PAGE 1 / 35

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORIVI 3X F	or Other Than	An Authorize	d Committee			Office Use	Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT V	=/:	ample: If typing, er the lines.	type	12FE4M	[5	
TOGETHER WE THRI	√F						
ADDRESS (number and street)	3433 LITHIA PINE	ECREST RD			1 1 1 1		
V	STE 198			1 1 1	1 1 1 1		
Check if different than previously reported. (ACC)	VALRICO				FL	33596	
2. FEC IDENTIFICATION NU	MBER ▼	CITY A		5	STATE A	ZI	P CODE A
C C00522458		3. IS THIS REPORT	x NEV	W OR	AN (A)	MENDED)	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:	(b) Monthly Report Due On:	Feb 20 (M2		y 20 (M5) 20 (M6)	-	20 (M8) 20 (M9)	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election
(a) Quarterly Heports.		Apr 20 (M4)	Jul	20 (M7)	Oct	20 (M10)	Year Only) Jan 31 (YE)
April 15 Quarterly Report (Q	1) (c) 12-Day		Primary (12P)		General	(12G)	Runoff (12R)
July 15 Quarterly Report (Q2	PRE-EI		Convention (120	C)	Special (
October 15 Quarterly Report (Q3	3)		M = M / E	- D /	Y	ir	n the
January 31 Year-End Report (YE	<u> </u>	Election on				S	tate of
July 31 Mid-Year Report (Non-election Year Only) (MY)	POST-I	Election for the:	General (30G)		Runoff (3	30R)	Special (30S)
Termination Report (TER)		Election on	M = M / C	D	Y		tate of
5. Covering Period 04	01	2020	through	M M M	30	2020	Y
I certify that I have examined this			owledge and bel	ief it is tru	e, correct an	d complete.	
Type or Print Name of Treasurer	Zullo, Christophe	·f, , ,					
Signature of Treasurer	Christopher, , ,		[Electronically F	iled] D	ate 07	/ 15	2020
NOTE: Submission of false, errone	ous, or incomplete	information may s	ubject the person	signing th	is Report to t	he penalties	of 52 U.S.C. § 30109
Office Use							FORM 3X . 05/2016

SUMMARY PAGE

	FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	 Page 2
W	rite or Type Committee Name		
Т	OGETHER WE THRIVE		
Re	eport Covering the Period: From:	04 01 2020	To: 06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 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 multication	andidate committee. (see FEC FORM 1M)	
		For further information contact:	
		Federal Election Commission 999 E Street, NW Washington, DC 20463	
		Toll Free 800-424-9530	

Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

TOGETHER WE THRIVE

Report Covering the Period: From: 04		o: 06 30 2020
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	34743.08	34743.08
(ii) Unitominad	375.00	375.00
(ii) Unitemized(iii) TOTAL (add	373.00	373.00
Lines 11(a)(i) and (ii)	35118.08	35118.08
E1103 11(a)(i) and (ii)	. Apr	45 45 45
(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	25110.00	35118.08
Totals to Line 33, page 5)	35118.08	33116.00
. Transfers From Affiliated/Other	0.00	0.00
Party Committees	0.00	0.00
. All Loans Received	0.00	0.00
. All Louis riccoved	4 4	4 4
. Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	-99	7 7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made	29	45
to Federal Candidates and Other		
Political Committees	0.00	0.00
. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account	0.00	0.00
(from Schedule H3)	0.00	0.00
(b) Louis Funda (from Caladala III)	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
(c) Total Transfere (add To(a) and To(b))	4 4	3.00
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	35118.08	35118.08
Total Fadaval Dessints		
. Total Federal Receipts	35118.08	35118.08
(subtract Line 18(c) from Line 19)▶	33110.00	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		
. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schodule H4)				
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		
Committees	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	0.00	0.00		
Independent Expenditures (use Schedule E)	35118.08	35118.08		
. Coordinated Party Expenditures (52 U.S.C. § 30116(d))	4 4 4			
(use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Loans Made	0.00	0.00		
(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		
Other Disbursements (Including	4 4	4 4		
Non-Federal Donations)	0.00	0.00		
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(b) Federal Election Activity Paid	0.00	0.00		
Entirely With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	35118.08	35118.08		
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

