				G 000022400
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item Da	ate of Public Distribution/Dissemination
PinPoint WebSolutions				03 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Ar	nount
City	State	Zip Code	<u> —</u> г	750.00
Orlando	FL	32829	Ti	ransaction ID : SE.4190
Purpose of Expenditure			Da	ate of Disbursement or Obligation
Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type		03 / 31 / 2020
Name of Federal Candidate:		x Support	Office So	ought: House District: 14
Underwood, Lauren, , ,		Oppose	Pre	esident Senate State: IL
Calendar Year-To-Date		750.00		ment For: Primary X General
Per Election for Office Sought	7 7	730.00	2020	Other (specify) ▶
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item Da	ate of Public Distribution/Dissemination
FILIPOINT WEDSOIDTIONS				03 / 31 / 2020
Mailing Address 7179 Lake Carlisle Blvd				mount
			Al	nount
City	State	Zip Code	ļ	750.00
Orlando	FL	32829		ransaction ID : SE.4192 ate of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type		03 / 31 / 2020
Name of Federal Candidate:		x Support	Office So	ought: X House District: 04
Garcia, Jesus, , ,		Oppose	Pre	esident Senate State: IL
Calendar Year-To-Date		750.00		ment For: Primary X General
Per Election for Office Sought	7 7	750.00	2020	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			, г	1500.00
(-,				
(b) SUBTOTAL of Unitemized Independent Expenditu	res		. •	
(c) TOTAL Independent Expenditures			•	
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			
Zullo, Christopher, , ,	[Electronically Fil	led1 –	M = M	/ D D / Y Y Y Y Y
Signature		Date	e 06	19 2020

PAGE 29 OF 62 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 Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee PinPoint WebSolutions 03 31 2020 Mailing Address 7179 Lake Carlisle Blvd Amount City State Zip Code 750.00 FL 32829 Transaction ID: SE.4194 Orlando Date of Disbursement or Obligation Purpose of Expenditure Category/ Design, Advertising, Marketing, Research, Programming, 03 31 2020 Type Consulting, Staffing Name of Federal Candidate: 06 **X** Support Office Sought: **✗** House District: Casten, Sean, , , ΙL Oppose President State: Senate Disbursement For: Primary **X** General Calendar Year-To-Date 750.00 2020 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item PinPoint WebSolutions 2020 31 03 Mailing Address 7179 Lake Carlisle Blvd Amount 750.00 City State Zip Code Orlando Transaction ID: SE.4196 FL 32829 Date of Disbursement or Obligation Purpose of Expenditure Category/ Design, Advertising, Marketing, Research, Programming, 31 2020 03 Type Consulting, Staffing Name of Federal Candidate: 80 x Support Office Sought: **✗** House District: Krishnamoorthi, Raja, , , IL Oppose President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 750.00 2020 Per Election for Office Sought Other (specify) ▶ 1500.00 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Zullo, Christopher,,, [Electronically Filed] 19 2020 Date Signature

TEMIZED INDEFENDENT EXPENDITORES				PAGE 30 OF 62
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
TOGETHER WE THRIVE				FEC IDENTIFICATION NUMBER ▼
				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
PinPoint WebSolutions				03 / 31 / 2020
Mailing Address 7179 Lake Carlisle Blvd			An	nount
City	State	Zip Code	— I	750.00
Orlando	FL	32829	I .	ansaction ID : SE.4198 ate of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Programs Consulting, Staffing	ming,	Category/ Type		03 31 2020
Name of Federal Candidate:		X Support	Office So	ought: K House District:03
Banks, Jim, , ,		Oppose		esident Senate State: IN
Calendar Year-To-Date Per Election for Office Sought	7 1 7	750.00	Disburser 2020	ment For: Primary
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
PinPoint WebSolutions				03 31 7 2020
Mailing Address 7179 Lake Carlisle Blvd			An	nount
City	State	Zip Code		750.00
Orlando	FL	32829		ransaction ID : SE.4200 ate of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Progran Consulting, Staffing	nming,	Category/ Type		03 / 31 / 2020
Name of Federal Candidate:		✗ Support	Office So	ought: X House District:04
Baird, Jim, , ,		Oppose		esident Senate State: IN
Calendar Year-To-Date Per Election for Office Sought		750.00	Disburser	ment For: Primary Seneral
Tot Election for Office Godgitt	7 7			Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	i			1500.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res			
(b) 332 10 1A2 of Grittering 200 interpretability Experience				7
(c) TOTAL Independent Expenditures			•	
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	•		•
Zullo, Christopher, , ,	[Electronically Fil	led] Date	e 06	19 2020
Signature		_ Date	, ,,,	لحنتحا لحجا

