

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

TOGETHER WE THRIVE

ADDRESS (number and street)

3433 Lithia Pinecrest Road



Check if different than previously reported. (ACC)

STE 198

VALRICO

FL

33596

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00522458

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Year-End Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

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

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

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

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

C

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

C

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Zullo, Christopher, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Zullo, Christopher, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

TOGETHER WE THRIVE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2018 To: M M / D D / Y Y Y Y Y Y
09 / 30 / 2018

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 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 multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

TOGETHER WE THRIVE

Report Covering the Period:

From:

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

To:

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

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

25199.00

44419.86

(ii) Unitemized

25.00

25.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

25224.00

44444.86

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

25224.00

44444.86

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

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

0.00

0.00

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

25224.00

44444.86

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

25224.00

44444.86

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	23699.43	51979.30
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other 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 (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	4280.63
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	23699.43	56259.93
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23699.43	56259.93

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	25224.00	44444.86
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25224.00	44444.86
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 69

(check only one)

☒ 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

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

A. Allen, MJ, , ,

Mailing Address 3164 WOOD

City
CAMBRIAState
CAZip Code
93428FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ACCOUNTING SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 27 / 2018

Transaction ID : SA11AI.4465

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Allen, MJ, , ,

Mailing Address 3164 WOOD

City
CAMBRIAState
CAZip Code
93428FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
ACCOUNTING SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 08 / 2018

Transaction ID : SA11AI.4463

Amount of Each Receipt this Period

400.00

☐ Memo Item

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

C. Ballard, Laurelei, , ,

Mailing Address 908 POST ROAD

City
WAKEFIELDState
RIZip Code
02879FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 16 / 2018

Transaction ID : SA11AI.4470

Amount of Each Receipt this Period

54.00

☐ Memo Item

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

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

504.00

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

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

FOR LINE NUMBER: PAGE 7 OF 69

(check only one)

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

TOGETHER WE THRIVE

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

A. Ballard, Laurelei, , ,

Mailing Address 908 POST ROAD

City
WAKEFIELDState
RIZip Code
02879FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 26 / 2018

Transaction ID : SA11AI.4472

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

B. Ballard, Laurelei, , ,

Mailing Address 908 POST ROAD

City
WAKEFIELDState
RIZip Code
02879FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 03 / 2018

Transaction ID : SA11AI.4473

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Ballard, Laurelei, , ,

Mailing Address 908 POST ROAD

City
WAKEFIELDState
RIZip Code
02879FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
WRITER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 16 / 2018

Transaction ID : SA11AI.4474

Amount of Each Receipt this Period

18.00

☐ Memo Item

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

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

243.00

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

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

FOR LINE NUMBER:
(check only one)

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

TOGETHER WE THRIVE

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

A. Barris, Robert, , ,

Mailing Address 14252 CULVER DR

City
IRVINE

State
CA

Zip Code
92780

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NVIDIA

Occupation (for Individual)
SW ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 05 / 2018

Transaction ID : SA11AI.4475

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Barris, Robert, , ,

Mailing Address 14252 CULVER DR

City
IRVINE

State
CA

Zip Code
92780

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NVIDIA

Occupation (for Individual)
SW ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 25 / 2018

Transaction ID : SA11AI.4476

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Barris, Robert, , ,

Mailing Address 14252 CULVER DR

City
IRVINE

State
CA

Zip Code
92780

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NVIDIA

Occupation (for Individual)
SW ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 27 / 2018

Transaction ID : SA11AI.4477

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

175.00

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

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

FOR LINE NUMBER: PAGE 9 OF 69
(check only one)

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

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NAME OF COMMITTEE (In Full)

TOGETHER WE THRIVE

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

A. Barris, Robert, , ,

Mailing Address 14252 CULVER DR

City
IRVINE

State
CA

Zip Code
92780

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NVIDIA

Occupation (for Individual)
SW ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 28 / 2018

Transaction ID : SA11AI.4478

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Barris, Robert, , ,

Mailing Address 14252 CULVER DR

City
IRVINE

State
CA

Zip Code
92780

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NVIDIA

Occupation (for Individual)
SW ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 05 / 2018

Transaction ID : SA11AI.4479

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Barris, Robert, , ,

Mailing Address 14252 CULVER DR

City
IRVINE

State
CA

Zip Code
92780

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NVIDIA

Occupation (for Individual)
SW ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 06 / 2018

Transaction ID : SA11AI.4480

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

375.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

TOGETHER WE THRIVE

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

A. Barris, Robert, , ,

Mailing Address 14252 CULVER DR

City
IRVINE

State
CA

Zip Code
92780

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NVIDIA

Occupation (for Individual)
SW ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 25 / 2018

Transaction ID : SA11AI.4481

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Barris, Robert, , ,

Mailing Address 14252 CULVER DR

City
IRVINE

State
CA

Zip Code
92780

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NVIDIA

Occupation (for Individual)
SW ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 27 / 2018

Transaction ID : SA11AI.4482

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Barris, Robert, , ,

Mailing Address 14252 CULVER DR

City
IRVINE

State
CA

Zip Code
92780

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NVIDIA

Occupation (for Individual)
SW ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 28 / 2018

Transaction ID : SA11AI.4483

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

400.00

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

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

FOR LINE NUMBER: PAGE 11 OF 69

(check only one)

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

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NAME OF COMMITTEE (In Full)

TOGETHER WE THRIVE

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

A. Barris, Robert, , ,

Mailing Address 14252 CULVER DR

City
IRVINEState
CAZip Code
92780FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NVIDIAOccupation (for Individual)
SW ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 30 / 2018

Transaction ID : SA11AI.4484

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Bridgetts, CATHERINE, , ,

Mailing Address 5247 SOUTH WALDEN CIRCLE

City
CENTENNIALState
COZip Code
80015FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SIHOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 10 / 2018

Transaction ID : SA11AI.4485

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

C. Bridgetts, CATHERINE, , ,

Mailing Address 5247 SOUTH WALDEN CIRCLE

City
CENTENNIALState
COZip Code
80015FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SIHOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 14 / 2018