						PAGE	=	6	OF	35
(check only one)										
	×	11a		11b		11c		12		
		13		14		15		16	;	17

	Statements may not be sold or used by any penhe name and address of any political committee	
NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE		
Full Name of Individual (Last, First, Middle I Brown, Stephanie, , , Mailing Address 2014 2nd Ave City Sacramento FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self-Employed Receipt For: Primary General Other (specify)	State Zip Code CA 95818 C Occupation (for Individual) Self-Employed Aggregate Year-to-Date 275.00	Date of Receipt M M M / 17 2020 Transaction ID : SA11AI.4115 Amount of Each Receipt this Period 100.00 Memo Item
Full Name of Individual (Last, First, Middle I Brown, Stephanie, , , Mailing Address 2014 2nd Ave City Sacramento FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self-Employed Receipt For: Primary General Other (specify) The state of the	State Zip Code CA 95818 C Occupation (for Individual) Self-Employed Aggregate Year-to-Date ▼ 300,00	Date of Receipt M
Full Name of Individual (Last, First, Middle I Brown, Stephanie, , , Mailing Address 2014 2nd Ave City Sacramento FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self-Employed Receipt For: Primary General Other (specify)	Occupation (for Individual) Self-Employed Aggregate Year-to-Date 325.00	Date of Receipt 05 05 2020 Transaction ID : SA11AI.4122 Amount of Each Receipt this Period 25.00 Memo Item
SUBTOTAL of Receipts This Page (optional)	>	150.00
TOTAL This Period (last page this line number	er only)	

TOTAL HOMBETS						PAGE		7	OF	35	
(check only one)											
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	nformation copied from such Reports and State commercial purposes, other than using the na			
\	ME OF COMMITTEE (In Full) OGETHER WE THRIVE			
	ll Name of Individual (Last, First, Middle Initial) rown, Stephanie, , ,	or Full Org	anization Name	Date of Receipt
	illing Address 2014 2nd Ave			05 12 2020
Cit Sa	y acramento	State CA	Zip Code 95818	Transaction ID : SA11Al.4123 Amount of Each Receipt this Period
	C ID number of contributing leral political committee.	С		25.00
Se	me of Employer (for Individual) If-Employed	1	ation (for Individual) mployed	Memo Item
Re	ceipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 350.00	
B . <u>B</u>	ll Name of Individual (Last, First, Middle Initial) rown, Stephanie, , , iiling Address 2014 2nd Ave	or Full Org	anization Name	Date of Receipt
Cit Sa	y acramento	State CA	Zip Code 95818	Transaction ID : SA11AI.4124 Amount of Each Receipt this Period
	C ID number of contributing leral political committee.	С		25.00
	me of Employer (for Individual) lf-Employed		ation (for Individual) imployed	Memo Item
Re	ceipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 375.00	
	II Name of Individual (Last, First, Middle Initial) Frown, Stephanie, , ,	or Full Org	anization Name	Date of Receipt
_	iling Address 2014 2nd Ave			06 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Cit Sa	y acramento	State CA	Zip Code 95818	Transaction ID : SA11AI.4125 Amount of Each Receipt this Period
	C ID number of contributing leral political committee.	С		25.00
Se	me of Employer (for Individual) If-Employed		ation (for Individual) mployed	Memo Item
Re	ceipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 400.00	
SUB	TOTAL of Receipts This Page (optional)			75.00
TOT	AL This Period (last page this line number onl	v)		

		LINE	PAGE	8	OF	35			
(check only one)									
	X	11a		11b		11c	12		
		13		14		15	16		17

	Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE		
Full Name of Individual (Last, First, Middle Brown, Stephanie, , , Mailing Address 2014 2nd Ave City Sacramento FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self-Employed Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State Zip Code CA 95818 C Occupation (for Individual) Self-Employed Aggregate Year-to-Date ▼	Date of Receipt M M M / 12 2020 Transaction ID : SA11AI.4126 Amount of Each Receipt this Period 25.00 Memo Item
Full Name of Individual (Last, First, Middle Brown, Stephanie, , , Mailing Address 2014 2nd Ave City Sacramento FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self-Employed Receipt For: Primary General Other (specify) Call Individual (Last, First, Middle (Last, First, M	State Zip Code 95818 C Occupation (for Individual) Self-Employed Aggregate Year-to-Date 450.00	Date of Receipt M M M / D D / 2020 Transaction ID: SA11AI.4127 Amount of Each Receipt this Period 25.00 Memo Item
Full Name of Individual (Last, First, Middle Contributions, Unitemized, , , Mailing Address City FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State Zip Code C Occupation (for Individual) Aggregate Year-to-Date ▼ 32118.08	Date of Receipt M M M / 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).	>	32168.08
TOTAL This Period (last page this line number	er only)	

-	FOR LINE NUMBER:						9	OF	35
(check only one)							_		
	X	11a		11b		11c	12		
		13		14		15	16	;	17

			person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE			
Full Name of Individual (Last, First, Middle In Dockery, William, , ,) Mailing Address 48 Fifth St. City Highlands FEC ID number of contributing federal political committee. Name of Employer (for Individual) BMO Receipt For: Primary General Other (specify)	Date of Receipt M M M / 25 / 2020 Transaction ID : SA11AI.4102 Amount of Each Receipt this Period 250.00 Memo Item		
Full Name of Individual (Last, First, Middle II Goldfarb, Neal, , , Mailing Address 1301 Fairmont St NW City Washington FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self-Employed Receipt For: Primary General Other (specify) Full News of Kelficiets (Last, First, Middle III)	Date of Receipt M M		
Full Name of Individual (Last, First, Middle II Mangold, James, , , Mailing Address 4801 Redwood City Los Angeles FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self-Employed Receipt For: Primary General Other (specify)	State CA	Zip Code 90066 ion (for Individual)	Date of Receipt 05 05 2020 Transaction ID : SA11AI.4109 Amount of Each Receipt this Period 250.00 Memo Item
SUBTOTAL of Receipts This Page (optional)			750.00
TOTAL This Period (last page this line numbe	r only)		

FOR LINE NUMBER:					PAGE	• '	IU	OF		33	
(c	(check only one)										
						11c		12			
		13		14		15		16			17

Any i or foi	information copied from such Reports and State r commercial purposes, other than using the na	ements may name and addre	ot be sold or used by any perso ess of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\	AME OF COMMITTEE (In Full) OGETHER WE THRIVE			
1 N	Ill Name of Individual (Last, First, Middle Initial) Aichels, Trent, , , ailing Address 1501 Minnesota St.	Date of Receipt		
<u></u>	.	Zip Code	04 26 2020	
Ci S	ιγ an Francisco	Transaction ID : SA11AI.4100		
	EC ID number of contributing deral political committee.	Amount of Each Receipt this Period		
Ed	ame of Employer (for Individual) co Bay Services Inc eceipt For: Primary General Other (specify)	Memo Item		
3. <u>S</u>	ull Name of Individual (Last, First, Middle Initial) Simons, Thomas, , , ailing Address PO Box 2339	or Full Orga		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ci		State	Zip Code	Transaction ID : SA11AI.4111
FE	AN RAMON EC ID number of contributing deral political committee.	CA	94583	Amount of Each Receipt this Period 250.00
	ame of Employer (for Individual) elf-Employed	Occupa Self-En	tion (for Individual)	Memo Item
Re	eceipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 250.00	
	III Name of Individual (Last, First, Middle Initial)	or Full Orga	nization Name	Date of Receipt
	ailing Address 7212 Burtonwood Drive			06 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ci A	ty Jexandria	State VA	Zip Code 22307	Transaction ID : SA11AI.4131
FE	EC ID number of contributing deral political committee.	C	22301	Amount of Each Receipt this Period
Na	ame of Employer (for Individual)	Occupat	tion (for Individual)	Memo Item
Re	eceipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 300.00	
SUE	BTOTAL of Receipts This Page (optional)			1350.00
тот	AL This Period (last page this line number onl	y)		