TEMIZED INDEPENDENT EXPENDITURES				PAGE 31 OF 62 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
PinPoint WebSolutions				03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Amo	ount
City	State	Zip Code	$ \Gamma$	750.00
Orlando	FL	32829		nsaction ID : SE.4202 e of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office Sou	ght: X House District: 06
Pence, Greg, , ,		Oppose	Pres	ident Senate State: IN
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	750.00	Disbursem 2020	, ,
Full Name of Payer		□ Marra	Itama Date	Other (specify) ►e of Public Distribution/Dissemination
Full Name of Payee PinPoint WebSolutions		∐ Memo	item Date	M M / D D / Y Y Y Y
Mailing Address				03 31 2020
7179 Lake Carlisle Blvd			Amo	punt
City	State	Zip Code		750.00
Orlando	FL	32829		nsaction ID : SE.4204 e of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type		03 / 03 / 2020
Name of Federal Candidate:		x Support	Office Sou	ght: 🗶 House District:09
Hollingsworth, Trey, , ,		Oppose	Pres	ident Senate State: IN
Calendar Year-To-Date Per Election for Office Sought	T T	750.00	Disbursem 2020	ent For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			[1500.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· -	
(c) TOTAL Independent Expenditures			•	
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			
Zullo, Christopher, , ,	Electronically Fil	led1 -	M = M	/ D D / Y Y Y Y Y
Signature		Date	e 06	19 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 32 OF 62 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item Date	e of Public Distribution/Dissemination
Mailing Address				03 / 31 / 2020
7179 Lake Carlisle Blvd			Amo	ount
City	State	Zip Code		750.00
Orlando	FL	32829		nsaction ID : SE.4206 e of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type		03 31 2020
Name of Federal Candidate:		X Support	Office Sou	ght: X House District:02
Golden, Jared, , ,		Oppose	Pres	ident Senate State: ME
Calendar Year-To-Date Per Election for Office Sought		750.00	Disbursem 2020	, .
				Other (specify)
Full Name of Payee PinPoint WebSolutions		∐ Memo	Item Date	e of Public Distribution/Dissemination
Mailing Address				03 31 2020
7179 Lake Carlisle Blvd			Amo	bunt
City	State	Zip Code		750.00
Orlando	FL	32829		insaction ID : SE.4208 e of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type		03 / 31 / 2020
Name of Federal Candidate:		✗ Support	Office Sou	ght: 🗶 House District: 06
Trone, David, , ,		Oppose	Pres	ident Senate State: MD
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	750.00	Disbursem 2020	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures				1500.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	<u></u>
(c) TOTAL Independent Expenditures			• -	
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			
Zullo, Christopher, , ,	Electronically Fil	'ed1 -	M = M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	e 06	19 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 33 OF 62 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
PinPoint WebSolutions				03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Amo	
City	State	Zip Code	$ \Gamma$	750.00
Orlando	FL	32829		nsaction ID : SE.4210 e of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Programs Consulting, Staffing	ming,	Category/ Type		03 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sou	ght: X House District:03
Trahan, Lori, , ,		Oppose	Pres	ident Senate State: MA
Calendar Year-To-Date Per Election for Office Sought		750.00	Disbursem	ent For: Primary Seneral
	7 7			Other (specify) ▶
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item Date	e of Public Distribution/Dissemination
				03 31 2020
Mailing Address 7179 Lake Carlisle Blvd			Amo	punt
City	State	Zip Code		750.00
Orlando	FL	32829	I	nsaction ID : SE.4212 e of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type		03 / 31 / 2020
Name of Federal Candidate:		✗ Support	Office Sou	ght: 🗶 House District:07
Pressley, Ayanna, , ,		Oppose	Pres	ident Senate State: MA
Calendar Year-To-Date Per Election for Office Sought	T T	750.00	Disburseme 2020	ent For: Primary X General Other (specify) ▶
•				
(a) SUBTOTAL of Itemized Independent Expenditures				1500.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		· • L	
(c) TOTAL Independent Expenditures			• [
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			
Zullo, Christopher, , ,	Electronically Fil	'ed1 -	M = M	/ D D / Y Y Y Y
Signature	Licenomeany I'll	_ Date	e 06	19 2020

TEMIZED INDEPENDENT EXPENDITURES	;			PAGE 34 OF 62 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	"M / D "D / Y "Y "Y "Y
5 11 11 15			ı. Data	of Dublic Distribution/Discossingtion
Full Name of Payee PinPoint WebSolutions		Memo		of Public Distribution/Dissemination
Mailing Address 7179 Lake Carlisle Blvd			Amou	
City	State	Zip Code	— r	750.00
Orlando	FL	32829		saction ID : SE.4214 of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type		03 31 2020
Name of Federal Candidate:		X Support	Office Soug	ht: X House District: 11
Stevens, Haley, , ,		Oppose	Presid	ent Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	7	750.00	Disbursement 2020	nt For:
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
PinPoint WebSolutions		_	Г	M M / D D / Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				03 31 2020
7179 Lake Calliste Divu			Amou	ınt
City	State	Zip Code	— Г.	750.00
Orlando	FL	32829		saction ID : SE.4216 of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	mming,	Category/ Type		03 / 31 / 2020
Name of Federal Candidate:		x Support	Office Soug	ht: 🗶 House District:13
Tlaib, Rashida, , ,		Oppose	Presid	ent Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		750.00	Disbursement 2020	nt For: Primary 🗶 General
Total Election for Small Stagent	7 7			Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	S		· [1500.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		•	
(c) TOTAL Independent Expenditures			•	7
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			
Zullo, Christopher, , ,	[Electronically Fil	ed]	M M /	19 2020
Signature		_ Date	9 06	.5 2020

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 Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee PinPoint WebSolutions 03 31 2020 Mailing Address 7179 Lake Carlisle Blvd Amount City State Zip Code 750.00 FL 32829 Transaction ID: SE.4218 Orlando Date of Disbursement or Obligation Purpose of Expenditure Category/ Design, Advertising, Marketing, Research, Programming, 03 31 2020 Type Consulting, Staffing Name of Federal Candidate: 80 **X** Support Office Sought: **✗** House District: Slotkin, Elissa, , , Oppose ΜI President State: Senate Disbursement For: Primary **X** General Calendar Year-To-Date 750.00 2020 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item PinPoint WebSolutions 2020 31 03 Mailing Address 7179 Lake Carlisle Blvd Amount 750.00 City State Zip Code Orlando Transaction ID: SE.4220 FL 32829 Date of Disbursement or Obligation Purpose of Expenditure Category/ Design, Advertising, Marketing, Research, Programming, 31 2020 03 Type Consulting, Staffing Name of Federal Candidate: 09 x Support Office Sought: **X** House District: Levin, Andy, , , MΙ Oppose President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 750.00 2020 Per Election for Office Sought Other (specify) ▶ 1500.00 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Zullo, Christopher,,, [Electronically Filed] 19 2020 Date Signature

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OF

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TEMIZED INDEPENDENT EXPENDITURES				PAGE 36 OF 62 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	n M = M / D = D / Y = Y = Y
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address 7179 Lake Carlisle Blvd				03 31 2020
				Amount
City	State	Zip Code		750.00
Orlando	FL	32829	I	Transaction ID : SE.4222 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Programme Consulting, Staffing	ming,	Category/ Type		03
Name of Federal Candidate:		X Support	Office	Sought: House District: 02
Craig, Angie, , ,		Oppose	F	President Senate State: MN
Calendar Year-To-Date Per Election for Office Sought		750.00	Disburs	sement For: Primary General
Tot Election to Since Sought	7			Other (specify) ▶
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address 7179 Lake Carlisle Blvd				03 31 2020 Amount
City	State	Zip Code		750.00
Orlando	FL	32829		Transaction ID : SE.4224 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type		03 / 31 / 2020
Name of Federal Candidate:		x Support	Office	Sought: House District: 03
Phillips, Dean, , ,		Oppose	F	President Senate State: MN
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	750.00	Disburs 2020	sement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				1500.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res			
(c) TOTAL Independent Expenditures			• •	
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			
Zullo, Christopher, , ,	Flootronicall. E	lad1	M = 7	
Signature	Electronically Fil	eaj Date	e 06	19 2020

