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Image# 201904229149578350

FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FURIVI 3A	For	Other Than An Ai	uthorized	l Commit	tee		Office Us	se Only	
NAME OF COMMITTEE (in		E OR PRINT ▼		mple: If typr r the lines.	ning, type	12FE	1M5		
TOGETHER V	VE THRIVE								
ADDRESS (number at Check if diff than previous reported. (A	ferent	433 Lithia Pinecrest Roa TE 198 /ALRICO	nd			FL	33596	<u> </u>	
2. FEC IDENTIFIC	CATION NUMB	ER ▼	CITY A			STATE A		ZIP COD	DE 🛦
C C005224	58	3.	IS THIS REPORT	×	NEW (N) OR		AMENDED (A)		
July 15 Quarter	eports: j ly Report (Q1) ly Report (Q2)	Report Due On:	eb 20 (M2) lar 20 (M3) pr 20 (M4)	Primary (12		Gene	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) eral (12G) ial (12S)		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
January Year-Er July 31 Report Year Or	ly Report (Q3)	(d) 30-Day POST-Election Report for the:	ition on	General (30		Runc	off (30R)	in the State of	Special (30S)
5. Covering Period	M M M 04	01 2018		through	M M M 06	/ D D D 30	/ Y Y 20	State of	
I certify that I have e	Z	eport and to the best ullo, Christopher, , ,	of my kno	wledge and	belief it is tr	ue, correct	and comple	te.	
Signature of Treasure	Zullo, Chr er	istopher, , ,		[Electronica	lly Filed]	Date 0	4 / 22		2019
NOTE: Submission of	false, erroneous	, or incomplete information	tion may su	ibject the pe	erson signing t	his Report	to the penalti	es of 52	U.S.C. § 30109
Office Use								FORI Rev. 05/20	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

_	FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page 2
	Write or Type Committee Name		_
_	TOGETHER WE THRIVE		
F	Report Covering the Period: From:	04	06 30 / 2018
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2018		0.00
	(b) Cash on Hand at Beginning of Reporting Period	1120.00	
	(c) Total Receipts (from Line 19)	10100.00	19220.86
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	11220.00	19220.86
7.	Total Disbursements (from Line 31)	24559.64	32560.50
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	- 13339.64	- 13339.64
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
	This committee has qualified as a mult	icandidate committee. (see FEC FORM 1M)	
		For further information contact:	
		Federal Election Commission 999 E Street, NW Washington, DC 20463	
		Toll Free 800-424-9530 Local 202-694-1100	

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

TOGETHER WE THRIVE

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Contributions (other than loans) From:	10.00 1 0.100	Guisinai Tour to Duto		
(a) Individuals/Persons Other				
Than Political Committees				
(i) Itemized (use Schedule A)	10100.00	19220.86		
(ii) Unitemized	0.00	0.00		
(iii) TOTAL (add				
Lines 11(a)(i) and (ii)▶	10100.00	19220.86		
_		0.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	0.00	0.00		
(such as PACs)	0.00	0.00		
(d) Total Contributions (add Lines				
11(a)(iii), (b), and (c)) (Carry	10100.00	19220.86		
Totals to Line 33, page 5)	10100.00	10220.00		
Transfers From Affiliated/Other	0.00	0.00		
Party Committees	0.00	0.00		
All Loans Received	0.00	0.00		
All Loans received	4 4	4 4		
Lean Danaymenta Dassiyad	0.00	0.00		
Loan Repayments Received	0.00	0.00		
Offsets To Operating Expenditures				
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00		
Refunds of Contributions Made	45 45 45	7 7		
to Federal Candidates and Other				
Political Committees	0.00	0.00		
Other Federal Receipts	4 4	4 4		
(Dividends, Interest, etc.)	0.00	0.00		
Transfers from Non-Federal and Levin Funds	4 4	4 4		
(a) Non-Federal Account				
(from Schedule H3)	0.00	0.00		
	4 4			
(b) Levin Funds (from Schedule H5)	0.00	0.00		
(b) Levin Fando (nom conodato Fio)	4 4	7 7		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00		
	4	4 4		
Total Receipts (add Lines 11(d),				
12, 13, 14, 15, 16, 17, and 18(c))	10100.00	19220.86		
12, 10, 14, 10, 10, 17, allu 10(0))	10100.00	19220.00		
Total Federal Receipts				
iotal i odolal i locolpto				

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
	perating Expenditures:) Allocated Federal/Non-Federal		
	Activity (from Schedule H4) (i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(b	. 11		
(0	Expenditures Total Operating Expenditures	0.00	0.00
(C	(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
	ansfers to Affiliated/Other Party	0.00	0.00
. Co	ommitteesontributions to	0.00	0.00
ar	ederal Candidates/Committees nd Other Political Committees	0.00	0.00
	dependent Expenditures se Schedule E)	21779.01	28279.87
. Co	pordinated Party Expenditures 2 U.S.C. § 30116(d))	2177.01	20219.01
(u	se Schedule F)	0.00	0.00
. Lo	pan Repayments Made	0.00	0.00
	pans Made	0.00	0.00
. Re	efunds of Contributions To:) Individuals/Persons Other Than Political Committees	0.00	0.00
		0.00	4 4 4
(b (c		0.00	0.00
(0	(such as PACs)	0.00	0.00
(d	,		4 4
	(add Lines 28(a), (b), and (c))	0.00	0.00
	ther Disbursements (Including		
No	on-Federal Donations)	2780.63	4280.63
	ederal Election Activity (52 U.S.C. § 30101(2) Allocated Federal Election Activity (from Schedule H6)	0))	
	(i) Federal Share	0.00	0.00
(b	(ii) "Levin" Share) Federal Election Activity Paid	0.00	0.00
,	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
To	otal Disbursements (add Lines 21(c), 22,	7 7	
	3, 24, 25, 26, 27, 28(d), 29 and 30(c))	24559.64	32560.50
	otal Federal Disbursements		
	ubtract Line 21(a)(ii) and Line 30(a)(ii)	0.550.01	
110	DIT LINE 01/	24559.64	32560.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

FEC FORM 3X (Rev. 05/2016)		Page 3				
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)	10100.00	19220.86				
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00				
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10100.00	19220.86				
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				

						PAGE	=	6	OF		76
	(check only one)										
	×	11a		11b		11c		12			
		13		14		15		16	;		17

		any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE		
Full Name of Individual (Last, First, Middle Barris, Robert, , , Mailing Address 14252 CULVER DR	Initial) or Full Organization Name	Date of Receipt
011	7:01	06 25 2018
City IRVINE	State Zip Code 92780	Transaction ID : SA11AI.4220
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer (for Individual) NVIDIA Receipt For:	Occupation (for Individual) SW ENGINEER	Memo Item
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name of Individual (Last, First, Middle Barris, Robert, , , Mailing Address 14252 CULVER DR	Date of Receipt	
City	State Zip Code	06 27 2018
IRVINE	CA 92780	Transaction ID : SA11AI.4221 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) NVIDIA	Occupation (for Individual) SW ENGINEER	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name of Individual (Last, First, Middle Barris, Robert, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 14252 CULVER DR		06 28 2018
City IRVINE	State Zip Code 92780	Transaction ID : SA11AI.4218
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) NVIDIA	Occupation (for Individual) SW ENGINEER	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional).		400.00
TOTAL This Period (last page this line number	er only)	

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			person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE			
Full Name of Individual (Last, First, Middle I BOUTROUS, THEODORE, , , Mailing Address 12243 CANNA ROAD			Date of Receipt 05 28 2018
City LOS ANGELES	State CA	Zip Code 90049	Transaction ID : SA11AI.4214
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer (for Individual) LAWYER	Occupa Owner	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼	
Full Name of Individual (Last, First, Middle I CHEN, TERESA, , , Mailing Address 9820 WELSH DRIVE	Date of Receipt 06 30 2018		
City	State	Zip Code 99301	Transaction ID : SA11AI.4254
PASCO FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 100.00	
Name of Employer (for Individual)	Occupa LAWYI	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼	
Full Name of Individual (Last, First, Middle I	nitial) or Full Orga	anization Name	Date of Receipt
Mailing Address 9820 WELSH DRIVE			06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City PASCO	State WV	Zip Code 99301	Transaction ID : SA11AI.4256 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual)	Occupa LAWYE	ation (for Individual) ER	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)			1200.00
TOTAL This Period (last page this line numbe	er only)		

FOR LINE NUMBER:						PAGE	8	OF	76
(c	he	ck only	or	ne)					
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	ly information copied from such Reports and Stat for commercial purposes, other than using the na							
\setminus	NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE							
Α.	Full Name of Individual (Last, First, Middle Initial DAVID, JAMES, , , Mailing Address 7311 GALVESTON) or Full Or	ganization Name	Date of Receipt				
	City	State	Zip Code	04 27 2018 Transaction ID : SA11AI.4244				
	Galvenston	TX	77034	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer (for Individual) Self-Employed	Occu Sale:	pation (for Individual) s	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼					
В.	Full Name of Individual (Last, First, Middle Initial DUNN, JAMES, , , Mailing Address 218 W KING ST	Date of Receipt						
		T -	I	05 01 2018				
	City MARTINSBERG	State WV	Zip Code 25401	Transaction ID : SA11AI.4242 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		250.00				
	Name of Employer (for Individual) Gus America	Occu Sale	pation (for Individual) s	Memo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼					
<u> </u>	Full Name of Individual (Last, First, Middle Initial FLECK, STEPHANIE, , ,) or Full Or	ganization Name	Date of Receipt				
	Mailing Address 39 WHITE OAK ROAD			04 28 2018				
	City Waban	State ME	Zip Code 02468	Transaction ID : SA11AI.4236 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		100.00				
Name of Employer (for Individual) Not-Employed		Occu	pation (for Individual)	Memo Item				
	Receipt For: Primary General	Aggregate `	Year-to-Date ▼					
	Other (specify)		7 4 4					
S	UBTOTAL of Receipts This Page (optional)		•	600.00				
Т	OTAL This Period (last page this line number on	ly)						

FOR LINE NUMBER: (check only one) X 11a 11b						:	PAGE		9	OF		76
(check only one)												
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			13		14		15		16	;		17

			person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE			
Full Name of Individual (Last, First, Middle II FLECK, STEPHANIE, , , Mailing Address 39 WHITE OAK ROAD City	nitial) or Full Orga	anization Name	Date of Receipt 05 28 2018
Waban	ME	02468	Transaction ID : SA11AI.4238 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer (for Individual) Not-Employed Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ation (for Individual)	Memo Item
Full Name of Individual (Last, First, Middle II FLECK, STEPHANIE, , , Mailing Address 39 WHITE OAK ROAD	nitial) or Full Orga	anization Name	Date of Receipt 06 28 2018
City Waban	State ME	Zip Code 02468	Transaction ID : SA11AI.4239 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual) Not-Employed	Occupa	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ar-to-Date ▼	
Full Name of Individual (Last, First, Middle II GOLDBERG, MARGARET, , ,	nitial) or Full Orga	anization Name	Date of Receipt
Mailing Address 172 CHESTNUT ST	0	7. 0.4	05 09 2018
City CAMBRIDGE	State MA	Zip Code 02139	Transaction ID : SA11AI.4257 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Ye	ar-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)			300.00
TOTAL This Period (last page this line number	r only)		

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

FOR LINE I (check only)

F	OR	LINE	PAGE	: ′	10	OF		76			
(check only one)											
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		13		14		15		16			17

			person for the purpose of soliciting contributions ee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE							
Full Name of Individual (Last, First, Middle I GOLDBERG, MARGARET, , ,	Initial) or Full Orga	nization Name	Date of Receipt				
Mailing Address 172 CHESTNUT ST			06 09 2018				
City	State	Zip Code	Transaction ID : SA11AI.4259				
CAMBRIDGE	MA	02139	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	ÿ						
Name of Employer (for Individual)	Occupa	tion (for Individual)	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼					
Full Name of Individual (Last, First, Middle I JOHNSON, KATHY, , ,		nization Name	Date of Receipt				
Mailing Address 617 E 31ST ST UNIT B, UN	IT B		04 06 2018				
City	State	Zip Code	Transaction ID : SA11AI.4273				
LaGARANGE pARK	IL	60526	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		25.00				
Name of Employer (for Individual) Self-Employed	Occupa	ation (for Individual)	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼					
Full Name of Individual (Last, First, Middle I	Initial) or Full Orga	nization Name	Date of Receipt				
Mailing Address 617 E 31ST ST UNIT B, UN	IIT B		04				
City LaGARANGE pARK	State IL	Zip Code 60526	Transaction ID : SA11AI.4265 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		25.00				
Name of Employer (for Individual) Self-Employed	Occupa	tion (for Individual)	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼					
SUBTOTAL of Receipts This Page (optional)			150.00				
TOTAL This Period (last page this line number	er only)						

F	FOR LINE NUMBER:						: ′	11	OF	76
(check only one)										
	X 11a 11b					11c		12		
		13		14		15		16	;	17

			person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE			
Full Name of Individual (Last, First, Middle JOHNSON, KATHY, , , Mailing Address 617 E 31ST ST UNIT B, UNIT B		ganization Name	Date of Receipt
Mailing Address 617 E 3131 31 UNIT B, UI	NII D		04 09 2018
City	State	Zip Code	Transaction ID : SA11AI.4267
LaGARANGE pARK	IL	60526	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer (for Individual) Self-Employed	Occup	pation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼	
Full Name of Individual (Last, First, Middle JOHNSON, KATHY, , ,	,	ganization Name	Date of Receipt
Mailing Address 617 E 31ST ST UNIT B, UN	NII B		04 21 2018
City	State	Zip Code	Transaction ID : SA11AI.4268
LaGARANGE pARK	IL	60526	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer (for Individual) Self-Employed	Occup	oation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Y	ear-to-Date ▼	
Full Name of Individual (Last, First, Middle JOHNSON, KATHY, , ,	Initial) or Full Org	ganization Name	Date of Receipt
Mailing Address 617 E 31ST ST UNIT B, UI	NIT B		05 29 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City LaGARANGE pARK	State	Zip Code 60526	Transaction ID : SA11AI.4269
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) Self-Employed	Occup	pation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Y	ear-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)			75.00
TOTAL This Period (last page this line numb	er only)		

