

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
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2018 APR 19 PM 1:44  
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)

Valrico

FL

33596

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00522458

3. IS THIS  
REPORT



NEW  
(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)

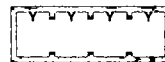


Convention (12C)



Special (12S)

Election on



in the  
State of



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



General (30G)

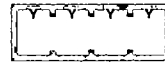


Runoff (30R)



Special (30S)

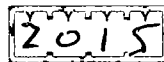
Election on



in the  
State of



5. Covering Period



through



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

Type or Print Name of Treasurer

Christopher Zullo

Signature of Treasurer

*Christopher Zullo*

Date



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

2018-04-19 PM 1:44

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Report Covering the Period:

From:

MM / DD / YYYY  
07 / 01 / 2015

To:

MM / DD / YYYY  
12 / 31 / 2015

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

6. (a) Cash on Hand

January 1,

2016

0

(b) Cash on Hand at

Beginning of Reporting Period.....

34.7

(c) Total Receipts (from Line 19) .....

151.00

331.00

(d) Subtotal (add Lines 6(b) and

6(c) for Column A and Lines  
6(a) and 6(c) for Column B).....

154.47

331.00

7. Total Disbursements (from Line 31) .....

154.47

331.00

8. Cash on Hand at Close of

Reporting Period

(subtract Line 7 from Line 6(d)) .....

0

0

9. Debts and Obligations Owed TO

the Committee (Itemize all on  
Schedule C and/or Schedule D) .....

8

10. Debts and Obligations Owed BY

the Committee (Itemize all on  
Schedule C and/or Schedule D) .....

0



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

2018-04-19 09:00 AM

2018-04-19 00:00 ~ 00:00

# **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 .....

(ii) Non-Federal Share .....

(b) Other Federal Operating Expenditures .....

(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....

**22. Transfers to Affiliated/Other Party Committees .....**

**23. Contributions to Federal Candidates/Committees and Other Political Committees .....**

**24. Independent Expenditures (use Schedule E) .....**

**25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F) .....**

**26. Loan Repayments Made .....**

**27. Loans Made .....**

**28. Refunds of Contributions To:**  
(a) Individuals/Persons Other Than Political Committees .....

(b) Political Party Committees .....

(c) Other Political Committees (such as PACs) .....

(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....

**29. Other Disbursements (Including Non-Federal Donations) .....**

**30. Federal Election Activity (52 U.S.C. § 30101(20))**

(a) Allocated Federal Election Activity (from Schedule H6)

(i) Federal Share .....

(ii) "Levin" Share .....

(b) Federal Election Activity Paid Entirely With Federal Funds .....

(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....

**31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..**

**32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....**

0

0

0

0

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15447

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NO-10-04-10-01-0000000000



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

PAGE 1 OF 1  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <i>Together We Thrive</i>		FEC IDENTIFICATION NUMBER ▼ <i>C00522458</i>	
Check if <input type="checkbox"/> 24-hour report	<input type="checkbox"/> 48-hour report	New report	Amends report Filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>

Full Name of Payee <i>PinPoint Web Solutions</i>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <i>07 / 01 / 2013</i>	
Mailing Address <i>7179 Lake Carlisle Blvd</i>		Amount <span style="border: 1px solid black; padding: 2px;">15447</span>		
City <i>Orlando</i>	State <i>FL</i>	Zip Code <i>32829</i>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> <i>07 / 01 / 2013</i>	
Purpose of Expenditure <i>Pledge Hillary Campaign</i>		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>	Name of Federal Candidate: <i>Hillary Clinton</i>	
Calendar Year-To-Date Per Election for OfAce Sought <span style="border: 1px solid black; padding: 2px;">33100</span>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	OfAce Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

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

(a) SUBTOTAL of Itemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;">15447</span>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"></span>
(c) TOTAL Independent Expenditures .....	<span style="border: 1px solid black; padding: 2px;"></span>

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 *[Signature]* Date M M / D D / Y Y Y Y Y Y  
*04 / 11 / 2013*

2013-04-19 09:00:40

CHRISTOPHER ZULLO  
(407) 491-6671  
THE UPS STORE #3452  
11705 BOYETTE RD  
RIVERVIEW FL 33569-5533

1 LBS 1 OF 1  
SHIP WT: 1 LBS  
DATE: 13 APR 2018

SHIP FEDERAL ELECTION COMMISSION

SHIP  
TO:

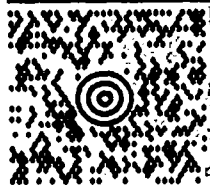
18/Apr/2018 19:12 2000

FEDERAL ELECTION COMMISSION

1060 1ST ST NE

9TH FLOOR WASHINGTON DC 20002-4694

WASHINGTON DC 20002-4694



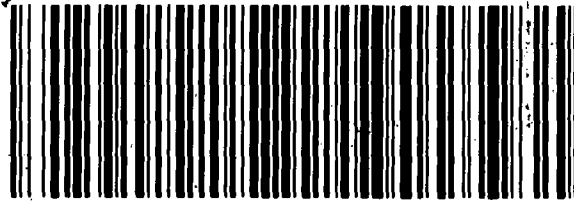
MD 2019-58



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BILLING: P/P

18N 13.00N Z2P 450 97.5U 01/2018



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PREPARER  
(3/2015)

DATE PREPARED