

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

Office Use Only

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

12FE4M5

TOGETHER WE THRIVE

ADDRESS (number and street)

3433 Lithia Pinecrest Road

Check if different
than previously
reported. (ACC)

STE 198

VALRICO

FL

33596

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00522458

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

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

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

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

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

C

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

C

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Zullo, Christopher, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Zullo, Christopher, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

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

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

TOGETHER WE THRIVE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
04 / 01 / 2018 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2018

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2018		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	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. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

TOGETHER WE THRIVE

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	8

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	10100.00	19220.86
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	10100.00	19220.86
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	10100.00	19220.86
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	10100.00	19220.86
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	10100.00	19220.86

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	21779.01	28279.87
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	2780.63	4280.63
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	24559.64	32560.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24559.64	32560.50

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 76

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TOGETHER WE THRIVE

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

A. Barris, Robert, , ,

Mailing Address 14252 CULVER DR

City
IRVINE

State
CA

Zip Code
92780

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NVIDIA

Occupation (for Individual)
SW ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 25 / 2018

Transaction ID : SA11AI.4220

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Barris, Robert, , ,

Mailing Address 14252 CULVER DR

City
IRVINE

State
CA

Zip Code
92780

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NVIDIA

Occupation (for Individual)
SW ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 27 / 2018

Transaction ID : SA11AI.4221

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

C. Barris, Robert, , ,

Mailing Address 14252 CULVER DR

City
IRVINE

State
CA

Zip Code
92780

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NVIDIA

Occupation (for Individual)
SW ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 28 / 2018

Transaction ID : SA11AI.4218

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

400.00

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

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

FOR LINE NUMBER:
(check only one)

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

TOGETHER WE THRIVE

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

A. BOUTROUS, THEODORE, , ,

Mailing Address 12243 CANNA ROAD

City
LOS ANGELES

State
CA

Zip Code
90049

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LAWYER

Occupation (for Individual)
Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 28 / 2018

Transaction ID : SA11AI.4214

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. CHEN, TERESA, , ,

Mailing Address 9820 WELSH DRIVE

City
PASCO

State
WV

Zip Code
99301

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)
LAWYER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2018

Transaction ID : SA11AI.4254

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. CHEN, TERESA, , ,

Mailing Address 9820 WELSH DRIVE

City
PASCO

State
WV

Zip Code
99301

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)
LAWYER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 30 / 2018

Transaction ID : SA11AI.4256

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

1200.00

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

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

FOR LINE NUMBER: PAGE 8 OF 76

(check only one)

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

TOGETHER WE THRIVE

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

A. DAVID, JAMES, , ,

Mailing Address 7311 GALVESTON

City
GalvestonState
TXZip Code
77034FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 27 / 2018

Transaction ID : SA11AI.4244

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. DUNN, JAMES, , ,

Mailing Address 218 W KING ST

City

MARTINSBERG

State

WV

Zip Code

25401

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Gus America

Occupation (for Individual)

Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 01 / 2018

Transaction ID : SA11AI.4242

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. FLECK, STEPHANIE, , ,

Mailing Address 39 WHITE OAK ROAD

City

Waban

State

ME

Zip Code

02468

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Not-Employed

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 28 / 2018

Transaction ID : SA11AI.4236

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

600.00

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

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

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

FOR LINE NUMBER: PAGE 9 OF 76
(check only one)

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

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NAME OF COMMITTEE (In Full)

TOGETHER WE THRIVE

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

A. FLECK, STEPHANIE, , ,

Mailing Address 39 WHITE OAK ROAD

City
Waban

State
ME

Zip Code
02468

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Not-Employed

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 28 / 2018

Transaction ID : SA11AI.4238

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. FLECK, STEPHANIE, , ,

Mailing Address 39 WHITE OAK ROAD

City
Waban

State
ME

Zip Code
02468

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not-Employed

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 28 / 2018

Transaction ID : SA11AI.4239

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. GOLDBERG, MARGARET, , ,

Mailing Address 172 CHESTNUT ST

City
CAMBRIDGE

State
MA

Zip Code
02139

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 09 / 2018

Transaction ID : SA11AI.4257

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

300.00

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

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

FOR LINE NUMBER: PAGE 10 OF 76
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
TOGETHER WE THRIVE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. GOLDBERG, MARGARET, , ,

Mailing Address 172 CHESTNUT ST

City
CAMBRIDGE

State
MA

Zip Code
02139

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 09 / 2018

Transaction ID : SA11AI.4259

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. JOHNSON, KATHY, , ,

Mailing Address 617 E 31ST ST UNIT B, UNIT B

City

LaGARANGE pARK

State
IL

Zip Code
60526

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-Employed

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 06 / 2018

Transaction ID : SA11AI.4273

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. JOHNSON, KATHY, , ,

Mailing Address 617 E 31ST ST UNIT B, UNIT B

City

LaGARANGE pARK

State
IL

Zip Code
60526

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-Employed

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Transaction ID : SA11AI.4265

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

150.00

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

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

FOR LINE NUMBER: PAGE 11 OF 76

(check only one)

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

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NAME OF COMMITTEE (In Full)

TOGETHER WE THRIVE

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

A. JOHNSON, KATHY, , ,

Mailing Address 617 E 31ST ST UNIT B, UNIT B

City

LaGARANGE pARK

State

IL

Zip Code

60526

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Transaction ID : SA11AI.4267

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. JOHNSON, KATHY, , ,

Mailing Address 617 E 31ST ST UNIT B, UNIT B

City

LaGARANGE pARK

State

IL

Zip Code

60526

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 21 / 2018

Transaction ID : SA11AI.4268

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. JOHNSON, KATHY, , ,

Mailing Address 617 E 31ST ST UNIT B, UNIT B

City

LaGARANGE pARK

State

IL

Zip Code

60526

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 29 / 2018

Transaction ID : SA11AI.4269

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

75.00

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

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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

TOGETHER WE THRIVE

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

A. JOHNSON, KATHY, , ,

Mailing Address 617 E 31ST ST UNIT B, UNIT B

City

LaGARANGE pARK

State

IL

Zip Code

60526

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 29 / 2018

Transaction ID : SA11AI.4270

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. JOHNSON, KATHY, , ,

Mailing Address 617 E 31ST ST UNIT B, UNIT B

City

LaGARANGE pARK

State

IL

Zip Code

60526

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-Employed

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 29 / 2018

Transaction ID : SA11AI.4271

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. LARSE, JOHN, , ,

Mailing Address 24 SEASCAPE

City

APTOS

State

CA

Zip Code

95003

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-Employed

Occupation (for Individual)
Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 15 / 2018

Transaction ID : SA11AI.4240

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

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

350.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 76

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

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NAME OF COMMITTEE (In Full)

TOGETHER WE THRIVE

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

A. Lewis-Hutson, Teresa, , ,

Mailing Address 9 CREEKSHIRE CT

City
WENTZVILLE

State
MO

Zip Code
63385

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 03 / 2018

Transaction ID : SA11AI.4225

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Lewis-Hutson, Teresa, , ,

Mailing Address 9 CREEKSHIRE CT

City
WENTZVILLE

State
MO

Zip Code
63385

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 18 / 2018

Transaction ID : SA11AI.4229

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Lewis-Hutson, Teresa, , ,

Mailing Address 9 CREEKSHIRE CT

City
WENTZVILLE

State
MO

Zip Code
63385

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 02 / 2018

Transaction ID : SA11AI.4230

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

150.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 76

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

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NAME OF COMMITTEE (In Full)

