PAGE 1 / 69

1

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Other Tha	an An Authorize	d Committee		Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT		ample: If typing, typer the lines.	12FE4N	M5
TOGETHER WE	ΓHRIVE				1
ADDRESS (number and stre	eet) 3433 Lithia Pin	ecrest Road			
▼ Check if different	STE 198				
than previously reported. (ACC)	VALRICO			FL	33596
2. FEC IDENTIFICATION	ON NUMBER ▼	CITY A		STATE ▲	ZIP CODE ▲
C C00522458		3. IS THIS REPORT	NEW (N)		AMENDED A)
4. TYPE OF REPOR (Choose One) (a) Quarterly Reports	Report Due On:	Feb 20 (M2)	H		g 20 (M8) Nov 20 (M11) (Non-Election Year Only) p 20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15		Apr 20 (M4)	Jul 20	(M7) Oc	t 20 (M10) Jan 31 (YE)
Quarterly Re July 15	(C) 12-D	Day E-Election	Primary (12P)	Genera	Runoff (12R)
Quarterly Re October 15	port (Q2)	ort for the:	Convention (12C)	Specia	(12S)
Quarterly Re January 31 Year-End Re		Election on	M M / D) / Y Y Y Y	in the State of
July 31 Mid- Report (Non- Year Only) (I	election (d) 90°E MY) POS	Day ST-Election ort for the:	General (30G)	Runoff	(30R) Special (30S)
Termination I (TER)	Report	Election on	M = M / D =		in the State of
5. Covering Period	07 01	2018	through	09 30	2018
I certify that I have exami Type or Print Name of Tre	Zullo, Christop		wledge and belief	it is true, correct a	nd complete.
Signature of Treasurer	Zullo, Christopher, , ,		[Electronically Filed]	Date 05	M / D D / Y Y Y Y Y Y 2019
NOTE: Submission of false,	erroneous, or incomple	ete information may s	ubject the person sig	gning this Report to	the penalties of 52 U.S.C. § 30109
Office Use Only					FEC 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		
R	Report Covering the Period: From:	07 01 2018	To: 09 30 / 2018
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2018		0.00
	(b) Cash on Hand at Beginning of Reporting Period	- 13339.64	
	(c) Total Receipts (from Line 19)	25224.00	44444.86
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	11884.36	44444.86
7.	Total Disbursements (from Line 31)	23699.43	56259.93
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	- 11815.07	- 11815.07
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

TOGETHER WE THRIVE

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
ntributions (other than loans) From:	1	
Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	25199.00	44419.86
(ii) Unitemized	25.00	25.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	25224.00	4444.86
Political Party Committees	0.00	0.00
	7 7 7	7 1 1 7
	0.00	0.00
Total Contributions (add Lines		
•		
	25224.00	44444.86
ty Committees	0.00	0.00
Loans Received	0.00	0.00
a Danasamanta Basakand	0.00	0.00
	0.00	0.00
· · · · · · · · · · · · · · · · · · ·	0.00	0.00
	5.00	0.00
	0.00	0.00
	4 4	4 4
-	0.00	0.00
	0.00	4 4
	0.00	0.00
	492 492 482	4 4
Levin Funds (from Schedule H5)	0.00	0.00
Total Transfers (add 18(a) and 18(b))	0.00	0.00
	Than Political Committees (i) Itemized (use Schedule 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	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		5.1.5.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	4 4	
Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
Transfers to Affiliated/Other Party	4 4	
Committees Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures (use Schedule E)	23699.43	51979.30
Coordinated Party Expenditures (52 U.S.C. § 30116(d))	23099.43	51979.30
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other	4 4	
Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds	, , , , , ,	7 7
(add Lines 28(a), (b), and (c))	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)	0.00	4280.63
Federal Election Activity (52 U.S.C. § 30101(2 (a) Allocated Federal Election Activity (from Schedule H6)	0))	
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	0.00	3.00
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))	23699.43	56259.93
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	2222	
110111 LIIIC 31/	23699.43	56259.93

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) III. Net Contributions/

Operating Expenditures

(from Line 11(d), page 3)

(from Line 28(d)).....

(subtract Line 34 from Line 33)

(add Line 21(a)(i) and Line 21(b))▶

(from Line 15, page 3).....

(subtract Line 37 from Line 36)

33. Total Contributions (other than loans)

35. Net Contributions (other than loans)

36. Total Federal Operating Expenditures

37. Offsets to Operating Expenditures

38. Net Operating Expenditures

34. Total Contribution Refunds

Page 5 **COLUMN A** COLUMN B **Total This Period** Calendar Year-to-Date 25224.00 44444.86 0.00 0.00 44444.86 25224.00 0.00 0.00 0.00 0.00 0.00 0.00

	FOR LINE NUMBER:					PAGE		6	OF		69	
	(check only one)											
✗ 11a												
			13		14		15		16			17

	Statements may not be sold or used by any pers he name and address of any political committee to	
NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE		
Full Name of Individual (Last, First, Middle I Allen, MJ, , , Mailing Address 3164 WOOD City CAMBRIA FEC ID number of contributing federal political committee. Name of Employer (for Individual) SELF-EMPLOYED Receipt For: Primary General Other (specify) ▼	State Zip Code CA 93428 C Occupation (for Individual) ACCOUNTING SERVICES Aggregate Year-to-Date Aggregate Year-to-Date	Date of Receipt O7 27 2018 Transaction ID: SA11AI.4465 Amount of Each Receipt this Period 50.00 Memo Item
Full Name of Individual (Last, First, Middle I Allen, MJ, , , Mailing Address 3164 WOOD City CAMBRIA FEC ID number of contributing federal political committee. Name of Employer (for Individual) SELF-EMPLOYED Receipt For: Primary Other (specify) Other (specify)	State Zip Code CA 93428 C Occupation (for Individual) ACCOUNTING SERVICES Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name of Individual (Last, First, Middle I Ballard, Laurelei, , , Mailing Address 908 POST ROAD City WAKEFIELD FEC ID number of contributing federal political committee. Name of Employer (for Individual) SELF-EMPLOYED Receipt For: Primary General Other (specify)	State Zip Code RI 02879 C Occupation (for Individual) WRITER Aggregate Year-to-Date Aggregate Year-to-Date	Date of Receipt M 07
SUBTOTAL of Receipts This Page (optional)	>	504.00
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER:					PAGE	7	OF		69	
(0	(check only one)									
	X	11a		11b		11c	12	2		
		13		14		15	16	6		17

	Statements may not be sold or used by any pene name and address of any political committee	
NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE		
Full Name of Individual (Last, First, Middle II Ballard, Laurelei, , , Mailing Address 908 POST ROAD City WAKEFIELD FEC ID number of contributing federal political committee. Name of Employer (for Individual) SELF-EMPLOYED Receipt For: Primary Other (specify) General Other (specify)	or Full Organization Name State Zip Code 02879 C Occupation (for Individual) WRITER Aggregate Year-to-Date ▼	Date of Receipt M M M / 26 2018 Transaction ID: SA11AI.4472 Amount of Each Receipt this Period 200.00 Memo Item
Full Name of Individual (Last, First, Middle II Ballard, Laurelei, , , Mailing Address 908 POST ROAD City WAKEFIELD FEC ID number of contributing federal political committee. Name of Employer (for Individual) SELF-EMPLOYED Receipt For: Primary General Other (specify)	State Zip Code 02879 C Occupation (for Individual) WRITER Aggregate Year-to-Date	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name of Individual (Last, First, Middle II Ballard, Laurelei, , , Mailing Address 908 POST ROAD City WAKEFIELD FEC ID number of contributing federal political committee. Name of Employer (for Individual) SELF-EMPLOYED Receipt For: Primary General Other (specify)	State Zip Code RI 02879 C Occupation (for Individual) WRITER Aggregate Year-to-Date ▼	Date of Receipt M 08
SUBTOTAL of Receipts This Page (optional)	>	243.00
TOTAL This Period (last page this line numbe	er only)	

FOR LINE NUMBER:					PAGE		8	OF		69	
(check only one)											
X 11a 11b 11c 12											
		13		14		15		16	,		17

Annual information and the state of the stat	04-4			
or for commercial purposes, other than using the	Statements may not be sold or used by any perse e name and address of any political committee t			
NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE				
Full Name of Individual (Last, First, Middle In Barris, Robert, , , Mailing Address 14252 CULVER DR City	Date of Receipt 07 05 2018 Transaction ID : SA11AI.4475			
IRVINE FEC ID number of contributing federal political committee. Name of Employer (for Individual) NVIDIA Receipt For: Primary General Other (specify) ▼	Amount of Each Receipt this Period 25.00 Memo Item			
Full Name of Individual (Last, First, Middle In Barris, Robert, , , Mailing Address 14252 CULVER DR City IRVINE FEC ID number of contributing federal political committee. Name of Employer (for Individual) NVIDIA Receipt For: Primary General Other (specify)	State Zip Code CA 92780 ID number of contributing al political committee. Pe of Employer (for Individual) A C C Cocupation (for Individual) SW ENGINEER Pt For: Aggregate Year-to-Date ▼			
Full Name of Individual (Last, First, Middle In Barris, Robert, , , Mailing Address 14252 CULVER DR City IRVINE FEC ID number of contributing federal political committee. Name of Employer (for Individual) NVIDIA Receipt For: Primary General Other (specify)	State Zip Code CA 92780 C Occupation (for Individual) SW ENGINEER Aggregate Year-to-Date	Date of Receipt O7 27 2018 Transaction ID: SA11AI.4477 Amount of Each Receipt this Period 50.00 Memo Item		
SUBTOTAL of Receipts This Page (optional)	>	175.00		
TOTAL This Period (last page this line number	only)			

FOR LINE NUMBER:					PAGE	9	OF	69	
(check only one)									
	X	11a		11b		11c	12		
		13		14		15	16	,	17

	Statements may not be sold or used by any pene name and address of any political committee	
NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE		
Full Name of Individual (Last, First, Middle II Barris, Robert, , , Mailing Address 14252 CULVER DR City IRVINE FEC ID number of contributing federal political committee. Name of Employer (for Individual) NVIDIA Receipt For: Primary General Other (specify)	State Zip Code 92780 C Occupation (for Individual) SW ENGINEER Aggregate Year-to-Date Aggregate Year-to-Date	Date of Receipt O7 28 2018 Transaction ID: SA11AI.4478 Amount of Each Receipt this Period 250.00 Memo Item
Full Name of Individual (Last, First, Middle II Barris, Robert, , , Mailing Address 14252 CULVER DR City IRVINE FEC ID number of contributing federal political committee. Name of Employer (for Individual) NVIDIA Receipt For: Primary General Other (specify) Full Name of Individual (Last, First, Middle II	State Zip Code CA 92780 C Occupation (for Individual) SW ENGINEER Aggregate Year-to-Date	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City IRVINE FEC ID number of contributing federal political committee. Name of Employer (for Individual) NVIDIA Receipt For: Primary Other (specify)	State Zip Code CA 92780 C Occupation (for Individual) SW ENGINEER Aggregate Year-to-Date ▼	Date of Receipt M M M / 06 2018 Transaction ID: SA11Al.4480 Amount of Each Receipt this Period 100.00 Memo Item
SUBTOTAL of Receipts This Page (optional)	>	375.00
TOTAL This Period (last page this line numbe	r only)	

F	OR	LINE	NU	IMBER	:	PAGE	_ ′	10	OF	69
(che	ck only	or	ne)						
	X	11a		11b		11c		12		
		13		14		15		16		17

	I I	
	d Statements may not be sold or used by any pers the name and address of any political committee to	
NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE		
Full Name of Individual (Last, First, Middle Barris, Robert, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 14252 CULVER DR		08 25 2018
City IRVINE	State Zip Code CA 92780	Transaction ID : SA11Al.4481 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) NVIDIA	Occupation (for Individual) SW ENGINEER	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name of Individual (Last, First, Middle B. Barris, Robert, , , Mailing Address 14252 CULVER DR	Initial) or Full Organization Name	Date of Receipt
City IRVINE	State Zip Code CA 92780	08 27 2018 Transaction ID : SA11AI.4482 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) NVIDIA	Occupation (for Individual) SW ENGINEER	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name of Individual (Last, First, Middle C. Barris, Robert, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 14252 CULVER DR		08 / 28 / 2018
City IRVINE	State Zip Code CA 92780	Transaction ID : SA11AI.4483 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) NVIDIA	Occupation (for Individual) SW ENGINEER	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		400.00
TOTAL This Period (last page this line numb	er only)	

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

F	OR	LINE	NU	MBER	:	PAGE	•	11	OF	69	
(C	he	ck only	or	ie)							
	X	11a		11b		11c		12			
		13		14		15		16		17	

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 Barris, Robert, , , Date of Receipt Mailing Address 14252 CULVER DR 2018 30 City State Zip Code Transaction ID: SA11AI.4484 CA **IRVINE** 92780 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) **NVIDIA** SW ENGINEER Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ В.