Transaction ID : SA11AI.4488

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

300.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

TOGETHER WE THRIVE

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

A. BRODERICK, PATRICIA , , ,

Mailing Address 59 EAST KISSIMEE ROAD

City
LINDENHURT

State
NY

Zip Code
11757

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GRAMERCY GROUP

Occupation (for Individual)
ESTIMATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2018

Transaction ID : SA11AI.4489

Amount of Each Receipt this Period

700.00

☐ Memo Item

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

B. Contributions, Unitemized, , ,

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25927.86

Date of Receipt

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

Transaction ID : SA11AI.4674

Amount of Each Receipt this Period

18957.00

☐ Memo Item
Small Donors

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

C. FLECK, STEPHANIE, , ,

Mailing Address 39 WHITE OAK ROAD

City
Waban

State
ME

Zip Code
02468

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not-Employed

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 28 / 2018

Transaction ID : SA11AI.4491

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

19757.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

TOGETHER WE THRIVE

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

A. FLECK, STEPHANIE, , ,

Mailing Address 39 WHITE OAK ROAD

City
Waban

State
ME

Zip Code
02468

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Not-Employed

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 28 / 2018

Transaction ID : SA11AI.4492

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. FLECK, STEPHANIE, , ,

Mailing Address 39 WHITE OAK ROAD

City
Waban

State
ME

Zip Code
02468

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not-Employed

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 28 / 2018

Transaction ID : SA11AI.4493

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. GOLDBERG, MARGARET, , ,

Mailing Address 172 CHESTNUT ST

City
CAMBRIDGE

State
MA

Zip Code
02139

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 09 / 2018

Transaction ID : SA11AI.4494

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

300.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

TOGETHER WE THRIVE

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

A. GOLDBERG, MARGARET, , ,

Mailing Address 172 CHESTNUT ST

City
CAMBRIDGE

State
MA

Zip Code
02139

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 09 / 2018

Transaction ID : SA11AI.4495

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. HILLES, STEPHEN, , ,

Mailing Address 5 BERGEN AVENUE

City
HAMPTON BAYS

State
NY

Zip Code
11946

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
THE HOG FARM LLC

Occupation (for Individual)
FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 28 / 2018

Transaction ID : SA11AI.4496

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

C. Hillhouse, James, , ,

Mailing Address 1901 MCCALL ROAD

City
AUSTIN

State
TX

Zip Code
78703

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
PROGRAMMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 16 / 2018

Transaction ID : SA11AI.4498

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1600.00

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

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

FOR LINE NUMBER: PAGE 15 OF 69

(check only one)

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

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NAME OF COMMITTEE (In Full)

TOGETHER WE THRIVE

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

A. LINDBURG, EILEEN, , ,

Mailing Address 1205 FOSTER STREET

City
SOUTH BEND

State
IN

Zip Code
46617

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 21 / 2018

Transaction ID : SA11AI.4500

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. MASK, LONNIE , , ,

Mailing Address 1564 ENGLEWOOD DRIVE

City
ROCKWALL

State
TX

Zip Code
75032

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

L3 TECHNOLOGIES

Occupation (for Individual)

SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 04 / 2018

Transaction ID : SA11AI.4501

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. MASK, LONNIE , , ,

Mailing Address 1564 ENGLEWOOD DRIVE

City
ROCKWALL

State
TX

Zip Code
75032

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

L3 TECHNOLOGIES

Occupation (for Individual)

SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 04 / 2018

Transaction ID : SA11AI.4503

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

200.00

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

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

FOR LINE NUMBER: PAGE 16 OF 69

(check only one)

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

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NAME OF COMMITTEE (In Full)

TOGETHER WE THRIVE

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

A. MASK, LONNIE , , ,

Mailing Address 1564 ENGLEWOOD DRIVE

City
ROCKWALLState
TXZip Code
75032FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
L3 TECHNOLOGIESOccupation (for Individual)
SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 04 / 2018

Transaction ID : SA11AI.4504

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. Musgrove, Donna, , ,

Mailing Address 3707 324TH ST NW

City
STANWOODState
WAZip Code
98292FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WASHINGTON STATEOccupation (for Individual)
FINANCIAL SERVICE SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 24 / 2018

Transaction ID : SA11AI.4505

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Musgrove, Donna, , ,

Mailing Address 3707 324TH ST NW

City
STANWOODState
WAZip Code
98292FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WASHINGTON STATEOccupation (for Individual)
FINANCIAL SERVICE SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 24 / 2018

Transaction ID : SA11AI.4507

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

100.00

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

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

FOR LINE NUMBER: PAGE 17 OF 69

(check only one)

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

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NAME OF COMMITTEE (In Full)

TOGETHER WE THRIVE

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

A. Musgrove, Donna, , ,

Mailing Address 3707 324TH ST NW

City
STANWOOD

State
WA

Zip Code
98292

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WASHINGTON STATE

Occupation (for Individual)
FINANCIAL SERVICE SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 25 / 2018

Transaction ID : SA11AI.4508

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Musgrove, Donna, , ,

Mailing Address 3707 324TH ST NW

City
STANWOOD

State
WA

Zip Code
98292

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WASHINGTON STATE

Occupation (for Individual)
FINANCIAL SERVICE SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2018

Transaction ID : SA11AI.4509

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Musgrove, Donna, , ,

Mailing Address 3707 324TH ST NW

City
STANWOOD

State
WA

Zip Code
98292

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WASHINGTON STATE

Occupation (for Individual)
FINANCIAL SERVICE SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 25 / 2018

Transaction ID : SA11AI.4510

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

75.00

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

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

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

FOR LINE NUMBER: PAGE 18 OF 69

(check only one)

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

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NAME OF COMMITTEE (In Full)

TOGETHER WE THRIVE

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

A. PHILLIPS, RICHARD , , ,

Mailing Address 910 M ST NW, APT 512

City
WASHINGTON

State
DC

Zip Code
20001

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
US TREASURY

Occupation (for Individual)
SENIOR ANALYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 28 / 2018

Transaction ID : SA11AI.4511

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. SLATER, JOHN, , ,

Mailing Address 130 7TH AVE NO 208, NO 208

City
NEW YORK

State
NY

Zip Code
10011

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NOT EMPLOYED

Occupation (for Individual)
NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 28 / 2018