TOGETHER WE THRIVE

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

A. Lewis-Hutson, Teresa, , ,

Mailing Address 9 CREEKSHIRE CT

City
WENTZVILLE

State
MO

Zip Code
63385

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Transaction ID : SA11AI.4227

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Lewis-Hutson, Teresa, , ,

Mailing Address 9 CREEKSHIRE CT

City
WENTZVILLE

State
MO

Zip Code
63385

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 01 / 2018

Transaction ID : SA11AI.4231

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Lewis-Hutson, Teresa, , ,

Mailing Address 9 CREEKSHIRE CT

City
WENTZVILLE

State
MO

Zip Code
63385

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 04 / 2018

Transaction ID : SA11AI.4228

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

175.00

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

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

FOR LINE NUMBER: PAGE 15 OF 76
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)
TOGETHER WE THRIVE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. LINDBURG, EILEEN, , ,

Mailing Address 1205 FOSTER STREET

City
SOUTH BEND

State
IN

Zip Code
46617

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

05 / **18** / **2018**

Transaction ID : **SA11AI.4224**

Amount of Each Receipt this Period

0.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. LINDBURG, EILEEN, , ,

Mailing Address 1205 FOSTER STREET

City
SOUTH BEND

State
IN

Zip Code
46617

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

06 / **14** / **2018**

Transaction ID : **SA11AI.4222**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. MILLER, THOMAS, , ,

Mailing Address 5959 LONE CACTUS

City
GLENDALE

State
AZ

Zip Code
85308

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

GILEAD SCIENCES / MEDICIS

Occupation (for Individual)

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

04 / **22** / **2018**

Transaction ID : **SA11AI.4274**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

350.00

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

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

FOR LINE NUMBER: PAGE 16 OF 76

(check only one)

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

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NAME OF COMMITTEE (In Full)

TOGETHER WE THRIVE

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

A. MILZ, BOB, , ,

Mailing Address 1207 DUNLAVY STREET

City
HOUSTONState
TXZip Code
77019FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SAWYER & ASSOCIATESOccupation (for Individual)
DESIGNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Transaction ID : SA11AI.4216

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Sperr, Michael, , ,

Mailing Address 1654 WOODS BEND RD

City
WEST PALM BEACHState
FLZip Code
33406FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PARAMOUNT ENGINEERINGOccupation (for Individual)
LAND SURVEYING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 01 / 2018

Transaction ID : SA11AI.4212

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

C. Sperr, Michael, , ,

Mailing Address 1654 WOODS BEND RD

City
WEST PALM BEACHState
FLZip Code
33406FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PARAMOUNT ENGINEERINGOccupation (for Individual)
LAND SURVEYING

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2018

Transaction ID : SA11AI.4213

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

600.00

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

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

FOR LINE NUMBER: PAGE 17 OF 76
(check only one)

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

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NAME OF COMMITTEE (In Full)

TOGETHER WE THRIVE

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

A. STARK, THERESA, , ,

Mailing Address 2 GUS SIKO ROAD

City

POUGHKEEPSIE

State

NY

Zip Code

12601

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Unemployed

Occupation (for Individual)

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 01 / 2018

Transaction ID : SA11AI.4263

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. STARK, THERESA, , ,

Mailing Address 2 GUS SIKO ROAD

City

POUGHKEEPSIE

State

NY

Zip Code

12601

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Unemployed

Occupation (for Individual)

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Transaction ID : SA11AI.4264

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. STARK, THERESA, , ,

Mailing Address 2 GUS SIKO ROAD

City

POUGHKEEPSIE

State

NY

Zip Code

12601

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Unemployed

Occupation (for Individual)

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Transaction ID : SA11AI.4260

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

150.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

TOGETHER WE THRIVE

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

A. STARK, THERESA, , ,

Mailing Address 2 GUS SIKO ROAD

City

POUGHKEEPSIE

State

NY

Zip Code

12601

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Unemployed

Occupation (for Individual)

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2018

Transaction ID : SA11AI.4262

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

B. THOMAS, KAREN, , ,

Mailing Address 121 PERAZUL CIRCLE

City

SACRAMENTO

State

CA

Zip Code

95835

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2018

Transaction ID : SA11AI.4232

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. THOMAS, KAREN, , ,

Mailing Address 121 PERAZUL CIRCLE

City

SACRAMENTO

State

CA

Zip Code

95835

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2018

Transaction ID : SA11AI.4234

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

250.00

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

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

FOR LINE NUMBER: PAGE 19 OF 76

(check only one)

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

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NAME OF COMMITTEE (In Full)

TOGETHER WE THRIVE

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

A. THOMAS, KAREN, , ,

Mailing Address 121 PERAZUL CIRCLE

City

SACRAMENTO

State

CA

Zip Code

95835

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 28 / 2018

Transaction ID : SA11AI.4235

Amount of Each Receipt this Period

100.00



Memo Item

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

B. VOYIAS, VIVIAN, , ,

Mailing Address 8160 GLENFINNAN CIRCLE

City

FORT MYERS

State

FL

Zip Code

33912

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 11 / 2018

Transaction ID : SA11AI.4246

Amount of Each Receipt this Period

250.00



Memo Item

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

C. WILLIAMS, RUSSELL, , ,

Mailing Address PO BOX 339

City

HANOVER

State

PA

Zip Code

17331

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

HANOVER SHOE FARMS INC.

Occupation (for Individual)

VICE PRESIDENT

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2018

Transaction ID : SA11AI.4252

Amount of Each Receipt this Period

250.00



Memo Item

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

600.00

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

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

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

FOR LINE NUMBER: PAGE 20 OF 76

(check only one)

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

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NAME OF COMMITTEE (In Full)

TOGETHER WE THRIVE

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

A. Zullo, Christopher, , ,

Mailing Address 9920 Mountain Lake Drive

City
OrlandoState
FLZip Code
32832FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Transaction ID : SA11AI.4210

Amount of Each Receipt this Period

750.00

☐ Memo Item

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

B. Zullo, Christopher, , ,

Mailing Address 9920 Mountain Lake Drive

City
OrlandoState
FLZip Code
32832FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 29 / 2018

Transaction ID : SA11AI.4211

Amount of Each Receipt this Period

4000.00

☐ Memo Item

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

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

4750.00

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

10100.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 76

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

TOGETHER WE THRIVE

Full Name (Last, First, Middle Initial)

A. Jaalin Harvey: PPWS

Mailing Address 7179 Lake Carlisle Blvd

City
OrlandoState
FLZip Code
32829Purpose of Disbursement
Online Marketing

Candidate Name

Sisolak, Steve, , ,Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: NV District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		01		2018

FEC Identification Number

C**Transaction ID : SB29.4325**

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jaalin Harvey: PPWS

Mailing Address 7179 Lake Carlisle Blvd

City
OrlandoState
FLZip Code
32829Purpose of Disbursement
Online Marketing

Candidate Name

Cordray, Richard, , ,Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify)