TEMIZED INDEPENDENT EXPENDITURES			PAGE 37 OF 62 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE	C C00522458		
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item Date of Public Distribution/Dissemination
Mailing Address 7470 Lake Carliala Phys			03 31 2020
7179 Lake Carlisle Blvd			Amount
City	State	Zip Code	750.00
Orlando	FL	32829	Transaction ID : SE.4227 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Programm Consulting, Staffing	ming,	Category/ Type	03 / 31 / 2020
Name of Federal Candidate:		X Support	Office Sought: House District: 05
Omar, Ilhan, , ,		Oppose	President Senate State: MN
Calendar Year-To-Date			Disbursement For: Primary K General
Per Election for Office Sought	7	750.00	2020 ☐ Other (specify) ▶
Full Name of Payee		☐ Memo	Item Date of Public Distribution/Dissemination
PinPoint WebSolutions			M M / D D / Y Y Y
Mailing Address 7179 Lake Carlisle Blvd	03 31 2020		
7179 Lake Calliste Bivu			Amount
City	State	Zip Code	750.00
Orlando	FL	32829	Transaction ID : SE.4231 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type	03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sought: House District:
Gianforte, Greg, , ,		x Oppose	President Senate State: MT
Calendar Year-To-Date			Disbursement For: Primary X General
Per Election for Office Sought	7 7	750.00	2020 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			. 1500.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•
(c) TOTAL Independent Expenditures			>
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		
Zullo, Christopher, , ,	Electronically Fil	led1	M = M / D = D / Y = Y = Y
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TEMIZED INDEPENDENT EXPENDITURES				PAGE 38 OF 62 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				
				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee		Memo	Item Date	e of Public Distribution/Dissemination
PinPoint WebSolutions				03 31 2020
Mailing Address 7179 Lake Carlisle Blvd			Amo	punt
City	State	Zip Code		750.00
Orlando	FL	32829		nsaction ID : SE.4233 e of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Programs Consulting, Staffing	ming,	Category/ Type		03 31 2020
Name of Federal Candidate:		✗ Support	Office Sou	ght: X House District: 01
Titus, Dina, , ,		Oppose	Pres	ident Senate State: NV
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	750.00	Disbursement 2020	ent For: Primary X General Other (specify) ▶
Full Name of Payee		Memo	Item Date	e of Public Distribution/Dissemination
PinPoint WebSolutions				M M / D D / Y Y Y Y
Mailing Address 7470 Lake Codials Blod				03 31 2020
7179 Lake Carlisle Blvd			Amo	punt
City	State	Zip Code	-	750.00
Orlando	FL	32829	I	nsaction ID : SE.4235 e of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Progran Consulting, Staffing	nming,	Category/ Type		03 / 31 / 2020
Name of Federal Candidate:		x Support	Office Sou	ght: 🗶 House District:03
Lee, Susie, , ,		Oppose	Pres	ident Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		750.00	Disbursem	ent For: Primary X General
Per Election for Office Sought	7 7		2020	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			• [1500.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		· • [
(c) TOTAL Independent Expenditures			•	
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			
Zullo, Christopher, , ,	Electronically Es	lad]	M = M	/ D D / Y Y Y Y Y
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TEMIZED INDEPENDENT EXPENDITURES				PAGE 39 OF 62 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
			N	1 M / D D / Y Y Y Y
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Full Name of Payee PinPoint WebSolutions		☐ Memo	itom _	of Public Distribution/Dissemination
Mailing Address 7179 Lake Carlisle Blvd			Amou	03 31 2020
City	State	Zip Code		750.00
Orlando	FL	32829		saction ID : SE.4237 of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	iming,	Category/ Type		03 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Soug	ht: X House District: 04
Horsford, Steven, , ,		Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	7 1 7	750.00	Disburseme 2020	nt For:
Full Name of Payee		☐ Memo		of Public Distribution/Dissemination
PinPoint WebSolutions			lг	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Amou	
			Alliot	
City Orlando	State FL	Zip Code 32829		750.00 saction ID : SE.4239
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	mming,	Category/ Type		of Disbursement or Obligation M 03 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		x Support	Office Soug	ht: X House District: 01
Pappas, Chris, , ,		Oppose	Presid	dent Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	7	750.00	Disburseme 2020	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures	3		· • [1500.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures			•	. , ,
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized			
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Signature		Date	9 06	19 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 40 OF 62 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Dat	e of Public Distribution/Dissemination
PinPoint WebSolutions				03 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Ame	ount
City	State	Zip Code		750.00
Orlando	FL	32829	Tra Dat	nsaction ID : SE.4241 e of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Programn Consulting, Staffing	ning,	Category/ Type		03 / 03 / 2020
Name of Federal Candidate:		X Support	Office Sou	ight: 🗶 House District:02
Kuster, Annie, , ,		Oppose	Pres	sident Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		750.00	Disbursem 2020	ent For: ☐ Primary X General Other (specify) ▶
Full Name of Payee		☐ Memo	Item Dat	e of Public Distribution/Dissemination
PinPoint WebSolutions				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Amo	punt
City	State	Zip Code		750.00
Orlando	FL	32829		ansaction ID : SE.4243 e of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type		03 / 03 / 2020
Name of Federal Candidate:		x Support	Office Sou	ight: 🗶 House District:10
Payne Jr., Donald, , ,		Oppose	Pres	sident Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought	, ,	750.00	Disbursem 2020	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures.				1500.00
(b) SUBTOTAL of Unitemized Independent Expenditure	3S		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidar party committee) any political party committee or its a	te or authorized			
Zullo, Christopher, , , [1	Electronically File	[ed]	e 06	19 2020
Signature		Date	5 00	10 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 41 OF 62
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
				G 000022400
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
PinPoint WebSolutions				03 31 2020
Mailing Address 7179 Lake Carlisle Blvd			Amo	nunt
	1			
City	State	Zip Code		750.00
Orlando	FL	32829		nsaction ID : SE.4245 e of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type		03 / 31 / 2020
Name of Federal Candidate:		X Support	Office Sou	ght: X House District: 11
Sherrill, Mikie, , ,		Oppose	Pres	ident Senate State: NJ
Calendar Year-To-Date		750.00	Disburseme	ent For: Primary X General
Per Election for Office Sought	7-1-5	750.00	2020	Other (specify)
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
PinPoint WebSolutions				03
Mailing Address 7179 Lake Carlisle Blvd			A	
			Amo	ount
City	State	Zip Code		750.00
Orlando	FL	32829		nsaction ID : SE.4247 e of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type		03 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sou	ght: House District: 02
Van Drew, Jeff, , ,		x Oppose	Pres	ident Senate State: NJ
Calendar Year-To-Date		750.00	Disburseme	ent For: Primary X General
Per Election for Office Sought	7 7	750.00	2020	Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	\$			1500.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· -	
(c) TOTAL Independent Expenditures			•	
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	•		•
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Signature		Date	e 06	19 2020