F	OR	LINE	NU	IMBER	PAGE	•	12 OF	=	76	
(check only one)										
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		13		14		15		16		17

	d Statements may not be sold or used by any p the name and address of any political committee	
NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE		
Full Name of Individual (Last, First, Middle JOHNSON, KATHY, , , Mailing Address 617 E 31ST ST UNIT B. U		Date of Receipt
	2	05 29 2018
City	State Zip Code	Transaction ID : SA11AI.4270
LaGARANGE pARK	IL 60526	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer (for Individual) Self-Employed	Occupation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name of Individual (Last, First, Middle JOHNSON, KATHY, , ,		Date of Receipt
Mailing Address 617 E 31ST ST UNIT B, UI		05 29 2018
City LaGARANGE pARK	State Zip Code IL 60526	Transaction ID : SA11AI.4271
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) Self-Employed	Occupation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name of Individual (Last, First, Middle	Initial) or Full Organization Name	Date of Receipt
Mailing Address 24 SEASCAPE		06 15 2018
City APTOS	State Zip Code CA 95003	Transaction ID : SA11AI.4240
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 300.00
Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Sales	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional))	350.00
TOTAL This Period (last page this line numb	per only)	

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[3	X	11a		11b		11c		12			
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	ny information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE			
Α.	Full Name of Individual (Last, First, Middle Init Lewis-Hutson, Teresa, , ,	ial) or Full Org	anization Name	Date of Receipt
	Mailing Address 9 CREEKSHIRE CT	Ta		04 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City WENTZVILLE	State MO	Zip Code 63385	Transaction ID : SA11AI.4225 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer (for Individual) Self-Employed	Occup Owne	ation (for Individual) r	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼	
В.	Full Name of Individual (Last, First, Middle Init Lewis-Hutson, Teresa, , , Mailing Address 9 CREEKSHIRE CT	ial) or Full Org	anization Name	Date of Receipt
	City	State	Zip Code	04 18 2018 Transaction ID : SA11Al.4229
	WENTZVILLE	МО	63385	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer (for Individual) Self-Employed	Occup Owne	ation (for Individual) r	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼	
С .	Full Name of Individual (Last, First, Middle Init Lewis-Hutson, Teresa, , ,	ial) or Full Org	anization Name	Date of Receipt
	Mailing Address 9 CREEKSHIRE CT	04-4-	7.0.4	05 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City WENTZVILLE	State MO	Zip Code 63385	Transaction ID : SA11AI.4230 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer (for Individual) Self-Employed	Owner		Memo Item
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼	
S	SUBTOTAL of Receipts This Page (optional)		·····	150.00
Т	OTAL This Period (last page this line number of	only)		

F	OR	LINE	NU	MBER	PAGE	_ ′	14	OF		76	
(check only one)											
	X	11a		11b		11c		12			
		13		14		15		16	;		17

	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE		
Full Name of Individual (Last, First, Middle I Lewis-Hutson, Teresa, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 9 CREEKSHIRE CT		05 08 2018
City WENTZVILLE	State Zip Code MO 63385	Transaction ID : SA11AI.4227 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Owner	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name of Individual (Last, First, Middle I Lewis-Hutson, Teresa, , , Mailing Address 9 CREEKSHIRE CT	nitial) or Full Organization Name	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City WENTZVILLE	State Zip Code MO 63385	Transaction ID : SA11AI.4231 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Owner	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name of Individual (Last, First, Middle I Lewis-Hutson, Teresa, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 9 CREEKSHIRE CT	Choko Zin Onda	06 04 2018
City WENTZVILLE	State Zip Code MO 63385	Transaction ID : SA11AI.4228 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Owner	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		175.00
TOTAL This Period (last page this line numbe	er only)	

F	OR	LINE	NU	IMBER	PAGE	•	15	OF		76	
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	Statements may not be sold or used by any pers he name and address of any political committee to					
NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE						
Full Name of Individual (Last, First, Middle I	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 1205 FOSTER STREET		05 18 2018				
City SOUTH BEND	State Zip Code IN 46617	Transaction ID : SA11AI.4224 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	0.00				
Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Owner	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼					
Full Name of Individual (Last, First, Middle I LINDBURG, EILEEN, , , Mailing Address 1205 FOSTER STREET	nitial) or Full Organization Name	Date of Receipt 06 14 2018				
City SOUTH BEND	State Zip Code IN 46617	Transaction ID : SA11AI.4222 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Owner	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼					
Full Name of Individual (Last, First, Middle I	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 5959 LONE CACTUS		04 22 / 2018				
City GLENDALE	State Zip Code AZ 85308	Transaction ID : SA11AI.4274 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer (for Individual) GILEAD SCIENCES / MEDICIS	Occupation (for Individual) EXECUTIVE	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼					
SUBTOTAL of Receipts This Page (optional)	>	350.00				
TOTAL This Period (last page this line number	er only)					

FOR LINE NUMBER:						PAGE	•	16	OF	76
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	Statements may not be sold or used by any per e name and address of any political committee	
NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE		
Full Name of Individual (Last, First, Middle In MILZ, BOB, , , Mailing Address 1207 DUNLAVY STREET City HOUSTON FEC ID number of contributing federal political committee. Name of Employer (for Individual) SAWYER & ASSOCIATES Receipt For: Primary General Other (specify)	State Zip Code TX 77019 C Occupation (for Individual) DESIGNER Aggregate Year-to-Date Aggregate Year-to-Date	Date of Receipt M M O6 O6 2018 Transaction ID: SA11AI.4216 Amount of Each Receipt this Period 500.00 Memo Item
Full Name of Individual (Last, First, Middle In Sperr, Michael, , , Mailing Address 1654 WOODS BEND RD City WEST PALM BEACH FEC ID number of contributing federal political committee. Name of Employer (for Individual) PARAMOUNT ENGINEERING Receipt For: Primary General Other (specify)	State Zip Code FL 33406 C Occupation (for Individual) LAND SURVEYING Aggregate Year-to-Date	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name of Individual (Last, First, Middle In Sperr, Michael, , , Mailing Address 1654 WOODS BEND RD City WEST PALM BEACH FEC ID number of contributing federal political committee. Name of Employer (for Individual) PARAMOUNT ENGINEERING Receipt For: Primary General Other (specify)	State Zip Code FL 33406 C Occupation (for Individual) LAND SURVEYING Aggregate Year-to-Date Aggregate Year-to-Date	Date of Receipt Mod
SUBTOTAL of Receipts This Page (optional)	>	600.00
TOTAL This Period (last page this line number	only)	

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	Statements may not be sold or used by any persename and address of any political committee to						
NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE							
Full Name of Individual (Last, First, Middle In STARK, THERESA, , ,	itial) or Full Organization Name	Date of Receipt					
Mailing Address 2 GUS SIKO ROAD							
City POUGHKEEPSIE	State Zip Code NY 12601	Transaction ID : SA11AI.4263 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	25.00					
Name of Employer (for Individual) Unemployed	Occupation (for Individual)	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼						
Full Name of Individual (Last, First, Middle In STARK, THERESA, , , Mailing Address 2 GUS SIKO ROAD	Date of Receipt 05 07 2018						
City POUGHKEEPSIE	State Zip Code NY 12601	Transaction ID : SA11AI.4264 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	25.00					
Name of Employer (for Individual) Unemployed	Occupation (for Individual)	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼						
Full Name of Individual (Last, First, Middle In STARK, THERESA, , ,	itial) or Full Organization Name	Date of Receipt					
Mailing Address 2 GUS SIKO ROAD		05 08 2018					
City POUGHKEEPSIE	State Zip Code NY 12601	Transaction ID : SA11AI.4260 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	100.00					
Name of Employer (for Individual) Unemployed	Occupation (for Individual)	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼						
SUBTOTAL of Receipts This Page (optional)	····	150.00					
TOTAL This Period (last page this line number	only)						

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	Statements may not be sold or used by any pers e name and address of any political committee to						
NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE							
Full Name of Individual (Last, First, Middle Ini	itial) or Full Organization Name	Date of Receipt					
Mailing Address 2 GUS SIKO ROAD	Mailing Address 2 GUS SIKO ROAD						
City POUGHKEEPSIE	State Zip Code NY 12601	Transaction ID : SA11AI.4262 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	50.00					
Name of Employer (for Individual) Unemployed	Occupation (for Individual)	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼						
Full Name of Individual (Last, First, Middle Ini THOMAS, KAREN, , , Mailing Address 121 PERAZUL CIRCLE	Date of Receipt						
City SACRAMENTO	State Zip Code CA 95835	05 20 2018 Transaction ID : SA11AI.4232 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	100.00					
Name of Employer (for Individual) Self-Employed	Occupation (for Individual)	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼						
Full Name of Individual (Last, First, Middle Ini	itial) or Full Organization Name	Date of Receipt					
Mailing Address 121 PERAZUL CIRCLE		05 20 2018					
City SACRAMENTO	State Zip Code CA 95835	Transaction ID : SA11AI.4234 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	100.00					
Name of Employer (for Individual) Self-Employed	Occupation (for Individual)	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼						
SUBTOTAL of Receipts This Page (optional)		250.00					
TOTAL This Period (last page this line number	only)						

FOR LINE NUMBER:						PAGE	•	19	OF		76
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			person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE			
Full Name of Individual (Last, First, Middle I THOMAS, KAREN, , , Mailing Address 121 PERAZUL CIRCLE	Date of Receipt		
City	State	Zip Code	06 28 2018 Transaction ID : SA11AI.4235
SACRAMENTO	CA	95835	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer (for Individual) Self-Employed	Occup	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼	
Full Name of Individual (Last, First, Middle I VOYIAS, VIVIAN, , , Mailing Address 8160 GLENFINNAN CIRCLE	Date of Receipt		
	06 11 2018		
City FORT MYERS	State FL	Zip Code 33912	Transaction ID : SA11AI.4246 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) Self-Employed	Occup	pation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼	
Full Name of Individual (Last, First, Middle I	nitial) or Full Org	anization Name	Date of Receipt
Mailing Address PO BOX 339			06 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City HANOVER	State PA	Zip Code 17331	Transaction ID : SA11AI.4252 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer (for Individual) HANOVER SHOE FARMS INC.		ation (for Individual) PRESIDENT	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)			600.00
TOTAL This Period (last page this line numbe	r only)		

FOR LINE NUMBER:						PAGE	2	20	OF	76	
(check only one)											
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	ny information copied from such Reports and Stat for commercial purposes, other than using the na						
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE						
<u></u> А.	Full Name of Individual (Last, First, Middle Initial Zullo, Christopher, , ,	nization Name	Date of Receipt				
	Mailing Address 9920 Mountain Lake Drive	04 04 2018					
	City Orlando	State Zip Code FL 32832		Transaction ID : SA11AI.4210 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		750.00			
	Name of Employer (for Individual) Self-Employed	Occupa Owner	tion (for Individual)	Memo Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼				
В.	Full Name of Individual (Last, First, Middle Initial Zullo, Christopher, , , Mailing Address 9920 Mountain Lake Drive	nization Name	Date of Receipt				
	City	06 29 2018 Transaction ID : SA11AI.4211 Amount of Each Receipt this Period					
	Orlando FEC ID number of contributing federal political committee.	ů l					
	Name of Employer (for Individual) Self-Employed	Occupa Owner	tion (for Individual)	Memo Item			
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼				
С.	Full Name of Individual (Last, First, Middle Initial) or Full Orga	nization Name	Date of Receipt			
	Mailing Address			M = M / D = D / Y = Y = Y			
	City	State	Zip Code	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С					
	Name of Employer (for Individual)	Occupa	tion (for Individual)	Memo Item			
	Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼				
s	SUBTOTAL of Receipts This Page (optional)			4750.00			
Т	OTAL This Period (last page this line number onl	y)		10100.00			

SCHEDULE B (FEC Form 3X)	Llea congrata cohodula(c	FOR LINE					
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(check only	v one) 				
	Detailed Summary Page	28a	28b 28c x 29 30b				
Any information copied from such Reports and Statem	nents may not be sold or u	sed by any pers	on for the purpose of soliciting contributions				
or for commercial purposes, other than using the name	ne and address of any polit	ical committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE							
Full Name (Last, First, Middle Initial)							
A. Jaalin Harvey: PPWS			Date of Disbursement				
Mailing Address 7179 Lake Carlisle Blvd			04 01 2018				
,	State Zip Code		FEC Identification Number				
Orlando Purpose of Disbursement	FL 32829		0				
Online Marketing			C				
Candidate Name		Category/	Transaction ID: SB29.4325 Amount of Each Disbursement this Period				
Sisolak, Steve, , ,		Туре					
	nent For: 2018		100.00				
President	Primary x General Other (specify) ▼		Memo Item				
State: NV District:							
Full Name (Last, First, Middle Initial) B. Jaalin Harvey: PPWS			Date of Disbursement				
Jaaiii Harvey. 11 VVO			M M / D D / Y Y Y Y				
Mailing Address 7179 Lake Carlisle Blvd			04 01 2018				
City		FEC Identification Number					
Orlando Purpose of Disbursement	FL 32829		Transaction ID : SB29.4329 Amount of Each Disbursement this Period				
Online Marketing							
Candidate Name		Category/					
Cordray, Richard, , ,		Type	400.00				
	nent For: 2018 Primary 🗶 General		100.00				
	Other (specify) General						
State: OH District:	(-		Memo Item				
Full Name (Last, First, Middle Initial)							
^{C.} Jaalin Harvey: PPWS			Date of Disbursement				
Mailing Address 7179 Lake Carlisle Blvd			04 01 2018				
Manning real coo 7173 Lake Garnale Diva			<u> </u>				
,	State Zip Code		FEC Identification Number				
Orlando Purpose of Disbursement	FL 32829	l					
Online Marketing			C Transaction ID : SB29.4330				
Candidate Name		Category/	Amount of Each Disbursement this Period				
	Whitmer, Gretchen, , ,						
	nent For: 2018 Primary 🗶 General		100.00				
	Other (specify) General		П., .				
State: MI District:	<u> </u>		Memo Item				
•			200.00				
SUBTOTAL of Disbursements This Page (optional)		·····•	300.00				
TOTAL This Period (last page this line number only).							