FOR LINE NUMBER:				PAGE	_ ′	11	OF		35		
(check only one)											
	X	11a		11b		11c		12			
		13		14		15		16	;		17

Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE			
Full Name of Individual (Last, First, Middle I Timm, Roger, , , Mailing Address 3344 Westchester Road City Bloomfield Hills FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State MI	Zip Code 48304	Date of Receipt M M M / D B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name of Individual (Last, First, Middle I Mailing Address City	Initial) or Full Organ	zip Code	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer (for Individual)	C	ion (for Individual)	Amount of Each Receipt this Period Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year	r-to-Date ▼	
Full Name of Individual (Last, First, Middle I	Initial) or Full Organ	ization Name	5. (5.)
Mailing Address			Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer (for Individual)	C	Zip Code ion (for Individual)	Amount of Each Receipt this Period Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year	r-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		·····	250.00
TOTAL This Period (last page this line number	er only)		34743.08

TEMIZED INDEPENDENT EXPENDITURES				PAGE 12 OF 35 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	M / D D / Y Y Y Y
Full Name of Payee Harvey, Jaalin, , ,		☐ Memo		Public Distribution/Dissemination
Mailing Address				6 30 Y 2020
Mailing Address			Amount	
City	State	Zip Code		750.00 ction ID : SE.4227
Purpose of Expenditure Online Marketing		Category/ Type	M	Disbursement or Obligation M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office Sought:	House District:
Jones, Doug, , ,		Oppose	Presider	nt 🗶 Senate State: AL
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	750.00	Disbursement 2020	For: Primary General mer (specify) ▶
Full Name of Payee		☐ Memo	1	Public Distribution/Dissemination
Harvey, Jaalin, , ,			M	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address			Amount	
City	State	Zip Code	Transa	750.00 Iction ID : SE.4230 Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/ Type	М	06 / 30 / Y 2020
Name of Federal Candidate:		Support	Office Sought:	House District:
Hyde Smith, Cindy, , ,		Oppose	Presider	nt Senate State: MS
Calendar Year-To-Date Per Election for Office Sought	, , ,	750.00	Disbursement 2020 Oth	For:
(a) SUBTOTAL of Itemized Independent Expenditures	S		· [1500.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Zullo, Christopher, , ,	[Electronically Fil	led1	M M /	D D / Y Y Y Y Y
Signature	LECTIONICALLY I'II	Date	07	15 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 13 OF 35 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee Harvey, Jaalin, , ,		☐ Memo	Item Date	of Public Distribution/Dissemination
Mailing Address			Amou	06 30 2020
	1.5	1		
City	State	Zip Code		750.00 saction ID : SE.4232 of Disbursement or Obligation
Purpose of Expenditure Online Marketing	1	Category/ Type		06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ht: House District:
Perdue, David, , ,		x Oppose	Presid	dent Senate State: GA
Calendar Year-To-Date Per Election for Office Sought		750.00	Disburseme	
E III No vo a C Pours				Other (specify)
Full Name of Payee Harvey, Jaalin, , ,		∐ Memo	Item Date	of Public Distribution/Dissemination
Mailing Address			A	
			Amou	
City	State	Zip Code	Tran	750.00 nsaction ID : SE.4234 of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/ Type		06 30 7 2020
Name of Federal Candidate:		Support	Office Soug	ht: House District:
Gardner, Cory, , ,		Oppose	Presid	dent Senate State: CO
Calendar Year-To-Date Per Election for Office Sought	7	750.00	Disburseme	nt For: Primary General Other (specify) ■
(a) SUBTOTAL of Itemized Independent Expenditures	3		· •	1500.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Zullo, Christopher, , ,	[Electronically Fil	led I	M = M /	DED / YEYEY
Signature	_г истопиану Г и	Date Date	9 07	15 2020