PAGE 42 OF 62 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 Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee PinPoint WebSolutions 03 31 2020 Mailing Address 7179 Lake Carlisle Blvd Amount City State Zip Code 750.00 FL 32829 Transaction ID: SE.4249 Orlando Date of Disbursement or Obligation Purpose of Expenditure Category/ Design, Advertising, Marketing, Research, Programming, 03 31 2020 Type Consulting, Staffing Name of Federal Candidate: 03 **X** Support Office Sought: **✗** House District: Kim, Andrew, , , NJ Oppose President State: Senate Disbursement For: Primary **X** General Calendar Year-To-Date 750.00 2020 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item PinPoint WebSolutions 2020 31 03 Mailing Address 7179 Lake Carlisle Blvd Amount 750.00 City State Zip Code Transaction ID: SE.4251 Orlando FL 32829 Date of Disbursement or Obligation Purpose of Expenditure Category/ Design, Advertising, Marketing, Research, Programming, 31 2020 03 Type Consulting, Staffing Name of Federal Candidate: 07 x Support Office Sought: **✗** House District: Malinowski, Tom, , , NJ Oppose President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 750.00 2020 Per Election for Office Sought Other (specify) ▶ 1500.00 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Zullo, Christopher,,, [Electronically Filed] 19 2020 Date Signature

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 Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee PinPoint WebSolutions 03 31 2020 Mailing Address 7179 Lake Carlisle Blvd Amount City State Zip Code 750.00 FL 32829 Transaction ID: SE.4253 Orlando Date of Disbursement or Obligation Purpose of Expenditure Category/ Design, Advertising, Marketing, Research, Programming, 03 31 2020 Type Consulting, Staffing Name of Federal Candidate: 09 **X** Support Office Sought: **✗** House District: Pascrell, Bill, , , NJ Oppose President State: Senate Disbursement For: Primary **X** General Calendar Year-To-Date 750.00 2020 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item PinPoint WebSolutions 2020 31 03 Mailing Address 7179 Lake Carlisle Blvd Amount 750.00 City State Zip Code Transaction ID: SE.4255 Orlando FL 32829 Date of Disbursement or Obligation Purpose of Expenditure Category/ Design, Advertising, Marketing, Research, Programming, 31 2020 03 Type Consulting, Staffing Name of Federal Candidate: 01 x Support Office Sought: **✗** House District: Haaland, Debra, , , NM Oppose President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 750.00 2020 Per Election for Office Sought Other (specify) ▶ 1500.00 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Zullo, Christopher,,, [Electronically Filed] 19 2020 Date Signature

