

**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 RD

STE 198

Check if different
than previously
reported. (ACC)

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

04

01

2020

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

06

30

2020

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

07

15

2020

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 / 2020 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2020

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2020 | | 0.00 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 0.00 | |
| (c) Total Receipts (from Line 19) | 35118.08 | 35118.08 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 35118.08 | 35118.08 |
| 7. Total Disbursements (from Line 31) | 35118.08 | 35118.08 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 0.00 | 0.00 |
| 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 | 2 | 0 |

To:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 3 | 0 | | 2 | 0 | 2 | 0 |

| 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)..... | 34743.08 | 34743.08 |
| (ii) Unitemized | 375.00 | 375.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 35118.08 | 35118.08 |
| (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) | 35118.08 | 35118.08 |
| 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)) | 35118.08 | 35118.08 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 35118.08 | 35118.08 |

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) | 35118.08 | 35118.08 |
| 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)) .. | 35118.08 | 35118.08 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 35118.08 | 35118.08 |

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) | 35118.08 | 35118.08 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 35118.08 | 35118.08 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36)▶ | 0.00 | 0.00 |

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 35
(check only one)

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

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

NAME OF COMMITTEE (In Full)

TOGETHER WE THRIVE

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

A. Brown, Stephanie, , ,

Mailing Address 2014 2nd Ave

City
Sacramento

State
CA

Zip Code
95818

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-Employed

Occupation (for Individual)
Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2020

Transaction ID : SA11AI.4115

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Brown, Stephanie, , ,

Mailing Address 2014 2nd Ave

City
Sacramento

State
CA

Zip Code
95818

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-Employed

Occupation (for Individual)
Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 21 / 2020

Transaction ID : SA11AI.4121

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Brown, Stephanie, , ,

Mailing Address 2014 2nd Ave

City
Sacramento

State
CA

Zip Code
95818

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-Employed

Occupation (for Individual)
Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 05 / 2020

Transaction ID : SA11AI.4122

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 7 OF 35

(check only one)

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

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

NAME OF COMMITTEE (In Full)

TOGETHER WE THRIVE

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

A. Brown, Stephanie, , ,

Mailing Address 2014 2nd Ave

City

Sacramento

State

CA

Zip Code

95818

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 12 / 2020

Transaction ID : SA11AI.4123

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Brown, Stephanie, , ,

Mailing Address 2014 2nd Ave

City

Sacramento

State

CA

Zip Code

95818

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2020

Transaction ID : SA11AI.4124

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Brown, Stephanie, , ,

Mailing Address 2014 2nd Ave

City

Sacramento

State

CA

Zip Code

95818

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 05 / 2020

Transaction ID : SA11AI.4125

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

75.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 35

(check only one)

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

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

NAME OF COMMITTEE (In Full)

TOGETHER WE THRIVE

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

A. Brown, Stephanie, , ,

Mailing Address 2014 2nd Ave

City
Sacramento

State
CA

Zip Code
95818

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

06 / 12 / 2020

Transaction ID : SA11AI.4126

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Brown, Stephanie, , ,

Mailing Address 2014 2nd Ave

City
Sacramento

State
CA

Zip Code
95818

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

06 / 21 / 2020

Transaction ID : SA11AI.4127

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Contributions, Unitemized, , ,

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

32118.08

Date of Receipt

06 / 30 / 2020

Transaction ID : SA11AI.4132

Amount of Each Receipt this Period

32118.08

☐ Memo Item

Unitemized Contributions under \$200

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

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

32168.08

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 35

☒ 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. Dockery, William, , ,

Mailing Address 48 Fifth St.

City
Highlands

State
NJ

Zip Code
07732

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BMO

Occupation (for Individual)
Bank

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 25 / 2020

Transaction ID : SA11AI.4102

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B. Goldfarb, Neal, , ,

Mailing Address 1301 Fairmont St NW

City
Washington

State
DC

Zip Code
20009

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-Employed

Occupation (for Individual)
Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 16 / 2020

Transaction ID : SA11AI.4104

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Mangold, James, , ,

Mailing Address 4801 Redwood

City
Los Angeles

State
CA

Zip Code
90066

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-Employed

Occupation (for Individual)
Film director

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 05 / 2020

Transaction ID : SA11AI.4109

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)..... ►

750.00

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 10 OF 35

☒ 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. Michels, Trent, , ,

Mailing Address 1501 Minnesota St.