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

Full Name of Individual (Last, First, Middle In Bridgetts, CATHERINE, , ,	nitial) or Full Organization Name	Date of Receipt					
Mailing Address 5247 SOUTH WALDEN CIRC	illing Address 5247 SOUTH WALDEN CIRCLE						
City	State Zip Code	Transaction ID : SA11AI.4485					
CENTENNIAL	CO 80015	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	200.00						
Name of Employer (for Individual) SIH	Occupation (for Individual) PHYSICIAN	Memo Item					
Receipt For: Primary General Other (specify) ▼							
Full Name of Individual (Last, First, Middle In Bridgetts, CATHERINE, , ,	Date of Receipt						
Mailing Address 5247 SOUTH WALDEN CIRC	lailing Address 5247 SOUTH WALDEN CIRCLE						

C. 14 Zip Code City State Transaction ID: SA11AI.4488 CO CENTENNIAL 80015 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **PHYSICIAN** SIH Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify)

SUBTOTAL of Receipts This Page (optional)						 			
TOTAL This Period (last page this line number only)	SUBTOTAL of Receipts This Page (optional)		,		,		300.0	00	
	TOTAL This Period (last page this line number only)	_	 T	 _					

F	OR	LINE	NU	MBER	:	PAGE	: ′	12	OF	69	
(0	che	ck only	or	ne)							
	×	11a		11b		11c		12			
		13		14		15		16		17	

			person for the purpose of soliciting contributions tee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE							
Full Name of Individual (Last, First, Middle I BRODERICK, PATRICIA , , , Mailing Address 59 EAST KISSIMEE ROAD City	Initial) or Full Orga	anization Name	Date of Receipt 07 13 2018 Transaction ID: SA11AI.4489				
LINDENHURT	NY	11757	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		700.00				
Name of Employer (for Individual) GRAMERCY GROUP		ation (for Individual) IATOR	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼					
Full Name of Individual (Last, First, Middle I Contributions, Unitemized, , , Mailing Address	Initial) or Full Orga	anization Name	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	ty State Zip Code						
FEC ID number of contributing federal political committee.	Amount of Each Receipt this Period 18957.00						
Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item Small Donors				
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 25927.86					
Full Name of Individual (Last, First, Middle I	Initial) or Full Orga	anization Name	Date of Receipt				
Mailing Address 39 WHITE OAK ROAD			07 28 2018				
City Waban	State ME	Zip Code 02468	Transaction ID : SA11AI.4491 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		100.00				
Name of Employer (for Individual) Not-Employed	Occupa	ation (for Individual)	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼					
SUBTOTAL of Receipts This Page (optional)			19757.00				
TOTAL This Period (last page this line number	er only)						

F	OR	LINE	NU	MBER	:	PAGE	·	13	OF	69
(0	che	ck only	or	ıe)						
	X	11a		11b		11c		12		
		13		14		15		16		17

		or used by any person for the purpose of soliciting contributions political committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE		
Full Name of Individual (Last, First, Middle In FLECK, STEPHANIE, , , Mailing Address 39 WHITE OAK ROAD City Waban FEC ID number of contributing federal political committee.	State Zip Code 02468	Date of Receipt 08 28 2018 Transaction ID: SA11AI.4492 Amount of Each Receipt this Period
Name of Employer (for Individual) Not-Employed Receipt For: Primary General Other (specify) ▼	Occupation (for India	
Full Name of Individual (Last, First, Middle II FLECK, STEPHANIE, , , Mailing Address 39 WHITE OAK ROAD City	State Zip Code	Date of Receipt M
Waban FEC ID number of contributing federal political committee. Name of Employer (for Individual) Not-Employed	C Occupation (for Indi	Amount of Each Receipt this Period 100.00 Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name of Individual (Last, First, Middle In GOLDBERG, MARGARET, , , Mailing Address 172 CHESTNUT ST City CAMBRIDGE FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify)	State Zip Code MA 02139 C Occupation (for Indiv	Date of Receipt M
SUBTOTAL of Receipts This Page (optional)		300.00
TOTAL This Period (last page this line number	r only)	

_		NUMBER	:	PAGE	14	OF	69
(ch	eck only	one)					
X	1 1a	11b	1	11c	12		
	13	14	1	15	16	;	17

		or used by any person for the purpose of soliciting contributions political committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE		
Full Name of Individual (Last, First, Middle GOLDBERG, MARGARET, , , Mailing Address 172 CHESTNUT ST	Initial) or Full Organization Nan	Date of Receipt
Maining Address 172 CHESTINGT ST		08 09 2018
City	State Zip Code	Transaction ID : SA11AI.4495
CAMBRIDGE	MA 02139	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual)	Occupation (for Indi	ividual) Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name of Individual (Last, First, Middle HILLES, STEPHEN , , , Mailing Address 5 BERGEN AVENUE	Initial) or Full Organization Nan	Date of Receipt
211		09 28 2018
City HAMPTON BAYS	State Zip Code NY 11946	Transaction ID : SA11AI.4496
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer (for Individual) THE HOG FARM LLC	Occupation (for Indi	lividual) Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name of Individual (Last, First, Middle Hillhouse, James, , ,	Initial) or Full Organization Nan	me Date of Receipt
Mailing Address 1901 MCCALL ROAD		07 16 7 Y = Y = Y = Y
City AUSTIN	State Zip Code 78703	Transaction ID : SA11AI.4498
-	17. 10103	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Indi	ividual) Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		1600.00
TOTAL This Period (last page this line numb	er only)	

Name of Employer (for Individual)

L3 TECHNOLOGIES

Use separate schedule(s) (check only one Detailed Summary Page

F	FOR	LINE	NU	IMBER	:	PAGE	•	15	OF	69
(che	ck only	or	ne)						
	X	11a		11b		11c		12		
		13		14		15		16		17

Memo Item

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 LINDBURG, EILEEN, , , Date of Receipt Mailing Address 1205 FOSTER STREET 2018 City State Zip Code Transaction ID: SA11AI.4500 IN SOUTH BEND 46617 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) Self-Employed Owner Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MASK, LONNIE, , , Date of Receipt Mailing Address 1564 ENGLEWOOD DRIVE 07 2018 City State Zip Code Transaction ID: SA11AI.4501 **ROCKWALL** TX 75032 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee.

Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼			
Full Name of Individual (Last, First, Middle C. MASK, LONNIE, , , , Mailing Address 1564 ENGLEWOOD DRIV	/E		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City ROCKWALL FEC ID number of contributing federal political committee.	State TX	Zip Code 75032	Transaction ID : SA11AI.4503 Amount of Each Receipt this Period 50.00		
Name of Employer (for Individual) L3 TECHNOLOGIES Receipt For: Primary General Other (specify)		ation (for Individual) WARE ENGINEER ear-to-Date ▼	Memo Item		
OUDTOTAL of Descripts This Daws (autional)			200.00		

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

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

Occupation (for Individual)

SOFTWARE ENGINEER

7 - - -

FOR LINE NUMBER: PAGE 16 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

69

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 MASK, LONNIE,,,, Date of Receipt Mailing Address 1564 ENGLEWOOD DRIVE 2018 City Zip Code State Transaction ID: SA11AI.4504 TX **ROCKWALL** 75032 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) SOFTWARE ENGINEER L3 TECHNOLOGIES Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Musgrove, Donna, , , Date of Receipt Mailing Address 3707 324TH ST NW 07 2018 City State Zip Code Transaction ID: SA11AI.4505 **STANWOOD** WA 98292 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WASHINGTON STATE FINANCIAL SERVICE SPECIALIST Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Musgrove, Donna, , , Date of Receipt Mailing Address 3707 324TH ST NW 24 2018 City Zip Code State Transaction ID: SA11AI.4507 WA **STANWOOD** 98292 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) WASHINGTON STATE FINANCIAL SERVICE SPECIALIST Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 100.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

7 7

F	TOTT EITHE TOMBETT.					PAGE	•	17	OF		69
(check only one)											
	X	11a	11c		12						
		13		14		15		16	;		17

	Statements may not be sold or used by any persone name and address of any political committee to					
NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE						
Full Name of Individual (Last, First, Middle In Musgrove, Donna, , ,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 3707 324TH ST NW	08 25 2018					
City STANWOOD	State Zip Code WA 98292	Transaction ID : SA11AI.4508 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	25.00				
Name of Employer (for Individual) WASHINGTON STATE Receipt For:	Occupation (for Individual) FINANCIAL SERVICE SPECIALIST	Memo Item				
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼					
Full Name of Individual (Last, First, Middle In Musgrove, Donna, , , Mailing Address 3707 324TH ST NW	nitial) or Full Organization Name	Date of Receipt 09 24 2018				
City STANWOOD	State Zip Code WA 98292	Transaction ID : SA11AI.4509 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	25.00				
Name of Employer (for Individual) WASHINGTON STATE	Occupation (for Individual) FINANCIAL SERVICE SPECIALIST	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼					
Full Name of Individual (Last, First, Middle In Musgrove, Donna, , ,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 3707 324TH ST NW	State 7in Code	09 25 2018				
City STANWOOD	State Zip Code WA 98292	Transaction ID : SA11AI.4510 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	25.00				
Name of Employer (for Individual) WASHINGTON STATE Receipt For:	Memo Item					
Primary General Other (specify)	Aggregate Year-to-Date ▼					
SUBTOTAL of Receipts This Page (optional)	•	75.00				
TOTAL This Period (last page this line number	r only)					

FOR LINE NUMBER:						PAGE	: ′	18	OF		69
(check only one)											
	×	11a		11b		11c		12			
		13		14		15		16	;		17

		<u> </u>					
	Statements may not be sold or used by any pers e name and address of any political committee to						
NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE							
Full Name of Individual (Last, First, Middle In PHILLIPS, RICHARD,,,,	itial) or Full Organization Name	Date of Receipt					
Mailing Address 910 M ST NW, APT 512	07 28 2018						
City WASHINGTON	State Zip Code DC 20001	Transaction ID : SA11AI.4511 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer (for Individual) US TREASURY	Occupation (for Individual) SENIOR ANALYST	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼						
Full Name of Individual (Last, First, Middle In SLATER, JOHN, , , Mailing Address 130 7TH AVE NO 208, NO 20		Date of Receipt 09 28 2018					
City NEW YORK	State Zip Code NY 10011	Transaction ID : SA11AI.4516 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	225.00					
Name of Employer (for Individual) NOT EMPLOYED	Occupation (for Individual) NOT EMPLOYED	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼						
Full Name of Individual (Last, First, Middle In	itial) or Full Organization Name	Date of Receipt					
Mailing Address 324 HATHAWAY LANE	[7], O. I	07 13 2018					
City WYNNEWOOD	State Zip Code PA 19096	Transaction ID : SA11AI.4513 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	100.00					
Name of Employer (for Individual) SELF-EMPLOYED	Memo Item						
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼						
SUBTOTAL of Receipts This Page (optional)	>	575.00					
TOTAL This Period (last page this line number	only)						