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TEMIZED INDEPENDENT EXPENDITURES				PAGE 44 OF 62 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				
				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	"M / D "D / Y "Y "Y "Y
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
PinPoint WebSolutions			Г	03 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Amou	
City	State	Zip Code	— r	750.00
Orlando	FL	32829		saction ID : SE.4257 of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type		03 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office Sough	nt: X House District: 02
Torres Small, Xochitl, , ,		Oppose	Presid	
Calendar Year-To-Date		750.00	Disbursemer	nt For: Primary X General
Per Election for Office Sought	7-1-7-	700.00	2020	Other (specify)
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item Date	of Public Distribution/Dissemination
PinPoint WebSolutions				03 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Amou	int
			Allioc	
City	State	Zip Code		750.00 saction ID : SE.4259
Orlando	FL	32829		of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Prograr Consulting, Staffing	nming,	Category/ Type		03 / 31 / 2020
Name of Federal Candidate:		x Support	Office Sough	nt: K House District: 10
Nadler, Jerrold, , ,		Oppose	Presid	ent Senate State: NY
Calendar Year-To-Date		75000	Disburseme	nt For: Primary 🗶 General
Per Election for Office Sought	7-1-1-5-	750.00	2020	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			•	1500.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures				
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			
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TEMIZED INDEPENDENT EXPENDITURES	5			PAGE 45 OF 62
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
TOGETHER WE THRIVE				FEC IDENTIFICATION NUMBER ▼
				C C00522458
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
PinPoint WebSolutions				03 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Amo	ount
City	State	Zip Code		750.00
Orlando	FL	32829	Tra	nsaction ID : SE.4263
	'	02020		e of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Prograr Consulting, Staffing	nming,	Category/ Type		03 / 31 / Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sou	ght: 🗶 House District: 11
Rose, Max, , ,		Oppose	Pres	ident Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	7 1 7	750.00	Disbursem 2020	ent For: Primary General Other (specify) ▶
Full Name of Payee		Memo	Item Date	e of Public Distribution/Dissemination
PinPoint WebSolutions				M M / D D / Y Y Y Y
Mailing Address				03 31 2020
7179 Lake Carlisle Blvd			Amo	ount
City	State	Zip Code	— F	750.00
Orlando	FL	32829		insaction ID : SE.4265 e of Disbursement or Obligation
Purpose of Expenditure		Category/		M M / D D / Y Y Y
Design, Advertising, Marketing, Research, Progra Consulting, Staffing	amming,	Type		03 31 2020
Name of Federal Candidate:		🗶 Support	Office Sou	ght: 🗶 House District: 12
Maloney, Carolyn B., , ,		Oppose	Pres	ident Senate State: NY
Calendar Year-To-Date		750.00	Disbursem	ent For: Primary 🗶 General
Per Election for Office Sought	7 7	750.00	2020	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	s		· -	1500.00
(b) SUBTOTAL of Unitemized Independent Expendit	ures		•	
(c) TOTAL Independent Expenditures			•	
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	date or authorized	•		•
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Signature	[Electronically Fi	Date Date	9 06	19 2020
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TEMIZED INDEPENDENT EXPENDITURES				PAGE 46 OF 62
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
				C 000322400
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Da	te of Public Distribution/Dissemination
PinPoint WebSolutions				03 / 31 / 2020
Mailing Address 7179 Lake Carlisle Blvd			Am	ount
City	State	Zip Code	—г	750.00
Orlando	FL	32829	Tra	Insaction ID : SE.4267
Purpose of Expenditure			Da ⁻	e of Disbursement or Obligation
Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type		03 / 31 / 2020
Name of Federal Candidate:		x Support	Office So	ught: X House District: 15
Serrano, Jose, , ,		Oppose	Pre	sident Senate State: NY
Calendar Year-To-Date		750.00	Disbursen	nent For: Primary Seneral
Per Election for Office Sought	7 7	730.00	2020	Other (specify) ▶
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item Da	te of Public Distribution/Dissemination
FILIPOINT WEDSOIDTIONS				03 31 7 2020
Mailing Address 7179 Lake Carlisle Blvd			Λ	ount
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City	State	Zip Code		750.00
Orlando	FL	32829		ansaction ID : SE.4269 te of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type		03 / 31 / 2020
Name of Federal Candidate:		x Support	Office So	ught: 🗶 House District: 16
Engel, Eliot, , ,		Oppose	Pre	sident Senate State: NY
Calendar Year-To-Date		750.00	Disbursen	nent For: Primary K General
Per Election for Office Sought	7 7	750.00	2020	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	j			1500.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		. •	
(c) TOTAL Independent Expenditures			•	
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	•		·
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TEMIZED INDEPENDENT EXPENDITURES				PAGE 47 OF 62 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	n M " M
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address 7179 Lake Carlisle Blvd				03 31 2020
				Amount
City	State	Zip Code		750.00
Orlando	FL	32829	I	Transaction ID : SE.4272 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Programme Consulting, Staffing	ming,	Category/ Type		03 31 7 2020
Name of Federal Candidate:		X Support	Office	Sought: X House District: 17
Lowey, Nita, , ,		Oppose	F	President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		750.00	Disburs	sement For: Primary Seneral
	1			Other (specify) ▶
Full Name of Payee PinPoint WebSolutions		Memo	Item	Date of Public Distribution/Dissemination 03 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				03 31 2020 Amount
City	State	Zip Code		750.00
Orlando	FL	32829		Transaction ID : SE.4274 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type		03 / 31 / 2020
Name of Federal Candidate:		x Support	Office	Sought: House District: 18
Maloney, Sean, , ,		Oppose	F	President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		750.00	Disburs 2020	sement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				1500.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res			
(c) TOTAL Independent Expenditures			[
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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			
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Signature	Electronically Fil	eaj Date	e 06	19 2020

PAGE 48 OF 62 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 Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee PinPoint WebSolutions 03 31 2020 Mailing Address 7179 Lake Carlisle Blvd Amount City State Zip Code 750.00 FL 32829 Transaction ID: SE.4276 Orlando Date of Disbursement or Obligation Purpose of Expenditure Category/ Design, Advertising, Marketing, Research, Programming, 03 31 2020 Type Consulting, Staffing Name of Federal Candidate: 19 **X** Support Office Sought: **✗** House District: Delgado, Antonio, , , NY Oppose President State: Senate Disbursement For: Primary **X** General Calendar Year-To-Date 750.00 2020 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item PinPoint WebSolutions 2020 31 03 Mailing Address 7179 Lake Carlisle Blvd Amount 750.00 City State Zip Code Orlando Transaction ID: SE.4278 FL 32829 Date of Disbursement or Obligation Purpose of Expenditure Category/ Design, Advertising, Marketing, Research, Programming, 31 2020 03 Type Consulting, Staffing Name of Federal Candidate: 20 x Support Office Sought: **X** House District: Tonko, Paul, , , NY Oppose President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 750.00 2020 Per Election for Office Sought Other (specify) ▶ 1500.00 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Zullo, Christopher,,, [Electronically Filed] 19 2020 Date Signature

TEMIZED INDEPENDENT EXPENDITURES	3			PAGE 49 OF 62
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
TOGETHER WE THRIVE				FEC IDENTIFICATION NUMBER ▼
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Full Name of Payee		☐ Memo	Item Dat	te of Public Distribution/Dissemination
PinPoint WebSolutions				03 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Am	ount
City	State	Zin Codo	— г	750.00
City		Zip Code 32829	Tree	750.00 Insaction ID : SE.4281
Orlando	FL	32029		te of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Progran Consulting, Staffing	nming,	Category/ Type		03 / 03 / 2020
Name of Federal Candidate:		✗ Support	Office Sou	ught: X House District: 22
Brindisi, Anthony, , ,		Oppose	Pres	sident Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	750.00	Disbursem 2020	nent For: Primary
Full Name of Payee		Memo	Item Dat	te of Public Distribution/Dissemination
PinPoint WebSolutions		IVICINO	item 2 at	M = M / D = D / Y = Y = Y
Mailing Address				03 31 2020
7179 Lake Carlisle Blvd			Am	ount
City	State	Zip Code	— Г	750.00
Orlando	FL	32829		ansaction ID : SE.4285 te of Disbursement or Obligation
Purpose of Expenditure		Category/		M M / D D / Y Y Y
Design, Advertising, Marketing, Research, Progra Consulting, Staffing	ımmıng,	Type		03 31 2020
Name of Federal Candidate:		🗶 Support	Office Sou	ught: 🗶 House District:25
Morelle, Joseph, , ,		Oppose	Pres	sident Senate State: NY
Calendar Year-To-Date		750.00	Disbursem	nent For: Primary 🗶 General
Per Election for Office Sought	7 1 7	750.00	2020	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	s			1500.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		. •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorized	•		· · · · · · · · · · · · · · · · · · ·
Zullo, Christopher, , ,	[Electronicall. E	ladi	M = M	/ D D / Y T Y T Y
Signature	[Electronically Fi	Date Date	9 06	19 2020