City

San Francisco

State

CA

Zip Code

94107

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Eco Bay Services Inc

Occupation (for Individual)

Environmental Contractor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 26 / 2020

Transaction ID : SA11AI.4100

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

B. Simons, Thomas, , ,

Mailing Address PO Box 2339

City

SAN RAMON

State

CA

Zip Code

94583

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-Employed

Occupation (for Individual)
Self-Employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 08 / 2020

Transaction ID : SA11AI.4111

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. Smith, James, , ,

Mailing Address 7212 Burtonwood Drive

City

Alexandria

State

VA

Zip Code

22307

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 10 / 2020

Transaction ID : SA11AI.4131

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)..... ►

1350.00

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 35

(check only one)

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

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

NAME OF COMMITTEE (In Full)

TOGETHER WE THRIVE

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

A. Timm, Roger, , ,

Mailing Address 3344 Westchester Road

City
Bloomfield Hills

State
MI

Zip Code
48304

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 18 / 2020

Transaction ID : SA11AI.4113

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

B.

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

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

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

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

250.00

34743.08

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 12 OF 35
 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 Harvey, Jaalin, , , | | | <input type="checkbox"/> Memo Item | | |
| Mailing Address | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 30 / 2020 | | |
| City | | State | | Zip Code | |
| Purpose of Expenditure Online Marketing | | | Category/Type | | |
| Name of Federal Candidate: Jones, Doug, , , | | | <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 2020 <input type="checkbox"/> Other (specify) ▶ | | |
| Amount 750.00 | | | Transaction ID : SE.4227 | | |
| Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 30 / 2020 | | | | | |
| Full Name of Payee Harvey, Jaalin, , , | | | <input type="checkbox"/> Memo Item | | |
| Mailing Address | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 30 / 2020 | | |
| City | | State | | Zip Code | |
| Purpose of Expenditure Online Marketing | | | Category/Type | | |
| Name of Federal Candidate: Hyde Smith, Cindy, , , | | | <input type="checkbox"/> Support <input checked="" 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 2020 <input type="checkbox"/> Other (specify) ▶ | | |
| Amount 750.00 | | | Transaction ID : SE.4230 | | |
| Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 30 / 2020 | | | | | |
| (a) SUBTOTAL of Itemized Independent Expenditures 1500.00 | | | | | |
| (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> | | | Date M M / D D / Y Y Y Y Y Y 07 / 15 / 2020 | | |

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 13 OF 35
 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 Harvey, Jaalin, , , <input type="checkbox"/> Memo Item | | | Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 30 / 2020 | | |
| Mailing Address | | | Amount 750.00 | | |
| City | | State | Zip Code | | Transaction ID : SE.4232 |
| Purpose of Expenditure Online Marketing | | Category/Type | | Date of Disbursement or Obligation MM / DD / YYYY 06 / 30 / 2020 | |
| Name of Federal Candidate: Perdue, David, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>GA</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 750.00 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____ | | |
| Full Name of Payee Harvey, Jaalin, , , <input type="checkbox"/> Memo Item | | | Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 30 / 2020 | | |
| Mailing Address | | | Amount 750.00 | | |
| City | | State | Zip Code | | Transaction ID : SE.4234 |
| Purpose of Expenditure Online Marketing | | Category/Type | | Date of Disbursement or Obligation MM / DD / YYYY 06 / 30 / 2020 | |
| Name of Federal Candidate: Gardner, Cory, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>CO</u> | | |
| Calendar Year-To-Date Per Election for Office Sought 750.00 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____ | | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | 1500.00 | | |
| (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 07 / 15 / 2020 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 14 OF 35
 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 Harvey, Jaalin, , , <input type="checkbox"/> Memo Item | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 30 / 2020 | | |
| Mailing Address | | | Amount 120.00 | | |
| City | | State | Zip Code | | Transaction ID : SE.4236 |
| Purpose of Expenditure Online Marketing | | Category/Type | | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 30 / 2020 | |
| Name of Federal Candidate: Peters, Gary, , , | | | <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: <u>MI</u> |
| Calendar Year-To-Date Per Election for Office Sought | | | 120.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ |
| Full Name of Payee PinPoint WebSolutions <input type="checkbox"/> Memo Item | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 06 / 30 / 2020 | | |
| Mailing Address 7179 Lake Carlisle Blvd | | | Amount 750.00 | | |
| City Orlando | | State FL | Zip Code 32829 | | Transaction ID : SE.4134 |
| Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing | | Category/Type | | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 30 / 2020 | |
| Name of Federal Candidate: DeSaulnier, Mark, , , | | | <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"/> State: <u>CA</u> |
| Calendar Year-To-Date Per Election for Office Sought | | | 750.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | 870.00 | | |
| (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 07 / 15 / 2020 |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 15 OF 35
 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 MM / DD / YYYY