State: OH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		01		2018

FEC Identification Number

C**Transaction ID : SB29.4329**

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jaalin Harvey: PPWS

Mailing Address 7179 Lake Carlisle Blvd

City
OrlandoState
FLZip Code
32829Purpose of Disbursement
Online Marketing

Candidate Name

Whitmer, Gretchen, , ,Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		01		2018

FEC Identification Number

C**Transaction ID : SB29.4330**

Amount of Each Disbursement this Period

100.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

300.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 76

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TOGETHER WE THRIVE

Full Name (Last, First, Middle Initial)

A. Jaalin Harvey: PPWS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		01		2018

Mailing Address 7179 Lake Carlisle Blvd

City
OrlandoState
FLZip Code
32829Purpose of Disbursement
Online Marketing

Candidate Name

Graham, Gwen, , ,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: MI

District:

Category/
Type

FEC Identification Number

C**Transaction ID : SB29.4331**

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jaalin Harvey: PPWS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		01		2018

Mailing Address 7179 Lake Carlisle Blvd

City
OrlandoState
FLZip Code
32829Purpose of Disbursement
Online Marketing

Candidate Name

Evers, Tony, , ,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: WI

District:

Category/
Type

FEC Identification Number

C**Transaction ID : SB29.4332**

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Katie Barnes: PPWS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		01		2018

Mailing Address 7179 Lake Carlisle Blvd

City
OrlandoState
FLZip Code
32829Purpose of Disbursement
Online Marketing

Candidate Name

Sisolak, Steve, , ,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: NV

District:

Category/
Type

FEC Identification Number

C**Transaction ID : SB29.4384**

Amount of Each Disbursement this Period

150.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

350.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 76

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TOGETHER WE THRIVE

Full Name (Last, First, Middle Initial)

A. Katie Barnes: PWS

Mailing Address 7179 Lake Carlisle Blvd

City
OrlandoState
FLZip Code
32829Purpose of Disbursement
Online Marketing

Candidate Name

Cordray, Richard, , ,Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2018

FEC Identification Number

C**Transaction ID : SB29.4388**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Katie Barnes: PWS

Mailing Address 7179 Lake Carlisle Blvd

City
OrlandoState
FLZip Code
32829Purpose of Disbursement
Online Marketing

Candidate Name

Whitmer, Gretchen, , ,Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify)

State: MI District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2018

FEC Identification Number

C**Transaction ID : SB29.4389**

Amount of Each Disbursement this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Katie Barnes: PWS

Mailing Address 7179 Lake Carlisle Blvd

City
OrlandoState
FLZip Code
32829Purpose of Disbursement
Online Marketing

Candidate Name

Graham, Gwen, , ,Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		01		2018

FEC Identification Number

C**Transaction ID : SB29.4390**

Amount of Each Disbursement this Period

150.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

450.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 76

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TOGETHER WE THRIVE

Full Name (Last, First, Middle Initial)

A. Katie Barnes: PWS

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
04		01		2018

Mailing Address 7179 Lake Carlisle Blvd

City
OrlandoState
FLZip Code
32829Purpose of Disbursement
Online Marketing

Candidate Name

Evers, Tony, , ,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: WI

District:

Category/
Type

FEC Identification Number

C**Transaction ID : SB29.4391**

Amount of Each Disbursement this Period

230.63

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PinPoint WebSolutions

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
04		01		2018

Mailing Address 7179 Lake Carlisle Blvd

City
OrlandoState
FLZip Code
32829Purpose of Disbursement
Advertising, Online Marketing, Canvassing, Programming, Consulting,
Graphic Design, Technical Support

Candidate Name

Sisolak, Steve, , ,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: NV

District:

Category/
Type

FEC Identification Number

C**Transaction ID : SB29.4421**

Amount of Each Disbursement this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PinPoint WebSolutions

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
04		01		2018

Mailing Address 7179 Lake Carlisle Blvd

City
OrlandoState
FLZip Code
32829Purpose of Disbursement
Advertising, Online Marketing, Canvassing, Programming, Consulting,
Graphic Design, Technical Support

Candidate Name

Cordray, Richard, , ,

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2018

☐ Primary ☒ General
☐ Other (specify) ▼

State: OH

District:

Category/
Type

FEC Identification Number

C**Transaction ID : SB29.4425**

Amount of Each Disbursement this Period

200.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

630.63

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 76

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TOGETHER WE THRIVE

Full Name (Last, First, Middle Initial)

A. PinPoint WebSolutions

Mailing Address 7179 Lake Carlisle Blvd

City
OrlandoState
FLZip Code
32829

Purpose of Disbursement

Advertising, Online Marketing, Canvassing, Programming, Consulting,
Graphic Design, Technical Support

Candidate Name

Whitmer, Gretchen, , ,

Office Sought:

☐ House☐ Senate☐ President

State: MI

District:

Disbursement For: 2018

☐ Primary☒ General☐ Other (specify) ▼Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	1			2	0	1	8		

FEC Identification Number

C**Transaction ID : SB29.4426**

Amount of Each Disbursement this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PinPoint WebSolutions

Mailing Address 7179 Lake Carlisle Blvd

City
OrlandoState
FLZip Code
32829

Purpose of Disbursement

Advertising, Online Marketing, Canvassing, Programming, Consulting,
Graphic Design, Technical Support

Candidate Name

Graham, Gwen, , ,

Office Sought:

☐ House☐ Senate☐ President

State: MI

District:

Disbursement For: 2018

☐ Primary☒ General☐ Other (specify) ▼Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	1			2	0	1	8		

FEC Identification Number

C**Transaction ID : SB29.4427**

Amount of Each Disbursement this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PinPoint WebSolutions

Mailing Address 7179 Lake Carlisle Blvd

City
OrlandoState
FLZip Code
32829

Purpose of Disbursement

Advertising, Online Marketing, Canvassing, Programming, Consulting,
Graphic Design, Technical Support

Candidate Name

Evers, Tony, , ,

Office Sought:

☐ House☐ Senate☐ President

State: WI

District:

Disbursement For: 2018

☐ Primary☒ General☐ Other (specify) ▼Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	1			2	0	1	8		

FEC Identification Number

C**Transaction ID : SB29.4428**

Amount of Each Disbursement this Period

650.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1050.00

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

2780.63

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 26 OF 76
 FOR LINE 24 OF FORM 3X

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

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

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee Facebook Inc. <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 1 HACKER WAY				
City MENLO PARK	State CA	Zip Code 94025	Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 7.00 </div>	
Purpose of Expenditure Advertising			Transaction ID : SE.4444 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

Name of Federal Candidate: Baldwin, Tammy, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 950.00 </div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____				

Full Name of Payee Facebook Inc. <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 1 HACKER WAY				
City MENLO PARK	State CA	Zip Code 94025	Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 14.00 </div>	
Purpose of Expenditure Advertising			Transaction ID : SE.4445 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>			<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

Name of Federal Candidate: Brown, Sherrod, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 950.00 </div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____				

(a) SUBTOTAL of Itemized Independent Expenditures	▶	21.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