Transaction ID : SA11AI.4516

Amount of Each Receipt this Period

225.00

☐ Memo Item

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

C. TERI, SIMON WALTERS, , ,

Mailing Address 324 HATHAWAY LANE

City
WYNNEWOOD

State
PA

Zip Code
19096

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 13 / 2018

Transaction ID : SA11AI.4513

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

575.00

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

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

FOR LINE NUMBER: PAGE 19 OF 69

(check only one)

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

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NAME OF COMMITTEE (In Full)

TOGETHER WE THRIVE

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

A. TERI, SIMON WALTERS, , ,

Mailing Address 324 HATHAWAY LANE

City
WYNNEWOOD

State
PA

Zip Code
19096

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 15 / 2018

Transaction ID : SA11AI.4515

Amount of Each Receipt this Period

275.00

☐ Memo Item

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

B. WALKER, MARY, , ,

Mailing Address 1322 WEST SELBY LANE

City
REDWOOD CITY

State
CA

Zip Code
94061

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYMENT

Occupation (for Individual)
SELF-EMPLOYMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 23 / 2018

Transaction ID : SA11AI.4520

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. WARREN, LEAH, , ,

Mailing Address 7500 39TH AVE NE

City
SEATTLE

State
WA

Zip Code
98115

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MERCANTA LTD

Occupation (for Individual)
REGIONAL MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2018

Transaction ID : SA11AI.4522

Amount of Each Receipt this Period

20.00

☐ Memo Item

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

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

545.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

TOGETHER WE THRIVE

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

A. WARREN, LEAH , , ,

Mailing Address 7500 39TH AVE NE

City
SEATTLE

State
WA

Zip Code
98115

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MERCANTA LTD

Occupation (for Individual)
REGIONAL MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 21 / 2018

Transaction ID : SA11AI.4524

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. WARREN, LEAH , , ,

Mailing Address 7500 39TH AVE NE

City
SEATTLE

State
WA

Zip Code
98115

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MERCANTA LTD

Occupation (for Individual)
REGIONAL MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2018

Transaction ID : SA11AI.4525

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

50.00

25199.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 21 OF 69
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00522458 </div>
--	---

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

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee Facebook Inc. <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 1 HACKER WAY			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">216.43</div> Transaction ID : SE.4543 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
City MENLO PARK	State CA	Zip Code 94025		
Purpose of Expenditure Advertising		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; margin-top: 2px;"></div>		
Name of Federal Candidate: O'Connor, Danny, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 12 State: OH	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">400.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Facebook Inc. <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 1 HACKER WAY			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">113.00</div> Transaction ID : SE.4546 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
City MENLO PARK	State CA	Zip Code 94025		
Purpose of Expenditure Advertising		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; margin-top: 2px;"></div>		
Name of Federal Candidate: Kirpatrick, Ann, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 02 State: AZ	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	329.43
(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]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 22 OF 69
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00522458 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	
Full Name of Payee Facebook Inc. <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 1 HACKER WAY			Amount <input type="text"/>		
City MENLO PARK	State CA	Zip Code 94025	Transaction ID : SE.4547 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Expenditure Advertising		Category/ Type <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: Crow, Jason, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 06 State: CO		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Facebook Inc. <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 1 HACKER WAY			Amount <input type="text"/>		
City MENLO PARK	State CA	Zip Code 94025	Transaction ID : SE.4549 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Expenditure Advertising		Category/ Type <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: Finkenauer, Abby, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 01 State: IA		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			<input type="text"/>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<input type="text"/>		
(c) TOTAL Independent Expenditures			<input type="text"/>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Zullo, Christopher, , ,</i>		[Electronically Filed]		Date <input type="text"/> / <input type="text"/> / <input type="text"/>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 23 OF 69
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE				FEC IDENTIFICATION NUMBER ▼ C C00522458	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Facebook Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 1 HACKER WAY			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 30 / 2018		
City MENLO PARK		State CA	Zip Code 94025		
Purpose of Expenditure Advertising		Category/Type 		Amount 15.00	
Name of Federal Candidate: Stevens, Haley, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 11 State: MI		
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Facebook Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 1 HACKER WAY			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 30 / 2018		
City MENLO PARK		State CA	Zip Code 94025		
Purpose of Expenditure Advertising		Category/Type 		Amount 15.00	
Name of Federal Candidate: Craig, Angie, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 02 State: MN		
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			 30.00		
(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.					
Signature <i>Zullo, Christopher, , ,</i>		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 05 / 03 / 2019	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 24 OF 69
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE				FEC IDENTIFICATION NUMBER ▼ C C00522458	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Facebook Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 1 HACKER WAY			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 30 / 2018		
City MENLO PARK	State CA	Zip Code 94025	Amount 15.00		
Purpose of Expenditure Advertising		Category/Type 	Transaction ID : SE.4555 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 01 / 2018		
Name of Federal Candidate: Phillips, Dean, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 03 State: MN		
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Facebook Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 1 HACKER WAY			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 30 / 2018		
City MENLO PARK	State CA	Zip Code 94025	Amount 15.00		
Purpose of Expenditure Advertising		Category/Type 	Transaction ID : SE.4558 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 01 / 2018		
Name of Federal Candidate: Sherrill, Mike, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 11 State: NJ		
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			30.00		
(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.					
Signature <i>Zullo, Christopher, , ,</i>		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 05 / 03 / 2019	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 25 OF 69
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00522458 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