PAGE 50 OF 62 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 Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee PinPoint WebSolutions 03 31 2020 Mailing Address 7179 Lake Carlisle Blvd Amount City State Zip Code 750.00 FL 32829 Transaction ID: SE.4288 Orlando Date of Disbursement or Obligation Purpose of Expenditure Category/ Design, Advertising, Marketing, Research, Programming, 03 31 2020 Type Consulting, Staffing Name of Federal Candidate: 03 Support Office Sought: **✗** House District: NC Murphy, Gregory, , , Oppose President State: Senate Disbursement For: Primary **X** General Calendar Year-To-Date 750.00 2020 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item PinPoint WebSolutions 2020 31 03 Mailing Address 7179 Lake Carlisle Blvd Amount 750.00 City State Zip Code Orlando Transaction ID: SE.4290 FL 32829 Date of Disbursement or Obligation Purpose of Expenditure Category/ Design, Advertising, Marketing, Research, Programming, 31 2020 03 Type Consulting, Staffing Name of Federal Candidate: 09 Support Office Sought: **X** House District: Bishop, Dan, , , NC X Oppose President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 750.00 2020 Per Election for Office Sought Other (specify) ▶ 1500.00 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Zullo, Christopher,,, [Electronically Filed] 19 2020 Date Signature

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 Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee PinPoint WebSolutions 03 31 2020 Mailing Address 7179 Lake Carlisle Blvd Amount City State Zip Code 750.00 FL 32829 Transaction ID: SE.4292 Orlando Date of Disbursement or Obligation Purpose of Expenditure Category/ Design, Advertising, Marketing, Research, Programming, 03 31 2020 Type Consulting, Staffing Name of Federal Candidate: Support Office Sought: **✗** House District: ND Armstrong, Kelly, , , Oppose President State: Senate Disbursement For: Primary **X** General Calendar Year-To-Date 750.00 2020 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item PinPoint WebSolutions 2020 31 03 Mailing Address 7179 Lake Carlisle Blvd Amount 750.00 City State Zip Code Orlando Transaction ID: SE.4294 FL 32829 Date of Disbursement or Obligation Purpose of Expenditure Category/ Design, Advertising, Marketing, Research, Programming, 31 2020 03 Type Consulting, Staffing Name of Federal Candidate: 16 Support Office Sought: **✗** House District: Gonzalez, Anthony, , , OH X Oppose President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 750.00 2020 Per Election for Office Sought Other (specify) ▶ 1500.00 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Zullo, Christopher,,, [Electronically Filed] 19 2020 Date Signature