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only	•
	for each category of the Detailed Summary Page	21b 28a	22 23 26 27 28b 28c x 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE			
Full Name (Last, First, Middle Initial) A. Jaalin Harvey: PPWS		_	Date of Disbursement
Mailing Address 7179 Lake Carlisle Blvd	04 01 2018		
Orlando	State Zip Code FL 32829		FEC Identification Number
Purpose of Disbursement Online Marketing Candidate Name			Transaction ID : SB29.4331
Graham, Gwen, , ,	ment For: 2018	Category/ Type	Amount of Each Disbursement this Period
Senate President	Primary x General Other (specify) ▼		Memo Item
State: MI District: Full Name (Last, First, Middle Initial)			
B. Jaalin Harvey: PPWS			Date of Disbursement
Mailing Address 7179 Lake Carlisle Blvd			04 01 2018
City Orlando	State Zip Code FL 32829		FEC Identification Number
Purpose of Disbursement Online Marketing	C Transaction ID : SB29.4332		
Candidate Name Evers, Tony, , ,		Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disbursen Senate	nent For: 2018 Primary x General		100.00
State: WI District:	Other (specify)		Memo Item
Full Name (Last, First, Middle Initial) C. Katie Barnes: PPWS			Date of Disbursement
Mailing Address 7179 Lake Carlisle Blvd			04 01 2018
City Orlando Purpose of Disbursement Online Marketing	State Zip Code FL 32829		FEC Identification Number
Candidate Name Sisolak, Steve, , ,		Category/ Type	Transaction ID: SB29.4384 Amount of Each Disbursement this Period
Office Sought: House Disbursen	nent For: 2018 Primary General Other (specify)	.,,,,	150.00 Memo Item
State: NV District:			
SUBTOTAL of Disbursements This Page (optional)		·····	350.00
TOTAL This Period (last page this line number only)			

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		22 28b 28c x 29 30b on for the purpose of soliciting contributions of solicit contributions from such committee. Date of Disbursement M M / Q1 2018 FEC Identification Number C Transaction ID: SB29.4388 Amount of Each Disbursement this Period 150.00 Memo Item Date of Disbursement M M M / Q1 2018 FEC Identification Number C FEC Identification Number
Zip Code 32829 18 X General Y) Zip Code	Category/	Date of Disbursement M M M / D D / 2018 FEC Identification Number C Transaction ID: SB29.4388 Amount of Each Disbursement this Period 150.00 Memo Item Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Zip Code 32829 18 X General Y) Zip Code	Category/	Date of Disbursement M M M O1 2018 FEC Identification Number C Transaction ID: SB29.4388 Amount of Each Disbursement this Period 150.00 Memo Item Date of Disbursement M M O1 2018 FEC Identification Number C
32829 18 ★ General Y) ▼		FEC Identification Number C Transaction ID: SB29.4388 Amount of Each Disbursement this Period 150.00 Memo Item Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
32829 18 ★ General Y) ▼		FEC Identification Number C Transaction ID: SB29.4388 Amount of Each Disbursement this Period 150.00 Memo Item Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
32829 18 ★ General Y) ▼		Transaction ID: SB29.4388 Amount of Each Disbursement this Period 150.00 Memo Item Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
General y) ▼ Zip Code		Transaction ID: SB29.4388 Amount of Each Disbursement this Period 150.00 Memo Item Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
General y) ▼ Zip Code	Турс	Memo Item Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•		FEC Identification Number
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	Category/	Transaction ID: SB29.4389 Amount of Each Disbursement this Period
18 General y)	Type	150.00 Memo Item
		Date of Disbursement
		04 01 2018
Zip Code 32829		FEC Identification Number
	Category/ Type	Transaction ID: SB29.4390 Amount of Each Disbursement this Period
General y) ▼		Memo Item
	32829	Category/ Type

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SCHEDUI	LE B (FEC Form 3X)	111	anata estad ()	FOR LINE NUMBER: PAGE 24 O		
ITEMIZED	DISBURSEMENTS		parate schedule(s) category of the	(check onl		
			Summary Page	21b 28a		23 26 27 28c x 29 30b
Any information	on copied from such Reports and State	ments may	not be sold or us			
	rcial purposes, other than using the na					
NAME OF	COMMITTEE (In Full)					
D TOGE	THER WE THRIVE					
Full Name	(Last, First, Middle Initial)					
_	Barnes: PPWS				Date of D	isbursement
					M = M	
Mailing Add	dress 7179 Lake Carlisle Blvd				04	01 2018
City		State	Zip Code		FFO 141	iii aatiaa Nuuslaar
Orlando		FL	32829			ification Number
Purpose of Online Ma	f Disbursement arketing				C	
Candidate	-					action ID : SB29.4391
	Tony, , ,			Category/ Type	Amount of	f Each Disbursement this Period
Office Sou		ment For:	2018	<u> </u>		230.63
	Senate	Primary	✗ General			,
State: V	VI District:	Other (spe	ecity) 🔻		Memo) Item
	(Last, First, Middle Initial)					
_	nt WebSolutions				Date of D	isbursement
					M = M	/ D D / Y T Y T Y
Mailing Add	dress 7179 Lake Carlisle Blvd				04	01 2018
City		State	Zip Code		EEO Harri	tification Number
Orlando		FL	32829			ification Number
	f Disbursement g, Online Marketing, Canvassing, Progra	ammina. Cor	nsultina.		C	
Candidate	Accian Technical Sunnor		- · · · · ·	Ontrary 1		action ID : SB29.4421
	x, Steve, , ,			Category/ Type	Amount of	f Each Disbursement this Period
Office Sou		ment For:	2018			200.00
	Senate	Primary	X General			
State: N	President IV District:	Other (spe	ecity)		Memo) Item
	(Last, First, Middle Initial)					
_	nt WebSolutions				Date of D	isbursement
					M M	
Mailing Add	dress 7179 Lake Carlisle Blvd				04	01 2018
City		State	Zip Code		FFC Ident	ification Number
Orlando	F Diahuraamant	FL	32829		C	and and it will bot
Purpose of Disbursement Advertising, Online Marketing, Canvassing, Programming, Consulting,						
Graphic Design Technical Suppor Candidate Name Category/						f Each Disbursement this Period
	y, Richard, , ,					
Office Sou	Office Sought: House Disbursement For: 2018					200.00
Senate Primary President Other (specify) ✓						
State: O		Cirioi (spe	√y/ ▼		Memo) Item
					·	
SUBTOTAL	of Disbursements This Page (optional).			·····•		630.63
TOTAL Thin	Pariod (last page this line number ask	<i>(</i>)				
I TOTAL THIS	Period (last page this line number only	· <i>)</i>				

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SCHEDULE B (FEC Form 3X)	111-		FOR LINE NUMBER: PAGE 25 OF			
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check on		¬ oo	
		Summary Page	2115		23 28c x	26 27 29 30b
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Any information copied from such Reports and State or for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full)						
TOGETHER WE THRIVE						
<u>/</u>						
Full Name (Last, First, Middle Initial)				Data of	Disburseme	nt
A. PinPoint WebSolutions						
Mailing Address 7179 Lake Carlisle Blvd				04	01	2018
City	State	Zip Code		FEC Ide	ntification N	umber
Orlando Purpose of Disbursement	FL	32829				
Advertising, Online Marketing, Canvassing, Progra	amming, Con	sulting,		C		
Granhic Design Technical Sunnor Candidate Name			Category/			: SB29.4426 bursement this Period
Whitmer, Gretchen, , ,			Type	, anount	4011 1010	
	ement For:				7	200.00
Senate President	Primary Other (see	General				
State: MI District:	Other (spe	ciiy) ▼		Mem	o Item	
Full Name (Last, First, Middle Initial)						
B. PinPoint WebSolutions				Date of	Disburseme	nt
				M = M	/ D D	/ Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd	04	01	2018			
City	State	Zip Code				
Orlando	FL	32829		FEC Ide	ntification N	umber
Purpose of Disbursement				С		
Advertising, Online Marketing, Canvassing, Progra	amming, Cor	nsulting,			saction ID	: SB29.4427
Croham Cwan			Category/	Amount	of Each Dis	bursement this Period
Graham, Gwen, , , Office Sought: House Disburse	ement For:	2019	Туре			200.00
Senate	Primary	∡ General			7	4
President	Other (spe			Mon	o Itom	
State: MI District:	1			Men	o Item	
Full Name (Last, First, Middle Initial)						
C. PinPoint WebSolutions				Date of	Disburseme	
Mailing Address 7179 Lake Carlisle Blvd				04	01	2018
Maining Addition 7175 Lake Garilole Biva				3.	ų.	20.0
City	State	Zip Code		FEC Ide	ntification N	umber
Orlando Purpose of Disbursement	FL	32829				
Advertising, Online Marketing, Canvassing, Progra	C					
Granhic Design Technical Suppor Candidate Name			Category/			: SB29.4428 bursement this Period
Evers, Tony, , ,	Amount	or Lacir Dis	bursement this i chou			
Evers, Iony, , , Type Office Sought: House Disbursement For: 2018					7	650.00
Senate Primary x General President Other (specify) ▼						
State: WI District:	Mem	o Item				
State: WI District:						
SUBTOTAL of Disbursements This Page (optional).						1050.00
and the second s					7	7
TOTAL This Period (last page this line number only	/)			1		2780.63

TEMIZED INDEPENDENT EXPENDITURES				PAGE 26 OF 76 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
				C C00322430
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
Facebook Inc.				06 30 / 2018
Mailing Address 1 HACKER WAY			Amo	ount
City	State	Zip Code		7.00
MENLO PARK	CA	94025		nsaction ID : SE.4444 e of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/ Type		04 01 7 2018
Name of Federal Candidate:		X Support	Office Sou	ght: House District:
Baldwin, Tammy, , ,		Oppose	Pres	ident Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	950.00	Disbursem 2018	ent For: Primary X General Other (specify) ▶
Full Name of Payee		Memo	Item Date	e of Public Distribution/Dissemination
Facebook Inc.				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 HACKER WAY				06 30 2018
THOREN WAT			Amo	ount
City	State	Zip Code		14.00
MENLO PARK	CA	94025		Insaction ID: SE.4445 e of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/ Type		04 01 / 2018
Name of Federal Candidate:		✗ Support	Office Sou	ght: House District:
Brown, Sherrod, , ,		Oppose	Pres	ident Senate State: OH
Calendar Year-To-Date		950.00	Disbursem	ent For: Primary Seneral
Per Election for Office Sought	7-1-1-1		2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			· [21.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•	
(c) TOTAL Independent Expenditures			• •	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Zullo, Christopher, , ,	Electronically Fil	led1	M = M	/ D D / Y Y Y Y Y
Signature	ысы опишц Г П	Date	e 04	22 2019

TEMIZED INDEFENDENT EXPENDITORES				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Facebook Inc.				M 06
Mailing Address 1 HACKER WAY			Amo	unt
City	State	Zip Code	-	7.00
MENLO PARK	CA	94025		nsaction ID : SE.4446 of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/ Type		M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office Sou	ght: House District:
Rosen, Jacky, , ,		Oppose	Presi	NIV
Calendar Year-To-Date Per Election for Office Sought	7 1 7	1100.00	Disburseme 2018	ent For: Primary General Other (specify) ▶
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
Facebook Inc.				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 HACKER WAY			A	
			Amo	unt
City	State	Zip Code		25.00
MENLO PARK	CA	94025		nsaction ID : SE.4447 e of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/ Type		04 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sou	ght: House District:
Bredesen, Phil, , ,		Oppose	Presi	dent Senate State: TN
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	700.00	Disburseme 2018	ent For:
·				
(a) SUBTOTAL of Itemized Independent Expenditures				32.00
				7
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· - [7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		•
Zullo, Christopher, , ,	Electronically File	ed]	e 04	22 2019
Signature		Date	5 04	2013