FOR LINE NUMBER: PAGE 19 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

69

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 TERI, SIMON WALTERS, , , Date of Receipt Mailing Address 324 HATHAWAY LANE 15 2018 City Zip Code State Transaction ID: SA11AI.4515 PA WYNNEWOOD 19096 Amount of Each Receipt this Period FEC ID number of contributing C 275.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **ATTORNEY** SELF-EMPLOYED Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. WALKER, MARY,,, Date of Receipt Mailing Address 1322 WEST SELBY LANE 2018 City State Zip Code Transaction ID: SA11AI.4520 REDWOOD CITY CA 94061 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) SELF-EMPLOYMENT **SELF-EMPLOYMENT** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. WARREN, LEAH, , , Date of Receipt Mailing Address 7500 39TH AVE NE 12 2018 City Zip Code State Transaction ID: SA11AI.4522 WA **SEATTLE** 98115 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) MERCANTA LTD **REGIONAL MANAGER** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 545.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

7

					PAGE	2	20 (OF	69		
	(check only one)										
		X	11a		11b		11c		12		
			13		14		15		16		17

	Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.									
	NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE									
A.	Mailing Address 7500 39TH AVE NE City SEATTLE FEC ID number of contributing federal political committee. Name of Employer (for Individual) MERCANTA LTD Receipt For: Primary General Other (specify) ▼	State WA C Occup REG Aggregate V	Zip Code 98115 pation (for Individual) IONAL MANAGER Year-to-Date ▼	Date of Receipt 08 21 2018 Transaction ID: SA11AI.4524 Amount of Each Receipt this Period 25.00 Memo Item						
В.	Full Name of Individual (Last, First, Middle Initial WARREN, LEAH , , , , Mailing Address 7500 39TH AVE NE City SEATTLE FEC ID number of contributing federal political committee. Name of Employer (for Individual) MERCANTA LTD Receipt For: Primary General Other (specify) ▼	State WA C Occu REG Aggregate	Zip Code 98115 pation (for Individual) BIONAL MANAGER Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
C.	Full Name of Individual (Last, First, Middle Initial Mailing Address City FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify)	State C C Coccu	ganization Name Zip Code pation (for Individual) Year-to-Date ▼	Date of Receipt Amount of Each Receipt this Period Memo Item						
H	SUBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number or			50.00 25199.00						

TEMIZED INDEPENDENT EXPENDITURES				PAGE 21 OF 69
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 repo	ort Amends repo	ort filed o	n M " M
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Facebook Inc.			NOIII	09 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 HACKER WAY			,	Amount
City	State	Zip Code		216.43
MENLO PARK	CA	94025		Transaction ID : SE.4543 Date of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/ Type		07 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office \$	Sought: X House District: 12
O'Connor, Danny, , ,		Oppose	F	President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought	7 1 7	400.00	Disburs 2018	ement For: Primary
Full Name of Payee		☐ Memo	Item I	Date of Public Distribution/Dissemination
Facebook Inc.				09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 HACKER WAY				Amount
City	State	7:n Code		113.00
City MENLO PARK	CA	Zip Code 94025		Transaction ID : SE.4546 Date of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/ Type		07 D D D 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
Kirpatrick, Ann, , ,		Oppose	F	President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought	1 1	0.00	Disburs 2018	ement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	i		. [329.43
(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	ledl -	M = N	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	e 05	03 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 22 OF 69
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 repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Facebook Inc.				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 HACKER WAY			Amo	unt
City	State	Zip Code		15.00
MENLO PARK	CA	94025		saction ID : SE.4547 of Disbursement or Obligation
Purpose of Expenditure Advertising	I	Category/ Type		07
Name of Federal Candidate:		✗ Support	Office Soug	aht: X House District: 06
Crow, Jason, , ,		Oppose	Presi	dent Senate State: CO
Calendar Year-To-Date Per Election for Office Sought	7	0.00	Disburseme	ent For: Primary X General Other (specify) ▶
Full Name of Payee		☐ Memo	<u> </u>	of Public Distribution/Dissemination
Facebook Inc.				M M / D D / Y Y Y Y
Mailing Address 1 HACKER WAY			_	09 30 2018
THACKER WAT			Amo	unt
City	State	Zip Code		15.00
MENLO PARK	CA	94025		nsaction ID : SE.4549 of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<u> </u>		Туре		07 01 2010
Name of Federal Candidate:		x Support	Office Soug	
Finkenauer, Abby, , ,		Oppose	Presi	dent Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		0.00	Disburseme	
Tel Election for Office Sought	7 7		2010	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures				30.00
(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	adl	M = M /	D D / Y Y Y Y Y
Signature	ысы опишц Г П	_ Date	9 05	03 2019

				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 of Public Distribution/Dissemination
Facebook Inc.				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 HACKER WAY				09 30 2018
				Amount
City	State	Zip Code		15.00
MENLO PARK	CA	94025		Transaction ID : SE.4551 Date of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/ Type		07 01 / 2018
Name of Federal Candidate:		X Support	Office	Sought: X House District: 11
Stevens, Haley, , ,		Oppose		President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	, , ,	0.00	Disbu 2018	rsement For: Primary X General Other (specify) ▶
Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination
Facebook Inc.				09 30 / Y Y Y Y Y Y Y
Mailing Address 1 HACKER WAY				09 30 2018
THACKER WAT				Amount
City	State	Zip Code		15.00
MENLO PARK	CA	94025		Transaction ID : SE.4553 Date of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/		M M / D D / Y Y Y Y
Advertising		Type		07 01 2018
Name of Federal Candidate:		x Support	Office	Sought: House District: 02
Craig, Angie, , ,		Oppose		President Senate State: MN
Calendar Year-To-Date		0.00		rsement For: Primary 🗶 General
Per Election for Office Sought	7 7	0.00	2018	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			. •	30.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es		. •	
(c) TOTAL Independent Expenditures				
(4) 12 112 1120 1121 1121 1121			. •	
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidate 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 0:	5 03 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 24 OF 69
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 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
Facebook Inc.				09 / 30 / 2018
Mailing Address 1 HACKER WAY			Am	ount
City	State	Zip Code		15.00
MENLO PARK	CA	94025		nsaction ID : SE.4555 e of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/ Type		07 01 / 2018
Name of Federal Candidate:		✗ Support	Office Sou	ight: X House District:03
Phillips, Dean, , ,		Oppose	Pres	sident Senate State: MN
Calendar Year-To-Date Per Election for Office Sought	7 7	0.00	Disbursem 2018	nent For:
Full Name of Payee		☐ Memo	Item Dat	e of Public Distribution/Dissemination
Facebook Inc.				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 HACKER WAY			Am	ount
011	10	T 0 1	— г	45.00
City MENLO PARK	State	Zip Code 94025		15.00 ansaction ID : SE.4558
Purpose of Expenditure		Category/	Dat	e of Disbursement or Obligation
Advertising		Type		07 01 2018
Name of Federal Candidate:		x Support	Office Sou	ight: X House District: 11
Sherrill, Mike, , ,		Oppose	Pres	sident Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursem	,
y di zissilan isi eliist eegin	7 7			Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			• 	30.00
(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	•		· · · · · · · · · · · · · · · · · · ·
Zullo, Christopher, , ,	Electronically Fil	ed] Date	e 05	03 2019
Signature	-	_ Date	, 00	2010

TEMIZED INDEPENDENT EXPENDITURES				PAGE 25 OF 69 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	of Public Distribution/Dissemination
Facebook Inc.			[M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 HACKER WAY			Amo	unt
City	State	Zip Code		15.00
MENLO PARK	CA	94025		saction ID : SE.4560 of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/ Type		07 01 / 2018
Name of Federal Candidate:		✗ Support	Office Soug	ght: X House District: 02
Luria, Elaine, , ,		Oppose	Presi	dent Senate State: VA
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	0.00	Disburseme	ent For: Primary X General Other (specify) ▶
Full Name of Payee		☐ Memo	<u> </u>	of Public Distribution/Dissemination
Facebook Inc.				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 HACKER WAY			_ '	09 30 2010
			Amo	unt
City	State	Zip Code		15.00
MENLO PARK	CA	94025		nsaction ID : SE.4562 of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<u> </u>		Туре		07 01 2510
Name of Federal Candidate:		x Support	Office Soug	
Wexton, Jennifer, , ,		Oppose	Presi	dent Senate State: VA
Calendar Year-To-Date		0.00	Disburseme	ent For: Primary Seneral
Per Election for Office Sought	7 1 7		2010	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			.	30.00
(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	ed1	M = M /	D D / Y Y Y Y Y
Signature	ысы опишц Г П	_ Date	9 05	03 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 26 OF 69 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	of Public Distribution/Dissemination
Facebook Inc.				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 HACKER WAY			Amo	unt
City	State	Zip Code		15.00
MENLO PARK	CA	94025		nsaction ID : SE.4564 of Disbursement or Obligation
Purpose of Expenditure Advertising	'	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 Soug	ght: X House District: 01
Feehan, Dan, , ,		Oppose	Presi	dent Senate State: MN
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	0.00	Disburseme	ent For: Primary X General Other (specify) ▶
Full Name of Payee		Memo	<u> </u>	of Public Distribution/Dissemination
Facebook Inc.				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 HACKER WAY				09 30 2018
THOREN WAT			Amo	unt
City	State	Zip Code		15.00
MENLO PARK	CA	94025		nsaction ID : SE.4566 of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<u> </u>		Type		07 01 2010
Name of Federal Candidate:		x Support	Office Sou	
McAdams, Ben, , ,		Oppose	Presi	dent Senate State: UT
Calendar Year-To-Date		0.00	Disburseme	ent For: Primary Seneral
Per Election for Office Sought	7-1-1-5		2010	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			· [30.00
(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 Y Y
Signature	<u> Биси опишну</u> Г н	_ Date	e 05	03 2019

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 Full Name of Payee Date of Public Distribution/Dissemination Facebook Inc. 09 30 2018 Mailing Address 1 HACKER WAY Amount State Zip Code 15.00 City 94025 Transaction ID: SE.4568 **MENLO PARK** CA Date of Disbursement or Obligation Purpose of Expenditure Category/ Advertising 07 01 2018 Type Name of Federal Candidate: 26 **X** Support Office Sought: **X** House District: Mucarsel-Powell, Debbie, , , FL Oppose President State: Senate Disbursement For: Primary **X** General Calendar Year-To-Date 0.00 2018 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item Facebook Inc. 2018 30 Mailing Address 1 HACKER WAY Amount 15.00 City State Zip Code **MENLO PARK** Transaction ID: SE.4570 CA 94025 Date of Disbursement or Obligation Purpose of Expenditure Category/ Advertising 01 2018 07 Type Name of Federal Candidate: 27 x Support Office Sought: **X** House District: Shalala, Donna, , , FL Oppose President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 0.00 2018 Per Election for Office Sought Other (specify) ▶ 30.00 (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] 05 03 2019 Date Signature

PAGE

27

OF

69

TEMIZED INDEPENDENT EXPENDITURES				PAGE 28 OF 69
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 repo	ort Amends repo	ort filed o	n M = M / D = D / Y = Y = Y
Full Name of Payee Facebook Inc.		☐ Memo	Item	Date of Public Distribution/Dissemination 09 09 09 09 09
Mailing Address 1 HACKER WAY				Amount
City	State	Zip Code		15.00
MENLO PARK	CA	94025		Transaction ID : SE.4572 Date of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/ Type		07 01 2018
Name of Federal Candidate:		X Support	Office	Sought: House District: 03
Axne, Cindy, , ,		Oppose	F	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	0.00	Disburs 2018	sement For: Primary
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Facebook Inc.				09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 HACKER WAY				Amount
		I =		
City MENLO PARK	State	Zip Code 94025		15.00 Transaction ID : SE.4574
Purpose of Expenditure		Category/	_	Date of Disbursement or Obligation
Advertising		Type		07 01 2018
Name of Federal Candidate:		x Support	Office	Sought: House District:07
Davis, Paul, , ,		Oppose	F	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	77	0.00	Disburs 2018	sement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	÷			30.00
(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 File	edl -	M	M / D D / Y Y Y Y Y
Signature		Date	e 05	03 2019