Signature

TEMIZED INDEPENDENT EXPENDITURES				PAGE 14 C FOR LINE 24 OF	F 35 F FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION N	IUMBER ▼
TOGETHER WE THRIVE					
				C C00522458	
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M M / D D / Y	Y " Y " Y
Full Name of Payee Harvey, Jaalin, , ,		☐ Memo	Item Dat	te of Public Distribution/Diss	
·				06 30 / Y	2020
Mailing Address			Am	ount	
Oth	01-1-	7:- O-d-	— г		400.00
City	State	Zip Code	Tra	ansaction ID : SE.4236	120.00
				te of Disbursement or Obliga	ation
Purpose of Expenditure Online Marketing		Category/ Type		06 30 / Y	2020
Name of Federal Candidate:		✗ Support	Office Sou	ught: House Distr	ict:
Peters, Gary, , ,		Oppose	Pres	sident 🗶 Senate Sta	ite: MI
Calendar Year-To-Date			Disbursen		✗ General
Per Election for Office Sought	7-1-1-7-	120.00	2020	Other (specify) ▶	
Full Name of Payee		Memo	Item Dat	te of Public Distribution/Diss	emination
PinPoint WebSolutions					YYY
Mailing Address				06 30	2020
7179 Lake Carlisle Blvd			Am	ount	
City	State	Zip Code	— г		750.00
Orlando	FL	32829	Tra	ansaction ID : SE.4134	133,13
Purpose of Expenditure	'-	32029	Dat	te of Disbursement or Obliga	ation
Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type		06 / 30 / Y	2020
Name of Federal Candidate:		✗ Support	Office Sou	ught: X House Distr	ict:11
DeSaulnier, Mark, , ,		Oppose	Pres	sident Senate Sta	ite: CA
Calendar Year-To-Date Per Election for Office Sought		750.00	Disbursen 2020	nent For: Primary	X General
Tel Election for Office Sought	7 7			Other (specify) ▶	
			_		
(a) SUBTOTAL of Itemized Independent Expenditures			. •	7	870.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es		· • _		
()					
(c) TOTAL Independent Expenditures			• •		
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized				
Zullo, Christopher, , ,	Electronically Fi	led]	M = M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y

TEMIZED INDEPENDENT EXPENDITURES				PAGE 15 OF 35		
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼		
TOGETHER WE THRIVE				C C00522458		
				C 00322430		
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y		
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item Date	e of Public Distribution/Dissemination		
FiliPoliti WebSolutions				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 7179 Lake Carlisle Blvd			Amo	bunt		
City	Ctoto	Zin Codo	— г	750.00		
City Orlando	State FL	Zip Code 32829	Trai	750.00 nsaction ID : SE.4137		
Purpose of Expenditure		02023		e of Disbursement or Obligation		
Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type		06 / 30 / 2020		
Name of Federal Candidate:		X Support	Office Sou	ght: House District: 12		
Pelosi, Nancy, , ,		Oppose	Pres	ident Senate State: CA		
Calendar Year-To-Date		750.00	Disbursem	ent For: Primary X General		
Per Election for Office Sought	7-1-7	750.00	2020	Other (specify) >		
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination		
PinPoint WebSolutions				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 7179 Lake Carlisle Blvd			Δ			
			Amo	ount		
City	State	Zip Code		750.00		
Orlando	FL	32829		Transaction ID : SE.4139 Date of Disbursement or Obligation		
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type		M 06 / D D / Y Y Y Y Y Y 2020		
Name of Federal Candidate:		x Support	Office Sou	ght: X House District: 13		
Lee, Barbara, , ,		Oppose	Pres	ident Senate State: CA		
Calendar Year-To-Date		750.00	Disbursem	ent For: Primary X General		
Per Election for Office Sought	7 7	750.00	2020	Other (specify) ►		
(a) SUBTOTAL of Itemized Independent Expenditures	i		. [1500.00		
(b) SUBTOTAL of Unitemized Independent Expenditu	res					
(c) TOTAL Independent Expenditures			•			
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized	•		•		
Zullo, Christopher, , ,	[Electronically Fil	led1	M = M	/ D D / Y Y Y Y		
Signature		_ Date	e 07	15 2020		