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

Zullo, Christopher, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 27 OF 76
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00522458 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>					
Full Name of Payee <input type="checkbox"/> Memo Item Facebook Inc.				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>	
Mailing Address 1 HACKER WAY				Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">7.00</div>	
City MENLO PARK		State CA		Zip Code 94025	
Purpose of Expenditure Advertising				Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate: Rosen, Jacky, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">1100.00</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ► _____	
Full Name of Payee <input type="checkbox"/> Memo Item Facebook Inc.				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>	
Mailing Address 1 HACKER WAY				Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">25.00</div>	
City MENLO PARK		State CA		Zip Code 94025	
Purpose of Expenditure Advertising				Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate: Bredesen, Phil, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">700.00</div>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ► _____	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">32.00</div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (b) SUBTOTAL of Unitemized Independent Expenditures..... </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"></div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (c) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"></div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Zullo, Christopher, , ,</u>				Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>	
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 28 OF 76
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE				FEC IDENTIFICATION NUMBER ▼ C C00522458	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee Facebook Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 1 HACKER WAY			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 30 / 2018		
City MENLO PARK	State CA	Zip Code 94025	Amount 25.00		
Purpose of Expenditure Advertising		Category/ Type 	Transaction ID : SE.4448 Date of Disbursement or Obligation MM / DD / YYYY 04 / 01 / 2018		
Name of Federal Candidate: Donnelly, Joe, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought 600.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ►		
Full Name of Payee Facebook Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 1 HACKER WAY			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 30 / 2018		
City MENLO PARK	State CA	Zip Code 94025	Amount 25.00		
Purpose of Expenditure Advertising		Category/ Type 	Transaction ID : SE.4449 Date of Disbursement or Obligation MM / DD / YYYY 04 / 01 / 2018		
Name of Federal Candidate: McCaskill, Claire, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought 700.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ►		
(a) SUBTOTAL of Itemized Independent Expenditures			50.00		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Zullo, Christopher, , ,</i>		[Electronically Filed]		Date MM / DD / YYYY 04 / 22 / 2019	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 29 OF 76
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE				FEC IDENTIFICATION NUMBER ▼ C C00522458	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Facebook Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 1 HACKER WAY			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 30 / 2018		
City MENLO PARK		State CA	Zip Code 94025		Amount 50.00
Purpose of Expenditure Advertising			Category/Type 		
Name of Federal Candidate: Sinema, Krysten, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought			1225.00 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ►		
Full Name of Payee Facebook Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 1 HACKER WAY			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 30 / 2018		
City MENLO PARK		State CA	Zip Code 94025		Amount 25.00
Purpose of Expenditure Advertising			Category/Type 		
Name of Federal Candidate: Nelson, Bill, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought			700.00 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ►		
(a) SUBTOTAL of Itemized Independent Expenditures			75.00		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Zullo, Christopher, , ,</u> [Electronically Filed]			Date M M / D D / Y Y Y Y Y Y 04 / 22 / 2019		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 30 OF 76
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Facebook Inc.	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>
Mailing Address 1 HACKER WAY		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 25.00 </div>
City MENLO PARK	State CA	
Zip Code 94025		
Purpose of Expenditure Advertising		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>
Name of Federal Candidate: Manchin, Joe, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 950.00 </div>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: WV
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>

Full Name of Payee Facebook Inc.	<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>
Mailing Address 1 HACKER WAY		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 10.00 </div>
City MENLO PARK	State CA	
Zip Code 94025		
Purpose of Expenditure Advertising		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>
Name of Federal Candidate: Heitkamp, Heidi, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 753.00 </div>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: ND
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>

(a) SUBTOTAL of Itemized Independent Expenditures	▶	35.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

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

Zullo, Christopher, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 31 OF 76
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee <input type="checkbox"/> Memo Item Facebook Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 30 / 2018</div> </div>	
Mailing Address 1 HACKER WAY				
City MENLO PARK	State CA	Zip Code 94025	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 25.00 </div>	
Purpose of Expenditure Advertising			Transaction ID : SE.4454 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y Y Y</div> <div>04 / 01 / 2018</div> </div>	
Name of Federal Candidate: O'Rourke, Beto, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> State: TX	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 700.00 </div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			2018	

Full Name of Payee <input type="checkbox"/> Memo Item Facebook Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 30 / 2018</div> </div>	
Mailing Address 1 HACKER WAY				
City MENLO PARK	State CA	Zip Code 94025	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 25.00 </div>	
Purpose of Expenditure Advertising			Transaction ID : SE.4455 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y Y Y</div> <div>04 / 01 / 2018</div> </div>	
Name of Federal Candidate: Tester, Jon, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> State: MT	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;"> 700.00 </div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			2018	

(a) SUBTOTAL of Itemized Independent Expenditures	▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;">50.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures	▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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

Zullo, Christopher, , ,

[Electronically Filed]

Date

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

04 / 22 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 32 OF 76
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Facebook Inc. <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 1 HACKER WAY			Amount <input type="text"/> 25.00	
City MENLO PARK	State CA	Zip Code 94025	Transaction ID : SE.4456	
Purpose of Expenditure Advertising		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate: Kelly, Brendan, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 655.86			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Facebook Inc. <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 1 HACKER WAY			Amount <input type="text"/> 10.00	
City MENLO PARK	State CA	Zip Code 94025	Transaction ID : SE.4457	
Purpose of Expenditure Advertising		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate: Casten, Sean, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 700.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 35.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

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

Zullo, Christopher, , ,

[Electronically Filed]

Date

 / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 33 OF 76
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE				FEC IDENTIFICATION NUMBER ▼ C C00522458	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee Facebook Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 1 HACKER WAY			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 30 / 2018		
City MENLO PARK		State CA	Zip Code 94025		
Purpose of Expenditure Advertising		Category/Type 		Amount 200.00	
Name of Federal Candidate: Tipirneni, Hiral, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 08 State: AZ		
Calendar Year-To-Date Per Election for Office Sought 950.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Jaalin Harvey: PPWS			<input type="checkbox"/> Memo Item		
Mailing Address 7179 Lake Carlisle Blvd			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 30 / 2018		
City Orlando		State FL	Zip Code 32829		
Purpose of Expenditure Online Marketing		Category/Type 		Amount 100.00	
Name of Federal Candidate: Baldwin, Tammy, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: State: WI		
Calendar Year-To-Date Per Election for Office Sought 100.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			 300.00		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Zullo, Christopher, , ,</i>		[Electronically Filed]		Date MM / DD / YYYY 04 / 22 / 2019	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 34 OF 76
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee <input type="checkbox"/> Memo Item Jaalin Harvey: PPWS			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 7179 Lake Carlisle Blvd			Amount <input type="text"/>		
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4312 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Expenditure Online Marketing		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: Brown, Sherrod, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: _____ State: OH		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input type="checkbox"/> Memo Item Jaalin Harvey: PPWS			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 7179 Lake Carlisle Blvd			Amount <input type="text"/>		
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4313 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Expenditure Online Marketing		Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: Rosen, Jacky, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: _____ State: NV		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 200.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

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

Signature Zullo, Christopher, , , [Electronically Filed]