TEMIZED INDEPENDENT EXPENDITURE	S			PAGE 29 OF 69
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 repo	ort Amends repo	ort filed or	M M / D D / Y Y Y Y Y
Full Name of Payee		Memo	Item [Date of Public Distribution/Dissemination
Facebook Inc.				09 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 HACKER WAY			1	Amount
City	State	Zip Code		15.00
MENLO PARK	CA	94025		Transaction ID : SE.4576 Date of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/ Type		07 01 / 2018
Name of Federal Candidate:		X Support	Office S	Sought: K House District: 06
McGrath, Amy, , ,		Oppose	P	resident Senate State: KY
Calendar Year-To-Date Per Election for Office Sought		0.00	Disburs 2018	ement For: ☐ Primary X General Other (specify) ▶
Full Name of Payee		☐ Memo	Item [Date of Public Distribution/Dissemination
Facebook Inc.				09 30 7 2018
Mailing Address 1 HACKER WAY				Amount
	Ta:	T =		
City MENLO PARK	State	Zip Code 94025		15.00 Transaction ID : SE.4580
Purpose of Expenditure		Category/		Date of Disbursement or Obligation
Advertising		Type	4	07 01 2018
Name of Federal Candidate:		✗ Support	Office S	Sought: X House District: 02
Golden, Jared, , ,		Oppose	P	resident Senate State: ME
Calendar Year-To-Date Per Election for Office Sought		0.00	Disburs 2018	ement For: ☐ Primary X General Other (specify) ▶
•				
(a) SUBTOTAL of Itemized Independent Expenditure	res		. •	30.00
(b) SUBTOTAL of Unitemized Independent Expend	litures			
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any cancer party committee) any political party committee or	didate or authorized	•		•
Zullo, Christopher, , ,	[Electronically Fil	led1 -	M	/ D D / Y Y Y Y
Signature		Date	e 05	03 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 30 OF 69
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 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
Facebook Inc.				09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 HACKER WAY			Amo	ount
City	State	Zip Code	$ \Gamma$	15.00
MENLO PARK	CA	94025		nsaction ID : SE.4582 e of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/ Type		07
Name of Federal Candidate:		X Support	Office Sou	ght: K House District: 09
McCready, Dan, , ,		Oppose	Pres	ident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	0.00	Disbursem 2018	ent For: Primary X General Other (specify) ▶
Full Name of Payee		Memo	Item Date	e of Public Distribution/Dissemination
Facebook Inc.				09 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 HACKER WAY				09 30 2010
THE CALL WAY			Amo	ount
City	State	Zip Code		15.00
MENLO PARK	CA	94025		insaction ID : SE.4584 e of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/		07 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<u> </u>		Туре		01 01 2510
Name of Federal Candidate:		x Support	Office Sou	
Manning, Kathy, , ,		Oppose	Pres	ident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursem 2018	
Tel Elocion for Office Googhi	7 7			Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures				30.00
(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 Y Y
Signature	ъкснопиши ЕП	eaj Date	9 05	03 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 31 OF 69 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
				C C00322430
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
Facebook Inc.				09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 HACKER WAY			Am	ount
City	State	Zip Code	$ \Gamma$	15.00
MENLO PARK	CA	94025		insaction ID : SE.4586 e of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/ Type		07 01 7 2018
Name of Federal Candidate:		X Support	Office Sou	ught: X House District:03
Kim, Andrew, , ,		Oppose	Pres	sident Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought	7	0.00	Disbursem 2018	nent For: Primary ★ General Other (specify) ▶
Full Name of Payee		☐ Memo	Item Dat	e of Public Distribution/Dissemination
Facebook Inc.				09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 HACKER WAY				09 30 2010
			Am	ount
City	State	Zip Code		15.00
MENLO PARK	CA	94025		ansaction ID : SE.4588 e of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/ Type		07 01 / 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	NII
Malinowski, Tom, , ,		Oppose	Pres	sident Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursem 2018	,
	1 1			Other (specify)
(a) CURTOTAL of Harrison Indonesia dest Funerality and				20.00
(a) SUBTOTAL of Itemized Independent Expenditures			•	30.00
(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
Signature		Date	e 05	03 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 32 OF 69
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 repo	ort Amends repo		M = M / D = D / Y = Y = Y = Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Facebook Inc.				09 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 HACKER WAY			Amo	unt
City	State	Zip Code	-	15.00
MENLO PARK	CA	94025		saction ID : SE.4589 of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/ Type		07 01 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: 02
Torres Small, Xochitl, , ,		Oppose	Presid	dent Senate State: NM
Calendar Year-To-Date Per Election for Office Sought	T.	0.00	Disburseme	ent For: Primary General Other (specify)
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Facebook Inc.				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 HACKER WAY			Amo	unt
			Allio	
City	State	Zip Code		15.00
MENLO PARK	CA	94025		nsaction ID : SE.4591 of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/ Type		07 01 / 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: 19
Delgado, Antonio, , ,		Oppose	Presid	dent Senate State: NY
Calendar Year-To-Date		0.00	Disburseme	ent For: Primary General
Per Election for Office Sought	7 - 1 - 1 - 1	0.00	2018	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			· [30.00
(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	adl	M M /	D D / Y Y Y Y Y Y
Signature	ысы опишц Г П	_ Date	9 05	03 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 33 OF 69
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 repo	ort Amends repo	ort filed o	on M M / D D / Y Y Y Y
Full Name of Payee Facebook Inc.		☐ Memo	Item	Date of Public Distribution/Dissemination
r acebook inc.				09 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 HACKER WAY				Amount
City	State	Zip Code		15.00
MENLO PARK	CA	94025		Transaction ID : SE.4592
Purpose of Expenditure		Catanani	_	Date of Disbursement or Obligation
Advertising		Category/ Type		07 01 7 2018
Name of Federal Candidate:		X Support	Office	Sought: House District: 22
Brindisi, Anthony, , ,		Oppose		President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbur	sement For: Primary General
	7			Other (specify) ▶
Full Name of Payee Facebook Inc.		☐ Memo	Item	Date of Public Distribution/Dissemination
Maria and Adams				09 30 2018
Mailing Address 1 HACKER WAY				Amount
City	State	Zip Code		15.00
MENLO PARK	CA	94025		Transaction ID : SE.4594
Purpose of Expenditure			_	Date of Disbursement or Obligation
Advertising		Category/ Type		07 01 2018
Name of Federal Candidate:		✗ Support	Office	Sought: Mouse District: 01
Pureval, Aftab, , ,		Oppose		President Senate State: OH
Calendar Year-To-Date		0.00	Disburs 2018	sement For: Primary General
Per Election for Office Sought	T T		2010	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	i		. ▶	30.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res			
(a, cc_1 a a . a a a a a a a a a a a a a a a a				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	edl -	M	M / D D / Y Y Y Y Y
Signature	The same and	_ Date	e 05	03 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 34 OF 69
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 repo	ort Amends repo	ort filed o	n M " M / D " D / Y " Y " Y " Y
Gridak II I Fridak Topok To Hodi Topok		, anondo rope		
Full Name of Payee Facebook Inc.		☐ Memo	Item	Date of Public Distribution/Dissemination 09 09 09 09 09
Mailing Address 1 HACKER WAY				Amount
City	State	Zip Code		15.00
MENLO PARK	CA	94025		Transaction ID : SE.4596 Date of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/ Type		07
Name of Federal Candidate:		✗ Support	Office	Sought: House District: 01
Wallace, Scott, , ,		Oppose	F	President Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	7	0.00	Disburs 2018	sement For: Primary
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Facebook Inc.				09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 HACKER WAY				Amount
City	State	Zip Code		15.00
MENLO PARK	CA	94025		Transaction ID : SE.4600 Date of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/ Type		07
Name of Federal Candidate:		✗ Support	Office	Sought: House District: 07
Spanberger, Abigal, , ,		Oppose	F	President Senate State: VA
Calendar Year-To-Date Per Election for Office Sought		0.00	Disburs 2018	sement For:
(a) SUBTOTAL of Itemized Independent Expenditures	;			30.00
(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	ledl -	M = 7	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	e 05	03 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 35 OF 69 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	M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item [Date of Public Distribution/Dissemination
Facebook Inc.		_ Wolle		09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 HACKER WAY			Д	mount
City	State	Zip Code		15.00
MENLO PARK	CA	94025		Transaction ID : SE.4602 Date of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/ Type		07
Name of Federal Candidate:		X Support	Office S	Sought: House District: 08
Lindsay, Richard, Richard, ,		Oppose	P	resident Senate State: WA
Calendar Year-To-Date		0.00	Disburse	ement For: Primary General
Per Election for Office Sought	7-1-1-7-	0.00	2010	Other (specify) ▶
Full Name of Payee		☐ Memo	Item C	Date of Public Distribution/Dissemination
Jaalin Harvey: PPWS				07 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				
				mount
City	State	Zip Code		113.00
Orlando	FL	32829		Transaction ID : SE.4544 Date of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/ Type		09 30 / 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
Golden, Jared, , ,		Oppose		resident Senate State: ME
Calendar Year-To-Date			Disburs	ement For: Primary X General
Per Election for Office Sought	7 7	0.00	2018	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	·		. •	128.00
			- 7	
(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]	M M M	03 2019
Signature		Date	e 05	2010

TEMIZED INDEPENDENT EXPENDITURES				PAGE 36 OF 69
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 repo	ort Amends repo	ort filed o	n M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Jaalin Harvey: PPWS				07 01 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		113.00
Orlando	FL	32829		Transaction ID : SE.4605 Date of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/ Type		09 30 / 2018
Name of Federal Candidate:		✗ Support	Office	Sought: House District: 06
Crow, Jason, , ,		Oppose		President Senate State: CO
Calendar Year-To-Date			Disburs	sement For: Primary 🗶 General
Per Election for Office Sought	7-1-5	0.00	2018	Other (specify) ▶
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Jaalin Harvey: PPWS				07 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				للنبا لنا لتا
			4	Amount
City	State	Zip Code		113.00
Orlando	FL	32829		Transaction ID : SE.4606 Date of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/		09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		Type		35 36 2010
Name of Federal Candidate:		x Support	Office :	
Finkenauer, Abby, , ,		Oppose	F	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		0.00	Disburs	sement For: Primary
rei Liettion foi Office Sought	7 7		2010	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			. •	226.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		. [
(a, cc_1 a a				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidar party committee) any political party committee or its	ate or authorized			
Zullo, Christopher, , ,	[Electronically Fil	led1	M = 7	/ / D D / Y Y Y Y Y
Signature		_ Date	e 05	03 2019

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 Full Name of Payee Date of Public Distribution/Dissemination Jaalin Harvey: PPWS 07 01 2018 Mailing Address 7179 Lake Carlisle Blvd Amount City State Zip Code 113.00 FL 32829 Transaction ID: SE.4607 Orlando Date of Disbursement or Obligation Purpose of Expenditure Category/ Online Marketing 09 30 2018 Type Name of Federal Candidate: 11 **X** Support Office Sought: **X** House District: Stevens, Haley, , , MI Oppose President State: Senate Disbursement For: Primary **X** General Calendar Year-To-Date 0.00 2018 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item Jaalin Harvey: PPWS 01 2018 Mailing Address 7179 Lake Carlisle Blvd Amount 113.00 City State Zip Code Orlando Transaction ID: SE.4608 FL 32829 Date of Disbursement or Obligation Purpose of Expenditure Category/ Online Marketing 30 2018 09 Type Name of Federal Candidate: 02 x Support Office Sought: **X** House District: Craig, Angie, , , MN Oppose President Senate State: **X** General Calendar Year-To-Date Disbursement For: Primary 0.00 2018 Per Election for Office Sought Other (specify) ▶ 226.00 (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] 05 03 2019 Date Signature

