

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 Rise

ADDRESS (number and street) 16633 Ventura Blvd # 1008

Check if different than previously reported. (ACC) Encino CA 91436

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00667360

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on M M / D D / Y Y Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y Y Y 04 / 01 / 2019 through M M / D D / Y Y Y Y Y Y 06 / 30 / 2019

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

Leiderman, Jane, , ,

Type or Print Name of Treasurer _____

Signature of Treasurer Leiderman, Jane, , , [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 07 / 12 / 2019

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									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Together We Rise

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2019"/>	<input type="text" value="3013.90"/>	<input type="text" value="3013.90"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="3013.90"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="37000.00"/>	<input type="text" value="37000.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="40013.90"/>	<input type="text" value="40013.90"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="16420.12"/>	<input type="text" value="16420.12"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="23593.78"/>	<input type="text" value="23593.78"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

Write or Type Committee Name

Together We Rise

Report Covering the Period: From: 04 / 01 / 2019 To: 06 / 30 / 2019

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).....	3500.00	3500.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3500.00	3500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	33500.00	33500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	37000.00	37000.00
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)).....▶	37000.00	37000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	37000.00	37000.00

DETAILED SUMMARY PAGE
of Disbursements

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	14420.12	14420.12
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	14420.12	14420.12
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	2000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
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)) ..	16420.12	16420.12
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16420.12	16420.12

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	37000.00	37000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	37000.00	37000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	14420.12	14420.12
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	14420.12	14420.12

**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 16
<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

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 Rise

A. Oteo Missouriia Tribe

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

Mailing Address 8151 Highway 177

City Red Rock	State OK	Zip Code 74651
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For: 2019
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date **2500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2019

Transaction ID : 11AI-38-I

Amount of Each Receipt this Period

2500.00

 Memo Item

Earmarked through RS LLC. Date recieved by conduit in memo record below.

B. RS LLC

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

Mailing Address 8151 Highway 177

City Red Rock	State OK	Zip Code 74651
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For: 2019
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date **2500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2019

Transaction ID : 11AI-38-I-MEMO

Amount of Each Receipt this Period

2500.00

 Memo Item

Total earmarked through conduit, PAC limits not affected.

C. Porter, Gregory, , ,

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

Mailing Address 700 W 31St St # 503

City Kansas City	State MO	Zip Code 64108
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Catalyst	Occupation (for Individual) Consultant
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Receipt For: 2019
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date **1000.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2019

Transaction ID : 11AI-28-I

Amount of Each Receipt this Period

1000.00

 Memo Item

Earmarked through Actblue. Date recieved by conduit in memo record below.

SUBTOTAL of Receipts This Page (optional).....	3500.00
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 7 OF 16
(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 Rise

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

Mailing Address 366 Summer St

City Somerville	State MA	Zip Code 02144
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: 2019
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 31 / 2019

Transaction ID : 11A1-28-I-MEMO

Amount of Each Receipt this Period
1000.00

Memo Item

Total earmarked through conduit, PAC limits not affected.

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

Mailing Address

City	State	Zip Code
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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

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

Mailing Address

City	State	Zip Code
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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).....	0.00
TOTAL This Period (last page this line number only).....	3500.00

**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 8 OF 16
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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 Rise

A. ATU Cope Voluntary Account

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

Mailing Address 10000 New Hampshire Ave

City Silver Spring	State MD	Zip Code 20903
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FEC ID number of contributing federal political committee. **C** C30002935

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For: 2019
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2019

Transaction ID : 11C-30

Amount of Each Receipt this Period
2500.00

Memo Item

B. Asian American Hotel Owner Association PAC

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

Mailing Address 5845 Richmond Highway # 820

City Alexandria	State VA	Zip Code 22303
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FEC ID number of contributing federal political committee. **C** C00336743

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For: 2019
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		10		2019

Transaction ID : 11C-29

Amount of Each Receipt this Period
2500.00

Memo Item

C. Association of American Publishers PAC

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

Mailing Address 918 Pennsylvania Ave SE

City Washington	State DC	Zip Code 20003
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FEC ID number of contributing federal political committee. **C** C00020206

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For: 2018
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		16		2019

Transaction ID : 11C-23

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	6000.00
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: (check only one)	PAGE 9 OF 16
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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 Rise

A. Blue Shield of CA

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1215 K St # 2010

City Sacramento	State CA	Zip Code 95814
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FEC ID number of contributing federal political committee. **C** C00340364

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: 2019
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 09 / 2019

Transaction ID : 11C-25

Amount of Each Receipt this Period
5000.00

Memo Item

B. Burns & McDonnell Inc. PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 9400 Ward Parkway

City Kansas City	State MO	Zip Code 64114
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FEC ID number of contributing federal political committee. **C** C00442913

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: 2019
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 05 / 2019

Transaction ID : 11C-31

Amount of Each Receipt this Period
2500.00

Memo Item

C. Davita Inc PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 32275 32nd Ave S

City Auburn	State WA	Zip Code 98001
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FEC ID number of contributing federal political committee. **C** C00340943

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: 2019
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 26 / 2019

Transaction ID : 11C-33

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	10000.00
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: (check only one)	PAGE 10 OF 16
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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 Rise

A. NMHC PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1775 Eye St # 1100

City Washington	State DC	Zip Code 20006
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For: 2019
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2019