Date / /

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 35 OF 76
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00522458 </div>										
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶				New report Amends report filed on MM / DD / YYYY										
Full Name of Payee <input type="checkbox"/> Memo Item Jaalin Harvey: PPWS			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 30 / 2018											
Mailing Address 7179 Lake Carlisle Blvd			Amount 100.00											
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4315 Date of Disbursement or Obligation MM / DD / YYYY 04 / 01 / 2018											
Purpose of Expenditure Online Marketing		Category/ Type 	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Bredeesen, Phil, , ,											
Calendar Year-To-Date Per Election for Office Sought 350.00		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u> TN </u>												
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 30 / 2018												
Full Name of Payee <input type="checkbox"/> Memo Item Jaalin Harvey: PPWS			Amount 100.00											
Mailing Address 7179 Lake Carlisle Blvd			Transaction ID : SE.4316 Date of Disbursement or Obligation MM / DD / YYYY 04 / 01 / 2018											
City Orlando	State FL	Zip Code 32829	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Donnelly, Joe, , ,											
Calendar Year-To-Date Per Election for Office Sought 250.00		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u> IN </u>												
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 30 / 2018												
<table style="width:100%;"> <tr> <td style="width:60%;">(a) SUBTOTAL of Itemized Independent Expenditures</td> <td style="width:5%; text-align: center;">▶</td> <td style="width:35%; text-align: right;">200.00</td> </tr> <tr> <td>(b) SUBTOTAL of Unitemized Independent Expenditures.....</td> <td style="text-align: center;">▶</td> <td style="text-align: right;"> </td> </tr> <tr> <td>(c) TOTAL Independent Expenditures</td> <td style="text-align: center;">▶</td> <td style="text-align: right;"> </td> </tr> </table>						(a) SUBTOTAL of Itemized Independent Expenditures	▶	200.00	(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	 	(c) TOTAL Independent Expenditures	▶	
(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.														
Signature <u>Zullo, Christopher, , ,</u>		[Electronically Filed]		Date MM / DD / YYYY 04 / 22 / 2019										

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 36 OF 76
 FOR LINE 24 OF FORM 3X

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

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Jaalin Harvey: PPWS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">100.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4317 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Online Marketing			Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: McCaskill, Claire, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ►	

Full Name of Payee <input type="checkbox"/> Memo Item Jaalin Harvey: PPWS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">100.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4318 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Online Marketing			Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: Sinema, Krysten, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; width: 150px;">200.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; width: 150px;"></div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; width: 150px;"></div>

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

Zullo, Christopher, , ,

[Electronically Filed]

Date

M M /

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 37 OF 76
 FOR LINE 24 OF FORM 3X

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

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

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

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

Full Name of Payee <input type="checkbox"/> Memo Item Jaalin Harvey: PPWS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">125.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4319 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Online Marketing			Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: Nelson, Bill, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">375.00</div>	

Full Name of Payee <input type="checkbox"/> Memo Item Jaalin Harvey: PPWS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4320 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Online Marketing			Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: Manchin, Joe, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">505.00</div>	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	130.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

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

Zullo, Christopher, , ,

[Electronically Filed]

Date

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

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE				FEC IDENTIFICATION NUMBER ▼ C C00522458	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Jaalin Harvey: PPWS			<input type="checkbox"/> Memo Item		
Mailing Address 7179 Lake Carlisle Blvd			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 30 / 2018		
City Orlando	State FL	Zip Code 32829	Amount 100.00		
Purpose of Expenditure Online Marketing		Category/ Type 	Transaction ID : SE.4323 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 01 / 2018		
Name of Federal Candidate: Tester, Jon, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought 350.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ►		
Full Name of Payee Jaalin Harvey: PPWS			<input type="checkbox"/> Memo Item		
Mailing Address 7179 Lake Carlisle Blvd			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 30 / 2018		
City Orlando	State FL	Zip Code 32829	Amount 75.00		
Purpose of Expenditure Online Marketing		Category/ Type 	Transaction ID : SE.4326 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 01 / 2018		
Name of Federal Candidate: Kelly, Brendan, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____		
Calendar Year-To-Date Per Election for Office Sought 330.86			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ►		
(a) SUBTOTAL of Itemized Independent Expenditures			175.00		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Zullo, Christopher, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 04 / 22 / 2019	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Jaalin Harvey: PPWS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">100.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4327 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Online Marketing		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: Casten, Sean, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">350.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Jaalin Harvey: PPWS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">90.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4334 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Online Marketing		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: Harder, Josh, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">90.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	190.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

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

Zullo, Christopher, , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE				FEC IDENTIFICATION NUMBER ▼ C C00522458	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee Jaalin Harvey: PPWS			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 30 / 2018		
Mailing Address 7179 Lake Carlisle Blvd			Amount 90.00		
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4346		
Purpose of Expenditure Online Marketing		Category/ Type 	Date of Disbursement or Obligation MM / DD / YYYY 04 / 01 / 2018		
Name of Federal Candidate: Rouda, Harley, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 48 State: CA		
Calendar Year-To-Date Per Election for Office Sought 90.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Jaalin Harvey: PPWS			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 30 / 2018		
Mailing Address 7179 Lake Carlisle Blvd			Amount 90.00		
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4348		
Purpose of Expenditure Online Marketing		Category/ Type 	Date of Disbursement or Obligation MM / DD / YYYY 04 / 01 / 2018		
Name of Federal Candidate: Levin, Mike, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 49 State: CA		
Calendar Year-To-Date Per Election for Office Sought 90.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			180.00		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Zullo, Christopher, , ,</i>		[Electronically Filed]		Date MM / DD / YYYY 04 / 22 / 2019	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Jaalin Harvey: PPWS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">90.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4350 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Online Marketing			Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: Houlahan, Chrissy, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 06 State: PA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Jaalin Harvey: PPWS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">90.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4352 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Online Marketing			Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: Wild, Susan, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 07 State: PA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	180.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

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

Zullo, Christopher, , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE				FEC IDENTIFICATION NUMBER ▼ C C00522458	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Jaalin Harvey: PPWS			<input type="checkbox"/> Memo Item		
Mailing Address 7179 Lake Carlisle Blvd			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 30 / 2018		
City Orlando	State FL	Zip Code 32829	Amount 90.00		
Purpose of Expenditure Online Marketing		Category/ Type 	Transaction ID : SE.4354 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 01 / 2018		
Name of Federal Candidate: Allred, Collin, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 32 State: TX		
Calendar Year-To-Date Per Election for Office Sought 90.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Jaalin Harvey: PPWS			<input type="checkbox"/> Memo Item		
Mailing Address 7179 Lake Carlisle Blvd			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 30 / 2018		
City Orlando	State FL	Zip Code 32829	Amount 90.00		
Purpose of Expenditure Online Marketing		Category/ Type 	Transaction ID : SE.4356 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 01 / 2018		
Name of Federal Candidate: Jones, Gina, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 23 State: TX		
Calendar Year-To-Date Per Election for Office Sought 90.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			180.00		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Zullo, Christopher, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 04 / 22 / 2019	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 46 OF 76
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE				FEC IDENTIFICATION NUMBER ▼ C C00522458	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee Jaalin Harvey: PPWS			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 30 / 2018		
Mailing Address 7179 Lake Carlisle Blvd			Amount 90.00		
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4358		
Purpose of Expenditure Online Marketing		Category/ Type 	Date of Disbursement or Obligation MM / DD / YYYY 04 / 01 / 2018		
Name of Federal Candidate: Fletcher, Lizzie, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 07 State: TX		
Calendar Year-To-Date Per Election for Office Sought 90.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Jaalin Harvey: PPWS			Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 30 / 2018		
Mailing Address 7179 Lake Carlisle Blvd			Amount 90.00		
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4360		
Purpose of Expenditure Online Marketing		Category/ Type 	Date of Disbursement or Obligation MM / DD / YYYY 04 / 01 / 2018		
Name of Federal Candidate: Williams, Kathleen, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: State: MT		
Calendar Year-To-Date Per Election for Office Sought 90.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			180.00		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature Zullo, Christopher, , ,		[Electronically Filed]		Date MM / DD / YYYY 04 / 22 / 2019	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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