TEMIZED INDEPENDENT EXPENDITURES				PAGE 16 OF 35 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	on M M / D D / Y Y Y Y
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address 7179 Lake Carlisle Blvd				06 30 2020 Amount
City	State	Zip Code		750.00
Orlando	FL	32829		Transaction ID : SE.4141 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type		06 / 30 / 2020
Name of Federal Candidate:		X Support	Office	Sought: Mouse District: 14
Speier, Jackie, , ,		Oppose		President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	7 7	750.00	Disburs 2020	sement For: Primary
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
PinPoint WebSolutions				06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				Amount
City	State	Zip Code		750.00
Orlando	FL	32829		Transaction ID : SE.4144 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type		06 / 30 / 2020
Name of Federal Candidate:		✗ Support	Office	Sought: X House District: 16
Costa, Jim, , ,		Oppose		President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		750.00	Disburs 2020	sement For:
(a) SUBTOTAL of Itemized Independent Expenditures				1500.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res			
(c) TOTAL Independent Expenditures			. •	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Zullo, Christopher, , ,	Electronically Fil	led]	M = 07	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	e 07	13 2020

				FOR LINE 24 OF FORM 3X
IAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed	on M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
PinPoint WebSolutions				06 30 / Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				
				Amount
City	State	Zip Code		750.00
Orlando	FL	32829		Transaction ID: SE.4146 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Programmer Consulting, Staffing	ming,	Category/ Type		06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office	e Sought: X House District: 18
Eshoo, Anna, , ,		Oppose		President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	7	750.00	Disbu 2020	ursement For: Primary
Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination
PinPoint WebSolutions		Wemo	псш	M M / D D / Y Y Y
Mailing Address 7470 Lake Carlists Block				06 30 2020
7179 Lake Carlisle Blvd				Amount
City	State	Zip Code		750.00
Orlando	FL	32829		Transaction ID : SE.4148 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type		06 / 30 / Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office	e Sought: K House District: 19
Lofgren, Zoe, , ,		Oppose		President Senate State: CA
Calendar Year-To-Date		750.00	1	ursement For: Primary X General
Per Election for Office Sought	7 7	750.00	2020	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				1500.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es			
(a) TOTAL Independent Expanditures				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
Zullo, Christopher, , ,	Electronically Fi	led1 –	M	M / D D / Y Y Y Y
Signature	T	Date	e 0	7 15 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 18 OF 35 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item Da	te of Public Distribution/Dissemination
Mailing Address 7179 Lake Carlisle Blvd			Am	06 30 2020
City	State	Zip Code	— г	750.00
Orlando	FL	32829		ansaction ID : SE.4151 te of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Programs Consulting, Staffing	ming,	Category/ Type		06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office So	ught: X House District: 01
Roe, Phil, , ,		x Oppose	Pre	sident Senate State: TN
Calendar Year-To-Date Per Election for Office Sought	7 7	750.00	Disburser 2020	nent For: Primary
Full Name of Payee		☐ Memo	Item Da	te of Public Distribution/Dissemination
PinPoint WebSolutions				06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			An	nount
City	State	Zip Code	— Г	750.00
Orlando	FL	32829		ansaction ID : SE.4153 te of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type		06 / 30 / 2020
Name of Federal Candidate:		Support	Office So	ught: House District: 03
Fleischma, Charles J., , ,		✗ Oppose	Pre	sident Senate State: TN
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	750.00	Disburser 2020	nent For:
•				
(a) SUBTOTAL of Itemized Independent Expenditures			· • _	1500.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res			
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Zullo, Christopher, , ,	Electronically Fil	led] -	M = M	15 2020
Signature		Date	e 07	10 2020