Transaction ID : 11C-34

Amount of Each Receipt this Period
2500.00

Memo Item

B. New York Life Insurance PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 51 Madison Ave # 1109

City New York	State NY	Zip Code 10010
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FEC ID number of contributing federal political committee. **C** C00158881

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For: 2019
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2019

Transaction ID : 11C-24

Amount of Each Receipt this Period
2500.00

Memo Item

C. Realtors PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 430 N Michigan Ave

City Chicago	State IL	Zip Code 60611
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For: 2019
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2019

Transaction ID : 11C-32

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	7500.00
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: (check only one)	PAGE 11 OF 16
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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 Rise

A. Select Medical PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4714 Gettysburg Rd

City Mechanicsburg	State PA	Zip Code 17055
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FEC ID number of contributing federal political committee. **C** C00546119

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: 2019
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 29 / 2019

Transaction ID : 11C-27

Amount of Each Receipt this Period
5000.00

Memo Item

B. Small Business Investor Alliance PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1100 H St NW # 1200

City Washington	State DC	Zip Code 20005
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FEC ID number of contributing federal political committee. **C** C00109991

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: 2019
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 29 / 2019

Transaction ID : 11C-36

Amount of Each Receipt this Period
2500.00

Memo Item

C. Sony Pictures Entertainment Inc. PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10202 W Washington Blvd # 1111

City Culver City	State CA	Zip Code 90232
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FEC ID number of contributing federal political committee. **C** C00282038

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: 2019
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 16 / 2019

Transaction ID : 11C-26

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	10000.00
TOTAL This Period (last page this line number only).....	33500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Together We Rise

Full Name (Last, First, Middle Initial)

A. Spago

Mailing Address 176 N. Canon Dr.

City Beverly Hills State CA Zip Code 90210

Purpose of Disbursement Deposit of Catering

Category/Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 21B-34-S
 Amount of Each Disbursement this Period

SUBVENDOR to Andrew Cartwright

Memo Item

Full Name (Last, First, Middle Initial)

B. Cartwright, Andrew, , ,

Mailing Address 2613 6th St., #F

City Santa Monica State CA Zip Code 90405

Purpose of Disbursement Deposit

Category/Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 21B-35
 Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Cartwright, Andrew, , ,

Mailing Address 2613 6th St., #F

City Santa Monica State CA Zip Code 90405

Purpose of Disbursement Catering, Lodging

Category/Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : 21B-39
 Amount of Each Disbursement this Period

Memo Item

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" 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 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 Rise

A. Spago

Full Name (Last, First, Middle Initial)

Mailing Address 176 N. Canon Dr.

City Beverly Hills State CA Zip Code 90210

Purpose of Disbursement Catering

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 13 / 2019

FEC Identification Number: C

Transaction ID : 21B-40-S

Amount of Each Disbursement this Period: 3058.26

SUBVENDOR to Andrew Cartwright

Memo Item

B. Chosun Galbee Restaurant

Full Name (Last, First, Middle Initial)

Mailing Address 3330 West olympic Blvd.

City Los Angeles State CA Zip Code 90019

Purpose of Disbursement Catering

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 13 / 2019

FEC Identification Number: C

Transaction ID : 21B-41-S

Amount of Each Disbursement this Period: 2923.89

SUBVENDOR to Andrew Cartwright

Memo Item

C. VICEROY Hotel Group

Full Name (Last, First, Middle Initial)

Mailing Address 1819 Ocean Ave.

City Santa Monica State CA Zip Code 90401

Purpose of Disbursement Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 13 / 2019

FEC Identification Number: C

Transaction ID : 21B-42-S

Amount of Each Disbursement this Period: 918.12

SUBVENDOR to Andrew Cartwright

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Together We Rise

A. Flying Vacation

Full Name (Last, First, Middle Initial)
Mailing Address 123 E. Valley Blvd., #109

City San Gabriel State CA Zip Code 91776

Purpose of Disbursement 30 Passenger Bus Tour
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type: **003**

Date of Disbursement: MM / DD / YYYY
05 / 10 / 2019

FEC Identification Number: **C**

Transaction ID : 21B-36
Amount of Each Disbursement this Period: 1195.00

Memo Item

B.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type:

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: **C**

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type:

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: **C**

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1195.00
TOTAL This Period (last page this line number only).....▶	14416.95

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Together We Rise

Full Name (Last, First, Middle Initial)

A. Cisneros for Congress

Mailing Address P.O. Box 40

City
Placentia

State
CA

Zip Code
92871

Purpose of Disbursement
Political Contribution

011

Category/
Type

Candidate Name

Cisneros, Gil, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: CA District: 39

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2019

FEC Identification Number

C C00650648

Transaction ID : 23-37

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

2000.00

2000.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 16 OF 16
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Together We Rise

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Cartwright, Andrew, , ,			Nature of Debt (Purpose): Deposit
Mailing Address 2613 6th St., #F			
City Santa Monica	State CA	Zip Code 90405	

Outstanding Balance Beginning This Period 6000.00		Transaction ID : D10-16-V	
Amount Incurred This Period 0.00	Payment This Period 6000.00	Outstanding Balance at Close of This Period 0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional)..... ▶	0.00
2) TOTALS This Period (last page this line number only)..... ▶	0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	