M M /

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Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Jaalin Harvey: PPWS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">200.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4362 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Online Marketing		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: Tipirneni, Hiral, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">200.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Jaalin Harvey: PPWS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">200.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4364 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Online Marketing		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: O'Connor, Danny, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">200.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	400.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

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

Zullo, Christopher, , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 48 OF 76
 FOR LINE 24 OF FORM 3X

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

M M /

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Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Katie Barnes: PPWS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">243.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4371 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Online Marketing			Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: Baldwin, Tammy, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">343.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item Katie Barnes: PPWS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">236.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4372 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Online Marketing			Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: Brown, Sherrod, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">336.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	479.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

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

Zullo, Christopher, , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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

Full Name of Payee Katie Barnes: PPWS			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 30 / 2018	
Mailing Address 7179 Lake Carlisle Blvd			Amount 243.00		
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4373		
Purpose of Expenditure Online Marketing		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 01 / 2018		
Name of Federal Candidate: Rosen, Jacky, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>	
Calendar Year-To-Date Per Election for Office Sought 493.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Katie Barnes: PPWS			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 30 / 2018	
Mailing Address 7179 Lake Carlisle Blvd			Amount 200.00		
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4374		
Purpose of Expenditure Online Marketing		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 01 / 2018		
Name of Federal Candidate: Bredesen, Phil, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>TN</u>	
Calendar Year-To-Date Per Election for Office Sought 550.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures	▶	443.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

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

Zullo, Christopher, , ,

[Electronically Filed]

Date

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 04 / 22 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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

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

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

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

Full Name of Payee <input type="checkbox"/> Memo Item Katie Barnes: PPWS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">200.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4375 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Online Marketing			Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: Donnelly, Joe, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ►	

Full Name of Payee <input type="checkbox"/> Memo Item Katie Barnes: PPWS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">200.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4376 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Online Marketing			Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: McCaskill, Claire, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures	►	400.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	►	
(c) TOTAL Independent Expenditures	►	

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

Zullo, Christopher, , ,

[Electronically Filed]

Date

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

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

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

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

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

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

Full Name of Payee <input type="checkbox"/> Memo Item Katie Barnes: PPWS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">120.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4379 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Online Marketing			Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div>	
Name of Federal Candidate: Manchin, Joe, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Katie Barnes: PPWS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">243.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4380 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Online Marketing			Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div>	
Name of Federal Candidate: Heitkamp, Heidi, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	363.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

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

Zullo, Christopher, , ,

[Electronically Filed]

Date

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

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

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 53 OF 76
 FOR LINE 24 OF FORM 3X

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

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

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

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

Full Name of Payee <input type="checkbox"/> Memo Item Katie Barnes: PPWS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">225.00</div> Transaction ID : SE.4381 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
City Orlando	State FL	Zip Code 32829		
Purpose of Expenditure Online Marketing		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>		
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose O'Rourke, Beto, , ,			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: TX	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">575.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item Katie Barnes: PPWS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">25.00</div> Transaction ID : SE.4382 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
City Orlando	State FL	Zip Code 32829		
Purpose of Expenditure Online Marketing		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>		
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Tester, Jon, , ,			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: MT	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">375.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	250.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

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

Zullo, Christopher, , ,

[Electronically Filed]

Date

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

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 54 OF 76
 FOR LINE 24 OF FORM 3X

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

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

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

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

Full Name of Payee <input type="checkbox"/> Memo Item Katie Barnes: PPWS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">100.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4385 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Online Marketing		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: Kelly, Brendan, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">430.86</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Katie Barnes: PPWS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">140.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4386 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Online Marketing		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: Casten, Sean, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">490.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	240.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

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

Zullo, Christopher, , ,

[Electronically Filed]

Date

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

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 55 OF 76
 FOR LINE 24 OF FORM 3X

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

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

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

Full Name of Payee <input type="checkbox"/> Memo Item Katie Barnes: PPWS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">205.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4393 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Online Marketing		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: center;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate: Harder, Josh, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 10 State: CA	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">295.00</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Katie Barnes: PPWS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">205.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4394 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Online Marketing		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: center;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate: Cox, TJ, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 21 State: CA	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">295.00</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	410.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

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

Zullo, Christopher, , ,

[Electronically Filed]

Date

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

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 56 OF 76
 FOR LINE 24 OF FORM 3X

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

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

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

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

Full Name of Payee <input type="checkbox"/> Memo Item Katie Barnes: PPWS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">205.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4396 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Online Marketing		Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: Hill, Katie, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 25 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">295.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Katie Barnes: PPWS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">205.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4397 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Online Marketing		Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: Cisneros, Gil, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 39 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">295.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	410.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

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

Zullo, Christopher, , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 57 OF 76
 FOR LINE 24 OF FORM 3X

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

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

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

Full Name of Payee <input type="checkbox"/> Memo Item Katie Barnes: PPWS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">205.00</div> Transaction ID : SE.4398 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
City Orlando	State FL	Zip Code 32829		
Purpose of Expenditure Online Marketing		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>		
Name of Federal Candidate: Porter, Katie, , , <div style="float: right;"> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div>			Office Sought: <input checked="" type="checkbox"/> House District: 45 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">295.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Katie Barnes: PPWS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">205.00</div> Transaction ID : SE.4399 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
City Orlando	State FL	Zip Code 32829		
Purpose of Expenditure Online Marketing		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>		
Name of Federal Candidate: Rouda, Harley, , , <div style="float: right;"> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div>			Office Sought: <input checked="" type="checkbox"/> House District: 48 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">295.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	410.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

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

Zullo, Christopher, , ,

[Electronically Filed]

Date

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

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 58 OF 76
 FOR LINE 24 OF FORM 3X

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

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D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Katie Barnes: PPWS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">205.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4400 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Online Marketing			Category/ Type	
Name of Federal Candidate: Levin, Mike, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 49 State: CA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Katie Barnes: PPWS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">205.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4401 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Online Marketing			Category/ Type	
Name of Federal Candidate: Houlahan, Chrissy, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 06 State: PA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">410.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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

Zullo, Christopher, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 59 OF 76
 FOR LINE 24 OF FORM 3X

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

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

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

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

Full Name of Payee <input type="checkbox"/> Memo Item Katie Barnes: PPWS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">205.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4402 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Online Marketing			Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: Wild, Susan, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>PA</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;">295.00</div>			<div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div>	

Full Name of Payee <input type="checkbox"/> Memo Item Katie Barnes: PPWS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">205.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4403 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Online Marketing			Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: Allred, Collin, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>32</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;">295.00</div>			<div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div>	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	410.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

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

Zullo, Christopher, , ,

[Electronically Filed]

Date

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

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

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

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 60 OF 76
 FOR LINE 24 OF FORM 3X