TEMIZED INDEPENDENT EXPENDITURES				PAGE 28 OF 76
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	on May / Dad / Yayayay
Full Name of Payee Facebook Inc.		☐ Memo	Item	Date of Public Distribution/Dissemination
r acebook inc.				06 30 / Y Y Y Y Y
Mailing Address 1 HACKER WAY				Amount
				Amount
City	State	Zip Code		25.00
MENLO PARK	CA	94025		Transaction ID : SE.4448 Date of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/ Type		04 / 01 / 2018
Name of Federal Candidate:		X Support	Office	Sought: House District:
Donnelly, Joe, , ,		Oppose		President Senate State: IN
Calendar Year-To-Date		200.00		sement For: Primary 🗶 General
Per Election for Office Sought	7 7	600.00	2018	Other (specify) ▶
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Facebook Inc.				06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 HACKER WAY				
				Amount
City	State	Zip Code		25.00
MENLO PARK	CA	94025		Transaction ID : SE.4449 Date of Disbursement or Obligation
Purpose of Expenditure Advertising	•	Category/		04 01 2018
Advoidening		Type		04 01 2010
Name of Federal Candidate:		x Support	Office	Sought: House District:
McCaskill, Claire, , ,		Oppose		President Senate State: MO
Calendar Year-To-Date		700.00		sement For: Primary Seneral
Per Election for Office Sought	7 7		2018	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·		▶	50.00
(b) SUPTOTAL of Uniterprized Independent Expanditu	roo			
(b) SUBTOTAL of Unitemized Independent Expenditu	165		▶	7 7 7 7 7
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Zullo, Christopher, , ,	[Electronically Fil	edl -	M	M / D D / Y Y Y Y Y
Signature	Laconomouny 1 ll	_ Date	e 04	22 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 29 OF 76
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed or	1
Full Name of Payee Facebook Inc.		☐ Memo	Item [Date of Public Distribution/Dissemination
r acebook inc.				06 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 HACKER WAY			,	Amount
City	State	Zip Code		50.00
MENLO PARK	CA	94025	-	Fransaction ID : SE.4450
Purpose of Expenditure		Catanani		Date of Disbursement or Obligation
Advertising		Category/ Type		04 01 2018
Name of Federal Candidate:		X Support	Office S	Sought: House District:
Sinema, Krysten, , ,		Oppose	P	resident Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		1225.00	Disburs	ement For: Primary General
Full Name of Payer	1		, l	Other (specify) Other
Full Name of Payee Facebook Inc.		Memo	Item L	Date of Public Distribution/Dissernination
Mailing Address				06 30 2018
1 HACKER WAY			1	Amount
City	State	Zip Code		25.00
MENLO PARK	CA	94025		Transaction ID : SE.4451 Date of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/		04
Advertising		Type		04 01 2010
Name of Federal Candidate:		x Support	Office S	•
Nelson, Bill, , ,		Oppose	P	resident Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		700.00	Disburs	ement For: Primary General
rei Liection foi Office Sought	T T		2010	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			. ▶ [75.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		[
, ,			, r	
(c) TOTAL Independent Expenditures			·· •	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Zullo, Christopher, , ,	[Electronically File	led1	M = N	/ D D / Y Y Y Y
Signature		Eaj Date	e 04	22 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 30 OF 76
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
				O stall is
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	on M M / D D / Y Y Y Y
Full Name of Payee Facebook Inc.		☐ Memo	Item	Date of Public Distribution/Dissemination
racebook inc.				06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 HACKER WAY				Amount
City	State	Zip Code		25.00
MENLO PARK	CA	94025		Transaction ID : SE.4452
Purpose of Expenditure				Date of Disbursement or Obligation
Advertising		Category/ Type		04 / 01 / 2018
Name of Federal Candidate:		X Support	Office	Sought: House District:
Manchin, Joe, , ,		Oppose		President Senate State: WV
Calendar Year-To-Date Per Election for Office Sought		950.00	Disbur 2018	rsement For: Primary General
Full Name of Payee		□ M	11	Other (specify) ▶ Date of Public Distribution/Dissemination
Facebook Inc.		Memo	item	M M / D D / Y Y Y Y
Mailing Address				06 30 2018
1 HACKER WAY				Amount
City	State	Zip Code		10.00
MENLO PARK	CA	94025		Transaction ID : SE.4453 Date of Disbursement or Obligation
Purpose of Expenditure		Category/	\neg	M M / D D / Y Y Y
Advertising		Туре		04 01 2018
Name of Federal Candidate:		x Support	Office	Sought: House District:
Heitkamp, Heidi, , ,		Oppose		President Senate State: ND
Calendar Year-To-Date Per Election for Office Sought		753.00	Disbur 2018	rsement For: Primary General
rei Liettion foi Office Sought	7 7		2010	Other (specify) ▶
() () () () () () () () () () () () () (25.00
(a) SUBTOTAL of Itemized Independent Expenditures	i			35.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res			
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Zullo, Christopher, , ,	[Electronically Fil	led1 -	M	M / D D / Y Y Y Y Y Y
Signature		_ Date	e 04	22 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 31 OF 76 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	/
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
Facebook Inc.		_		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 HACKER WAY			Amou	unt
City	State	Zip Code	$-\Gamma$	25.00
MENLO PARK	CA	94025	Tran Date	saction ID : SE.4454 of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/ Type		04 01 2018
Name of Federal Candidate:		✗ Support	Office Soug	ht: House District:
O'Rourke, Beto, , ,		Oppose	Presid	dent Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	700.00	Disburseme 2018	nt For:
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Facebook Inc.				06 30 / 2018
Mailing Address 1 HACKER WAY			Amou	unt
City	State	Zip Code		25.00
MENLO PARK	CA	94025	I	nsaction ID : SE.4455 of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/ Type		04 01 7 2018
Name of Federal Candidate:		✗ Support	Office Soug	ht: House District:
Tester, Jon, , ,		Oppose	Presid	dent Senate State: MT
Calendar Year-To-Date Per Election for Office Sought	7 7	700.00	Disburseme	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures.				50.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es		-	
(c) TOTAL Independent Expenditures			· [
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
Zullo, Christopher, , ,	Electronically File	ed] -	M = M /	22 / 2010
Signature		Date	9 04	22 2019

PAGE 32 OF 76 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ TOGETHER WE THRIVE C00522458 Check if 24-hour report 48-hour report Amends report filed on New report Full Name of Payee Date of Public Distribution/Dissemination Facebook Inc. 06 30 2018 Mailing Address 1 HACKER WAY Amount State Zip Code 25.00 City 94025 Transaction ID: SE.4456 **MENLO PARK** CA Date of Disbursement or Obligation Purpose of Expenditure Category/ Advertising 04 01 2018 Type Name of Federal Candidate: 12 **X** Support Office Sought: **X** House District: IL Kelly, Brendan, , , Oppose President State: Senate Disbursement For: Primary **X** General Calendar Year-To-Date 655.86 2018 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item Facebook Inc. 30 2018 06 Mailing Address 1 HACKER WAY Amount 10.00 City State Zip Code **MENLO PARK** Transaction ID: SE.4457 CA 94025 Date of Disbursement or Obligation Purpose of Expenditure Category/ Advertising 01 2018 04 Type Name of Federal Candidate: 06 x Support Office Sought: **X** House District: Casten, Sean, , , IL Oppose President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 700.00 2018 Per Election for Office Sought Other (specify) ▶ 35.00 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Zullo, Christopher,,, [Electronically Filed] 04 22 2019 Date Signature

TEMIZED INDEPENDENT EXPENDITORES				PAGE 33 OF 76 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Da	te of Public Distribution/Dissemination
Facebook Inc.				06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 HACKER WAY			Am	oount
City	State	Zip Code	— Г	200.00
MENLO PARK	CA	94025		ansaction ID : SE.4459 te of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/ Type		04 / 01 / 2018
Name of Federal Candidate:		✗ Support	Office So	ught: X House District: 08
Tipirneni, Hiral, , ,		Oppose	Pre	sident Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		950.00	Disbursen 2018	nent For: Primary
Full Name of Payee		☐ Memo	Item Da	te of Public Distribution/Dissemination
Jaalin Harvey: PPWS				06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Am	ount
	Tour	T - 0 -		
City Orlando	State	Zip Code	Tr	100.00 ansaction ID : SE.4311
Purpose of Expenditure	FL FL	32829		te of Disbursement or Obligation
Online Marketing		Category/ Type		04 / 01 / 2018
Name of Federal Candidate:		✗ Support	Office So	ught: House District:
Baldwin, Tammy, , ,		Oppose	Pre	sident Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	A	100.00	Disbursen 2018	
	,			Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				300.00
(b) SUBTOTAL of Unitemized Independent Expenditur	es		· •	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Zullo, Christopher, , ,	Electronically File	edl -	M = M	/ D D / Y Y Y Y Y
Signature		Date	9 04	22 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 34 OF 76
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
				G Seedel lee
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	n M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Jaalin Harvey: PPWS				06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				Amount
		7: 0 1		
City Orlando	State	Zip Code 32829		100.00 Transaction ID : SE.4312
Purpose of Expenditure		32023		Date of Disbursement or Obligation
Online Marketing		Category/ Type		04 / 01 / 2018
Name of Federal Candidate:		X Support	Office	Sought: House District:
Brown, Sherrod, , ,		Oppose	F	President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought	4	100.00	Disburs 2018	Sement For: Primary General
Full Name of Payee	,	Memo	Itom	Other (specify) ▶ Date of Public Distribution/Dissemination
Jaalin Harvey: PPWS		IMEIIIO	item	M M / D D / Y Y Y Y
Mailing Address 7470 Lake Cartists Plust				06 30 2018
7179 Lake Carlisle Blvd				Amount
City	State	Zip Code		100.00
Orlando	FL	32829		Transaction ID : SE.4313 Date of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/		M M / D D / Y Y Y Y
Offiline ividireting		Type		04 01 2018
Name of Federal Candidate:		✗ Support	Office	Sought: House District:
Rosen, Jacky, , ,		Oppose	F	President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		250.00	Disburs 2018	sement For: Primary Seneral
rei Liection foi Office Sought	7 7		2010	Other (specify) ▶
() DUDTOTAL ()				20000
(a) SUBTOTAL of Itemized Independent Expenditures	í		• •	200.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res			
			· .	
(c) TOTAL Independent Expenditures			• •	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Zullo, Christopher, , ,	[Electronically Fil	led1 -	M = 1	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	Licenomenty I'll	_ Date	e 04	22 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 35 OF 76 FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼		
TOGETHER WE THRIVE				C C00522458		
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y		
Full Name of Payee		☐ Memo	Itom Da	te of Public Distribution/Dissemination		
Jaalin Harvey: PPWS	item Da	06 30 2018				
Mailing Address 7179 Lake Carlisle Blvd	An	nount				
City	State	Zip Code	— I	100.00		
Orlando	FL	32829		Transaction ID : SE.4315 Date of Disbursement or Obligation		
Purpose of Expenditure Online Marketing		Category/ Type		04 01 2018		
Name of Federal Candidate:		X Support	Office So	ught: House District:		
Bredesen, Phil, , ,		Oppose	Pre	esident Senate State: TN		
Calendar Year-To-Date Per Election for Office Sought		350.00	Disburser			
5 H.M. (D	7		. D-	Other (specify) ▶		
Full Name of Payee Jaalin Harvey: PPWS		∐ Memo	Item Da	te of Public Distribution/Dissemination		
·				06 30 7 2018		
Mailing Address 7179 Lake Carlisle Blvd			An	nount		
City	State	Zip Code		100.00		
Orlando	FL	32829		Transaction ID : SE.4316 Date of Disbursement or Obligation		
Purpose of Expenditure Online Marketing		Category/ Type		04 / 01 / 2018		
Name of Federal Candidate:		x Support	Office So	ught: House District:		
Donnelly, Joe, , ,		Oppose	Pre	esident Senate State: IN		
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	250.00	Disburser 2018	ment For:		
·						
(a) SUBTOTAL of Itemized Independent Expenditures			. ▶ □	200.00		
(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 Fil	ed1	M = M	/ D D / Y Y Y Y Y		
Signature	Гиси описину Г Ш	Date	9 04	22 2019		

TEMIZED INDEPENDENT EXPENDITURES				PAGE 36 OF 76
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
				C C00322436
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed or	M = M / D = D / Y = Y = Y
Full Name of Payee	Item C	Pate of Public Distribution/Dissemination		
Jaalin Harvey: PPWS				06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				mount
		1		mount
City	State	Zip Code		100.00
Orlando	FL	32829		ransaction ID : SE.4317 Pate of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/ Type		04
Name of Federal Candidate:		X Support	Office S	ought: House District:
McCaskill, Claire, , ,		Oppose	P	resident Senate State: MO
Calendar Year-To-Date		250.00	1	ement For: Primary X General
Per Election for Office Sought	7 7	350.00	2018	Other (specify) ▶
Full Name of Payee		☐ Memo	Item C	Pate of Public Distribution/Dissemination
Jaalin Harvey: PPWS				06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				
				mount
City	State	Zip Code		100.00
Orlando	FL	32829		Transaction ID : SE.4318 Date of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/ Type		04 01 / 2018
Name of Federal Candidate:		✗ Support	Office S	ought: House District:
Sinema, Krysten, , ,				resident Senate State: AZ
Calendar Year-To-Date		500.00		ement For: Primary X General
Per Election for Office Sought	7 7	600.00	2018	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	;		. •	200.00
(1) 011575711 (11.7)			г	
(b) SUBTOTAL of Unitemized Independent Expenditu	res		. •	
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized			
Zullo, Christopher, , ,	[Electronically Fil	led1	M = M	/ D D / Y Y Y Y
Signature		_ Date	e 04	22 2019

TEMIZED INDEPENDENT EXPENDITORES				PAGE 37 OF 76 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	on M M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Jaalin Harvey: PPWS				06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				Amount
City	State	Zip Code		125.00
Orlando	FL	32829		Transaction ID : SE.4319 Date of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/ Type		04 01 / 2018
Name of Federal Candidate:		✗ Support	Office	Sought: House District:
Nelson, Bill, , ,		Oppose		President State: FL
Calendar Year-To-Date Per Election for Office Sought	, , ,	375.00	Disbur 2018	sement For:
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Jaalin Harvey: PPWS				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				A
				Amount
City Orlando	State	Zip Code		5.00 Transaction ID : SE.4320
Purpose of Expenditure	FL	32829		Date of Disbursement or Obligation
Online Marketing		Category/ Type		04 / 01 / 2018
Name of Federal Candidate:		✗ Support	Office	Sought: House District:
Manchin, Joe, , ,		Oppose		President Senate State: WV
Calendar Year-To-Date Per Election for Office Sought	, , ,	505.00	Disbur 2018	sement For:
(a) SUBTOTAL of Itemized Independent Expenditures			. •	130.00
42005551			Ī	
(b) SUBTOTAL of Unitemized Independent Expenditur	es		. •	7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Zullo, Christopher, , ,	Electronically File	ed1 –	M	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	Jiwany 1 m	Date	e 04	22 2019