| | | | | |
|--|--------------------|--|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>06 / 30 / 2020</div> </div> | |
| Mailing Address 7179 Lake Carlisle Blvd | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">750.00</div> | |
| City Orlando | State FL | Zip Code 32829 | | |
| Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> | Transaction ID : SE.4137 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>06 / 30 / 2020</div> </div> | |
| Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Pelosi, Nancy, , , | | | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 12 State: CA <input type="checkbox"/> President | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">750.00</div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ | |

| | | | | |
|--|--------------------|--|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>06 / 30 / 2020</div> </div> | |
| Mailing Address 7179 Lake Carlisle Blvd | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">750.00</div> | |
| City Orlando | State FL | Zip Code 32829 | | |
| Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> | Transaction ID : SE.4139 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>06 / 30 / 2020</div> </div> | |
| Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Lee, Barbara, , , | | | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 13 State: CA <input type="checkbox"/> President | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">750.00</div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures | ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;">1500.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> |
| (c) TOTAL Independent Expenditures | ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> |

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

Zullo, Christopher, , ,

[Electronically Filed]

Date

MM / DD / YYYY

07 / 15 / 2020

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 16 OF 35
 FOR LINE 24 OF FORM 3X

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

| | | | | |
|--|--------------------|--------------------------|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Mailing Address 7179 Lake Carlisle Blvd | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">750.00</div> | |
| City Orlando | State FL | Zip Code 32829 | Transaction ID : SE.4141 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing | | | Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div> | |
| Name of Federal Candidate: Speier, Jackie, , , | | | Office Sought: <input checked="" type="checkbox"/> House District: 14 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ | |
| <div style="border: 1px solid black; padding: 2px; text-align: right;">750.00</div> | | | <div style="border: 1px solid black; padding: 2px; text-align: right;">750.00</div> | |

| | | | | |
|--|--------------------|--------------------------|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Mailing Address 7179 Lake Carlisle Blvd | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">750.00</div> | |
| City Orlando | State FL | Zip Code 32829 | Transaction ID : SE.4144 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing | | | Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div> | |
| Name of Federal Candidate: Costa, Jim, , , | | | Office Sought: <input checked="" type="checkbox"/> House District: 16 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ | |
| <div style="border: 1px solid black; padding: 2px; text-align: right;">750.00</div> | | | <div style="border: 1px solid black; padding: 2px; text-align: right;">750.00</div> | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures | <div style="border: 1px solid black; padding: 2px; text-align: right;">1500.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | <div style="border: 1px solid black; padding: 2px; text-align: right;"></div> |
| (c) TOTAL Independent Expenditures | <div style="border: 1px solid black; padding: 2px; text-align: right;"></div> |

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

Zullo, Christopher, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 17 OF 35
 FOR LINE 24 OF FORM 3X

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

| | | | |
|--|--------------------|--|---|
| Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> |
| Mailing Address 7179 Lake Carlisle Blvd | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 750.00 </div> |
| City Orlando | State FL | Zip Code 32829 | |
| Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing | | Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div> | |
| Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Eshoo, Anna, , , | | | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 18 State: CA |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 750.00 </div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ |

| | | | |
|--|--------------------|--|---|
| Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> |
| Mailing Address 7179 Lake Carlisle Blvd | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 750.00 </div> |
| City Orlando | State FL | Zip Code 32829 | |
| Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing | | Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div> | |
| Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Lofgren, Zoe, , , | | | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 19 State: CA |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 750.00 </div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 1500.00 </div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 0.00 </div> |
| (c) TOTAL Independent Expenditures | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 1500.00 </div> |

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

Zullo, Christopher, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 18 OF 35
 FOR LINE 24 OF FORM 3X