PAGE

37

OF

69

ITEMIZED INDEPENDENT EXPENDITURES				PAGE 38 OF 69 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 Dat	e of Public Distribution/Dissemination
Jaalin Harvey: PPWS				07 01 / Y Y 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	$ \Gamma$	113.00
Orlando	FL	32829		nsaction ID : SE.4609
Purpose of Expenditure Online Marketing		Category/ Type	Date	e of Disbursement or Obligation 09 09 09 09 09 00 00 00 00 0
Name of Federal Candidate:		✗ Support	Office Sou	ight: X House District: 03
Phillips, Dean, , ,		Oppose		sident Senate State: MN
Calendar Year-To-Date			Disbursem	
Per Election for Office Sought	7	0.00	2018	Other (specify) ▶
Full Name of Payee		☐ Memo	Item Dat	e of Public Distribution/Dissemination
Jaalin Harvey: PPWS				07 01 / Y Y 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	_	113.00
Orlando	FL	32829		ansaction ID : SE.4610 e of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/ Type		09 / 30 / 2018
Name of Federal Candidate:		✗ Support	Office Sou	ight: House District: 11
Sherrill, Mike, , ,		Oppose	Pres	sident Senate State: NJ
Calendar Year-To-Date		0.00	Disbursem	ent For: Primary Seneral
Per Election for Office Sought	7-1-1-5-	0.00	2018	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures				226.00
(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 Y
Signature	zacaonicany Pil	_ Date	e 05	03 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 39 OF 69 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 Jaalin Harvey: PPWS		☐ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address 7179 Lake Carlisle Blvd				07 01 / Y Y Y Y Y Y
				Amount
City	State	Zip Code		113.00
Orlando	FL	32829		Transaction ID : SE.4611 Date of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/ Type		09 / 30 / 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	Sought: X House District: 03
Lee, Susie, , ,		Oppose		President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbui 2018	rsement For: Primary General
	7 7			Other (specify)
Full Name of Payee Jaalin Harvey: PPWS		∐ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address				07 01 2018
7179 Lake Carlisle Blvd				Amount
City	State	Zip Code		113.00
Orlando	FL	32829		Transaction ID : SE.4612 Date of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/ Type		09 / 30 / 2018
Name of Federal Candidate:		✗ Support	Office	Sought: House District: 10
Wexton, Jennifer, , ,		Oppose		President Senate State: VA
Calendar Year-To-Date Per Election for Office Sought	1	0.00	Disbui 2018	rsement For: Primary ☐ General Other (specify) ☐
				Other (specify) P
(a) SUBTOTAL of Itemized Independent Expenditures				226.00
			,	
(b) SUBTOTAL of Unitemized Independent Expenditure	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	ite or authorized			
Zullo, Christopher, , ,	Electronically Fil	ed1	M	M / D D / Y Y Y Y
Signature	элси отсину I ш	Date	e 05	03 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 40 OF 69 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	M = M / D = D / Y = Y = Y
Full Name of Payee Jaalin Harvey: PPWS		☐ Memo	Item C	Date of Public Distribution/Dissemination
•				07 01 Y Y 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		113.00
Orlando	FL	32829		Fransaction ID : SE.4613 Date of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/ Type		09 30 / 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 S	Sought: House District: 01
Feehan, Dan, , ,		Oppose	P	resident Senate State: MN
Calendar Year-To-Date Per Election for Office Sought		0.00	Disburs	ement For: Primary General
Edit Marca of Barra			. -	Other (specify)
Full Name of Payee Jaalin Harvey: PPWS		∐ Memo	Item L	Date of Public Distribution/Dissemination
Mailing Address				01 2018
7179 Lake Carlisle Blvd			A	mount
City	State	Zip Code		113.00
Orlando	FL	32829		Transaction ID : SE.4614 Date of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/ Type		09 30 2018
Name of Federal Candidate:		✗ Support	Office S	Sought: House District: 08
Radinovich, Joe, , ,		Oppose	P	resident Senate State: MN
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	0.00	Disburs 2018	ement For:
·				
(a) SUBTOTAL of Itemized Independent Expenditures				226.00
			Г	
(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	ed1 -	M = M	/ DDD / Y Y Y Y
Signature		Date	e 05	03 2019

TEMIZED INDEPENDENT EXPENDITURES	ı			PAGE 41 OF 69	
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼	
TOGETHER WE THRIVE				C C00522458	
				G coorties	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed or	1	
Full Name of Payee		☐ Memo	Item [Date of Public Distribution/Dissemination	
Jaalin Harvey: PPWS				07 01 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		113.00	
Orlando	FL	32829		Transaction ID : SE.4615 Date of Disbursement or Obligation	
Purpose of Expenditure Online Marketing		Category/ Type		09 / 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 S	Sought: X House District: 26	
Mucarsel-Powell, Debbie, , ,		Oppose		resident Senate State: FL	
Calendar Year-To-Date			Disburs	ement For: Primary 🗶 General	
Per Election for Office Sought	7	0.00	2018	Other (specify) ▶	
Full Name of Payee		☐ Memo	Item [Date of Public Distribution/Dissemination	
Jaalin Harvey: PPWS				07 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 7179 Lake Carlisle Blvd				0, 0, 20,0	
110 2000 200			l A	Amount	
City	State	Zip Code		113.00	
Orlando	FL	32829		Transaction ID : SE.4616 Date of Disbursement or Obligation	
Purpose of Expenditure Online Marketing		Category/		M M / D D / Y Y Y Y	
Online Marketing		Type		09 30 2018	
Name of Federal Candidate:		x Support	Office S	Sought: House District: 03	
Axne, Cindy, , ,		Oppose	P	resident Senate State: IA	
Calendar Year-To-Date		0.00		ement For: Primary 🗶 General	
Per Election for Office Sought	7 7	0.00	2018	Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	;		· • [226.00	
(h) CURTOTAL of Unitersity of Index or death Fune and its					
(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 candid party committee) any political party committee or its	ate or authorized				
Zullo, Christopher, , ,	[Electronically Fil	led1 -	M = N	/ D D / Y Y Y Y Y	
Signature	Lacon omeany 1 th	_ Date	e 05	03 2019	

TEMIZED INDEPENDENT EXPENDITURES	ı			PAGE 42 OF 69	
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 repo	ort Amends repo	ort filed or	1	
Full Name of Payee Jaalin Harvey: PPWS		☐ Memo	Item [Date of Public Distribution/Dissemination	
Jaaiii Harvey. 11 W3				07 01 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		113.00	
Orlando	FL	32829	-	Fransaction ID : SE.4617	
Purpose of Expenditure				Date of Disbursement or Obligation	
Online Marketing		Category/ Type		09 30 / 2018	
Name of Federal Candidate:		✗ Support	Office S	Sought: K House District: 27	
Shalala, Donna, , ,		Oppose	P	resident Senate State: FL	
Calendar Year-To-Date		0.00		ement For: Primary X General	
Per Election for Office Sought	7 7	0.00	2018	Other (specify) ▶	
Full Name of Payee		☐ Memo	Item [Date of Public Distribution/Dissemination	
Jaalin Harvey: PPWS				07 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 7179 Lake Carlisle Blvd					
			<i>,</i>	Amount	
City	State	Zip Code		113.00	
Orlando	FL	32829		Transaction ID : SE.4619 Date of Disbursement or Obligation	
Purpose of Expenditure Online Marketing		Category/		09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
- Stand Marketing		Type		03 30 2010	
Name of Federal Candidate:		x Support	Office S	Sought: House District: 02	
Davis, Paul, , ,		Oppose	P	resident Senate State: KS	
Calendar Year-To-Date		0.00	1	ement For: Primary 🗶 General	
Per Election for Office Sought	7 7	0.00	2018	Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	;		• •	226.00	
(h) CURTOTAL of Unitersity of Independent Funerality					
(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 candid party committee) any political party committee or its	ate or authorized	•		•	
Zullo, Christopher, , ,	[Electronically Fil	led1 -	M = N	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature	Lacon omeany 1 th	_ Date	e 05	03 2019	

TEMIZED INDEPENDENT EXPENDITURES	ı			PAGE 43 OF 69	
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 repo	ort Amends repo	ort filed or	1 M M / D D / Y Y Y Y	
Full Name of Payee		☐ Memo	Item [Date of Public Distribution/Dissemination	
Jaalin Harvey: PPWS				07 01 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		113.00	
Orlando	FL	32829		Transaction ID: SE.4620 Date of Disbursement or Obligation	
Purpose of Expenditure Online Marketing		Category/ Type		09 30 / 2018	
Name of Federal Candidate:		X Support	Office S	Sought: X House District: 06	
McGrath, Amy, , ,		Oppose	l	resident Senate State: KY	
Calendar Year-To-Date			Disburs	ement For: Primary X General	
Per Election for Office Sought	7 7	0.00	2018	Other (specify) ▶	
Full Name of Payee		☐ Memo	Item [Date of Public Distribution/Dissemination	
Jaalin Harvey: PPWS				07 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 7179 Lake Carlisle Blvd				0, 0, 20,0	
			, A	Amount	
City	State	Zip Code		113.00	
Orlando	FL	32829		Transaction ID : SE.4621 Date of Disbursement or Obligation	
Purpose of Expenditure Online Marketing		Category/		M M / D D / Y Y Y Y	
Offilitie ividiketing		Type		09 30 2018	
Name of Federal Candidate:		✗ Support	Office S	Sought: House District: 09	
McCready, Dan, , ,		Oppose	P	resident Senate State: NC	
Calendar Year-To-Date		0.00	1	ement For: Primary Seneral	
Per Election for Office Sought	7 7	0.00	2018	Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	\$. •	226.00	
(1) 011570741 (11 %) 11 11 11 11 15			Г		
(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 = N	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature	I under the	_ Date	e 05	03 2019	

TEMIZED INDEPENDENT EXPENDITURES				PAGE 44 OF 69
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 repo	ort Amends repo	ort filed or	1
Full Name of Payee Jaalin Harvey: PPWS		☐ Memo	Item [Date of Public Distribution/Dissemination
Jaaiii Harvey. 11 WO				07 01 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		113.00
Orlando	FL	32829	-	Fransaction ID : SE.4622
Purpose of Expenditure		Catanani		Date of Disbursement or Obligation
Online Marketing		Category/ Type		09 30 / 2018
Name of Federal Candidate:		X Support	Office S	Sought: X House District: 13
Manning, Kathy, , ,		Oppose	P	resident Senate State: NC
Calendar Year-To-Date		0.00		ement For: Primary X General
Per Election for Office Sought	7 7	0.00	2018	Other (specify) ▶
Full Name of Payee Jaalin Harvey: PPWS		☐ Memo	Item [Date of Public Distribution/Dissemination
·				07 01 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
	To	I =		
City Orlando	State	Zip Code		113.00 Transaction ID : SE.4623
Purpose of Expenditure	FL	32829		Date of Disbursement or Obligation
Online Marketing		Category/ Type		09 30 / 2018
Name of Federal Candidate:		✗ Support	Office S	Sought: House District: 03
Kim, Andrew, , ,		Oppose	P	resident Senate State: NJ
Calendar Year-To-Date		0.00	1	ement For: Primary 🗶 General
Per Election for Office Sought	7-1-5-	0.00	2018	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	i		· •	226.00
(h) CURTOTAL of Unitamized Independent Evrenditus	***		. [
(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 = N	/ D D / Y Y Y Y
Signature	- геспонишу Г и	_ Date	e 05	03 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 45 OF 69	
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 repo	ort Amends repo	ort filed or	M M / D D / Y Y Y Y	
Full Name of Payee		☐ Memo	Item [Date of Public Distribution/Dissemination	
Jaalin Harvey: PPWS				07 01 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	
		1			
City	State	Zip Code		113.00 Fransaction ID : SE.4624	
Orlando	FL FL	32829		Date of Disbursement or Obligation	
Purpose of Expenditure Online Marketing		Category/ Type		09 / 09 / 2018	
Name of Federal Candidate:		X Support	Office S	Sought: House District: 07	
Malinowski, Tom, , ,		Oppose	P	resident Senate State: NJ	
Calendar Year-To-Date		0.00		ement For: Primary X General	
Per Election for Office Sought	7 7	0.00	2018	Other (specify) ▶	
Full Name of Payee		☐ Memo	Item [Date of Public Distribution/Dissemination	
Jaalin Harvey: PPWS				07 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 7179 Lake Carlisle Blvd					
			<i> </i>	Amount	
City	State	Zip Code		113.00	
Orlando	FL	32829		Transaction ID : SE.4625 Date of Disbursement or Obligation	
Purpose of Expenditure Online Marketing		Category/		09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
		Type		3 3 20.0	
Name of Federal Candidate:		x Support	Office S	•	
Torres Small, Xochitl, , ,		Oppose	P	resident Senate State: NM	
Calendar Year-To-Date		0.00	Disburs	ement For: Primary X General	
Per Election for Office Sought	7 7		2010	Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	}		• •	226.00	
(b) SUBTOTAL of Unitemized Independent Expenditu	ree		. [
(b) 300101AE of Officernized Independent Experiality	163				
(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, , ,	[Flastropically E:1	lad1	M = N	/ D D / Y Y Y Y Y Y	
Signature	[Electronically Fil	eaj Date	e 05	03 2019	