PAGE 38 OF 76 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ TOGETHER WE THRIVE C00522458 Check if 24-hour report 48-hour report Amends report filed on New report Full Name of Payee Date of Public Distribution/Dissemination Jaalin Harvey: PPWS 06 30 2018 Mailing Address 7179 Lake Carlisle Blvd Amount City State Zip Code 150.00 FL 32829 Transaction ID: SE.4321 Orlando Date of Disbursement or Obligation Purpose of Expenditure Category/ Online Marketing 04 01 2018 Type Name of Federal Candidate: **X** Support Office Sought: House District: ND Heitkamp, Heidi, , , Oppose President **x** Senate State: Disbursement For: Primary **X** General Calendar Year-To-Date 400.00 2018 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item Jaalin Harvey: PPWS 30 2018 06 Mailing Address 7179 Lake Carlisle Blvd Amount 100.00 City State Zip Code Orlando Transaction ID: SE.4322 FL 32829 Date of Disbursement or Obligation Purpose of Expenditure Category/ Online Marketing 01 2018 04 Type Name of Federal Candidate: x Support Office Sought: House District: O'Rourke, Beto, , , TX Oppose President **X** Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 350.00 2018 Per Election for Office Sought Other (specify) ▶ 250.00 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Zullo, Christopher,,, [Electronically Filed] 04 22 2019 Date Signature

TEMIZED INDEPENDENT EXPENDITURES				PAGE 39 OF 76
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	on M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Jaalin Harvey: PPWS				06 30 / Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				A
				Amount
City	State	Zip Code		100.00
Orlando	FL	32829		Transaction ID : SE.4323 Date of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/ Type		04 01 7 2018
Name of Federal Candidate:		X Support	Office	Sought: House District:
Tester, Jon, , ,		Oppose	i	President State: MT
Calendar Year-To-Date				sement For: Primary 🗶 General
Per Election for Office Sought	7	350.00	2018	Other (specify) ▶
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Jaalin Harvey: PPWS				06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				
				Amount
City	State	Zip Code		75.00
Orlando	FL	32829		Transaction ID : SE.4326 Date of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/		04 01 2018
Online Marketing		Type		04 01 2016
Name of Federal Candidate:		🗶 Support	Office	Sought: House District: 12
Kelly, Brendan, , ,		Oppose		President Senate State: IL
Calendar Year-To-Date		330.86	1	sement For: Primary 🗶 General
Per Election for Office Sought	7 7	000.00	2018	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	;		·· •	175.00
(h) CURTOTAL of Unitersity of Index or death Fune and its				
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures				
				7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized			
Zullo, Christopher, , ,	[Electronically Fil	ledl –	M =	M / D D / Y Y Y Y Y
Signature		_ Date	e 04	22 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 40 OF 76
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
				C 000322430
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	n M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Jaalin Harvey: PPWS				06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				Amount
City	State	Zip Code		100.00
Orlando	FL	32829		Transaction ID : SE.4327 Date of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/ Type		04
Name of Federal Candidate:		X Support	Office	Sought:
Casten, Sean, , ,		Oppose		President Senate State: IL
Calendar Year-To-Date				sement For: Primary X General
Per Election for Office Sought	7 7	350.00	2018	Other (specify) ▶
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Jaalin Harvey: PPWS				06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				
				Amount
City	State	Zip Code		90.00
Orlando	FL	32829		Transaction ID : SE.4334 Date of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/	пl	04 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		Type		4. 4
Name of Federal Candidate:		✗ Support	Office	
Harder, Josh, , ,		Oppose	F	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		90.00	Disburs	sement For: Primary
rei Liettion foi Office Sought	7 7		2010	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	S		· •	190.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ires		. [
(b) 00210 M2 or ormanized mappenderic Experience				
(c) TOTAL Independent Expenditures				
				, , , , , , , , , , , , , , , , , , , ,
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized			
Zullo, Christopher, , ,	[Electronically Fil	led1	M = 7	/ / D D / Y Y Y Y Y
Signature	₁ 2лсы описшу Г и	_ Date	e 04	22 2019

FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ TOGETHER WE THRIVE C00522458 Check if 24-hour report 48-hour report Amends report filed on New report Full Name of Payee Date of Public Distribution/Dissemination Jaalin Harvey: PPWS 06 30 2018 Mailing Address 7179 Lake Carlisle Blvd Amount City State Zip Code 90.00 FL 32829 Transaction ID: SE.4338 Orlando Date of Disbursement or Obligation Purpose of Expenditure Category/ Online Marketing 04 01 2018 Type Name of Federal Candidate: 21 **X** Support Office Sought: **✗** House District: Cox, TJ, , , CA Oppose President State: Senate Disbursement For: Primary **X** General Calendar Year-To-Date 90.00 2018 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item Jaalin Harvey: PPWS 2018 30 06 Mailing Address 7179 Lake Carlisle Blvd Amount 90.00 City State Zip Code Orlando Transaction ID: SE.4340 FL 32829 Date of Disbursement or Obligation Purpose of Expenditure Category/ Online Marketing 01 2018 04 Type Name of Federal Candidate: 25 x Support Office Sought: **X** House District: Hill, Katie, , , CA Oppose President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 90.00 2018 Per Election for Office Sought Other (specify) ▶ 180.00 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Zullo, Christopher,,, [Electronically Filed] 04 22 2019 Date Signature

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76

PAGE 42 OF 76 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ TOGETHER WE THRIVE C00522458 Check if 24-hour report 48-hour report Amends report filed on New report Full Name of Payee Date of Public Distribution/Dissemination Jaalin Harvey: PPWS 06 30 2018 Mailing Address 7179 Lake Carlisle Blvd Amount City State Zip Code 90.00 FL 32829 Transaction ID: SE.4342 Orlando Date of Disbursement or Obligation Purpose of Expenditure Category/ Online Marketing 04 01 2018 Type Name of Federal Candidate: 39 **X** Support Office Sought: **✗** House District: Cisneros, Gil, , , CA Oppose President State: Senate Disbursement For: Primary **X** General Calendar Year-To-Date 90.00 2018 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item Jaalin Harvey: PPWS 2018 30 06 Mailing Address 7179 Lake Carlisle Blvd Amount 90.00 City State Zip Code Orlando Transaction ID: SE.4344 FL 32829 Date of Disbursement or Obligation Purpose of Expenditure Category/ Online Marketing 01 2018 04 Type Name of Federal Candidate: 45 x Support Office Sought: **X** House District: Porter, Katie, , , CA Oppose President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 90.00 2018 Per Election for Office Sought Other (specify) ▶ 180.00 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Zullo, Christopher,,, [Electronically Filed] 22 2019 Date Signature

TEMIZED INDEPENDENT EXPENDITURES				PAGE 43 OF 76 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	on M = M / D = D / Y = Y = Y
Full Name of Payee Jaalin Harvey: PPWS		☐ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address 7179 Lake Carlisle Blvd				06 / 30 / Y Y Y Y Y
7				Amount
City	State	Zip Code		90.00
Orlando	FL	32829		Transaction ID : SE.4346 Date of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/ Type		04 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office	Sought: House District: 48
Rouda, Harley, , ,		Oppose	l	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	7	90.00	Disbur 2018	sement For:
Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination
Jaalin Harvey: PPWS		_ Weme	Itom	M M / D D / Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				06 30 2018
				Amount
City	State	Zip Code		90.00
Orlando	FL	32829		Transaction ID : SE.4348 Date of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/ Type		04 / D1 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office	Sought: House District: 49
Levin, Mike, , ,		Oppose		President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		90.00	Disbur 2018	rsement For: Primary ✓ General Other (specify) ✓
				Cirici (Specify)
(a) SUBTOTAL of Itemized Independent Expenditures				180.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		. •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Zullo, Christopher, , ,	Electronically Fil	edl -	M	M / D D / Y Y Y Y Y Y
Signature		Date	e 04	22 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 44 OF 76
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
				O
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item D	ate of Public Distribution/Dissemination
Jaalin Harvey: PPWS				06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				
			A	mount
City	State	Zip Code		90.00
Orlando	FL	32829		ransaction ID : SE.4350 ate of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/ Type		04 01 / Q1 2018
Name of Federal Candidate:		X Support	Office So	ought:
Houlahan, Chrissy, , ,		Oppose		esident Senate State: PA
Calendar Year-To-Date			Disburse	ment For: Primary X General
Per Election for Office Sought	, ,	90.00	2018	Other (specify) ▶
Full Name of Payee		☐ Memo	Item D	ate of Public Distribution/Dissemination
Jaalin Harvey: PPWS				M M / D D / Y Y Y Y Y Y O S O O O O O O O O O O O O
Mailing Address 7179 Lake Carlisle Blvd				
			A	mount
City	State	Zip Code		90.00
Orlando	FL	32829		ransaction ID : SE.4352 ate of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/		M M / D D / Y Y Y Y
Offiline ividiketing		Type		04 01 2018
Name of Federal Candidate:		✗ Support	Office S	ought: House District: 07
Wild, Susan, , ,		Oppose	Pr	esident Senate State: PA
Calendar Year-To-Date		90.00		ment For: Primary General
Per Election for Office Sought	7	30.00	2018	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	;			180.00
(h) CURTOTAL of Unitersity of Independent Funerality				
(b) SUBTOTAL of Unitemized Independent Expenditu	res		• •	
(c) TOTAL Independent Expenditures			Г	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized			
Zullo, Christopher, , ,	[Electronically Fil	ledl -	M M	/ D D / Y Y Y Y Y
Signature		_ Date	e 04	22 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 45 OF 76 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				
				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M M / D D / Y Y Y Y
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
Jaalin Harvey: PPWS				06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Amo	unt
City	State	Zip Code		90.00
Orlando	FL	32829		saction ID : SE.4354 of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/ Type	Date	04 01 2018
Name of Federal Candidate:		✗ Support	Office Soug	ght: X House District: 32
Allred, Collin, , ,		Oppose	Presi	
Calendar Year-To-Date		00.00	Disburseme	ent For: Primary Seneral
Per Election for Office Sought	7-1-1-7	90.00	2018	Other (specify) ▶
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Jaalin Harvey: PPWS				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Amo	unt
		I	Allio	
City Orlando	State	Zip Code	Trai	90.00 nsaction ID : SE.4356
Purpose of Expenditure	FL	32829		of Disbursement or Obligation
Online Marketing		Category/ Type		M 04 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Soug	ght: K House District: 23
Jones, Gina, , ,		Oppose	Presi	dent Senate State: TX
Calendar Year-To-Date		90.00	Disburseme	ent For: Primary 🗶 General
Per Election for Office Sought	7 7	00.00	2018	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·		. [180.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidar party committee) any political party committee or its	ate or authorized			
Zullo, Christopher, , ,	Electronically Fil	ledl –	M = M /	22 / 2010
Signature		Date	€ 04	22 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 46 OF 76
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Jaalin Harvey: PPWS				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Amo	unt
City	State	Zip Code	— F	90.00
Orlando	FL	32829		nsaction ID : SE.4358 of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/ Type		04 / 01 / 2018
Name of Federal Candidate:		✗ Support	Office Sou	ght: X House District: 07
Fletcher, Lizzie, , ,		Oppose	Presi	dent Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	7	90.00	Disburseme 2018	ent For:
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
Jaalin Harvey: PPWS				M M / D D / Y Y Y Y Y Y O S 2018
Mailing Address 7179 Lake Carlisle Blvd			Amo	unt
Oth		7: 0 - 1 -		90.00
City Orlando	State FL	Zip Code 32829		nsaction ID : SE.4360
Purpose of Expenditure		Category/	Date	e of Disbursement or Obligation
Online Marketing		Type	_	04 01 2018
Name of Federal Candidate:		✗ Support	Office Sou	ght: X House District:
Williams, Kathleen, , ,		Oppose	Presi	dent Senate State: MT
Calendar Year-To-Date Per Election for Office Sought	7	90.00	Disburseme 2018	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures	;		· • [_	180.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· •	7 1 7 1 7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independed with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized			
Zullo, Christopher, , ,	[Electronically Fil	ed]	M = M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_ Date	9 04	22 2019

PAGE 47 OF 76 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ TOGETHER WE THRIVE C00522458 Check if 24-hour report 48-hour report Amends report filed on New report Full Name of Payee Date of Public Distribution/Dissemination Jaalin Harvey: PPWS 06 30 2018 Mailing Address 7179 Lake Carlisle Blvd Amount City State Zip Code 200.00 FL 32829 Transaction ID: SE.4362 Orlando Date of Disbursement or Obligation Purpose of Expenditure Category/ Online Marketing 04 01 2018 Type Name of Federal Candidate: 80 **X** Support Office Sought: **✗** House District: Tipirneni, Hiral, , , ΑZ Oppose President State: Senate Disbursement For: Primary **X** General Calendar Year-To-Date 200.00 2018 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item Jaalin Harvey: PPWS 30 2018 06 Mailing Address 7179 Lake Carlisle Blvd Amount 200.00 City State Zip Code Orlando Transaction ID: SE.4364 FL 32829 Date of Disbursement or Obligation Purpose of Expenditure Category/ Online Marketing 01 2018 04 Type Name of Federal Candidate: 12 x Support Office Sought: **X** House District: O'Connor, Danny, , , OH Oppose President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 200.00 2018 Per Election for Office Sought Other (specify) ▶ 400.00 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Zullo, Christopher,,, [Electronically Filed] 04 22 2019 Date Signature

TEMIZED INDEPENDENT EXPENDITURES				PAGE 48 OF 76 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	on M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Katie Barnes: PPWS				06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				Amount
City	State	Zip Code		243.00
Orlando	FL	32829		Transaction ID : SE.4371
Purpose of Expenditure Online Marketing		Category/ Type		Date of Disbursement or Obligation M M / O1 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office	Sought: House District:
Baldwin, Tammy, , ,		Oppose	l	President Senate State: WI
Calendar Year-To-Date		343.00		sement For: Primary General
Per Election for Office Sought	7	040.00	2010	Other (specify) ▶
Full Name of Payee Katie Barnes: PPWS		☐ Memo	Item	Date of Public Distribution/Dissemination
				06 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				Amount
City	State	Zip Code		236.00
Orlando	FL	32829		Transaction ID : SE.4372 Date of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/ Type		04 01 7 2018
Name of Federal Candidate:		✗ Support	Office	Sought: House District:
Brown, Sherrod, , ,		Oppose		President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought	7	336.00	Disbur 2018	sement For:
			1	
(a) SUBTOTAL of Itemized Independent Expenditures				479.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		. •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Zullo, Christopher, , ,	Electronically File	edl -	M	M / D D / Y Y Y Y Y
Signature		Date	e 04	22 2019