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D D /

Y Y Y Y Y Y

Full Name of Payee Facebook Inc. <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 1 HACKER WAY			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">15.00</div> Transaction ID : SE.4560 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
City MENLO PARK	State CA	Zip Code 94025		
Purpose of Expenditure Advertising		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; margin-top: 2px;"></div>		
Name of Federal Candidate: Luria, Elaine, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 02 State: VA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Facebook Inc. <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 1 HACKER WAY			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">15.00</div> Transaction ID : SE.4562 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
City MENLO PARK	State CA	Zip Code 94025		
Purpose of Expenditure Advertising		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; margin-top: 2px;"></div>		
Name of Federal Candidate: Wexton, Jennifer, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 10 State: VA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	30.00
(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]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 26 OF 69
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00522458 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶				New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Full Name of Payee Facebook Inc. <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 09 / 30 / 2018 </div>		
Mailing Address 1 HACKER WAY			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 15.00 </div>		
City MENLO PARK		State CA	Zip Code 94025		Transaction ID : SE.4564
Purpose of Expenditure Advertising		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 07 / 01 / 2018 </div>		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 07 / 01 / 2018 </div>	
Name of Federal Candidate: Feehan, Dan, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Facebook Inc. <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 09 / 30 / 2018 </div>		
Mailing Address 1 HACKER WAY			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 15.00 </div>		
City MENLO PARK		State CA	Zip Code 94025		Transaction ID : SE.4566
Purpose of Expenditure Advertising		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 07 / 01 / 2018 </div>		Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 07 / 01 / 2018 </div>	
Name of Federal Candidate: McAdams, Ben, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: UT
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 30.00 </div>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>		
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 30.00 </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Zullo, Christopher, , ,			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 05 / 03 / 2019 </div>		[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 27 OF 69
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00522458 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee Facebook Inc. <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1 HACKER WAY			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 15.00 </div>	
City MENLO PARK	State CA	Zip Code 94025		
Purpose of Expenditure Advertising		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 07 </div>		
Name of Federal Candidate: Mucarsel-Powell, Debbie, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 26 State: FL	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2018	

Full Name of Payee Facebook Inc. <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1 HACKER WAY			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 15.00 </div>	
City MENLO PARK	State CA	Zip Code 94025		
Purpose of Expenditure Advertising		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 07 </div>		
Name of Federal Candidate: Shalala, Donna, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 27 State: FL	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2018	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	30.00
(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]

Date

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M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 28 OF 69
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE				FEC IDENTIFICATION NUMBER ▼ C C00522458	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Facebook Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 1 HACKER WAY			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 30 / 2018		
City MENLO PARK	State CA	Zip Code 94025	Amount 15.00		
Purpose of Expenditure Advertising		Category/Type 	Transaction ID : SE.4572 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 01 / 2018		
Name of Federal Candidate: Axne, Cindy, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 03 State: IA		
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Facebook Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 1 HACKER WAY			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 30 / 2018		
City MENLO PARK	State CA	Zip Code 94025	Amount 15.00		
Purpose of Expenditure Advertising		Category/Type 	Transaction ID : SE.4574 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 01 / 2018		
Name of Federal Candidate: Davis, Paul, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 07 State: KS		
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			30.00		
(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.					
Signature <i>Zullo, Christopher, , ,</i>		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 05 / 03 / 2019	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 29 OF 69
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE				FEC IDENTIFICATION NUMBER ▼ C C00522458	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Facebook Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 1 HACKER WAY			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 30 / 2018		
City MENLO PARK	State CA	Zip Code 94025	Amount 15.00		
Purpose of Expenditure Advertising		Category/Type 	Transaction ID : SE.4576 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 01 / 2018		
Name of Federal Candidate: McGrath, Amy, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 06 State: KY		
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Facebook Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 1 HACKER WAY			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 30 / 2018		
City MENLO PARK	State CA	Zip Code 94025	Amount 15.00		
Purpose of Expenditure Advertising		Category/Type 	Transaction ID : SE.4580 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 01 / 2018		
Name of Federal Candidate: Golden, Jared, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 02 State: ME		
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			30.00		
(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.					
Signature <i>Zullo, Christopher, , ,</i>		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 05 / 03 / 2019	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 30 OF 69
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00522458 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	

Full Name of Payee Facebook Inc. <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>						
Mailing Address 1 HACKER WAY	Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">15.00</div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City</td> <td style="width:33%; border-bottom: 1px solid black;">State</td> <td style="width:33%; border-bottom: 1px solid black;">Zip Code</td> </tr> <tr> <td>MENLO PARK</td> <td>CA</td> <td>94025</td> </tr> </table>		City	State	Zip Code	MENLO PARK	CA	94025
City		State	Zip Code				
MENLO PARK	CA	94025					
Purpose of Expenditure Advertising							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President							
District: <u>09</u> State: <u>NC</u>							
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">0.00</div>							
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶							

Full Name of Payee Facebook Inc. <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>						
Mailing Address 1 HACKER WAY	Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">15.00</div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-bottom: 1px solid black;">City</td> <td style="width:33%; border-bottom: 1px solid black;">State</td> <td style="width:33%; border-bottom: 1px solid black;">Zip Code</td> </tr> <tr> <td>MENLO PARK</td> <td>CA</td> <td>94025</td> </tr> </table>		City	State	Zip Code	MENLO PARK	CA	94025
City		State	Zip Code				
MENLO PARK	CA	94025					
Purpose of Expenditure Advertising							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President							
District: <u>13</u> State: <u>NC</u>							
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">0.00</div>							
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶							

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">30.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div>

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]

Date

M M /

D D /

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 31 OF 69
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00522458 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY	
Full Name of Payee Facebook Inc. <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2018		
Mailing Address 1 HACKER WAY			Amount 15.00		
City MENLO PARK	State CA	Zip Code 94025	Transaction ID : SE.4586 Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2018		
Purpose of Expenditure Advertising		Category/ Type 	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Kim, Andrew, , ,		
Calendar Year-To-Date Per Election for Office Sought 0.00		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 03 State: NJ			
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			
Full Name of Payee Facebook Inc. <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 30 / 2018		
Mailing Address 1 HACKER WAY			Amount 15.00		
City MENLO PARK	State CA	Zip Code 94025	Transaction ID : SE.4588 Date of Disbursement or Obligation MM / DD / YYYY 07 / 01 / 2018		
Purpose of Expenditure Advertising		Category/ Type 	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Malinowski, Tom, , ,		
Calendar Year-To-Date Per Election for Office Sought 0.00		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 07 State: NJ			
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures			30.00		
(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.					
Signature <i>Zullo, Christopher, , ,</i>		[Electronically Filed]		Date MM / DD / YYYY 05 / 03 / 2019	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 32 OF 69
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE				FEC IDENTIFICATION NUMBER ▼ C C00522458	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Facebook Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 1 HACKER WAY			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 30 / 2018		
City MENLO PARK		State CA	Zip Code 94025		Amount 15.00
Purpose of Expenditure Advertising			Category/Type 		Transaction ID : SE.4589 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 01 / 2018
Name of Federal Candidate: Torres Small, Xochitl, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NM	
Calendar Year-To-Date Per Election for Office Sought			0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Facebook Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 1 HACKER WAY			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 30 / 2018		
City MENLO PARK		State CA	Zip Code 94025		Amount 15.00
Purpose of Expenditure Advertising			Category/Type 		Transaction ID : SE.4591 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 01 / 2018
Name of Federal Candidate: Delgado, Antonio, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought			0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			30.00		
(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.					
Signature <i>Zullo, Christopher, , ,</i>			[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 05 / 03 / 2019