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

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

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

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

Full Name of Payee <input type="checkbox"/> Memo Item Katie Barnes: PPWS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">205.00</div> Transaction ID : SE.4404 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
City Orlando	State FL	Zip Code 32829		
Purpose of Expenditure Online Marketing		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>		
Name of Federal Candidate: Jones, Gina, , , <div style="float: right;"> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div>			Office Sought: <input checked="" type="checkbox"/> House District: 23 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">295.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Katie Barnes: PPWS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">205.00</div> Transaction ID : SE.4405 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
City Orlando	State FL	Zip Code 32829		
Purpose of Expenditure Online Marketing		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>		
Name of Federal Candidate: Fletcher, Lizzie, , , <div style="float: right;"> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div>			Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">295.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	410.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

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

Zullo, Christopher, , ,

[Electronically Filed]

Date

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

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

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 61 OF 76
 FOR LINE 24 OF FORM 3X

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

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Katie Barnes: PPWS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">205.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4406 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Online Marketing			Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: Williams, Kathleen, , ,			Office Sought: <input checked="" type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: MT	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">295.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item Katie Barnes: PPWS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">400.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4407 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Online Marketing			Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: Tipirneni, Hiral, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">600.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	605.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

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

Zullo, Christopher, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 62 OF 76
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE			FEC IDENTIFICATION NUMBER ▼ C C00522458	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee <input type="checkbox"/> Memo Item Katie Barnes: PPWS			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 30 / 2018	
Mailing Address 7179 Lake Carlisle Blvd			Amount 200.00	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4408 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 01 / 2018	
Purpose of Expenditure Online Marketing		Category/ Type 		
Name of Federal Candidate: O'Connor, Danny, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 12 State: OH	
Calendar Year-To-Date Per Election for Office Sought 400.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 30 / 2018	
Mailing Address 7179 Lake Carlisle Blvd			Amount 600.00	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4409 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 01 / 2018	
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Suppor		Category/ Type 		
Name of Federal Candidate: Baldwin, Tammy, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: State: WI	
Calendar Year-To-Date Per Election for Office Sought 943.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			800.00	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 	
(c) TOTAL Independent Expenditures			 	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>Zullo, Christopher, , ,</u> <div style="text-align: right;">[Electronically Filed]</div>			Date M M / D D / Y Y Y Y Y Y 04 / 22 / 2019	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 63 OF 76
 FOR LINE 24 OF FORM 3X

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

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">600.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4410 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Support			Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate: Brown, Sherrod, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: OH	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">936.00</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">600.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4411 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Support			Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate: Rosen, Jacky, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: NV	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">1093.00</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	1200.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

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

Zullo, Christopher, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 64 OF 76
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M M</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D D</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">125.00</div>
City Orlando	State FL	Zip Code 32829	
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Support		Category/ Type	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Bredesen, Phil, , ,			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: TN
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M M</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D D</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">125.00</div>
City Orlando	State FL	Zip Code 32829	
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Support		Category/ Type	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Donnelly, Joe, , ,			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: IN
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	250.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures	

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

Zullo, Christopher, , ,

[Electronically Filed]

Date

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Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 65 OF 76
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">125.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4414 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Support			Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	
Name of Federal Candidate: McCaskill, Claire, ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MO	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">675.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">500.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4415 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 20%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 20%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Support			Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	
Name of Federal Candidate: Sinema, Krysten, ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">1175.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	625.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

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

Zullo, Christopher, ,

[Electronically Filed]

Date

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Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 66 OF 76
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>
Mailing Address 7179 Lake Carlisle Blvd	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">175.00</div>
City Orlando State FL Zip Code 32829	Transaction ID : SE.4416 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Support	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
Name of Federal Candidate: Nelson, Bill, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <div style="border-bottom: 1px solid black; width: 50px;"></div> State: FL
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">675.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>
Mailing Address 7179 Lake Carlisle Blvd	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">300.00</div>
City Orlando State FL Zip Code 32829	Transaction ID : SE.4417 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Support	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
Name of Federal Candidate: Manchin, Joe, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <div style="border-bottom: 1px solid black; width: 50px;"></div> State: WV
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">925.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	475.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures	

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

Zullo, Christopher, , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 67 OF 76
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 30 / 2018</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">100.00</div>	
City Orlando	State FL	Zip Code 32829		
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Support		Category/ Type 	Transaction ID : SE.4418 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y Y Y</div> <div>04 / 01 / 2018</div> </div>	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Heitkamp, Heidi, , ,			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: ND	
Calendar Year-To-Date Per Election for Office Sought 743.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y Y Y</div> <div>06 / 30 / 2018</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">100.00</div>	
City Orlando	State FL	Zip Code 32829		
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Support		Category/ Type 	Transaction ID : SE.4419 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y Y Y</div> <div>04 / 01 / 2018</div> </div>	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose O'Rourke, Beto, , ,			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: TX	
Calendar Year-To-Date Per Election for Office Sought 675.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

(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 Filed]

Date

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04 / 22 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 68 OF 76
 FOR LINE 24 OF FORM 3X

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

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Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">300.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4420 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Support			Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: Tester, Jon, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MT	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">675.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">200.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4422 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Support			Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: Kelly, Brendan, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">630.86</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	500.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

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

Zullo, Christopher, , ,

[Electronically Filed]

Date

M M /

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Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 69 OF 76
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 06 / 30 / 2018 </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">200.00</div>	
City Orlando	State FL	Zip Code 32829		
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Support		Category/ Type 	Transaction ID : SE.4423 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 04 / 01 / 2018 </div>	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Casten, Sean, , ,			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: <u>06</u> State: <u>IL</u>	
Calendar Year-To-Date Per Election for Office Sought 690.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 06 / 30 / 2018 </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">650.00</div>	
City Orlando	State FL	Zip Code 32829		
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Support		Category/ Type 	Transaction ID : SE.4429 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 04 / 01 / 2018 </div>	
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Harder, Josh, , ,			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: <u>10</u> State: <u>CA</u>	
Calendar Year-To-Date Per Election for Office Sought 945.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	850.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

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

Zullo, Christopher, , ,

[Electronically Filed]

Date

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04 / 22 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 70 OF 76
 FOR LINE 24 OF FORM 3X

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

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Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">650.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4430 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>	
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Support			Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate: Cox, TJ, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 21 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">945.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">650.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4431 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>	
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Support			Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate: Hill, Katie, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 25 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">945.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	1300.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

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

Zullo, Christopher, , ,

[Electronically Filed]

Date

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Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 71 OF 76
 FOR LINE 24 OF FORM 3X

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

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D D /

Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">650.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4432 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Y Y Y Y Y</div> </div>	
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Support			Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate: Cisneros, Gil, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 39 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">945.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">650.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4433 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Y Y Y Y Y</div> </div>	
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Support			Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate: Porter, Katie, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 45 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">945.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	1300.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

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

Zullo, Christopher, , ,

[Electronically Filed]

Date

M M /

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Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 72 OF 76
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 06 30 2018 </div>	
Mailing Address 7179 Lake Carlisle Blvd				
City Orlando	State FL	Zip Code 32829	Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 683.01 </div>	
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Support			Category/ Type 	
Name of Federal Candidate: Rouda, Harley, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 48 State: CA	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 978.01 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 06 30 2018 </div>	
Mailing Address 7179 Lake Carlisle Blvd				
City Orlando	State FL	Zip Code 32829	Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 683.00 </div>	
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Support			Category/ Type 	
Name of Federal Candidate: Levin, Mike, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 45 State: CA	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 1628.00 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶ <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;">1366.01</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶ <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"></div>
(c) TOTAL Independent Expenditures	▶ <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"></div>