TEMIZED INDEPENDENT EXPENDITURES				PAGE 46 OF 69	
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 repo	ort Amends repo	ort filed or	M = M / D = D / Y = Y = Y	
Full Name of Payee Jaalin Harvey: PPWS		☐ Memo	Item C	Date of Public Distribution/Dissemination	
Jaaiiii i iaivey. FF W3				07 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 7179 Lake Carlisle Blvd			Д	mount	
Cib.	Ctoto	Zin Codo		113.00	
City Orlando	State FL	Zip Code 32829		Transaction ID : SE.4626	
Purpose of Expenditure	'-	02020		Pate of Disbursement or Obligation	
Online Marketing		Category/ Type		09 30 / 2018	
Name of Federal Candidate:		✗ Support	Office S	Sought: K House District: 19	
Delgado, Antonio, , ,		Oppose	P	resident Senate State: NY	
Calendar Year-To-Date		0.00	1	ement For: Primary Seneral	
Per Election for Office Sought	7 7	0.00	2018	Other (specify) ▶	
Full Name of Payee		☐ Memo	Item C	Date of Public Distribution/Dissemination	
Jaalin Harvey: PPWS				07 01 Y Y 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		113.00	
Orlando	FL	32829		Transaction ID : SE.4627 Date of Disbursement or Obligation	
Purpose of Expenditure Online Marketing		Category/		09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
- Crimic indirecting		Type		09 30 2010	
Name of Federal Candidate:		x Support	Office S	Sought: House District: 22	
Brindisi, Anthony, , ,		Oppose	P	resident Senate State: NY	
Calendar Year-To-Date		0.00	1	ement For: Primary 🗶 General	
Per Election for Office Sought	7 7	0.00	2018	Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	;		· •	226.00	
(h) CURTOTAL of Units arised by deep and set Franco dist			г		
(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	
Signature		_ Date	e 05	03 2019	

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 Full Name of Payee Date of Public Distribution/Dissemination Jaalin Harvey: PPWS 07 01 2018 Mailing Address 7179 Lake Carlisle Blvd Amount City State Zip Code 113.00 FL 32829 Transaction ID: SE.4628 Orlando Date of Disbursement or Obligation Purpose of Expenditure Category/ Online Marketing 09 30 2018 Type Name of Federal Candidate: 01 **X** Support Office Sought: **X** House District: Pureval, Aftab, , , OH Oppose President State: Senate Disbursement For: Primary **X** General Calendar Year-To-Date 0.00 2018 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item Jaalin Harvey: PPWS 2018 01 Mailing Address 7179 Lake Carlisle Blvd Amount 113.00 City State Zip Code Orlando Transaction ID: SE.4629 FL 32829 Date of Disbursement or Obligation Purpose of Expenditure Category/ Online Marketing 30 2018 09 Type Name of Federal Candidate: 01 x Support Office Sought: **X** House District: Wallace, Scott, , , PΑ Oppose President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 0.00 2018 Per Election for Office Sought Other (specify) ▶ 226.00 (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] 05 03 2019 Date Signature

PAGE

47

OF

69

PAGE 48 OF 69 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 Full Name of Payee Date of Public Distribution/Dissemination Jaalin Harvey: PPWS 07 01 2018 Mailing Address 7179 Lake Carlisle Blvd Amount City State Zip Code 113.00 FL 32829 Transaction ID: SE.4630 Orlando Date of Disbursement or Obligation Purpose of Expenditure Category/ Online Marketing 09 30 2018 Type Name of Federal Candidate: 04 **X** Support Office Sought: **X** House District: UT McAdams, Ben, , , Oppose President State: Senate Disbursement For: Primary **X** General Calendar Year-To-Date 0.00 2018 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item Jaalin Harvey: PPWS 01 2018 Mailing Address 7179 Lake Carlisle Blvd Amount 113.00 City State Zip Code Orlando Transaction ID: SE.4631 FL 32829 Date of Disbursement or Obligation Purpose of Expenditure Category/ Online Marketing 30 2018 09 Type Name of Federal Candidate: 02 x Support Office Sought: **X** House District: Luria, Elaine, , , VA Oppose President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 0.00 2018 Per Election for Office Sought Other (specify) ▶ 226.00 (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] 05 03 2019 Date Signature