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

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on 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> | |
| Mailing Address 7179 Lake Carlisle Blvd | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">750.00</div> | |
| City Orlando | State FL | Zip Code 32829 | Transaction ID : SE.4151 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> | |
| Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing | | | Category/ Type | |
| Name of Federal Candidate: Roe, Phil, , , | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: TN | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <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> | |
| Mailing Address 7179 Lake Carlisle Blvd | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">750.00</div> | |
| City Orlando | State FL | Zip Code 32829 | Transaction ID : SE.4153 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> | |
| Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing | | | Category/ Type | |
| Name of Federal Candidate: Fleischma, Charles J., , , | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 03 State: TN | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures | <div style="border: 1px solid black; padding: 2px; text-align: right;">1500.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

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

Zullo, Christopher, , ,

[Electronically Filed]

Date

MM / DD / YYYY

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 19 OF 35
 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;">750.00</div> | |
| City Orlando | State FL | Zip Code 32829 | Transaction ID : SE.4155 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 Design, Advertising, Marketing, Research, Programming, Consulting, Staffing | | | Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div> | |
| Name of Federal Candidate: DesJarlais, Scott, , , | | | Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TN | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; 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 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;">750.00</div> | |
| City Orlando | State FL | Zip Code 32829 | Transaction ID : SE.4157 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 Design, Advertising, Marketing, Research, Programming, Consulting, Staffing | | | Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div> | |
| Name of Federal Candidate: Kustoff, David, , , | | | Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TN | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">750.00</div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |

| | | |
|--|---|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures | ▶ | 1500.00 |
| (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 20 OF 35
 FOR LINE 24 OF FORM 3X

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

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

M M /

D D /

Y Y Y Y Y Y

| | | | | |
|---|--------------------|---|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-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;">750.00</div> Transaction ID : SE.4159 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| City Orlando | State FL | Zip Code 32829 | | |
| Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing | | 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 Cooper, Jim, , , | | | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 05 State: TN | |
| 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 2020 <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;">750.00</div> Transaction ID : SE.4161 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| City Orlando | State FL | Zip Code 32829 | | |
| Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing | | 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 Cohen, Steve, , , | | | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 09 State: TN | |
| 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 2020 <input type="checkbox"/> Other (specify) ▶ | |

| | | |
|--|---|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures | ▶ | 1500.00 |
| (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 21 OF 35
 FOR LINE 24 OF FORM 3X

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

| | | | |
|---|--------------------|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> |
| Mailing Address 7179 Lake Carlisle Blvd | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 750.00 </div> |
| City Orlando | State FL | Zip Code 32829 | |
| Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"> </div> | |
| Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Green, Al, , , | | | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 09 State: TX |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">750.00</div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ |

| | | | |
|---|--------------------|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> |
| Mailing Address 7179 Lake Carlisle Blvd | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 750.00 </div> |
| City Orlando | State FL | Zip Code 32829 | |
| Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"> </div> | |
| Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Bishop, Robert, , , | | | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 01 State: UT |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">750.00</div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;">1500.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> </div> |
| (c) TOTAL Independent Expenditures | <div style="border: 1px solid black; padding: 2px; display: inline-block; 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 /

D D /

Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 22 OF 35
 FOR LINE 24 OF FORM 3X

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

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

M M /

D D /

Y Y Y Y Y Y

| | | | | |
|---|--------------------|--------------------------|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-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;">750.00</div> | |
| City Orlando | State FL | Zip Code 32829 | Transaction ID : SE.4167 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 Design, Advertising, Marketing, Research, Programming, Consulting, Staffing | | | Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div> | |
| Name of Federal Candidate: Stewart, Chris, , , | | | Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: UT | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">750.00</div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <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;">750.00</div> | |
| City Orlando | State FL | Zip Code 32829 | Transaction ID : SE.4169 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 Design, Advertising, Marketing, Research, Programming, Consulting, Staffing | | | Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div> | |
| Name of Federal Candidate: Welch, Peter, , , | | | Office Sought: <input checked="" type="checkbox"/> House District: VT <input type="checkbox"/> President <input type="checkbox"/> Senate State: VT | |
| 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 2020 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures | <div style="border: 1px solid black; padding: 2px; text-align: right;">1500.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | <div style="border: 1px solid black; padding: 2px; text-align: right;"></div> |
| (c) TOTAL Independent Expenditures | <div style="border: 1px solid black; padding: 2px; text-align: right;"></div> |