PAGE 49 OF 76 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ TOGETHER WE THRIVE C00522458 Check if 24-hour report 48-hour report Amends report filed on New report Full Name of Payee Date of Public Distribution/Dissemination Katie Barnes: PPWS 06 30 2018 Mailing Address 7179 Lake Carlisle Blvd Amount City State Zip Code 243.00 FL 32829 Transaction ID: SE.4373 Orlando Date of Disbursement or Obligation Purpose of Expenditure Category/ Online Marketing 04 01 2018 Type Name of Federal Candidate: **X** Support Office Sought: House District: Rosen, Jacky, , , NV Oppose President **x** Senate State: Disbursement For: Primary **X** General Calendar Year-To-Date 493.00 2018 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item Katie Barnes: PPWS 30 2018 06 Mailing Address 7179 Lake Carlisle Blvd Amount 200.00 City State Zip Code Orlando Transaction ID: SE.4374 FL 32829 Date of Disbursement or Obligation Purpose of Expenditure Category/ Online Marketing 01 2018 04 Type Name of Federal Candidate: x Support Office Sought: House District: Bredesen, Phil, , , ΤN Oppose President **X** Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 550.00 2018 Per Election for Office Sought Other (specify) ▶ 443.00 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Zullo, Christopher,,, [Electronically Filed] 04 22 2019 Date Signature

TEMIZED INDEPENDENT EXPENDITURES				PAGE 50 OF 76 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
				C C00322430
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee		Memo	Item Dat	e of Public Distribution/Dissemination
Katie Barnes: PPWS				06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Am	ount
City	State	Zip Code	— F	200.00
Orlando	FL	32829		nsaction ID : SE.4375 e of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/ Type		04 / 01 / 2018
Name of Federal Candidate:		✗ Support	Office Sou	ught: House District:
Donnelly, Joe, , ,		Oppose		sident Senate State: IN
Calendar Year-To-Date Per Election for Office Sought		450.00	Disbursem	nent For: Primary K General
	7 7	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2010	Other (specify)
Full Name of Payee Katie Barnes: PPWS		☐ Memo	Item Dat	e of Public Distribution/Dissemination
				M 06 / 30 / Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Am	ount
City	State	Zip Code	— г	200.00
Orlando	FL	32829		ansaction ID : SE.4376 e of Disbursement or Obligation
Purpose of Expenditure		Category/		M M / D D / Y Y Y Y
Online Marketing		Type		04 01 2018
Name of Federal Candidate:		✗ Support	Office Sou	• 🗀
McCaskill, Claire, , ,		Oppose	Pres	sident Senate State: MO
Calendar Year-To-Date Per Election for Office Sought		550.00	Disbursem 2018	nent For: Primary Seneral
rei Election foi Office Sought	7 7		2010	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				400.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res			
(c) TOTAL Independent Expenditures			• •	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Zullo, Christopher, , ,	Electronically Fil	led1	M = M	/ D D / Y Y Y Y
Signature	Laces omeany I'll	_ Date	e 04	22 2019

TEMIZED INDEFENDENT EXPENDITORES	•		PAGE 51 OF 76 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE			C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on
Full Name of Payee Katie Barnes: PPWS		☐ Memo	Item Date of Public Distribution/Dissemination
Mailing Address 7179 Lake Carlisle Blvd			06 30 2018
			Amount
City	State	Zip Code	75.00
Orlando	FL	32829	Transaction ID : SE.4377 Date of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/ Type	04 / 01 / 2018
Name of Federal Candidate:		✗ Support	Office Sought: House District:
Sinema, Krysten, , ,		Oppose	President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	675.00	Disbursement For: Primary General 2018 Other (specify) ▶
Full Name of Payee		☐ Memo	Item Date of Public Distribution/Dissemination
Katie Barnes: PPWS			06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Amount
City	State	Zip Code	125.00
Orlando	FL	32829	Transaction ID : SE.4378 Date of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/ Type	04 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sought: House District:
Nelson, Bill, , ,		Oppose	President X Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		500.00	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditure	s		. > 200.00
(b) SUBTOTAL of Unitemized Independent Expendit	ures		>
(c) TOTAL Independent Expenditures			· •
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorized	•	
Zullo, Christopher, , ,	[Electronically File	ed] Date	e 04 22 / 2019
Signature			لستسا لسا لتنا

PAGE 52 OF 76 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ TOGETHER WE THRIVE C00522458 Check if 24-hour report 48-hour report Amends report filed on New report Full Name of Payee Date of Public Distribution/Dissemination Katie Barnes: PPWS 06 30 2018 Mailing Address 7179 Lake Carlisle Blvd Amount City State Zip Code 120.00 FL 32829 Transaction ID: SE.4379 Orlando Date of Disbursement or Obligation Purpose of Expenditure Category/ Online Marketing 04 01 2018 Type Name of Federal Candidate: **X** Support Office Sought: House District: WV Manchin, Joe, , , Oppose President **x** Senate State: Disbursement For: Primary **X** General Calendar Year-To-Date 625.00 2018 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item Katie Barnes: PPWS 2018 30 06 Mailing Address 7179 Lake Carlisle Blvd Amount 243.00 City State Zip Code Orlando Transaction ID: SE.4380 FL 32829 Date of Disbursement or Obligation Purpose of Expenditure Category/ Online Marketing 01 2018 04 Type Name of Federal Candidate: x Support Office Sought: House District: Heitkamp, Heidi, , , ND Oppose President **X** Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 643.00 2018 Per Election for Office Sought Other (specify) ▶ 363.00 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Zullo, Christopher,,, [Electronically Filed] 04 22 2019 Date Signature

TEMIZED INDEPENDENT EXPENDITURES				PAGE 53 OF 76 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Katie Barnes: PPWS		☐ Memo	Item Da	ate of Public Distribution/Dissemination
Mailing Address 7179 Lake Carlisle Blvd				06 30 / 2018
7 77 5 Edito Garristo Biva			An	nount
City	State	Zip Code		225.00
Orlando	FL	32829	I	ansaction ID : SE.4381 ate of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/ Type		04 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office So	ought: House District:
O'Rourke, Beto, , ,		Oppose	Pre	esident State: TX
Calendar Year-To-Date Per Election for Office Sought		575.00	Disburser	
Full Name of Payee		□ Marra	Itam Do	Other (specify) ▶ate of Public Distribution/Dissemination
Katie Barnes: PPWS		∐ Memo	item De	M M / D D / Y Y Y Y
Mailing Address				06 30 2018
7179 Lake Carlisle Blvd			An	nount
City	State	Zip Code	— Г	25.00
Orlando	FL	32829		ransaction ID : SE.4382 ate of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/ Type		04 / 01 / 2018
Name of Federal Candidate:		✗ Support	Office So	ought: House District:
Tester, Jon, , ,		Oppose	Pre	esident Senate State: MT
Calendar Year-To-Date Per Election for Office Sought	7 7	375.00	Disburser 2018	ment For:
			·	
(a) SUBTOTAL of Itemized Independent Expenditures				250.00
				, , , , , , , , , , , , , , , , , , , ,
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Zullo, Christopher, , ,	Electronically Fil	ed1 -	M = M	/ D D / Y Y Y Y
Signature		Date	9 04	22 2019

TEMIZED INDEFENDENT EXPENDITORES	3		PAGE 54 OF 76 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE			C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on
Full Name of Payee Katie Barnes: PPWS		☐ Memo	Item Date of Public Distribution/Dissemination
Mailing Address 7179 Lake Carlisle Blvd			06 30 2018
			Amount
City	State	Zip Code	100.00
Orlando Purpose of Expenditure	FL	32829	Transaction ID : SE.4385 Date of Disbursement or Obligation
Online Marketing		Category/ Type	04 / 01 / 2018
Name of Federal Candidate:		✗ Support	Office Sought: House District: 12
Kelly, Brendan, , ,		Oppose	President Senate State: IL
Calendar Year-To-Date Per Election for Office Sought	7 1 7	430.86	Disbursement For: ☐ Primary
Full Name of Payee		☐ Memo	Item Date of Public Distribution/Dissemination
Katie Barnes: PPWS			06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Amount
City	State	Zip Code	140.00
Orlando	FL	32829	Transaction ID : SE.4386 Date of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/ Type	04 / 01 / 2018
Name of Federal Candidate:		✗ Support	Office Sought: X House District: 06
Casten, Sean, , ,		Oppose	President Senate State: IL
Calendar Year-To-Date Per Election for Office Sought	7	490.00	Disbursement For: Primary General 2018 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	9S		240.00
(b) SUBTOTAL of Unitemized Independent Expendit	ures		•
(c) TOTAL Independent Expenditures			·
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any canding party committee) any political party committee or it	date or authorized	•	• • • • • • • • • • • • • • • • • • • •
Zullo, Christopher, , ,	[Electronically File	ed] Date	04 22 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			لىتنا لىا لتا

PAGE 55 OF 76 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ TOGETHER WE THRIVE C00522458 Check if 24-hour report 48-hour report Amends report filed on New report Full Name of Payee Date of Public Distribution/Dissemination Katie Barnes: PPWS 06 30 2018 Mailing Address 7179 Lake Carlisle Blvd Amount City State Zip Code 205.00 FL 32829 Transaction ID: SE.4393 Orlando Date of Disbursement or Obligation Purpose of Expenditure Category/ Online Marketing 04 01 2018 Type Name of Federal Candidate: 10 **X** Support Office Sought: **X** House District: Harder, Josh, , , CA Oppose President State: Senate Disbursement For: Primary **X** General Calendar Year-To-Date 295.00 2018 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item Katie Barnes: PPWS 30 2018 06 Mailing Address 7179 Lake Carlisle Blvd Amount 205.00 City State Zip Code Orlando Transaction ID: SE.4394 FL 32829 Date of Disbursement or Obligation Purpose of Expenditure Category/ Online Marketing 01 2018 04 Type Name of Federal Candidate: 21 x Support Office Sought: **X** House District: Cox, TJ, , , CA Oppose President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 295.00 2018 Per Election for Office Sought Other (specify) ▶ 410.00 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Zullo, Christopher,,, [Electronically Filed] 04 22 2019 Date Signature

TEMIZED INDEPENDENT EXPENDITURES	`			PAGE 56 OF 76
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y
Full Name of Payee Katie Barnes: PPWS		☐ Memo	Item	Date of Public Distribution/Dissemination
Ratie Dames. 11 WO				06 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				Amount
City	State	Zip Code		205.00
Orlando	FL	32829		Transaction ID : SE.4396
Purpose of Expenditure		0.1		Date of Disbursement or Obligation
Online Marketing		Category/ Type		04 01 / 2018
Name of Federal Candidate:		✗ Support	Office	Sought: Mouse District: 25
Hill, Katie, , ,		Oppose		President Senate State: CA
Calendar Year-To-Date		205.00		rsement For: Primary X General
Per Election for Office Sought		295.00	2018	Other (specify) ▶
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Katie Barnes: PPWS				06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				
				Amount
City	State	Zip Code		205.00
Orlando	FL	32829		Transaction ID : SE.4397 Date of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/		04 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Online Marketing		Type		04 01 2010
Name of Federal Candidate:		🗶 Support	Office	Sought: Mouse District: 39
Cisneros, Gil, , ,		Oppose		President Senate State: CA
Calendar Year-To-Date		295.00	1	rsement For: Primary 🗶 General
Per Election for Office Sought		200.00	2018	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	S		▶	410.00
(h) CURTOTAL of Unitary and Index and anti-				
(b) SUBTOTAL of Uniternized Independent Expendit	ures		▶	
(c) TOTAL Independent Expenditures			🕟	
, ,				
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candic party committee) any political party committee or its	date or authorized			
7. H. Christopher			NA -	M / D D / Y Y Y Y Y
Zullo, Christopher, , , Signature	[Electronically Fil	ded] Date	e 04	00.00
oignature				