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 33 OF 69
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00522458 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee Facebook Inc. <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 1 HACKER WAY			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">15.00</div> Transaction ID : SE.4592 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
City MENLO PARK	State CA	Zip Code 94025		
Purpose of Expenditure Advertising		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; margin-top: 2px;"></div>		
Name of Federal Candidate: Brindisi, Anthony, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 22 State: NY	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Facebook Inc. <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 1 HACKER WAY			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">15.00</div> Transaction ID : SE.4594 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
City MENLO PARK	State CA	Zip Code 94025		
Purpose of Expenditure Advertising		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; margin-top: 2px;"></div>		
Name of Federal Candidate: Pureval, Aftab, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 01 State: OH	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	30.00
(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]

Date

M M /

D D /

Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 34 OF 69
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00522458 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee Facebook Inc. <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1 HACKER WAY			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">15.00</div> Transaction ID : SE.4596 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
City MENLO PARK	State CA	Zip Code 94025		
Purpose of Expenditure Advertising		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>		
Name of Federal Candidate: Wallace, Scott, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 01 State: PA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Facebook Inc. <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1 HACKER WAY			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">15.00</div> Transaction ID : SE.4600 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
City MENLO PARK	State CA	Zip Code 94025		
Purpose of Expenditure Advertising		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>		
Name of Federal Candidate: Spanberger, Abigail, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 07 State: VA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	30.00
(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]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 35 OF 69
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE				FEC IDENTIFICATION NUMBER ▼ C C00522458	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Facebook Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 1 HACKER WAY			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 30 / 2018		
City MENLO PARK		State CA	Zip Code 94025		
Purpose of Expenditure Advertising		Category/Type 		Amount 15.00	
Name of Federal Candidate: Lindsay, Richard, Richard, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 08 State: WA		
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Jaalin Harvey: PPWS			<input type="checkbox"/> Memo Item		
Mailing Address 7179 Lake Carlisle Blvd			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 01 / 2018		
City Orlando		State FL	Zip Code 32829		
Purpose of Expenditure Online Marketing		Category/Type 		Amount 113.00	
Name of Federal Candidate: Golden, Jared, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 02 State: ME		
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			 128.00		
(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.					
Signature Zullo, Christopher, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 05 / 03 / 2019	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 36 OF 69
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00522458 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

Full Name of Payee <input type="checkbox"/> Memo Item Jaalin Harvey: PPWS	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>						
Mailing Address 7179 Lake Carlisle Blvd	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">113.00</div> Transaction ID : SE.4605 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">City</td> <td style="width: 20%;">State</td> <td style="width: 40%;">Zip Code</td> </tr> <tr> <td>Orlando</td> <td>FL</td> <td>32829</td> </tr> </table>		City	State	Zip Code	Orlando	FL	32829
City		State	Zip Code				
Orlando	FL	32829					
Purpose of Expenditure Online Marketing							
Name of Federal Candidate: Crow, Jason, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 06 State: CO						
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶						

Full Name of Payee <input type="checkbox"/> Memo Item Jaalin Harvey: PPWS	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>						
Mailing Address 7179 Lake Carlisle Blvd	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">113.00</div> Transaction ID : SE.4606 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">City</td> <td style="width: 20%;">State</td> <td style="width: 40%;">Zip Code</td> </tr> <tr> <td>Orlando</td> <td>FL</td> <td>32829</td> </tr> </table>		City	State	Zip Code	Orlando	FL	32829
City		State	Zip Code				
Orlando	FL	32829					
Purpose of Expenditure Online Marketing							
Name of Federal Candidate: Finkenauer, Abby, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 01 State: IA						
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶						

(a) SUBTOTAL of Itemized Independent Expenditures	226.00
(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]

Date

 M M / D D / Y Y Y Y Y Y
 05 / 03 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 37 OF 69
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE				FEC IDENTIFICATION NUMBER ▼ C C00522458	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee Jaalin Harvey: PPWS			<input type="checkbox"/> Memo Item		
Mailing Address 7179 Lake Carlisle Blvd			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2018		
City Orlando	State FL	Zip Code 32829	Amount 113.00		
Purpose of Expenditure Online Marketing		Category/ Type 	Transaction ID : SE.4607 Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2018		
Name of Federal Candidate: Stevens, Haley, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 11 State: MI		
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Jaalin Harvey: PPWS			<input type="checkbox"/> Memo Item		
Mailing Address 7179 Lake Carlisle Blvd			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2018		
City Orlando	State FL	Zip Code 32829	Amount 113.00		
Purpose of Expenditure Online Marketing		Category/ Type 	Transaction ID : SE.4608 Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2018		
Name of Federal Candidate: Craig, Angie, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 02 State: MN		
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			226.00		
(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.					
Signature <i>Zullo, Christopher, , ,</i>		[Electronically Filed]		Date MM / DD / YYYY 05 / 03 / 2019	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 38 OF 69
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00522458 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

Full Name of Payee <input type="checkbox"/> Memo Item Jaalin Harvey: PPWS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">113.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4609 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Online Marketing		Category/ Type	<div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: Phillips, Dean, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Jaalin Harvey: PPWS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">113.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4610 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Online Marketing		Category/ Type	<div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: Sherrill, Mike, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 11 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NJ	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	226.00
(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]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 39 OF 69
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00522458 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Jaalin Harvey: PPWS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">113.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4611 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Online Marketing			Category/ Type	
Name of Federal Candidate: Lee, Susie, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 03 State: NV	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Jaalin Harvey: PPWS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">113.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4612 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Online Marketing			Category/ Type	
Name of Federal Candidate: Wexton, Jennifer, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 10 State: VA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	226.00
(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]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 40 OF 69
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00522458 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