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

Zullo, Christopher, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 23 OF 35
 FOR LINE 24 OF FORM 3X

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

| | | | | |
|--|--------------------|--------------------------|---|--|
| 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; 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; margin-top: 5px;">750.00</div> | |
| City Orlando | State FL | Zip Code 32829 | Transaction ID : SE.4171 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <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 Design, Advertising, Marketing, Research, Programming, Consulting, Staffing | | | Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div> | |
| Name of Federal Candidate: Edward, Gerald, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 11 State: VA | |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">750.00</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <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; 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; margin-top: 5px;">750.00</div> | |
| City Orlando | State FL | Zip Code 32829 | Transaction ID : SE.4173 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <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 Design, Advertising, Marketing, Research, Programming, Consulting, Staffing | | | Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div> | |
| Name of Federal Candidate: Scott, Robert, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 03 State: VA | |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">750.00</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures | <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">1500.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;"></div> |
| (c) TOTAL Independent Expenditures | <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;"></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

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 24 OF 35
 FOR LINE 24 OF FORM 3X

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

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

M M /

D D /

Y Y Y Y Y Y

| | | | | |
|---|--------------------|---|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-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;">750.00</div> Transaction ID : SE.4175 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| City Orlando | State FL | Zip Code 32829 | | |
| Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing | | Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div> | | |
| Name of Federal Candidate: Donald McEachi, Aston, , , | | | Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">750.00</div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <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;">750.00</div> Transaction ID : SE.4177 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> | |
| City Orlando | State FL | Zip Code 32829 | | |
| Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing | | Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div> | | |
| Name of Federal Candidate: DelBene, Suzan, , , | | | Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WA | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">750.00</div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures | <div style="border: 1px solid black; padding: 2px; text-align: right;">1500.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

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

Zullo, Christopher, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 25 OF 35
 FOR LINE 24 OF FORM 3X

| | |
|---|--|
| NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00522458 </div> |
| Check if <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 PinPoint WebSolutions | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> | |
| Mailing Address 7179 Lake Carlisle Blvd | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">750.00</div> | |
| City Orlando | State FL | Zip Code 32829 | Transaction ID : SE.4179 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> | |
| Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing | | | Category/ Type | |
| Name of Federal Candidate: Heck, Denny, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WA | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <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> | |
| Mailing Address 7179 Lake Carlisle Blvd | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">750.00</div> | |
| City Orlando | State FL | Zip Code 32829 | Transaction ID : SE.4181 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> | |
| Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing | | | Category/ Type | |
| Name of Federal Candidate: Larsen, Rick, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WA | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures | <div style="border: 1px solid black; padding: 2px; text-align: right;">1500.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

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

Zullo, Christopher, , ,

[Electronically Filed]

Date

MM / DD / YYYY

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 26 OF 35
 FOR LINE 24 OF FORM 3X

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

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

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

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

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

| | | | | |
|---|--------------------|--------------------------|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item 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 / 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;">750.00</div> | |
| City Orlando | State FL | Zip Code 32829 | Transaction ID : SE.4183 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 Design, Advertising, Marketing, Research, Programming, Consulting, Staffing | | | Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div> | |
| Name of Federal Candidate: Heck, Jaime Herrera Beutle, , , | | | Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WA | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">750.00</div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <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 / 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;">750.00</div> | |
| City Orlando | State FL | Zip Code 32829 | Transaction ID : SE.4185 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 Design, Advertising, Marketing, Research, Programming, Consulting, Staffing | | | Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div> | |
| Name of Federal Candidate: Newhouse, Dan, , , | | | Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WA | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">750.00</div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ | |

| | | |
|--|---|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures | ▶ | 1500.00 |
| (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 27 OF 35
 FOR LINE 24 OF FORM 3X