TEMIZED INDEPENDENT EXPENDITORES				PAGE 57 OF 76 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed or	1
Full Name of Payee		☐ Memo	Item [Date of Public Distribution/Dissemination
Katie Barnes: PPWS				06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			,	Amount
City	State	Zip Code		205.00
Orlando	FL	32829		Transaction ID : SE.4398 Date of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/ Type		04 / 01 / 2018
Name of Federal Candidate:		✗ Support	Office S	Sought: X House District: 45
Porter, Katie, , ,		Oppose		resident Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	, , ,	295.00	Disburs 2018	ement For:
Full Name of Payee		☐ Memo	Item [Date of Public Distribution/Dissemination
Katie Barnes: PPWS				06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				Amount
			′	
City	State	Zip Code		205.00 Transaction ID : SE.4399
Orlando	FL	32829		Date of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/ Type		04 / 01 / 2018
Name of Federal Candidate:		✗ Support	Office S	Sought: House District: 48
Rouda, Harley, , ,		Oppose	F	resident Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	, , ,	295.00	Disburs 2018	ement For:
(a) SUBTOTAL of Itemized Independent Expenditures				410.00
(b) SUBTOTAL of Unitemized Independent Expenditur	es		. •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Zullo, Christopher, , ,	Electronically File	ed1 -	M = N	/ D D / Y Y Y Y Y Y Y 2010
Signature	I mounty 1 m	Date	e 04	22 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 58 OF 76
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
TOGETHER WE THRIVE				FEC IDENTIFICATION NUMBER ▼
				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed or	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item C	Pate of Public Distribution/Dissemination
Katie Barnes: PPWS				06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			A	mount
City	State	Zip Code		205.00
Orlando	FL	32829		ransaction ID : SE.4400 Date of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/ Type		04 / 01 / 2018
Name of Federal Candidate:		✗ Support	Office S	Sought: X House District: 49
Levin, Mike, , ,		Oppose		resident Senate State: CA
Calendar Year-To-Date		295.00		ement For: Primary Seneral
Per Election for Office Sought	7-1-1-7	293.00	2018	Other (specify) ▶
Full Name of Payee		☐ Memo	Item	Pate of Public Distribution/Dissemination
Katie Barnes: PPWS				06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				
			A	mount
City	State	Zip Code		205.00
Orlando	FL	32829		Transaction ID : SE.4401 Date of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/ Type		04 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office S	Sought: House District:06
Houlahan, Chrissy, , ,		Oppose		resident Senate State: PA
Calendar Year-To-Date		205.00		ement For: Primary Seneral
Per Election for Office Sought	7 7	295.00	2018	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	S		. [410.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res			
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized	•		·
Zullo, Christopher, , ,	[Electronically Fil	led1	M = M	/ D D / Y Y Y Y Y
Signature	_г 2000 опишну Г и	Date	e 04	22 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 59 OF 76
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
TOGETHER WE THRIVE				FEC IDENTIFICATION NUMBER ▼
				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
Katie Barnes: PPWS				06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Aı	mount
City	State	Zip Code	— I	205.00
Orlando	FL	32829		ransaction ID : SE.4402 ate of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/ Type		04 / 01 / 2018
Name of Federal Candidate:		✗ Support	Office So	ought:
Wild, Susan, , ,		Oppose		esident Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		295.00	Disburse	ment For: Primary ✓ General Other (specify)
Full Name of Payee		Memo	Itom D	ate of Public Distribution/Dissemination
Katie Barnes: PPWS		□ Iviemo	item D	M M / D D / Y Y Y Y
Mailing Address 7470 Lake Carlists Divid				06 30 2018
7179 Lake Carlisle Blvd			Aı	mount
City	State	Zip Code	— I	205.00
Orlando	FL	32829		ransaction ID : SE.4403 ate of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/ Type		M M / O1 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office So	ought: X House District: 32
Allred, Collin, , ,		Oppose	Pre	esident Senate State: TX
Calendar Year-To-Date		295.00		ment For: Primary General
Per Election for Office Sought	7 - 1 - 7 -	200.00	2018	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			•	410.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		· · · · · · · · · · · · · · · · · · ·
Zullo, Christopher, , ,	Electronically Fil	ed1	M = M	/ D D / Y Y Y Y
Signature	<u> 2 опишну Г</u> П	Date	9 04	22 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 60 OF 76 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		Memo	Item D	Pate of Public Distribution/Dissemination
Katie Barnes: PPWS				06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			A	mount
City	State	Zip Code		205.00
Orlando	FL	32829		ransaction ID : SE.4404 Date of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/ Type		04 / 01 / 2018
Name of Federal Candidate:		X Support	Office S	lought: House District: 23
Jones, Gina, , ,		Oppose	Pr	resident Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		295.00	Disburse	ement For: Primary Seneral
	7-1-1-7-			Other (specify)
Full Name of Payee Katie Barnes: PPWS		Memo	Item D	Pate of Public Distribution/Dissemination
				06 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			A	mount
City	State	Zip Code		205.00
Orlando	FL	32829		Fransaction ID : SE.4405 Date of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/ Type		M 04 / D D / Y Y Y Y Y Y 2018
Name of Federal Candidate:		✗ Support	Office S	ought: K House District: 07
Fletcher, Lizzie, , ,		Oppose	Pr	resident Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	1 1 1 1	295.00	Disburse 2018	ement For:
(a) SUBTOTAL of Itemized Independent Expenditures				410.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· • L	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
Zullo, Christopher, , ,	[Electronically File	ed1 -	M = M	/ D D / Y Y Y Y Y Y 2010
Signature		Date	e 04	22 2019

TEMIZED INDEFENDENT EXPENDITORES	,			PAGE 61 OF 76
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
TOGETHER WE THRIVE				FEC IDENTIFICATION NUMBER ▼
TOOLITIEK WE THIKIVE				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed or	n M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item [Date of Public Distribution/Dissemination
Katie Barnes: PPWS				06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			,	Amount
City	State	Zip Code		205.00
Orlando	FL	32829	I	Transaction ID : SE.4406 Date of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/ Type		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office S	Sought: X House District:
Williams, Kathleen, , ,		Oppose	l	President Senate State: MT
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	295.00	Disburs 2018	ement For: Primary General Other (specify) ▶
Full Name of Payee		☐ Memo	Item [Date of Public Distribution/Dissemination
Katie Barnes: PPWS				06 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			,	Amount
City	State	Zip Code		400.00
Orlando	FL	32829		Transaction ID : SE.4407 Date of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/ Type		04 01 7 2018
Name of Federal Candidate:		✗ Support	Office S	Sought: House District: 08
Tipirneni, Hiral, , ,		Oppose		resident Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought	· · · · ·	600.00	Disburs 2018	ement For: ☐ Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	·s		. [605.00
(,,			,	7
(b) SUBTOTAL of Unitemized Independent Expendit	ures			
(c) TOTAL Independent Expenditures			• [
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	date or authorized	•		•
Zullo, Christopher, , ,	[Electronically File	[ed] Date	e 04	22 2019
Signature		_		

TEMIZED INDEPENDENT EXPENDITURES				PAGE 62 OF 76
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
				C COOCEE TOO
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	n M = M / D = D / Y = Y = Y
Full Name of Payee Katie Barnes: PPWS		☐ Memo	Item	Date of Public Distribution/Dissemination
Natile Dairies. FFWS				06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				Amount
Cib.	Ctoto	Zin Codo		200.00
City Orlando	State	Zip Code 32829		200.00 Transaction ID : SE.4408
		32029		Date of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/ Type		04 / 01 / 2018
Name of Federal Candidate:		✗ Support	Office	Sought: House District: 12
O'Connor, Danny, , ,		Oppose	F	President Senate State: OH
Calendar Year-To-Date		1 1000	Disburs	sement For: Primary X General
Per Election for Office Sought	<u></u>	400.00	2018	Other (specify) ▶
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
PinPoint WebSolutions				06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				
			4	Amount
City	State	Zip Code		600.00
Orlando	FL	32829		Transaction ID : SE.4409 Date of Disbursement or Obligation
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Progra	mmina	Category/	\neg	04
Consulting, Graphic Design, Technical Suppor		Type		04 01 2010
Name of Federal Candidate:		✗ Support	Office	Sought: House District:
Baldwin, Tammy, , ,		Oppose	F	President X Senate State: WI
Calendar Year-To-Date		943.00		sement For: Primary 🗶 General
Per Election for Office Sought	7 7	340.00	2018	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	; 		. ▶	800.00
(1) 0115-5-11			- 1	
(b) SUBTOTAL of Unitemized Independent Expenditu	res		▶	7
(c) TOTAL Independent Expenditures			[
			,	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Zullo, Christopher, , ,	[Electronically Fil	led1 -	M = 7	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_ Date	e 04	22 2019

				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				
				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item	Date of Public Distribution/Dissemination
				06 30 / Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				Amount
City	State	Zip Code		600.00
Orlando	FL	32829		Transaction ID : SE.4410 Date of Disbursement or Obligation
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Program Consulting, Graphic Design, Technical Suppor	ming,	Category/ Type		04 01 / 2018
Name of Federal Candidate:		X Support	Office	Sought: House District:
Brown, Sherrod, , ,		Oppose		President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought	, , ,	936.00	Disbu 2018	rsement For: Primary General Other (specify) ▶
Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination
PinPoint WebSolutions				06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				
				Amount
City	State	Zip Code		600.00
Orlando	FL	32829		Transaction ID : SE.4411 Date of Disbursement or Obligation
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Program Consulting, Graphic Design, Technical Suppor	nming,	Category/ Type		04 / 01 / 2018
Name of Federal Candidate:		x Support	Office	Sought: House District:
Rosen, Jacky, , ,		Oppose		President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		1093.00	Disbu 2018	rsement For: Primary X General
Tel Election for Office Sought	1 1		20.0	Other (specify) >
(a) SUBTOTAL of Itemized Independent Expenditures			▶	1200.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es			
,				
(c) TOTAL Independent Expenditures			▶	
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its	te or authorized			
Zullo, Christopher, , ,	Electronically File	ed] -	M	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	e 04	22 2019

				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				!
TOGETHER WE THRIVE				FEC IDENTIFICATION NUMBER ▼
				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	on M M / D D / Y Y Y Y Y
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item	Date of Public Distribution/Dissemination
N. W Address				06 30 7 2018
Mailing Address 7179 Lake Carlisle Blvd				Amount
City	State	Zip Code		125.00
Orlando	FL	32829		Transaction ID : SE.4412 Date of Disbursement or Obligation
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Program Consulting, Graphic Design, Technical Suppor	ıming,	Category/ Type		04 01 7 2018
Name of Federal Candidate:		X Support	Office	Sought: House District:
Bredesen, Phil, , ,		Oppose		President Senate State: TN
Calendar Year-To-Date Per Election for Office Sought	7 7	675.00	Disbur 2018	rsement For: Primary General Other (specify) ▶
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
PinPoint WebSolutions				06 30 / Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				00 00 20.0
1118 Lake Gameie Biva				Amount
City	State	Zip Code		125.00
Orlando	FL	32829		Transaction ID : SE.4413 Date of Disbursement or Obligation
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Progratic Consulting, Graphic Design, Technical Suppor	mming,	Category/ Type		04 / 01 / 2018
Name of Federal Candidate:		x Support	Office	Sought: House District:
Donnelly, Joe, , ,		Oppose		President Senate State: IN
Calendar Year-To-Date		575.00	Disbur 2018	rsement For: Primary General
Per Election for Office Sought	7		2016	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures			. •	250.00
(b) SUBTOTAL of Unitemized Independent Expenditur	es		. •	
(c) TOTAL Independent Expenditures			. •	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
Zullo, Christopher, , , [Electronically File	led] Date	e 04	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_ · Date	, 04	2010

PAGE 65 OF 76 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ TOGETHER WE THRIVE C00522458 Check if 24-hour report 48-hour report Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee PinPoint WebSolutions 06 30 2018 Mailing Address 7179 Lake Carlisle Blvd Amount State 125.00 City Zip Code FL 32829 Transaction ID: SE.4414 Orlando Date of Disbursement or Obligation Purpose of Expenditure Category/ Advertising, Online Marketing, Canvassing, Programming, 04 01 2018 Type Consulting, Graphic Design, Technical Suppor Name of Federal Candidate: **X** Support Office Sought: House District: McCaskill, Claire, , , MO Oppose President **x** Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 675.00 2018 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item PinPoint WebSolutions 2018 30 06 Mailing Address 7179 Lake Carlisle Blvd Amount 500.00 City State Zip Code Orlando Transaction ID: SE.4415 FL 32829 Date of Disbursement or Obligation Purpose of Expenditure Category/ Advertising, Online Marketing, Canvassing, Programming, 01 2018 04 Type Consulting, Graphic Design, Technical Suppor Name of Federal Candidate: x Support Office Sought: House District: Sinema, Krysten, , , ΑZ Oppose President **X** Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 1175.00 2018 Per Election for Office Sought Other (specify) ▶ 625.00 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Zullo, Christopher,,, [Electronically Filed] 22 2019 Date Signature

TEMIZED INDEPENDENT EXPENDITURES				PAGE 66 OF 76
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
PinPoint WebSolutions				06 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Amo	punt
City	State	Zip Code		175.00
Orlando	FL	32829		nsaction ID : SE.4416 e of Disbursement or Obligation
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Progran Consulting, Graphic Design, Technical Suppor	nming,	Category/ Type		04 01 / 2018
Name of Federal Candidate:		X Support	Office Sou	ght: House District:
Nelson, Bill, , ,		Oppose	Pres	ident Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	7	675.00	Disbursem 2018	ent For: Primary X General Other (specify) ▶
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
PinPoint WebSolutions				06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				
			Amo	bunt
City	State	Zip Code		300.00
Orlando	FL	32829		Insaction ID : SE.4417 e of Disbursement or Obligation
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Progra Consulting, Graphic Design, Technical Suppor	mming,	Category/ Type		04 01 7 2018
Name of Federal Candidate:		x Support	Office Sou	ght: House District:
Manchin, Joe, , ,		Oppose	Pres	ident Senate State: WV
Calendar Year-To-Date Per Election for Office Sought	7	925.00	Disbursem 2018	ent For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				475.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		. ▶	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized	•		· · · · · · · · · · · · · · · · · · ·
Zullo, Christopher, , ,	[Electronically Fil	led1	M = M	/ D D / Y Y Y Y
Signature		_ Date	e 04	22 2019

FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ TOGETHER WE THRIVE C00522458 Check if 24-hour report 48-hour report Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee PinPoint WebSolutions 06 30 2018 Mailing Address 7179 Lake Carlisle Blvd Amount State 100.00 City Zip Code FL 32829 Transaction ID: SE.4418 Orlando Date of Disbursement or Obligation Purpose of Expenditure Category/ Advertising, Online Marketing, Canvassing, Programming, 04 01 2018 Type Consulting, Graphic Design, Technical Suppor Name of Federal Candidate: **X** Support Office Sought: House District: Heitkamp, Heidi, , , ND Oppose President **x** Senate State: Primary **X** General Disbursement For: Calendar Year-To-Date 743.00 2018 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item PinPoint WebSolutions 2018 30 06 Mailing Address 7179 Lake Carlisle Blvd Amount 100.00 City State Zip Code Orlando Transaction ID: SE.4419 FL 32829 Date of Disbursement or Obligation Purpose of Expenditure Category/ Advertising, Online Marketing, Canvassing, Programming, 01 2018 04 Type Consulting, Graphic Design, Technical Suppor Name of Federal Candidate: x Support Office Sought: House District: O'Rourke, Beto, , , TX Oppose President **X** Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 675.00 2018 Per Election for Office Sought Other (specify) ▶ 200.00 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Zullo, Christopher,,, [Electronically Filed] 22 2019 Date Signature