Full Name of Payee <input type="checkbox"/> Memo Item Jaalin Harvey: PPWS			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">113.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4613 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Purpose of Expenditure Online Marketing		Category/Type <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate: Feehan, Dan, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Jaalin Harvey: PPWS			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">113.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4614 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Purpose of Expenditure Online Marketing		Category/Type <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate: Radinovich, Joe, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">226.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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

Signature Zullo, Christopher, , , [Electronically Filed]

Date / /

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 41 OF 69
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00522458 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <div style="float: right; text-align: right;"> New report Amends report filed on MM / DD / YYYY </div>				
Full Name of Payee <input type="checkbox"/> Memo Item Jaalin Harvey: PPWS			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 07 / 01 / 2018 </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 113.00 </div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4615 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 30 / 2018 </div>	
Purpose of Expenditure Online Marketing			Category/Type 	
Name of Federal Candidate: Mucarsel-Powell, Debbie, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Jaalin Harvey: PPWS			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 07 / 01 / 2018 </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 113.00 </div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4616 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 30 / 2018 </div>	
Purpose of Expenditure Online Marketing			Category/Type 	
Name of Federal Candidate: Axne, Cindy, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 226.00 </div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>	
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 226.00 </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Zullo, Christopher, , ,</u>			Date MM / DD / YYYY 05 / 03 / 2019	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 42 OF 69
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00522458 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <div style="float: right; text-align: right;"> New report Amends report filed on MM / DD / YYYY </div>				
Full Name of Payee <input type="checkbox"/> Memo Item Jaalin Harvey: PPWS			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2018	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">113.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4617 Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2018	
Purpose of Expenditure Online Marketing			Category/Type 	
Name of Federal Candidate: Shalala, Donna, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 27 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Jaalin Harvey: PPWS			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2018	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">113.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4619 Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2018	
Purpose of Expenditure Online Marketing			Category/Type 	
Name of Federal Candidate: Davis, Paul, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;">226.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Zullo, Christopher, , ,</u>			Date MM / DD / YYYY 05 / 03 / 2019	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 43 OF 69
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE				FEC IDENTIFICATION NUMBER ▼ C C00522458	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee Jaalin Harvey: PPWS			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2018		
Mailing Address 7179 Lake Carlisle Blvd			Amount 113.00		
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4620		
Purpose of Expenditure Online Marketing		Category/Type 	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2018		
Name of Federal Candidate: McGrath, Amy, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 06 State: KY		
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Jaalin Harvey: PPWS			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2018		
Mailing Address 7179 Lake Carlisle Blvd			Amount 113.00		
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4621		
Purpose of Expenditure Online Marketing		Category/Type 	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2018		
Name of Federal Candidate: McCready, Dan, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 09 State: NC		
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			226.00		
(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.					
Signature Zullo, Christopher, , ,		[Electronically Filed]		Date MM / DD / YYYY 05 / 03 / 2019	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 44 OF 69
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE				FEC IDENTIFICATION NUMBER ▼ C C00522458	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee Jaalin Harvey: PPWS			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2018		
Mailing Address 7179 Lake Carlisle Blvd			Amount 113.00		
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4622		
Purpose of Expenditure Online Marketing		Category/ Type 	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2018		
Name of Federal Candidate: Manning, Kathy, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>13</u> <input type="checkbox"/> President <input type="checkbox"/> State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Jaalin Harvey: PPWS			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 01 / 2018		
Mailing Address 7179 Lake Carlisle Blvd			Amount 113.00		
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4623		
Purpose of Expenditure Online Marketing		Category/ Type 	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2018		
Name of Federal Candidate: Kim, Andrew, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>03</u> <input type="checkbox"/> President <input type="checkbox"/> State: <u>NJ</u>		
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			226.00		
(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.					
Signature <i>Zullo, Christopher, , ,</i>		[Electronically Filed]		Date MM / DD / YYYY 05 / 03 / 2019	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 45 OF 69
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00522458 </div>
--	--

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

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Jaalin Harvey: PPWS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">113.00</div> Transaction ID : SE.4624 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
City Orlando	State FL	Zip Code 32829		
Purpose of Expenditure Online Marketing		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>		
Name of Federal Candidate: Malinowski, Tom, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NJ	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Jaalin Harvey: PPWS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">113.00</div> Transaction ID : SE.4625 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
City Orlando	State FL	Zip Code 32829		
Purpose of Expenditure Online Marketing		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>		
Name of Federal Candidate: Torres Small, Xochitl, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NM	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	226.00
(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]

Date

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M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 46 OF 69
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00522458 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	

Full Name of Payee <input type="checkbox"/> Memo Item Jaalin Harvey: PPWS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">113.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4626 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Online Marketing			Category/ Type	
Name of Federal Candidate: Delgado, Antonio, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 19 State: NY	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Jaalin Harvey: PPWS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">113.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4627 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Online Marketing			Category/ Type	
Name of Federal Candidate: Brindisi, Anthony, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 22 State: NY	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	226.00
(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]

Date

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Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 47 OF 69
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00522458 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	

Full Name of Payee <input type="checkbox"/> Memo Item Jaalin Harvey: PPWS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">113.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4628 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Online Marketing		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: Pureval, Aftab, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">0.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Jaalin Harvey: PPWS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">113.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4629 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Online Marketing		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: Wallace, Scott, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">0.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	226.00
(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]

Date

M M /

D D /

Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 48 OF 69
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00522458 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

Full Name of Payee <input type="checkbox"/> Memo Item Jaalin Harvey: PPWS			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">113.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4630 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Purpose of Expenditure Online Marketing		Category/ Type <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate: McAdams, Ben, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: UT	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Jaalin Harvey: PPWS			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">113.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4631 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Purpose of Expenditure Online Marketing		Category/ Type <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate: Luria, Elaine, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">226.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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

Signature Zullo, Christopher, , , [Electronically Filed]

Date / /

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 49 OF 69
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00522458 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <div style="float: right; text-align: right;"> New report Amends report filed on MM / DD / YYYY </div>				
Full Name of Payee <input type="checkbox"/> Memo Item Jaalin Harvey: PPWS			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 07 / 01 / 2018 </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 113.00 </div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4632 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 30 / 2018 </div>	
Purpose of Expenditure Online Marketing			Category/Type 	
Name of Federal Candidate: Spanberger, Abigal, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA	
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item Jaalin Harvey: PPWS			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 07 / 01 / 2018 </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 113.00 </div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4633 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 09 / 30 / 2018 </div>	
Purpose of Expenditure Online Marketing			Category/Type 	
Name of Federal Candidate: Lindsay, Richard, Richard, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WA	
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 226.00 </div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Zullo, Christopher, , ,</u>			Date MM / DD / YYYY 05 / 03 / 2019	
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 50 OF 69
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00522458 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