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

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on 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 / 2020 </div> | |
| Mailing Address 7179 Lake Carlisle Blvd | | | Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 750.00 </div> | |
| City Orlando | State FL | Zip Code 32829 | | |
| Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing | | Category/ Type | Transaction ID : SE.4187 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 06 / 30 / 2020 </div> | |
| Name of Federal Candidate: McMorris Rodge, Cathy, , , | | | Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WA | |
| Calendar Year-To-Date Per Election for Office Sought 750.00 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <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 / 2020 </div> | |
| Mailing Address 7179 Lake Carlisle Blvd | | | Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 750.00 </div> | |
| City Orlando | State FL | Zip Code 32829 | | |
| Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing | | Category/ Type | Transaction ID : SE.4189 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 06 / 30 / 2020 </div> | |
| Name of Federal Candidate: Kilmer, Derek, , , | | | Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WA | |
| Calendar Year-To-Date Per Election for Office Sought 750.00 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ | |

| | | |
|--|---|------------------------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures | ▶ | 1500.00 |
| (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

MM / DD / YYYY

07 / 15 / 2020

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 28 OF 35
 FOR LINE 24 OF FORM 3X

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

| | | | |
|---|--------------------|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> |
| Mailing Address 7179 Lake Carlisle Blvd | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">750.00</div> Transaction ID : SE.4191 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> |
| City Orlando | State FL | Zip Code 32829 | |
| Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing | | 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 Jayapal, Pramila, , , | | | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 07 State: WA |
| 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 2020 <input type="checkbox"/> Other (specify) ▶ |

| | | | |
|---|--------------------|---|---|
| Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> |
| Mailing Address 7179 Lake Carlisle Blvd | | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">750.00</div> Transaction ID : SE.4193 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> |
| City Orlando | State FL | Zip Code 32829 | |
| Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing | | 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 Smith, D. Adam, , , | | | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 09 State: WA |
| 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 2020 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures | <div style="border: 1px solid black; padding: 2px; text-align: right;">1500.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

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

Zullo, Christopher, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 29 OF 35
 FOR LINE 24 OF FORM 3X

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

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

M M /

D D /

Y Y Y Y Y Y

| | | | | |
|--|--------------------|--------------------------|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-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;">750.00</div> | |
| City Orlando | State FL | Zip Code 32829 | Transaction ID : SE.4195 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 Design, Advertising, Marketing, Research, Programming, Consulting, Staffing | | | Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div> | |
| Name of Federal Candidate: McKinley, David, , , | | | Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <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;">750.00</div> | |
| City Orlando | State FL | Zip Code 32829 | Transaction ID : SE.4197 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 Design, Advertising, Marketing, Research, Programming, Consulting, Staffing | | | Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div> | |
| Name of Federal Candidate: Mooney, Alexander, , , | | | Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ | |

| | | |
|--|---|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures | ▶ | 1500.00 |
| (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 30 OF 35
 FOR LINE 24 OF FORM 3X

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

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

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

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

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

| | | | | |
|--|--------------------|--------------------------|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item 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 / 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;">750.00</div> | |
| City Orlando | State FL | Zip Code 32829 | | |
| Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing | | Category/ Type | Transaction ID : SE.4199 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> | |
| Name of Federal Candidate: Garamendi, John, , , | | | Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <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 / 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;">750.00</div> | |
| City Orlando | State FL | Zip Code 32829 | | |
| Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing | | Category/ Type | Transaction ID : SE.4201 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> | |
| Name of Federal Candidate: Sherman, Brad, , , | | | Office Sought: <input checked="" type="checkbox"/> House District: 30 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures | <div style="border: 1px solid black; padding: 2px; text-align: right;">1500.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

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

Zullo, Christopher, , ,

[Electronically Filed]

Date

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 31 OF 35
 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;">750.00</div> | |
| City Orlando | State FL | Zip Code 32829 | Transaction ID : SE.4203 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 Design, Advertising, Marketing, Research, Programming, Consulting, Staffing | | | Category/ Type | |
| Name of Federal Candidate: Aguilar, Pete, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 31 State: CA | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <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;">750.00</div> | |
| City Orlando | State FL | Zip Code 32829 | Transaction ID : SE.4205 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 Design, Advertising, Marketing, Research, Programming, Consulting, Staffing | | | Category/ Type | |
| Name of Federal Candidate: Napolitano, Grace, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 32 State: CA | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ | |

| | | |
|--|---|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures | ▶ | 1500.00 |
| (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 32 OF 35
 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 MM / DD / YYYY