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TEMIZED INDEPENDENT EXPENDITURES				PAGE 52 OF 62 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Dat	e of Public Distribution/Dissemination
PinPoint WebSolutions				03 / 31 / 2020
Mailing Address 7179 Lake Carlisle Blvd			Am	ount
City	State	Zip Code	$ \Gamma$	750.00
Orlando	FL	32829		insaction ID : SE.4296 ie of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type		03 31 2020
Name of Federal Candidate:		Support	Office Sou	ught: K House District: 01
Hern, Kevin, , ,		Oppose	Pres	sident Senate State: OK
Calendar Year-To-Date Per Election for Office Sought		750.00	Disbursem 2020	
Full Name of Payer		□ M	It a see Dot	Other (specify) ▶ te of Public Distribution/Dissemination
Full Name of Payee PinPoint WebSolutions		∐ Memo	item Dai	M M / D D / Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				03 31 2020
			Am	ount
City	State	Zip Code		750.00
Orlando	FL	32829	I	ansaction ID: SE.4298 e of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type		03 / 03 / 2020
Name of Federal Candidate:		Support	Office Sou	ught: X House District: 05
Horn, Kendra, , ,		x Oppose	Pres	sident Senate State: OK
Calendar Year-To-Date Per Election for Office Sought	7 1 7	750.00	Disbursem 2020	nent For: Primary ★ General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			. •	1500.00
(b) SUBTOTAL of Unitemized Independent Expenditu	es		• •	
(c) TOTAL Independent Expenditures			•	
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			
Zullo, Christopher, , ,	Electronically Fi	led1 –	M = M	/ D D / Y Y Y Y
Signature	T	Date	e 06	19 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 53 OF 62 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
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PinPoint WebSolutions				03 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Am	ount
City	State	Zip Code	-	750.00
Orlando	FL	32829		insaction ID : SE.4300 ie of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Programme Consulting, Staffing	ming,	Category/ Type		03 / 03 / 2020
Name of Federal Candidate:		X Support	Office Sou	ught: House District: 18
Doyle, Michael, , ,		Oppose	Pres	sident Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		750.00	Disbursem	nent For: Primary Seneral
Tot Election for Office Cought	7			Other (specify) ▶
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item Dat	e of Public Distribution/Dissemination
				03 31 2020
Mailing Address 7179 Lake Carlisle Blvd			Am	ount
City	State	Zip Code	$ \Gamma$	750.00
Orlando	FL	32829		ansaction ID : SE.4302 e of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type		03 / 03 / 2020
Name of Federal Candidate:		✗ Support	Office Sou	ught: X House District: 02
Boyle, Brendan, , ,		Oppose	Pres	sident Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	750.00	Disbursem 2020	nent For: ☐ Primary X General Other (specify) ▶
•				
(a) SUBTOTAL of Itemized Independent Expenditures				1500.00
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(b) SUBTOTAL of Unitemized Independent Expenditure	res		• •	
(c) TOTAL Independent Expenditures			•	
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			
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Signature		_ Date	e 06	19 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 54 OF 62 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
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				03 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Amo	punt
City	State	Zip Code	$\dashv \Box$	750.00
Orlando	FL	32829		nsaction ID : SE.4304 e of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type		03 / 03 / 2020
Name of Federal Candidate:		✗ Support	Office Sou	ght: House District:03
Evans, Dwight, , ,		Oppose	Pres	ident Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	7 7	750.00	Disbursem 2020	ent For: Primary X General Other (specify) ▶
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
PinPoint WebSolutions				03 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Amo	
City	State	Zip Code	— г	750.00
Orlando	FL	32829		Insaction ID : SE.4306 e of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type		03 / 31 / 2020
Name of Federal Candidate:		✗ Support	Office Sou	ght: X House District: 04
Dean, Madeleine, , ,		Oppose	Pres	ident Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	· · · · ·	750.00	Disbursem 2020	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures			· •	1500.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		. \Box	
(b) CODICINE OF CHIRCHIESE HEEPENGON EXPONENT				
(c) TOTAL Independent Expenditures			• [
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			
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Signature		Date	e 06	19 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 55 OF 62
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
				G GOODEZ-TOO
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Full Name of Payee PinPoint WebSolutions		☐ Memo	Item Dat	e of Public Distribution/Dissemination
PinPoint WebSolutions				03 / 31 / 2020
Mailing Address 7179 Lake Carlisle Blvd			Am	ount
O'h	04-4-	7:- 0-1-	— г	
City	State	Zip Code 32829	L	750.00 Insaction ID : SE.4309
Orlando	FL FL	32029		e of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type		03 / 31 / 2020
Name of Federal Candidate:		X Support	Office Sou	ught: House District: 05
Gay Scanlon, Mary, , ,		Oppose	Pres	sident Senate State: PA
Calendar Year-To-Date		750.00	Disbursem	nent For: Primary K General
Per Election for Office Sought	7-1-5	750.00	2020	Other (specify) ▶
Full Name of Payee		☐ Memo	Item Dat	e of Public Distribution/Dissemination
PinPoint WebSolutions				03 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				
			Am	ount
City	State	Zip Code		750.00
Orlando	FL	32829	I	ansaction ID : SE.4311 e of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type		03 / 03 / 2020
Name of Federal Candidate:		x Support	Office Sou	ught: 📕 House District:08
Cartwright, Matt, , ,		Oppose	Pres	sident Senate State: PA
Calendar Year-To-Date		750.00	Disbursem	nent For: Primary Seneral
Per Election for Office Sought	7 7	750.00	2020	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·			1500.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res			
(c) TOTAL Independent Expenditures			•	
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	•		•
Zullo, Christopher, , ,	[Electronically Fil	ledl –	M M	/ D D / Y Y Y Y
Signature		Date	e 06	19 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 56 OF 62 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item D	Date of Public Distribution/Dissemination
Mailing Address 7179 Lake Carlisle Blvd			Α	03 31 2020 mount
City	State	Zip Code		750.00
Orlando	FL	32829		Transaction ID : SE.4313 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Programme Consulting, Staffing	ming,	Category/ Type		03 31 / 2020
Name of Federal Candidate:		Support	Office S	Sought: K House District:
Johnson, Dusty, , ,		X Oppose	Pı	resident Senate State: SD
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	750.00	Disburse 2020	ement For:
Full Name of Payee		☐ Memo	Item D	Date of Public Distribution/Dissemination
PinPoint WebSolutions				03 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			А	mount
City	State	Zip Code		750.00
Orlando	FL	32829		Transaction ID : SE.4315 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type		03 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office S	Sought: House District: 02
Burchett, Tim, , ,		X Oppose	Pı	resident Senate State: TN
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	750.00	Disburse 2020	ement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures			. [1500.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•	
(c) TOTAL Independent Expenditures			•	
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			
Zullo, Christopher, , ,	[Electronically Fil	led] Date	M = M	19 2020
Signature		Date	9 06	13 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 57 OF 62 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee			Item Date	e of Public Distribution/Dissemination
PinPoint WebSolutions				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Amo	punt
City	State	Zip Code		750.00
Orlando	FL	32829		nsaction ID : SE.4317 e of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type		03 / 03 / 2020
Name of Federal Candidate:		Support	Office Sou	ght: X House District: 06
Rose, John, , ,		x Oppose	Pres	ident Senate State: TN
Calendar Year-To-Date Per Election for Office Sought	A 1 1 A	750.00	Disburseme	, ,
Full Name of Payee		Memo	Itom Date	Other (specify) ▶e of Public Distribution/Dissemination
PinPoint WebSolutions		□ IMEITIO	item batt	M M / D D / Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				03 31 2020
7179 Lake Callisie Bivu			Amo	punt
City	State	Zip Code		750.00
Orlando	FL	32829	I	nsaction ID : SE.4319 e of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type		03 / 31 / Y Y 2020
Name of Federal Candidate:		Support	Office Sou	ght: K House District: 07
Green, Mark, , ,		x Oppose	Pres	ident Senate State: TN
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	750.00	Disburseme 2020	ent For: Primary
•				
(a) SUBTOTAL of Itemized Independent Expenditures			· • []	1500.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· -	
(c) TOTAL Independent Expenditures			•	
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			
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TEMIZED INDEPENDENT EXPENDITURES				PAGE 58 OF 62 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M M / D D / Y Y Y Y
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item Date	of Public Distribution/Dissemination
				03 31 2020
Mailing Address 7179 Lake Carlisle Blvd			Amo	unt
City	State	Zip Code		750.00
Orlando	FL	32829	Tran Date	saction ID : SE.4321 of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Programm Consulting, Staffing	ning,	Category/ Type		03 / 31 / Y Y Y Y Y 3
Name of Federal Candidate:		Support	Office Soug	ght: K House District: 03
Curtis, John, , ,		x Oppose	Presi	dent Senate State: UT
Calendar Year-To-Date Per Election for Office Sought	7 7	750.00	Disburseme 2020	ent For: Primary X General Other (specify) ►
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
PinPoint WebSolutions		_		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			I	00 01 2020
			Amo	unt
City	State	Zip Code		750.00
Orlando	FL	32829		nsaction ID : SE.4323 of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ıming,	Category/ Type		03 / 31 / 2020
Name of Federal Candidate:		x Support	Office Soug	ght: 🗶 House District:04
McAdams, Ben, , ,		Oppose	Presi	dent Senate State: UT
Calendar Year-To-Date		750.00	Disburseme	ent For: Primary Seneral
Per Election for Office Sought	7		2020	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			•	1500.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es		· •	
(c) TOTAL Independent Expenditures			· [
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
Zullo, Christopher, , ,	Electronically Fil	ed1 -	M = M /	10 / Y Y Y Y Y
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TEMIZED INDEPENDENT EXPENDITURES				PAGE 59 OF 62
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
TOGETHER WE THRIVE				FEC IDENTIFICATION NUMBER ▼
				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		Memo	Item D	ate of Public Distribution/Dissemination
PinPoint WebSolutions				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Ai	mount
City	State	Zip Code	— I	750.00
Orlando	FL	32829		ransaction ID : SE.4325
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type		ate of Disbursement or Obligation M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office So	ought: X House District: 10
Wexton, Jennifer, , ,		Oppose		esident Senate State: VA
Calendar Year-To-Date			Disburse	ement For: Primary X General
Per Election for Office Sought	7 7	750.00	2020	Other (specify) ▶
Full Name of Payee		☐ Memo	Item D	ate of Public Distribution/Dissemination
PinPoint WebSolutions				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				
			A	mount
City	State	Zip Code		750.00
Orlando	FL	32829		Transaction ID : SE.4327 ate of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Prograr Consulting, Staffing	nming,	Category/ Type		03 / 31 / 2020
Name of Federal Candidate:		x Support	Office S	ought: X House District: 02
Luria, Elaine, , ,		Oppose	Pr	esident Senate State: VA
Calendar Year-To-Date		750.00		ement For: Primary General
Per Election for Office Sought	7 7	766.66	2020	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			· •	1500.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		, г	
(b) GOD TO TALE OF OTHER MIZE OF THE PROPERTY EXPONENT				
(c) TOTAL Independent Expenditures			•	
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			
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TEMIZED INDEPENDENT EXPENDITURES				PAGE 60 OF 62
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
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PinPoint WebSolutions				03 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Amo	ount
City	State	Zip Code		750.00
Orlando	FL	32829		nsaction ID : SE.4329 e of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Programs Consulting, Staffing	ming,	Category/ Type		03 / 03 / 2020
Name of Federal Candidate:		X Support	Office Sou	ght: House District: 07
Spanberger, Abigail, , ,		Oppose	Pres	ident Senate State: VA
Calendar Year-To-Date Per Election for Office Sought	7 7	750.00	Disburseme 2020	ent For:
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
PinPoint WebSolutions				03 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Amo	ount
City	State	Zip Code	— г	750.00
Orlando	FL	32829	I	Insaction ID : SE.4331 e of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type		03 / 31 / 2020
Name of Federal Candidate:		✗ Support	Office Sou	ght: House District: 08
Schrier, Kim, , ,		Oppose	Pres	ident Senate State: WA
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	750.00	Disburseme 2020	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures			• <u></u>	1500.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		· -	
(c) TOTAL Independent Expenditures			•	
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	•		
Zullo, Christopher, , ,	[Electronically Fil	[ed]	M M	/ 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	9 06	10 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 61 OF 62
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				
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Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
PinPoint WebSolutions				03 31 2020
Mailing Address 7179 Lake Carlisle Blvd			Amo	punt
City	State	Zip Code	-	750.00
Orlando	FL	32829		nsaction ID : SE.4333
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type		03 / 31 / 2020
Name of Federal Candidate:		X Support	Office Sou	ght: K House District: 03
Miller, Carol, , ,		Oppose	Presi	dent Senate State: WV
Calendar Year-To-Date Per Election for Office Sought	<u></u>	750.00	Disburseme 2020	ent For: Primary X General Other (specify) ▶
Full Name of Payee		Memo	l _	e of Public Distribution/Dissemination
PinPoint WebSolutions		_		M M / D D / Y Y Y Y
Mailing Address				03 31 2020
7179 Lake Carlisle Blvd			Amo	punt
City	State	Zip Code	-	750.00
Orlando	FL	32829		nsaction ID : SE.4347 e of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type		03 / 03 / 2020
Name of Federal Candidate:		✗ Support	Office Sou	ght: K House District: 33
Lieu, Ted, , ,		Oppose	Presi	dent Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		750.00	Disburseme	ent For: Primary 🗶 General
Per Election for Office Sought	7 7		2020	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures			· [1500.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· • [
(c) TOTAL Independent Expenditures			•	
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			
Zullo, Christopher, , ,	[Flootronicall. F:1	led1	M = M	
Signature	[Electronically Fil	Date	e 06	19 2020