TEMIZED INDEPENDENT EXPENDITURES			PAGE 19 OF 35 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE			C C00522458
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on M M M / D D / Y Y Y Y Y
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item Date of Public Distribution/Dissemination
Mailing Address 7179 Lake Carlisle Blvd			Amount 30 2020
City	State	Zip Code	750.00
Orlando	FL	32829	Transaction ID : SE.4155 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type	06 30 / Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sought:
DesJarlais, Scott, , ,		Oppose	President Senate State: TN
Calendar Year-To-Date Per Election for Office Sought	7 1 7	750.00	Disbursement For: Primary General 2020 Other (specify) ►
Full Name of Payee		Memo	
PinPoint WebSolutions			06 30 7 2020
Mailing Address 7179 Lake Carlisle Blvd			Amount
City	State	Zip Code	750.00
Orlando	FL	32829	Transaction ID : SE.4157 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	mming,	Category/ Type	06 30 7 2020
Name of Federal Candidate:		Support	Office Sought: House District: 08
Kustoff, David, , ,		x Oppose	President Senate State: TN
Calendar Year-To-Date Per Election for Office Sought	7 7	750.00	Disbursement For: ☐ Primary 🗷 General 2020 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·		. • 1500.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· •
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized		
Zullo, Christopher, , ,	[Electronically Fi	led1 -	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	тиси описину Ги	Date	9 07 15 2020

TEMIZED INDEPENDENT EXPENDITURES			PAGE 20 OF 35 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE			C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on M M / D D / Y Y Y Y
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item Date of Public Distribution/Dissemination
Mailing Address 7179 Lake Carlisle Blvd			Mount 30 2020
Cit.	Ctoto	Zin Codo	750.00
City Orlando	State FL	Zip Code 32829	Transaction ID : SE.4159 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Programs Consulting, Staffing	ming,	Category/ Type	06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office Sought: House District: 05
Cooper, Jim, , ,		Oppose	President Senate State: TN
Calendar Year-To-Date Per Election for Office Sought		750.00	Disbursement For: Primary General 2020
,	1 1		Other (specify)
Full Name of Payee PinPoint WebSolutions		Memo	Item Date of Public Distribution/Dissemination
Mailing Address 7179 Lake Carlisle Blvd			Amount
City	State	Zip Code	750.00
Orlando	FL	32829	Transaction ID : SE.4161 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type	06 / 30 / 2020
Name of Federal Candidate:		✗ Support	Office Sought: House District: 09
Cohen, Steve, , ,		Oppose	President Senate State: TN
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	750.00	Disbursement For: ☐ Primary
(a) SUBTOTAL of Itemized Independent Expenditures			▶ 1500.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es		·
(c) TOTAL Independent Expenditures			>
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized		
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Signature	Electronically Fil	eaj Date	e 07 15 2020