| | | | | |
|--|-------------|-------------------|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>06 / 30 / 2020</div> </div> | |
| Mailing Address 7179 Lake Carlisle Blvd | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">498.08</div> | |
| City Orlando | State FL | Zip Code 32829 | | |
| Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing | | Category/ Type | Transaction ID : SE.4208 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>06 / 30 / 2020</div> </div> | |
| Name of Federal Candidate: Torres, Norma, , , | | | Office Sought: <input checked="" type="checkbox"/> House District: 35 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ | |

| | | | | |
|--|-------------|-------------------|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>06 / 30 / 2020</div> </div> | |
| Mailing Address 7179 Lake Carlisle Blvd | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">750.00</div> | |
| City Orlando | State FL | Zip Code 32829 | | |
| Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing | | Category/ Type | Transaction ID : SE.4211 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>06 / 30 / 2020</div> </div> | |
| Name of Federal Candidate: Bass, Karen, , , | | | Office Sought: <input checked="" type="checkbox"/> House District: 37 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures | 1248.08 |
| (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

 MM / DD / YYYY
 07 / 15 / 2020

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 33 OF 35
 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 MM / DD / YYYY

| | | | | |
|---|-------------|-------------------|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>06 / 30 / 2020</div> </div> | |
| Mailing Address 7179 Lake Carlisle Blvd | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">750.00</div> | |
| City Orlando | State FL | Zip Code 32829 | | |
| Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing | | Category/ Type | Transaction ID : SE.4213 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>06 / 30 / 2020</div> </div> | |
| Name of Federal Candidate: <input type="checkbox"/> Support Sanchez, Linda, , , <input checked="" type="checkbox"/> Oppose | | | Office Sought: <input checked="" type="checkbox"/> House District: 38 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ | |

| | | | | |
|--|-------------|-------------------|--|--|
| Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>06 / 30 / 2020</div> </div> | |
| Mailing Address 7179 Lake Carlisle Blvd | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">750.00</div> | |
| City Orlando | State FL | Zip Code 32829 | | |
| Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing | | Category/ Type | Transaction ID : SE.4215 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>06 / 30 / 2020</div> </div> | |
| Name of Federal Candidate: <input checked="" type="checkbox"/> Support Roybal-Allar, Lucille, , , <input type="checkbox"/> Oppose | | | Office Sought: <input checked="" type="checkbox"/> House District: 40 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures | ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;">1500.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures | ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

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

Zullo, Christopher, , ,

[Electronically Filed]

Date

 MM / DD / YYYY
 07 / 15 / 2020

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 34 OF 35
 FOR LINE 24 OF FORM 3X

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

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

M M /

D D /

Y Y Y Y Y Y

| | | | | |
|--|--------------------|--------------------------|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-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;">750.00</div> | |
| City Orlando | State FL | Zip Code 32829 | Transaction ID : SE.4217 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 Design, Advertising, Marketing, Research, Programming, Consulting, Staffing | | | Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div> | |
| Name of Federal Candidate: Waters, Maxine, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 43 State: CA | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <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;">750.00</div> | |
| City Orlando | State FL | Zip Code 32829 | Transaction ID : SE.4221 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 Design, Advertising, Marketing, Research, Programming, Consulting, Staffing | | | Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div> | |
| Name of Federal Candidate: Thompson, Mike, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 05 State: CA | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures | <div style="border: 1px solid black; padding: 2px; display: inline-block;">1500.00</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 35 OF 35
 FOR LINE 24 OF FORM 3X

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

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

M M /

D D /

Y Y Y Y Y Y

| | | | | |
|--|--------------------|--------------------------|---|--|
| Full Name of Payee <input type="checkbox"/> Memo Item PinPoint WebSolutions | | | Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-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;">750.00</div> | |
| City Orlando | State FL | Zip Code 32829 | Transaction ID : SE.4223 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 Design, Advertising, Marketing, Research, Programming, Consulting, Staffing | | | Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div> | |
| Name of Federal Candidate: Davis, Susan, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 53 State: CA | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <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;">750.00</div> | |
| City Orlando | State FL | Zip Code 32829 | Transaction ID : SE.4225 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 Design, Advertising, Marketing, Research, Programming, Consulting, Staffing | | | Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div> | |
| Name of Federal Candidate: Matsui, Doris, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 06 State: CA | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ | |

| | | |
|--|---|----------|
| (a) SUBTOTAL of Itemized Independent Expenditures | ▶ | 1500.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | ▶ | |
| (c) TOTAL Independent Expenditures | ▶ | 35118.08 |

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