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

Zullo, Christopher, , ,

[Electronically Filed]

Date

MM / DD / YYYY

04
22
2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 73 OF 76
 FOR LINE 24 OF FORM 3X

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

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Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">650.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4436 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Support			Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate: Houlahan, Chrissy, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">945.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">650.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4437 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Support			Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate: Wild, Susan, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">945.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	1300.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

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

Zullo, Christopher, , ,

[Electronically Filed]

Date

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Y Y Y Y Y Y

Signature

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

PAGE 74 OF 76
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: inline-block; width: 20px; text-align: center;">M</div> <div style="display: inline-block; width: 20px; text-align: center;">M</div> <div style="display: inline-block; width: 20px; text-align: center;">/</div> <div style="display: inline-block; width: 20px; text-align: center;">D</div> <div style="display: inline-block; width: 20px; text-align: center;">D</div> <div style="display: inline-block; width: 20px; text-align: center;">/</div> <div style="display: inline-block; width: 20px; text-align: center;">Y</div> <div style="display: inline-block; width: 20px; text-align: center;">Y</div> <div style="display: inline-block; width: 20px; text-align: center;">Y</div> <div style="display: inline-block; width: 20px; text-align: center;">Y</div> <div style="display: inline-block; width: 20px; text-align: center;">Y</div> <div style="display: inline-block; width: 20px; text-align: center;">Y</div> </div>						
Mailing Address 7179 Lake Carlisle Blvd	Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: inline-block; width: 20px; text-align: center;">6</div> <div style="display: inline-block; width: 20px; text-align: center;">5</div> <div style="display: inline-block; width: 20px; text-align: center;">0</div> <div style="display: inline-block; width: 20px; text-align: center;">0</div> <div style="display: inline-block; width: 20px; text-align: center;">0</div> <div style="display: inline-block; width: 20px; text-align: center;">0</div> </div>						
<table border="1" style="width:100%"> <tr> <td style="width:33%">City</td> <td style="width:33%">State</td> <td style="width:33%">Zip Code</td> </tr> <tr> <td>Orlando</td> <td>FL</td> <td>32829</td> </tr> </table>		City	State	Zip Code	Orlando	FL	32829
City		State	Zip Code				
Orlando	FL	32829					
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Support							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Allred, Collin, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 32 State: TX						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px;"> <div style="display: inline-block; width: 20px; text-align: center;">9</div> <div style="display: inline-block; width: 20px; text-align: center;">4</div> <div style="display: inline-block; width: 20px; text-align: center;">5</div> <div style="display: inline-block; width: 20px; text-align: center;">0</div> <div style="display: inline-block; width: 20px; text-align: center;">0</div> <div style="display: inline-block; width: 20px; text-align: center;">0</div> </div>						
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶							

Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: inline-block; width: 20px; text-align: center;">M</div> <div style="display: inline-block; width: 20px; text-align: center;">M</div> <div style="display: inline-block; width: 20px; text-align: center;">/</div> <div style="display: inline-block; width: 20px; text-align: center;">D</div> <div style="display: inline-block; width: 20px; text-align: center;">D</div> <div style="display: inline-block; width: 20px; text-align: center;">/</div> <div style="display: inline-block; width: 20px; text-align: center;">Y</div> <div style="display: inline-block; width: 20px; text-align: center;">Y</div> <div style="display: inline-block; width: 20px; text-align: center;">Y</div> <div style="display: inline-block; width: 20px; text-align: center;">Y</div> <div style="display: inline-block; width: 20px; text-align: center;">Y</div> <div style="display: inline-block; width: 20px; text-align: center;">Y</div> </div>						
Mailing Address 7179 Lake Carlisle Blvd	Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: inline-block; width: 20px; text-align: center;">6</div> <div style="display: inline-block; width: 20px; text-align: center;">5</div> <div style="display: inline-block; width: 20px; text-align: center;">0</div> <div style="display: inline-block; width: 20px; text-align: center;">0</div> <div style="display: inline-block; width: 20px; text-align: center;">0</div> <div style="display: inline-block; width: 20px; text-align: center;">0</div> </div>						
<table border="1" style="width:100%"> <tr> <td style="width:33%">City</td> <td style="width:33%">State</td> <td style="width:33%">Zip Code</td> </tr> <tr> <td>Orlando</td> <td>FL</td> <td>32829</td> </tr> </table>		City	State	Zip Code	Orlando	FL	32829
City		State	Zip Code				
Orlando	FL	32829					
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Support							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Jones, Gina, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 23 State: TX						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px;"> <div style="display: inline-block; width: 20px; text-align: center;">9</div> <div style="display: inline-block; width: 20px; text-align: center;">4</div> <div style="display: inline-block; width: 20px; text-align: center;">5</div> <div style="display: inline-block; width: 20px; text-align: center;">0</div> <div style="display: inline-block; width: 20px; text-align: center;">0</div> <div style="display: inline-block; width: 20px; text-align: center;">0</div> </div>						
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶							

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px;"> <div style="display: inline-block; width: 20px; text-align: center;">1</div> <div style="display: inline-block; width: 20px; text-align: center;">3</div> <div style="display: inline-block; width: 20px; text-align: center;">0</div> <div style="display: inline-block; width: 20px; text-align: center;">0</div> <div style="display: inline-block; width: 20px; text-align: center;">0</div> <div style="display: inline-block; width: 20px; text-align: center;">0</div> </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"> <div style="display: inline-block; width: 20px; text-align: center;"> </div> <div style="display: inline-block; width: 20px; text-align: center;"> </div> <div style="display: inline-block; width: 20px; text-align: center;"> </div> <div style="display: inline-block; width: 20px; text-align: center;"> </div> <div style="display: inline-block; width: 20px; text-align: center;"> </div> <div style="display: inline-block; width: 20px; text-align: center;"> </div> </div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px;"> <div style="display: inline-block; width: 20px; text-align: center;"> </div> <div style="display: inline-block; width: 20px; text-align: center;"> </div> <div style="display: inline-block; width: 20px; text-align: center;"> </div> <div style="display: inline-block; width: 20px; text-align: center;"> </div> <div style="display: inline-block; width: 20px; text-align: center;"> </div> <div style="display: inline-block; width: 20px; text-align: center;"> </div> </div>

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

Zullo, Christopher, , ,

[Electronically Filed]

Date

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Y

Y

Y

Y

Y

Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 75 OF 76
 FOR LINE 24 OF FORM 3X

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

M M /

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Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">650.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4440 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Support			Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate: Fletcher, Lizzie, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 07 State: TX	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">945.00</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">650.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4441 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Support			Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate: Williams, Kathleen, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: State: MT	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">945.00</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	1300.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

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

Zullo, Christopher, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 76 OF 76
 FOR LINE 24 OF FORM 3X

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

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 7179 Lake Carlisle Blvd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">150.00</div>	
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4442 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Advertising, Online Marketing, Canvassing, Programming, Consulting, Graphic Design, Technical Suppor			Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate: Tipirneni, Hiral, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 08 State: AZ	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">750.00</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
City	State	Zip Code	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure			Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: State:	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;">150.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;">21779.01</div>

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

Zullo, Christopher, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

Signature