TEMIZED INDEPENDENT EXPENDITURES	8		PAGE 62 OF 62	
NAME OF COMMITTEE (In Full)			FOR LINE 24 OF FORM FEC IDENTIFICATION NUMBER	
TOGETHER WE THRIVE				
			C C00522458	_
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on M M / D D / Y Y Y Y	Y
Full Name of Payee		☐ Memo	o Item Date of Public Distribution/Dissemination	1
PinPoint WebSolutions			03 31 2020	Y
Mailing Address 7179 Lake Carlisle Blvd			Amount	
City	State	Zip Code	307.57	
Orlando	FL	32829	Transaction ID : SE.4349 Date of Disbursement or Obligation	
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type	03 / 31 / 2020	Y
Name of Federal Candidate:		✗ Support	Office Sought: House District: 28	
Schiff, Adam, , ,		Oppose	President Senate State: CA	<u>\</u>
Calendar Year-To-Date Per Election for Office Sought	7 7	307.57	Disbursement For: ☐ Primary X Gene 2020 ☐ Other (specify) ►	ral
Full Name of Payee		Memo	<u> </u>	<u> </u>
·		_	M M / D D / Y Y Y	Υ
Mailing Address				Ш
			Amount	
City	State	Zip Code		
			Date of Disbursement or Obligation	
Purpose of Expenditure		Category/ Type	M M / D D / Y Y Y	Y
Name of Federal Candidate:		Support	Office Sought: House District:	
		Oppose	President Senate State:	
Calendar Year-To-Date			Disbursement For: Primary Gene	ral
Per Election for Office Sought	7-1-1-7-		Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditure				
(b) SUBTOTAL of Uniternized Independent Expendite	ures			_
(c) TOTAL Independent Expenditures			·· > 76687.57	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorized			
Zullo, Christopher, , ,	[Electronically Fi		M = M / D = D / Y = Y = Y	
		1.41	te 06 19 2020	