Full Name of Payee <input type="checkbox"/> Memo Item Jaalin Harvey: PPWS			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <input type="text"/>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4636 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Purpose of Expenditure Online Marketing		Category/ Type <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate: Kirpatrick, Ann, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 02 State: AZ	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <input type="text"/>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4526 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Suppor		Category/ Type <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate: Delgado, Antonio, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 19 State: NY	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶ <input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶ <input type="text"/>
(c) TOTAL Independent Expenditures	▶ <input type="text"/>

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

Signature Zullo, Christopher, , , [Electronically Filed]

Date / /

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

PAGE 51 OF 69
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼ C C00522458
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Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee PinPoint WebSolutions <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 01 / 2018	
Mailing Address 7179 Lake Carlisle Blvd			Amount 950.00	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4528	
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Support			Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 30 / 2018	
Name of Federal Candidate: Malinowski, Tom, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 07 State: NJ	
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee PinPoint WebSolutions <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 01 / 2018	
Mailing Address 7179 Lake Carlisle Blvd			Amount 950.00	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4530	
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Support			Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 30 / 2018	
Name of Federal Candidate: Balter, Dana, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 24 State: NY	
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	1900.00
(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]

Date

M M / D D / Y Y Y Y Y Y
05 / 03 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 52 OF 69
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00522458 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">950.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4532 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Support			Category/ Type	
Name of Federal Candidate: Rose, Max, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 11 State: NY	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">950.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4535 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Support			Category/ Type	
Name of Federal Candidate: Cobb, Tedra, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 21 State: NY	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	1900.00
(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]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 53 OF 69
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00522458 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">950.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4537 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Support			Category/ Type	
Name of Federal Candidate: Shirley, Liuba, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 02 State: NY	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">950.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4539 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Support			Category/ Type	
Name of Federal Candidate: Van Drew, Jeff, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 02 State: NJ	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1900.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

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]

Date

M M /

D D /

Y Y Y Y Y Y

Signature

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

PAGE 54 OF 69
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼ C C00522458
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Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee PinPoint WebSolutions <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 01 / 2018	
Mailing Address 7179 Lake Carlisle Blvd			Amount 963.00	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4638	
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Support			Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 30 / 2018	
Name of Federal Candidate: Sidie, Jay, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 03 State: KS	
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee PinPoint WebSolutions <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 01 / 2018	
Mailing Address 7179 Lake Carlisle Blvd			Amount 402.00	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4640	
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Support			Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 30 / 2018	
Name of Federal Candidate: Kirpatrick, Ann, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 02 State: AZ	
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures 1365.00

(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]

Date

M M / D D / Y Y Y Y Y Y
05 / 03 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 55 OF 69
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00522458 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>07 / 01 / 2018</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">402.00</div>	
City Orlando	State FL	Zip Code 32829		
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Support		Category/ Type	Transaction ID : SE.4641 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>09 / 30 / 2018</div> </div>	
Name of Federal Candidate: Crow, Jason, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>06</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CO</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>07 / 01 / 2018</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">402.00</div>	
City Orlando	State FL	Zip Code 32829		
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Support		Category/ Type	Transaction ID : SE.4642 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>09 / 30 / 2018</div> </div>	
Name of Federal Candidate: Finkenauer, Abby, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;">804.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures	▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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]

Date

MM / DD / YYYY

05 / 03 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 56 OF 69
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00522458 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	

Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>						
Mailing Address 7179 Lake Carlisle Blvd	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 402.00 </div>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">City</td> <td style="width: 33%; border-bottom: 1px solid black;">State</td> <td style="width: 33%; border-bottom: 1px solid black;">Zip Code</td> </tr> <tr> <td>Orlando</td> <td>FL</td> <td>32829</td> </tr> </table>		City	State	Zip Code	Orlando	FL	32829
City		State	Zip Code				
Orlando	FL	32829					
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Support							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate							
District: 11 State: MI							
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 0.00 </div>							
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶							

Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>						
Mailing Address 7179 Lake Carlisle Blvd	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 402.00 </div>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">City</td> <td style="width: 33%; border-bottom: 1px solid black;">State</td> <td style="width: 33%; border-bottom: 1px solid black;">Zip Code</td> </tr> <tr> <td>Orlando</td> <td>FL</td> <td>32829</td> </tr> </table>		City	State	Zip Code	Orlando	FL	32829
City		State	Zip Code				
Orlando	FL	32829					
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Support							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate							
District: 02 State: MN							
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 0.00 </div>							
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶							

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 804.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 0.00 </div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 804.00 </div>

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]

Date

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Signature

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

PAGE 57 OF 69
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼ C C00522458
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Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee PinPoint WebSolutions <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 01 / 2018	
Mailing Address 7179 Lake Carlisle Blvd			Amount 402.00	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4645	
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Support			Category/Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 30 / 2018
Name of Federal Candidate: Phillips, Dean, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee PinPoint WebSolutions <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 01 / 2018	
Mailing Address 7179 Lake Carlisle Blvd			Amount 402.00	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4646	
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Support			Category/Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 30 / 2018
Name of Federal Candidate: Sherrill, Mike, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 11 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	804.00
(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]

Date

M M / D D / Y Y Y Y Y Y
05 / 03 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 58 OF 69
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00522458 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	

Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>						
Mailing Address 7179 Lake Carlisle Blvd	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 402.00 </div>						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">Zip Code</td> </tr> <tr> <td>Orlando</td> <td>FL</td> <td>32829</td> </tr> </table>		City	State	Zip Code	Orlando	FL	32829
City		State	Zip Code				
Orlando	FL	32829					
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Support							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Lee, Susie, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 03 State: NV						
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶						

Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>						
Mailing Address 7179 Lake Carlisle Blvd	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 402.00 </div>						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">Zip Code</td> </tr> <tr> <td>Orlando</td> <td>FL</td> <td>32829</td> </tr> </table>		City	State	Zip Code	Orlando	FL	32829
City		State	Zip Code				
Orlando	FL	32829					
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Support							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Wexton, Jennifer, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 10 State: VA						
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶						

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 804.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 0.00 </div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 804.00 </div>

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]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 59 OF 69
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00522458 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	

Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>						
Mailing Address 7179 Lake Carlisle Blvd	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">402.00</div> Transaction ID : SE.4649 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>						
<table border="1" style="width:100%"> <tr> <td style="width:33%">City</td> <td style="width:33%">State</td> <td style="width:33%">Zip Code</td> </tr> <tr> <td>Orlando</td> <td>FL</td> <td>32829</td> </tr> </table>		City	State	Zip Code	Orlando	FL	32829
City		State	Zip Code				
Orlando	FL	32829					
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Support							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Feehan, Dan, , ,							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 01 State: MN							
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>							
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶							

Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>						
Mailing Address 7179 Lake Carlisle Blvd	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">402.00</div> Transaction ID : SE.4650 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>						
<table border="1" style="width:100%"> <tr> <td style="width:33%">City</td> <td style="width:33%">State</td> <td style="width:33%">Zip Code</td> </tr> <tr> <td>Orlando</td> <td>FL</td> <td>32829</td> </tr> </table>		City	State	Zip Code	Orlando	FL	32829
City		State	Zip Code				
Orlando	FL	32829					
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Support							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Radinovich, Joe, , ,							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 08 State: MI							
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>							
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶							

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;">804.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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]

Date

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M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 60 OF 69
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00522458 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">402.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4651 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Support			Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate: Mucarsel-Powell, Debbie, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">402.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4652 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Support			Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate: Shalala, Donna, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 27 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	804.00
(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]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 61 OF 69
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00522458 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>07 / 01 / 2018</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">402.00</div>	
City Orlando	State FL	Zip Code 32829		
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Support		Category/ Type	Transaction ID : SE.4653 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>09 / 30 / 2018</div> </div>	
Name of Federal Candidate: Axne, Cindy, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>07 / 01 / 2018</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">402.00</div>	
City Orlando	State FL	Zip Code 32829		
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Support		Category/ Type	Transaction ID : SE.4654 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>09 / 30 / 2018</div> </div>	
Name of Federal Candidate: Davis, Paul, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">804.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures	▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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]

Date

 MM / DD / YYYY
 05 / 03 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 62 OF 69
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00522458 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> </div>	

Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 402.00 </div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4655 Date of Disbursement or Obligation <div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Support		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	<div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: McGrath, Amy, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KY	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">0.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 402.00 </div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4656 Date of Disbursement or Obligation <div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Support		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	<div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: Golden, Jared, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ME	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">0.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	804.00
(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]

Date

M M /

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Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 64 OF 69
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00522458 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">402.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4660 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Support			Category/ Type	
Name of Federal Candidate: Kim, Andrew, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 03 State: NJ	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">402.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4664 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Support			Category/ Type	
Name of Federal Candidate: Malinowski, Tom, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 07 State: NJ	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	804.00
(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]

Date

M M /

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Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 65 OF 69
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00522458 </div>
--	---

 Check if ☐ 24-hour report ☐ 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 07 / 01 / 2018 </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">402.00</div>	
City Orlando	State FL	Zip Code 32829		
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Support		Category/ Type 	Transaction ID : SE.4665 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 09 / 30 / 2018 </div>	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Torres Small, Xochitl, , ,			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President <input type="checkbox"/> State: NM	
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 07 / 01 / 2018 </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">402.00</div>	
City Orlando	State FL	Zip Code 32829		
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Support		Category/ Type 	Transaction ID : SE.4666 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 09 / 30 / 2018 </div>	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Delgado, Antonio, , ,			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 19 <input type="checkbox"/> President <input type="checkbox"/> State: NY	
Calendar Year-To-Date Per Election for Office Sought 0.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	804.00
(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]

Date

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 05 / 03 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 66 OF 69
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00522458 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">402.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4667 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Support			Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: Brindisi, Anthony, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 22 State: NY	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">402.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4668 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Support			Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: Pureval, Aftab, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: OH	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	804.00
(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]

Date

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Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 67 OF 69
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00522458 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">402.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4669 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Support			Category/ Type	
Name of Federal Candidate: Wallace, Scott, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 01 State: PA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">402.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4670 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Support			Category/ Type	
Name of Federal Candidate: McAdams, Ben, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 04 State: UT	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	804.00
(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]

Date

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Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 68 OF 69
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00522458 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	

Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>						
Mailing Address 7179 Lake Carlisle Blvd	Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">402.00</div>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">City</td> <td style="width: 20%;">State</td> <td style="width: 40%;">Zip Code</td> </tr> <tr> <td>Orlando</td> <td>FL</td> <td>32829</td> </tr> </table>	City	State	Zip Code	Orlando	FL	32829	Transaction ID : SE.4671 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>
City	State	Zip Code					
Orlando	FL	32829					
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Support	Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>						
Name of Federal Candidate: Luria, Elaine, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 02 State: VA						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">0.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶						

Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>						
Mailing Address 7179 Lake Carlisle Blvd	Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">402.00</div>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">City</td> <td style="width: 20%;">State</td> <td style="width: 40%;">Zip Code</td> </tr> <tr> <td>Orlando</td> <td>FL</td> <td>32829</td> </tr> </table>	City	State	Zip Code	Orlando	FL	32829	Transaction ID : SE.4672 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>
City	State	Zip Code					
Orlando	FL	32829					
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Support	Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>						
Name of Federal Candidate: Spanberger, Abigail, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 07 State: VA						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">0.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶						

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">804.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;"></div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;"></div>

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]

Date

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Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 69 OF 69
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00522458 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶			New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 07 / 01 / 2018 </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 402.00 </div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4673 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 09 / 30 / 2018 </div>	
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Suppor			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate: Lindsay, Richard, Richard, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Mailing Address			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
City	State	Zip Code	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Purpose of Expenditure			Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 402.00 </div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y </div>	
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 23699.43 </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Zullo, Christopher, , ,</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;"> M M / D D / Y Y Y Y Y Y 05 / 03 / 2019 </div>	

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