TEMIZED INDEPENDENT EXPENDITURES				PAGE 49 OF 69
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 repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee Jaalin Harvey: PPWS		☐ Memo	Item Date	of Public Distribution/Dissemination
Mailing Address 7179 Lake Carlisle Blvd			Amo	07 01 2018 unt
City	State	Zip Code	$ \Gamma$	113.00
Orlando	FL	32829		saction ID : SE.4632
Purpose of Expenditure Online Marketing		Category/ Type	Date	of Disbursement or Obligation M M J J J J J J J J J J J J J J J J J
Name of Federal Candidate:		✗ Support	Office Soug	yht: 🗶 House District:07
Spanberger, Abigal, , ,		Oppose	Presid	dent Senate State: VA
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	0.00	Disburseme	ent For: Primary
Full Name of Payee		☐ Memo		of Public Distribution/Dissemination
Jaalin Harvey: PPWS				07 01 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
	Ta: :	I =	Allo	
City Orlando	State	Zip Code	Trar	113.00 nsaction ID : SE.4633
Purpose of Expenditure	FL	32829		of Disbursement or Obligation
Online Marketing		Category/ Type		09 / 30 / 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: 08
Lindsay, Richard, Richard, ,		Oppose	Presid	dent Senate State: WA
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	0.00	Disburseme	ent For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	i		. [226.00
(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 File	ed1 –	M M /	D D / Y Y Y Y Y
Signature		_ Date	9 05	03 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 50 OF 69 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	on M = M / D = D / Y = Y = Y
Full Name of Payee Jaalin Harvey: PPWS		☐ Memo	Item	Date of Public Distribution/Dissemination
				07 01 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		15.00
Orlando	FL	32829		Transaction ID : SE.4636 Date of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/ Type		09 30 7 2018
Name of Federal Candidate:		X Support	Office	Sought: House District: 02
Kirpatrick, Ann, , ,		Oppose		President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought	7 7	0.00	Disbur 2018	sement For: Primary
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
PinPoint WebSolutions				07 01 / 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		950.00
Orlando	FL	32829		Transaction ID : SE.4526 Date of Disbursement or Obligation
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Progra Consulting, Graphic Design, Technical Suppor	mming,	Category/ Type		09 / 30 / 2018
Name of Federal Candidate:		x Support	Office	Sought: Mouse District: 19
Delgado, Antonio, , ,		Oppose		President Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbur 2018	sement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			. •	965.00
(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 / D D / Y Y Y Y Y Y
Signature		Date	e 05	03 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 51 OF 69 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				07 01 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	unt
City	State	Zip Code	$ \Gamma$	950.00
Orlando	FL	32829		saction ID : SE.4528 of Disbursement or Obligation
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Program Consulting, Graphic Design, Technical Suppor	nming,	Category/ Type		09 30 7 2018
Name of Federal Candidate:		X Support	Office Soug	ht: K House District: 07
Malinowski, Tom, , ,		Oppose	Presid	dent Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	0.00	Disburseme 2018	nt For: Primary
Full Name of Payee		Memo		of Public Distribution/Dissemination
PinPoint WebSolutions			Г	M M / D D / Y Y Y Y
Mailing Address 7470 Lake Codials Blod			L	07 01 2018
7179 Lake Carlisle Blvd			Amou	unt
City	State	Zip Code	-	950.00
Orlando	FL	32829		nsaction ID : SE.4530 of Disbursement or Obligation
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Progra Consulting, Graphic Design, Technical Suppor	mming,	Category/ Type		09 / 30 / 2018
Name of Federal Candidate:		x Support	Office Soug	ht: X House District: 24
Balter, Dana, , ,		Oppose	Presid	dent Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		0.00	Disburseme	nt For: Primary 🗶 General
Per Election for Office Sought	7 7		2010	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures				1900.00
(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]	M = M /	D D / Y D Y D Y D Y D Y D Y D Y D Y D Y
Signature	<u> - несионичину Ги</u>	_ Date	e 05	03 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 52 OF 69
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 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				07 01 / 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	— I	950.00
Orlando	FL	32829		nsaction ID : SE.4532 e of Disbursement or Obligation
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Program Consulting, Graphic Design, Technical Suppor	nming,	Category/ Type		09 / 30 / 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: 11
Rose, Max, , ,		Oppose	Pres	ident Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	7 7	0.00	Disburseme 2018	ent For:
Full Name of Payee		Memo	Item Date	e of Public Distribution/Dissemination
PinPoint WebSolutions		_		M M / D D / Y Y Y Y
Mailing Address				07 01 2018
7179 Lake Carlisle Blvd			Amo	punt
City	State	Zip Code		950.00
Orlando	FL	32829		nsaction ID : SE.4535 e of Disbursement or Obligation
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Progra Consulting, Graphic Design, Technical Suppor	mming,	Category/ Type		09 / 30 / 2018
Name of Federal Candidate:		x Support	Office Sou	ght: X House District: 21
Cobb, Tedra, , ,		Oppose	Pres	ident Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursemo	, ,
Tot Election for Small Stagen	7 7			Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			· [1900.00
(b) SUBTOTAL of Unitemized Independent Expenditure	'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, , ,	Flootronicalla F21	adl	M = M	
Signature	Electronically Fil	eaj Date	e 05	03 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 53 OF 69
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 repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item Date	e of Public Distribution/Dissemination
FillFollit WebSolutions				07 01 / 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		950.00
Orlando	FL	32829		nsaction ID : SE.4537 e of Disbursement or Obligation
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Prograr Consulting, Graphic Design, Technical Suppor	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 Sou	ght: House District: 02
Shirley, Liuba, , ,		Oppose	Pres	ident Senate State: NY
Calendar Year-To-Date		1 1 2 2 2 1	Disbursem	ent For: Primary X General
Per Election for Office Sought	<u></u>	0.00	2018	Other (specify) ▶
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
PinPoint WebSolutions				07 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				0, 0, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
			Amo	punt
City	State	Zip Code		950.00
Orlando	FL	32829	I	nsaction ID : SE.4539 e of Disbursement or Obligation
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Progra	mming	Category/		M M / D D / Y Y Y Y
Consulting, Graphic Design, Technical Suppor	imming,	Туре	_	09 30 2018
Name of Federal Candidate:		✗ Support	Office Sou	ght: K House District: 02
Van Drew, Jeff, , ,		Oppose	Pres	ident Senate State: NJ
Calendar Year-To-Date		0.00	Disburseme	ent For: Primary X General
Per Election for Office Sought	7 7	0.00	2018	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	;		· • [_]	1900.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· •	
(c) TOTAL Independent Expenditures			. 🖂	
(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
Signature	Electronically Fit	Date	e 05	03 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 54 OF 69
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 repo	ort Amends repo		M M / D D / Y Y Y Y
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item Date	e of Public Distribution/Dissemination
FillFollit WebSolutions				07 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			A	
			Amo	
City	State	Zip Code		963.00
Orlando	FL	32829		nsaction ID : SE.4638 of Disbursement or Obligation
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Program Consulting, Graphic Design, Technical Suppor	nming,	Category/ Type		09 / 30 / 2018
Name of Federal Candidate:		✗ Support	Office Sou	ght: X House District: 03
Sidie, Jay, , ,		Oppose	Presi	dent Senate State: KS
Calendar Year-To-Date		1 1 2 2 2	Disburseme	ent For: Primary X General
Per Election for Office Sought	<u></u>	0.00	2018	Other (specify) ▶
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
PinPoint WebSolutions				07 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				0, 0, 10,0
			Amo	unt
City	State	Zip Code		402.00
Orlando	FL	32829	-	nsaction ID : SE.4640 of Disbursement or Obligation
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Progra	mmina	Category/		M M / D D / Y Y Y Y
Consulting, Graphic Design, Technical Suppor	mining,	Type	_	09 30 2018
Name of Federal Candidate:		✗ Support	Office Sou	ght: X House District: 02
Kirpatrick, Ann, , ,		Oppose	Presi	dent Senate State: AZ
Calendar Year-To-Date		0.00	Disburseme	ent For: Primary X General
Per Election for Office Sought	-	0.00	2018	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	i		· • [1365.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· •	
(c) TOTAL Independent Expenditures				
(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		commutee or agent	or either, or (ii the reporting entity is not a political
Zullo, Christopher, , ,	[Electronically Fil	led] ~ .	M M M	03 / 7171717
Signature		Date	e 05	03 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 55 OF 69
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 repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
PinPoint WebSolutions				07 01 / 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
City	State	Zip Code	-	402.00
Orlando	FL	32829		saction ID : SE.4641 of Disbursement or Obligation
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Program Consulting, Graphic Design, Technical Suppor	nming,	Category/ Type		09 30 / 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	ght: K House District: 06
Crow, Jason, , ,		Oppose	Presi	dent Senate State: CO
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	0.00	Disburseme	ent For: Primary X General Other (specify) ▶
Full Name of Payee		☐ Memo		of Public Distribution/Dissemination
PinPoint WebSolutions		IVICINO	itom Date	M M / D D / Y Y Y Y
Mailing Address 7470 Lake Codials Blod			_	07 01 2018
7179 Lake Carlisle Blvd			Amo	unt
City	State	Zip Code	$ \Gamma$	402.00
Orlando	FL	32829		nsaction ID : SE.4642 of Disbursement or Obligation
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Progra Consulting, Graphic Design, Technical Suppor	mming,	Category/ Type		09 / 30 / 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	ght: X House District: 01
Finkenauer, Abby, , ,		Oppose	Presi	dent Senate State: IA
Calendar Year-To-Date		0.00	Disburseme	ent For: Primary General
Per Election for Office Sought	7		2016	Other (specify) ▶
(a) SUBTOTAL of Uniterprised Independent Expenditures				804.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	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			
Zullo, Christopher, , ,	Electronically Fil	adl	M = M /	
Signature	<u> - несионисши</u> у Ги	Date	e 05	03 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 56 OF 69
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 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				07 01 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	mount
City	State	Zip Code		402.00
Orlando	FL	32829		ransaction ID : SE.4643 ate of Disbursement or Obligation
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Program Consulting, Graphic Design, Technical Suppor	nming,	Category/ Type		09 30 / 2018
Name of Federal Candidate:		✗ Support	Office So	ought: 🗶 House District: 11
Stevens, Haley, , ,		Oppose	Pro	esident Senate State: MI
Calendar Year-To-Date			Disburse	ment For: Primary X General
Per Election for Office Sought	7 7	0.00	2018	Other (specify) ▶
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
PinPoint WebSolutions				07 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				07 01 2010
7173 Lake Garriste Bivu			Ar	mount
City	State	Zip Code		402.00
Orlando	FL	32829		ransaction ID : SE.4644 ate of Disbursement or Obligation
Purpose of Expenditure		Category/		M M / D D / Y Y Y Y
Advertising, Online Marketing, Canvassing, Progra Consulting, Graphic Design, Technical Suppor	ımmıng,	Type		09 30 2018
Name of Federal Candidate:		✗ Support	Office So	ought: K House District: 02
Craig, Angie, , ,		Oppose	Pre	esident Senate State: MN
Calendar Year-To-Date			Disburse	ment For: Primary X General
Per Election for Office Sought	7 7	0.00	2018	Other (specify) ▶
•				
(a) SUBTOTAL of Itemized Independent Expenditures	;		. •	804.00
(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, , ,	[Floature : a - H. F.*]	lod i	M = M	/ D D / Y D Y D Y
Signature	[Electronically Fil	<u>gear</u> Date	e 05	03 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 57 OF 69
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 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				07 01 / 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	-	402.00
Orlando	FL	32829		nsaction ID : SE.4645
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Progran Consulting, Graphic Design, Technical Suppor	nming,	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: 03
Phillips, Dean, , ,		Oppose	Pres	ident Senate State: MN
Calendar Year-To-Date Per Election for Office Sought	7	0.00	Disburseme 2018	ent For: Primary X General Other (specify) ▶
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
PinPoint WebSolutions				07 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				07 01 2010
1 170 Zano Gamolo Ziva			Amo	punt
City	State	Zip Code		402.00
Orlando	FL	32829		nsaction ID : SE.4646 e of Disbursement or Obligation
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Progra Consulting, Graphic Design, Technical Suppor	mming,	Category/ Type		09 / 30 / 2018
Name of Federal Candidate:		✗ Support	Office Sou	ght: X House District: 11
Sherrill, Mike, , ,		Oppose	Pres	ident Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought	7	0.00	Disburseme 2018	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures				804.00
(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
Signature		_ Date	e 05	03 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 58 OF 69 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	re of Public Distribution/Dissemination
PinPoint WebSolutions				07 01 / 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	-	402.00
Orlando	FL	32829		insaction ID : SE.4647 e of Disbursement or Obligation
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Program Consulting, Graphic Design, Technical Suppor	nming,	Category/ Type		09 / 30 / 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	ught: 🗶 House District:03
Lee, Susie, , ,		Oppose	Pres	sident Senate State: NV
Calendar Year-To-Date		0.00	Disbursem	nent For: Primary K General
Per Election for Office Sought	7 7	0.00	2018	Other (specify) ▶
Full Name of Payee		☐ Memo	Item Dat	e of Public Distribution/Dissemination
PinPoint WebSolutions				07 01 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		402.00
Orlando	FL	32829	I	ansaction ID : SE.4648 e of Disbursement or Obligation
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Progra Consulting, Graphic Design, Technical Suppor	mming,	Category/ Type		09 / 09 / 2018
Name of Federal Candidate:		✗ Support	Office Sou	ught: 🗶 House District:10
Wexton, Jennifer, , ,		Oppose	Pres	sident Senate State: VA
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursem 2018	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures				804.00
(b) SUBTOTAL of Uniternized Independent Expenditu	res		. •	
(c) TOTAL Independent Expenditures				
(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	T	Date	e 05	03 2019

TEMIZED INDEPENDENT EXPENDITURES	•			PAGE 59 OF 69		
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 repo	ort Amends repo	ort filed on	M - M / D - D / Y - Y - Y - Y		
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item Dat	e of Public Distribution/Dissemination		
I'm om websolutions				07 01 / 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	— Г	402.00		
Orlando	FL	32829	Tra	nsaction ID : SE.4649		
Purpose of Expenditure				e of Disbursement or Obligation		
Advertising, Online Marketing, Canvassing, Progratic Consulting, Graphic Design, Technical Suppor	mming,	Category/ Type		09 30 / 2018		
Name of Federal Candidate:		X Support	Office Sou	ight: 🗶 House District:01		
Feehan, Dan, , ,		Oppose	Pres	sident Senate State: MN		
Calendar Year-To-Date		0.00	Disbursem	ent For: Primary X General		
Per Election for Office Sought		0.00	2018	Other (specify) ▶		
Full Name of Payee		☐ Memo	Item Dat	e of Public Distribution/Dissemination		
PinPoint WebSolutions				07 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 7179 Lake Carlisle Blvd				0, 0, 20,0		
1176 Zake Gallide Bird			Am	ount		
City	State	Zip Code		402.00		
Orlando	FL	32829		ansaction ID : SE.4650 e of Disbursement or Obligation		
Purpose of Expenditure		Category/	Dat	M M / D D / Y Y Y		
Advertising, Online Marketing, Canvassing, Progra Consulting, Graphic Design, Technical Suppor	amming,	Type		09 30 2018		
Name of Federal Candidate:		✗ Support	Office Sou	ight: 📕 House District:08		
Radinovich, Joe, , ,		Oppose	Pres	sident Senate State: MI		
Calendar Year-To-Date		0.00	Disbursem	ent For: Primary General		
Per Election for Office Sought	7 7	0.00	2018	Other (specify) ▶		
•						
(a) SUBTOTAL of Itemized Independent Expenditures	S		•	804.00		
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres					
(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	ate or authorized	•		·		
Zullo, Christopher, , ,	[Flastronia -II. T'	lodi	M = M	/ D D / Y T Y T Y		
Signature	[Electronically Fil	Date	e 05	03 2019		

TEMIZED INDEPENDENT EXPENDITURES				PAGE 60 OF 69
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
				O
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
FillFollit WebSolutions				07 01 / 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
City	State	Zip Code		402.00
Orlando	FL	32829		nsaction ID : SE.4651 of Disbursement or Obligation
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Program Consulting, Graphic Design, Technical Suppor	nming,	Category/ Type		09 / 30 / 2018
Name of Federal Candidate:		X Support	Office Sou	ght: X House District: 26
Mucarsel-Powell, Debbie, , ,		Oppose	Presi	dent Senate State: FL
Calendar Year-To-Date		1 1 22 1	Disburseme	ent For: Primary X General
Per Election for Office Sought	7	0.00	2018	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				07 01 2010
1770 Zano Garnolo Biva			Amo	unt
City	State	Zip Code		402.00
Orlando	FL	32829		nsaction ID : SE.4652 of Disbursement or Obligation
Purpose of Expenditure		Category/		M M / D D / Y Y Y Y
Advertising, Online Marketing, Canvassing, Progra Consulting, Graphic Design, Technical Suppor	ımmıng,	Туре	_	09 30 2018
Name of Federal Candidate:		✗ Support	Office Sou	ght: X House District: 27
Shalala, Donna, , ,		Oppose	Presi	dent Senate State: FL
Calendar Year-To-Date		0.00	Disburseme	ent For: Primary X General
Per Election for Office Sought	<u></u>	0.00	2018	Other (specify) ▶
·				
(a) SUBTOTAL of Itemized Independent Expenditures	i			804.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· •	
(a) TOTAL Independent Expanditures				
(c) TOTAL Independent Expenditures			• •	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized	•		•
Zullo, Christopher, , ,	[Electronically Fil	[led] Date	e 05	03 2019
Signature				