PAGE

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OF

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Signature

TEMIZED INDEPENDENT EXPENDITURES				PAGE 68 OF 76
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
TOGETHER WE THRIVE				FEC IDENTIFICATION NUMBER ▼
				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repor	t filed on	M / D D / Y Y Y Y
Full Name of Payee PinPoint WebSolutions		☐ Memo I		f Public Distribution/Dissemination
Mailing Address 7179 Lake Carlisle Blvd				06 2018
7173 Lake Galliste Divu			Amoun	nt
City	State	Zip Code		300.00
Orlando	FL	32829		action ID : SE.4420 f Disbursement or Obligation
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Program Consulting, Graphic Design, Technical Suppor	nming,	Category/ Type	М	04 01 2018
Name of Federal Candidate:		✗ Support	Office Sought	t: House District:
Tester, Jon, , ,		Oppose	Preside	MT
Calendar Year-To-Date Per Election for Office Sought	<i>7 7</i>	675.00	Disbursement	reference in Frimary
Full Name of Payee PinPoint WebSolutions		☐ Memo I	M	f Public Distribution/Dissemination
Mailing Address 7179 Lake Carlisle Blvd			Amoun	
City	State	Zip Code	$-\Gamma$	200.00
Orlando	FL	32829		action ID : SE.4422 If Disbursement or Obligation
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Progra Consulting, Graphic Design, Technical Suppor	ımming,	Category/ Type	M	04 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sought	t: X House District: 12
Kelly, Brendan, , ,		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7	630.86	Disbursement	ther (specify) ▶ General
(a) SUBTOTAL of Itemized Independent Expenditures				500.00
(a) SOBTOTAL OF REHIEZEG HIGEPORGOTE EXPONENTIALOS			•	300.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Zullo, Christopher, , ,	[Electronically File	led] Date	M M /	22 / 2019

TEMIZED INDEPENDENT EXPENDITORES				PAGE 69 OF 76 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed or	M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item [Date of Public Distribution/Dissemination
PinPoint WebSolutions				06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			A	Amount
City	State	Zip Code		200.00
Orlando	FL	32829		Fransaction ID : SE.4423 Date of Disbursement or Obligation
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Program Consulting, Graphic Design, Technical Suppor	nming,	Category/ Type		04 01 / 2018
Name of Federal Candidate:		X Support	Office S	Sought: House District: 06
Casten, Sean, , ,		Oppose	P	resident Senate State: IL
Calendar Year-To-Date Per Election for Office Sought	7 1 7	690.00	Disburs 2018	ement For:
Full Name of Payee		☐ Memo	Item [Date of Public Distribution/Dissemination
PinPoint WebSolutions				06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				
			/	Amount
City	State	Zip Code		650.00
Orlando	FL	32829		Transaction ID : SE.4429 Date of Disbursement or Obligation
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Progra Consulting, Graphic Design, Technical Suppor	mming,	Category/ Type		04 01 7 2018
Name of Federal Candidate:		x Support	Office S	Sought: House District: 10
Harder, Josh, , ,		Oppose	P	resident Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	7 7	945.00	Disburs 2018	ement For:
(a) SUBTOTAL of Itemized Independent Expenditures	i			850.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		• • [
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		
Zullo, Christopher, , ,	[Electronically Fil	edl -	M = M	/ D D / Y Y Y Y Y
Signature		Date	e 04	22 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 70 OF 76 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	n M = M / D = D / Y = Y = Y
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item	Date of Public Distribution/Dissemination
				06 30 / Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				Amount
City	State	Zip Code		650.00
Orlando	FL	32829		Transaction ID : SE.4430 Date of Disbursement or Obligation
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Program Consulting, Graphic Design, Technical Suppor	nming,	Category/ Type		04 01 2018
Name of Federal Candidate:		X Support	Office	Sought: X House District: 21
Cox, TJ, , ,		Oppose	F	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		945.00	Disburs 2018	sement For: Primary General
Edi Novo of Pour				Other (specify)
Full Name of Payee PinPoint WebSolutions		∐ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address 7179 Lake Carlisle Blvd				06 30 2018 Amount
Cit.	Ctoto	Zin Codo		650.00
City Orlando	State FL	Zip Code 32829		Transaction ID : SE.4431 Date of Disbursement or Obligation
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Progra Consulting, Graphic Design, Technical Suppor	mming,	Category/ Type		04 / 01 / 2018
Name of Federal Candidate:		x Support	Office	Sought: House District: 25
Hill, Katie, , ,		Oppose	F	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	7	945.00	Disburs 2018	sement For: Primary
•				
(a) SUBTOTAL of Itemized Independent Expenditures				1300.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es		. •	
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
Zullo, Christopher, , ,	Electronically Fil	ed1	M	M / D D / Y Y Y Y
Signature	<u>ысы опиши</u> у Г и	Euj Date	e 04	22 2019

PAGE 71 OF 76 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ TOGETHER WE THRIVE C00522458 Check if 24-hour report 48-hour report Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee PinPoint WebSolutions 06 30 2018 Mailing Address 7179 Lake Carlisle Blvd Amount State 650.00 City Zip Code FL 32829 Transaction ID: SE.4432 Orlando Date of Disbursement or Obligation Purpose of Expenditure Category/ Advertising, Online Marketing, Canvassing, Programming, 04 01 2018 Type Consulting, Graphic Design, Technical Suppor Name of Federal Candidate: 39 **X** Support Office Sought: **✗** House District: Cisneros, Gil,,, CA Oppose President State: Senate Disbursement For: Primary **X** General Calendar Year-To-Date 945.00 2018 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item PinPoint WebSolutions 2018 30 06 Mailing Address 7179 Lake Carlisle Blvd Amount 650.00 City State Zip Code Orlando Transaction ID: SE.4433 FL 32829 Date of Disbursement or Obligation Purpose of Expenditure Category/ Advertising, Online Marketing, Canvassing, Programming, 01 2018 04 Type Consulting, Graphic Design, Technical Suppor Name of Federal Candidate: 45 x Support Office Sought: **X** House District: Porter, Katie, , , CA Oppose President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 945.00 2018 Per Election for Office Sought Other (specify) ▶ 1300.00 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Zullo, Christopher,,, [Electronically Filed] 22 2019 Date Signature

FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ TOGETHER WE THRIVE C00522458 Check if 24-hour report 48-hour report Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee PinPoint WebSolutions 06 30 2018 Mailing Address 7179 Lake Carlisle Blvd Amount State 683.01 City Zip Code FL 32829 Transaction ID: SE.4434 Orlando Date of Disbursement or Obligation Purpose of Expenditure Category/ Advertising, Online Marketing, Canvassing, Programming, 04 01 2018 Type Consulting, Graphic Design, Technical Suppor Name of Federal Candidate: 48 **X** Support Office Sought: **✗** House District: Rouda, Harley, , , CA Oppose President State: Senate Disbursement For: Primary **X** General Calendar Year-To-Date 978.01 2018 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item PinPoint WebSolutions 2018 30 06 Mailing Address 7179 Lake Carlisle Blvd Amount 683.00 City State Zip Code Orlando Transaction ID: SE.4435 FL 32829 Date of Disbursement or Obligation Purpose of Expenditure Category/ Advertising, Online Marketing, Canvassing, Programming, 01 2018 04 Type Consulting, Graphic Design, Technical Suppor Name of Federal Candidate: 45 x Support Office Sought: **X** House District: Levin, Mike, , , CA Oppose President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 1628.00 2018 Per Election for Office Sought Other (specify) ▶ 1366.01 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Zullo, Christopher,,, [Electronically Filed] 22 2019 Date Signature

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OF

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TEMIZED INDEPENDENT EXPENDITURES				PAGE 73 OF 76 FOR LINE 24 OF FORM 3X	
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
TOGETHER WE THRIVE				C C00522458	
				M = M / D = D / Y = Y = Y	
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M M	
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item Date	e of Public Distribution/Dissemination	
This one westername				06 30 7 2018	
Mailing Address 7179 Lake Carlisle Blvd			Amo	ount	
City	State	Zip Code		650.00	
Orlando	FL	32829		Transaction ID : SE.4436 Date of Disbursement or Obligation	
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Program Consulting, Graphic Design, Technical Suppor	ming,	Category/ Type		04 01 / 2018	
Name of Federal Candidate:		X Support	Office Sou	ght: 🗶 House District:06	
Houlahan, Chrissy, , ,		Oppose	Presi	dent Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought	, , ,	945.00	Disburseme	ent For: Primary X General Other (specify) ▶	
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination	
PinPoint WebSolutions				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 7179 Lake Carlisle Blvd				00 00 2010	
			Amo	punt	
City	State	Zip Code		650.00	
Orlando	FL	32829		nsaction ID : SE.4437 e of Disbursement or Obligation	
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Prograr Consulting, Graphic Design, Technical Suppor	mming,	Category/ Type		04 01 / 2018	
Name of Federal Candidate:		✗ Support	Office Sou	ght: X House District: 07	
Wild, Susan, , ,		Oppose	Presi	dent Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought	7 7	945.00	Disburseme 2018	ent For: Primary X General Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			• [1300.00	
(b) SUBTOTAL of Unitemized Independent Expenditure	es		· -		
(c) TOTAL Independent Expenditures			· [
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized				
Zullo, Christopher, , ,	Electronically Fil	ed1 -	M = M	/ D D / Y Y Y Y	
Signature		Date	9 04	22 2019	

TEMIZED INDEPENDENT EXPENDITURES				PAGE 74 OF 76 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	on M = M / D = D / Y = Y = Y
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address 7179 Lake Carlisle Blvd				06 30 2018 Amount
-				
City Orlando	State FL	Zip Code 32829		650.00 Transaction ID : SE.4438
Purpose of Expenditure	1 -			Date of Disbursement or Obligation
Advertising, Online Marketing, Canvassing, Progran Consulting, Graphic Design, Technical Suppor	nming,	Category/ Type		04 01 7 2018
Name of Federal Candidate:		x Support	Office	Sought: Mouse District: 32
Allred, Collin, , ,		Oppose		President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	7 7	945.00	Disbur 2018	sement For: Primary
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
PinPoint WebSolutions				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				Amount
City	State	Zip Code		650.00
Orlando	FL	32829		Transaction ID : SE.4439 Date of Disbursement or Obligation
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Progra Consulting, Graphic Design, Technical Suppor	mming,	Category/ Type		04 / 01 / 2018
Name of Federal Candidate:		✗ Support	Office	Sought: Mouse District: 23
Jones, Gina, , ,		Oppose		President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	945.00	Disbur 2018	sement For: Primary
•				
(a) SUBTOTAL of Itemized Independent Expenditures			. •	1300.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		. •	
(c) TOTAL Independent Expenditures			• •	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Zullo, Christopher, , ,	Electronically Fil	adl	M	M / D D / Y Y Y Y
Signature	ъсыопишну Г н	Euj Date	e 04	22 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 75 OF 76 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed c	on M = M / D = D / Y = Y = Y
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address 7179 Lake Carlisle Blvd				06 30 2018 Amount
		I		
City	State	Zip Code		650.00
Orlando	FL	32829		Transaction ID : SE.4440 Date of Disbursement or Obligation
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Progran Consulting, Graphic Design, Technical Suppor	nming,	Category/ Type		04 / 01 / 2018
Name of Federal Candidate:		X Support	Office	Sought: House District:07
Fletcher, Lizzie, , ,		Oppose		President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	A 1 1 A	945.00	Disburs 2018	sement For: Primary General Other (specify) ▶
Full Name of Payee	,	Memo	Itom	Date of Public Distribution/Dissemination
PinPoint WebSolutions		метто	nem	06 30 2018
Mailing Address 7179 Lake Carlisle Blvd				Amount
City	State	Zip Code		650.00
Orlando	FL	32829		Transaction ID : SE.4441 Date of Disbursement or Obligation
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Progra Consulting, Graphic Design, Technical Suppor	mming,	Category/ Type		04 / 01 / 2018
Name of Federal Candidate:		✗ Support	Office	Sought: X House District:
Williams, Kathleen, , ,		Oppose		President Senate State: MT
Calendar Year-To-Date Per Election for Office Sought	7	945.00	Disburs 2018	sement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures			. •	1300.00
(b) SUBTOTAL of Unitemized Independent Expenditure	'es			
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Zullo, Christopher, , ,	Electronically Fil	ed1	M	M / D D / Y Y Y Y
Signature	<u> гасы ониши</u> у Г и	_ Date	e 04	22 2019

EMIZED INDEPENDENT EXPENDITURE	S			PAGE 76 OF 76 FOR LINE 24 OF FORM 3X	
IAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
TOGETHER WE THRIVE					
				C C00522458	
Check if 24-hour report 48-hour report	New rep	oort Amends repo	ort filed o	n M = M / D = D / Y = Y = Y	
Full Name of Payee		☐ Memo	Item I	Date of Public Distribution/Dissemination	
PinPoint WebSolutions				06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 7179 Lake Carlisle Blvd			,	Amount	
City	State	Zip Code		150.00	
Orlando	FL	32829		Transaction ID : SE.4442 Date of Disbursement or Obligation	
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Progra Consulting, Graphic Design, Technical Suppor	amming,	Category/ Type		04 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate:		✗ Support	Office (Sought: K House District: 08	
Tipirneni, Hiral, , ,		Oppose	F	President Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought		750.00	Disburs 2018	sement For:	
Full Name of Payee		☐ Memo	Item I	Date of Public Distribution/Dissemination	
				M = M / D = D / Y = Y = Y	
Mailing Address					
			,	Amount	
City	State	Zip Code			
				Date of Disbursement or Obligation	
Purpose of Expenditure		Category/ Type		M = M / D = D / Y = Y = Y	
Name of Federal Candidate:		Support	Office	Sought: House District:	
		Oppose	F	President Senate State:	
Calendar Year-To-Date			Disburs	sement For: Primary General	
Per Election for Office Sought	-		[Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditure	es		• •	150.00	
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures			•	21779.01	
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or in	date or authorized				
Zullo, Christopher, , ,	[Electronically Fi	iled1 –	M = N	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature		Date	e 04	22 2019	