TEMIZED INDEPENDENT EXPENDITURES				PAGE 61 OF 69 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				07 01 / 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	— F	402.00
Orlando	FL	32829		nsaction ID : SE.4653 e of Disbursement or Obligation
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Program Consulting, Graphic Design, Technical Suppor	nming,	Category/ Type		09 30 / 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:03
Axne, Cindy, , ,		Oppose	Pres	ident Senate State: IA
Calendar Year-To-Date Per Election for Office Sought	7	0.00	Disbursem 2018	ent For: Primary
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				07 01 2018
7179 Lake Carlisle Blvd			Amo	punt
City	State	Zip Code	— F	402.00
Orlando	FL	32829	I	insaction ID : SE.4654 e of Disbursement or Obligation
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Progra Consulting, Graphic Design, Technical Suppor	mming,	Category/ Type		09 / 30 / 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: 🗶 House District:02
Davis, Paul, , ,		Oppose	Pres	ident Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursem 2018	ent For: Primary Seneral
Tel Election for Office Sought	7 7		2010	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				804.00
(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, , ,	Flootronicalla F21	adl	M - M	/ D D / Y Y Y Y Y
Signature	Electronically Fil	eaj Date	e 05	03 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 62 OF 69
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 repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item D	eate of Public Distribution/Dissemination
FiliPoliti WebSolutions				07 01 Y Y 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		402.00
Orlando	FL	32829		Transaction ID: SE.4655 Date of Disbursement or Obligation
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Progran Consulting, Graphic Design, Technical Suppor	nming,	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 S	sought: K House District: 06
McGrath, Amy, , ,		Oppose	Pr	resident Senate State: KY
Calendar Year-To-Date		1 1 2 2 2 2	Disburse	ement For: Primary X General
Per Election for Office Sought	7	0.00	2018	Other (specify) ▶
Full Name of Payee		Memo	Item D	pate of Public Distribution/Dissemination
PinPoint WebSolutions				07 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				6. 20.0
1 170 Edito Galliolo Biva			A	mount
City	State	Zip Code		402.00
Orlando	FL	32829		Fransaction ID : SE.4656 Pate of Disbursement or Obligation
Purpose of Expenditure		Category/		M M / D D / Y Y Y Y
Advertising, Online Marketing, Canvassing, Progra Consulting, Graphic Design, Technical Suppor	ımmıng,	Туре		09 30 2018
Name of Federal Candidate:		✗ Support	Office S	lought: House District: 02
Golden, Jared, , ,		Oppose	Pr	resident Senate State: ME
Calendar Year-To-Date		0.00	Disburse	ement For: Primary X General
Per Election for Office Sought	7	0.00	2018	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	\$. •	804.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		- ▶	
(a) TOTAL Independent Expanditures			г	
(c) TOTAL Independent Expenditures			• •	
Under penalty of perjury I certify that the independe	ent expenditures	reported herein were	not made	e in cooperation, consultation, or concert
with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized	•		•
Zullo, Christopher, , ,	[Floature : a - H. F.*]	lod i	M = M	/ D D / Y T Y T Y
Signature	[Electronically Fil	<u>gear</u> Date	e 05	03 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 63 OF 69
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 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
Mailing Address 7179 Lake Carlisle Blvd			Amo	07 01 2018 unt
City	State	Zip Code	— F	402.00
Orlando	FL	32829		nsaction ID : SE.4658 of Disbursement or Obligation
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Progran Consulting, Graphic Design, Technical Suppor	nming,	Category/ Type		09 / 30 / 2018
Name of Federal Candidate:		X Support	Office Soug	ght: 🗶 House District:09
McCready, Dan, , ,		Oppose	Presi	dent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	0.00	Disburseme	ent For: Primary
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
PinPoint WebSolutions				07 01 / 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
City	State	Zip Code	— F	402.00
Orlando	FL	32829		nsaction ID : SE.4659 of Disbursement or Obligation
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Progra Consulting, Graphic Design, Technical Suppor	mming,	Category/ Type		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 Soug	ght: 🗶 House District:13
Manning, Kathy, , ,		Oppose	Presi	dent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	<i>*</i>	0.00	Disburseme	ent For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	i			804.00
(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 File	[ed]	e 05	03 2019
Signature		_ Date	5 03	2010

TEMIZED INDEPENDENT EXPENDITURES				PAGE 64 OF 69 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 Y
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address 7179 Lake Carlisle Blvd				07 01 2018 Amount
O'th.	0.1-1-	75-0-1-		
City Orlando	State FL	Zip Code 32829		402.00 Transaction ID : SE.4660
Purpose of Expenditure	FL.	32023	I	Date of Disbursement or Obligation
Advertising, Online Marketing, Canvassing, Progran Consulting, Graphic Design, Technical Suppor	nming,	Category/ Type	\Box	09 / 30 / 2018
Name of Federal Candidate:		x Support	Office	Sought: Mouse District: 03
Kim, Andrew, , ,		Oppose	F	President Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	0.00	Disburs 2018	sement For: Primary General Other (specify) ▶
Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination
PinPoint WebSolutions				M M / D D / Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				07 01 2018 Amount
City	State	Zip Code		402.00
Orlando	FL	32829		Transaction ID : SE.4664 Date of Disbursement or Obligation
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Progra Consulting, Graphic Design, Technical Suppor	mming,	Category/ Type		09 / 30 / 2018
Name of Federal Candidate:		✗ Support	Office	Sought: X House District: 07
Malinowski, Tom, , ,		Oppose	F	President Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	0.00	Disburs 2018	sement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures				804.00
(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	adl	M = 1	M / D D / Y Y Y Y Y
Signature	<u> 2. жы</u>	Euj Date	e 05	03 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 65 OF 69 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	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				07 01 2018
			/	Amount
City	State	Zip Code		402.00
Orlando	FL	32829		Fransaction ID: SE.4665 Date of Disbursement or Obligation
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Program Consulting, Graphic Design, Technical Suppor	nming,	Category/ Type		09 30 / 2018
Name of Federal Candidate:		X Support	Office S	Sought: House District: 02
Torres Small, Xochitl, , ,		Oppose	P	resident Senate State: NM
Calendar Year-To-Date Per Election for Office Sought		0.00	Disburs	ement For: Primary General
	7 7			Other (specify) ▶
Full Name of Payee PinPoint WebSolutions		Memo	Item [Date of Public Distribution/Dissemination
Mailing Address 7179 Lake Carlisle Blvd			,	07 01 2018 Amount
City	State	Zip Code		402.00
Orlando	FL	32829		Transaction ID : SE.4666 Date of Disbursement or Obligation
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Progra Consulting, Graphic Design, Technical Suppor	mming,	Category/ Type		09 / 30 / 2018
Name of Federal Candidate:		✗ Support	Office S	Sought: X House District: 19
Delgado, Antonio, , ,		Oppose	P	resident Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	0.00	Disburs 2018	ement For:
·				
(a) SUBTOTAL of Itemized Independent Expenditures			• •	804.00
(b) SUBTOTAL of Unitemized Independent Expenditure	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	ite or authorized			
Zullo, Christopher, , ,	Electronically Fil	adl	M = N	/ D D / Y Y Y Y Y Y
Signature	ълсы описину Г Ш	Euj Date	e 05	03 2019

				FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full)						
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 PinPoint WebSolutions		☐ Memo	Item	Date of Public Distribution/Dissemination		
N. W Address				07 01 7 2018		
Mailing Address 7179 Lake Carlisle Blvd				Amount		
City	State	Zip Code		402.00		
Orlando	lo FL 32829			Transaction ID : SE.4667 Date of Disbursement or Obligation		
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Program Consulting, Graphic Design, Technical Suppor	dvertising, Online Marketing, Canvassing, Programming,			09 / 30 / 2018		
Name of Federal Candidate:		X Support	Office	e Sought: K House District: 22		
Brindisi, Anthony, , ,		Oppose		President Senate State: NY		
Calendar Year-To-Date Per Election for Office Sought	7 7	0.00	Disbu 2018	orsement For: Primary General Other (specify) ▶		
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination		
PinPoint WebSolutions				07 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 7179 Lake Carlisle Blvd				07 01 2010		
/ 1/3 Lake Callisis Divu				Amount		
City	State	Zip Code		402.00		
Orlando	FL	32829		Transaction ID : SE.4668 Date of Disbursement or Obligation		
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Program Consulting, Graphic Design, Technical Suppor	mming,	Category/ Type		09 / 30 / 2018		
Name of Federal Candidate:		x Support	Office	e Sought: X House District: 01		
Pureval, Aftab, , ,		Oppose		President Senate State: OH		
Calendar Year-To-Date		0.00	Disbu 2018	rsement For: Primary 🗶 General		
Per Election for Office Sought	7		2016	Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			. •	804.00		
(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	ite or authorized					
Zullo, Christopher, , ,	Electronically File	led] Date	e 05	5 03 2019		
Signature		_ Date		, , , , , , , , , , , , , , , , , , , ,		

TEMIZED INDEPENDENT EXPENDITURES				PAGE 67 OF 69
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 repo	ort Amends repo		M / D D / Y Y Y Y
Full Name of Payee PinPoint WebSolutions		☐ Memo		of Public Distribution/Dissemination
Mailing Address 7179 Lake Carlisle Blvd			Amou	07 01 2018
City	State	Zip Code		402.00
Orlando	FL	32829		saction ID : SE.4669 of Disbursement or Obligation
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Progran Consulting, Graphic Design, Technical Suppor	nming,	Category/ Type		09 30 / 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	ht: X House District: 01
Wallace, Scott, , ,		Oppose	Presid	ent Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	7 7	0.00	Disbursemen 2018	nt For:
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
PinPoint WebSolutions			[07 01 / 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
City	State	Zip Code		402.00
Orlando	FL	32829		saction ID : SE.4670 of Disbursement or Obligation
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Progra Consulting, Graphic Design, Technical Suppor	mming,	Category/ Type		09 / 30 / 2018
Name of Federal Candidate:		✗ Support	Office Sough	ht: X House District:04
McAdams, Ben, , ,		Oppose	Presid	ent Senate State: UT
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	0.00	Disbursemen 2018	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures	·		· -	804.00
(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]	M M /	03 2019
Signature		Date	e 05	03 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 68 OF 69
NAME OF COMMITTEE (In Full)			1	FOR LINE 24 OF FORM 3X 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	f Public Distribution/Dissemination
PinPoint WebSolutions				07 01 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	لىننى لىا ك
City	State	Zip Code	$ \Gamma$	402.00
Orlando	FL	32829		ction ID : SE.4671 f Disbursement or Obligation
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Program Consulting, Graphic Design, Technical Suppor	nming,	Category/ Type	M	09 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sought:	: X House District: 02
Luria, Elaine, , ,		Oppose	Presider	nt Senate State: VA
Calendar Year-To-Date Per Election for Office Sought	77	0.00	Disbursement 2018 Oth	For: Primary General her (specify) ▶
Full Name of Payee		☐ Memo	1	f Public Distribution/Dissemination
PinPoint WebSolutions				07 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				01 2010
22 22 2			Amount	
City	State	Zip Code		402.00
Orlando	FL	32829	I	action ID : SE.4672 f Disbursement or Obligation
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Progra Consulting, Graphic Design, Technical Suppor	Advertising, Online Marketing, Canvassing, Programming,			09 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sought:	: X House District:07
Spanberger, Abigal, , ,		Oppose	Presider	nt Senate State: VA
Calendar Year-To-Date Per Election for Office Sought	7 7	0.00	Disbursement 2018 Oth	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				804.00
(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 /	000 / Y Y Y Y Y Y
Signature		Date	e 05	03 2019

PAGE 69 OF 69 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 07 01 2018 Mailing Address 7179 Lake Carlisle Blvd Amount City State Zip Code 402.00 FL 32829 Transaction ID: SE.4673 Orlando Date of Disbursement or Obligation Purpose of Expenditure Category/ Advertising, Online Marketing, Canvassing, Programming, 09 30 2018 Type Consulting, Graphic Design, Technical Suppor Name of Federal Candidate: 80 **X** Support Office Sought: **X** House District: Lindsay, Richard, Richard, , WA Oppose President State: Senate Disbursement For: Primary **X** General Calendar Year-To-Date 0.00 2018 Per Election for Office Sought Other (specify) ▶ Date of Public Distribution/Dissemination Full Name of Payee Memo Item Mailing Address Amount City State Zip Code Date of Disbursement or Obligation Purpose of Expenditure Category/ Type Name of Federal Candidate: Support Office Sought: House District: Oppose President Senate State: Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought Other (specify) ▶ 402.00 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures 23699.43 Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Zullo, Christopher,,, [Electronically Filed] 05 03 2019 Date Signature