Signature

TEMIZED INDEPENDENT EXPENDITURES				PAGE 21 OF 35 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				
				C C00522458
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	/ D = D / Y = Y = Y = Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
PinPoint WebSolutions				06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				2020
7 TV Zako Garrioto Biva			Amou	unt
City	State	Zip Code		750.00
Orlando	FL	32829		saction ID : SE.4163
Purpose of Expenditure				of Disbursement or Obligation
Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type	L	06 30 7 2020
Name of Federal Candidate:		X Support	Office Soug	ht: K House District: 09
Green, Al, , ,		Oppose	Presid	dent Senate State: TX
Calendar Year-To-Date			Disburseme	nt For: Primary X General
Per Election for Office Sought	<i>_</i>	750.00	2020	Other (specify) ▶
Full Name of Payee		☐ Memo		of Public Distribution/Dissemination
PinPoint WebSolutions		Weine		M M / D D / Y Y Y
Mailing Address			— L	06 30 2020
7179 Lake Carlisle Blvd			Amou	unt
City	State	Zip Code		750.00
Orlando			Tran	saction ID : SE.4165
	FL	32829		of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type		M 06 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ht: X House District: 01
Bishop, Robert, , ,		✗ Oppose	Presid	
Calendar Year-To-Date			Disburseme	
Per Election for Office Sought	4 1 1 4	750.00	2020 —	
	,			Other (specify)
() 011070711 (1) : 11 1 1 5 12				4500.00
(a) SUBTOTAL of Itemized Independent Expenditures			· •	1500.00
(L) OUDTOTAL of Units arised belowed by Franchis				
(b) SUBTOTAL of Unitemized Independent Expenditu	res		·	
(c) TOTAL Independent Expenditures				
(c) TOTAL independent Experianties	•••••		•	
Under penalty of perjury I certify that the independent				
with, or at the request or suggestion of, any candidate party committee) any political party committee or its		a commutee or agent	or entrier, or (II	i the reporting entity is not a political
Zullo, Christopher, , ,	Electronically Fi	led]	M = M /	15 2020

TEMIZED INDEPENDENT EXPENDITURES			PAGE 22 OF 35 FOR LINE 24 OF FORM 3	3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	•
TOGETHER WE THRIVE			C C00522458	
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on M M / D D / Y Y Y Y	
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item Date of Public Distribution/Dissemination	Y
Mailing Address 7179 Lake Carlisle Blvd			06 30 2020 Amount	
		1		\neg
City	State	Zip Code	750.00	_
Orlando	FL	32829	Transaction ID: SE.4167 Date of Disbursement or Obligation	
Purpose of Expenditure Design, Advertising, Marketing, Research, Programs Consulting, Staffing	ming,	Category/ Type	06 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
Name of Federal Candidate:		Support	Office Sought: X House District: 02	_
Stewart, Chris, , ,		X Oppose	President Senate State: UT	
Calendar Year-To-Date			Disbursement For: Primary X Gener	al
Per Election for Office Sought		750.00	2020 Other (specify) ▶	
Full Name of Payee		☐ Memo		_
PinPoint WebSolutions		□ Memo	M M / D D / Y Y Y	v
Malling Address			06 30 2020	
Mailing Address 7179 Lake Carlisle Blvd			Amount	
City	State	Zip Code	750.00	
Orlando	FL	32829	Transaction ID : SE.4169 Date of Disbursement or Obligation	
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type	06 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
Name of Federal Candidate:		x Support	Office Sought: House District:	
Welch, Peter, , ,		Oppose	President Senate State: VT	_
Calendar Year-To-Date			Disbursement For: Primary X Gener	al
Per Election for Office Sought	7	750.00	2020 Other (specify) ▶	
				\dashv
(a) SUBTOTAL of Itemized Independent Expenditures			. • 1500.00	٦
(a) 302 1 0 11 2 01 10 11 200 11 200 por 1201 2 1. por 12 11 200 por 1201 2 11 2 11 2 11 2 11 2 11 2 11 2 1				_
(b) SUBTOTAL of Unitemized Independent Expenditure	es			П
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				-
(c) TOTAL Independent Expenditures			>	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
Zullo, Christopher, , ,	· · · · · · · · · · · · · · · · · · ·		M = M / D = D / Y = Y = Y	
Signature	Electronically Fil	ded] Date	e 07 15 2020	

TEMIZED INDEPENDENT EXPENDITURES			PAGE 23 OF 35 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE			C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on M M / D D / Y Y Y Y
Full Name of Payee PinPoint WebSolutions		☐ Memo	Date of Public Distribution/Dissemination
Mailing Address 7179 Lake Carlisle Blvd			06 30 2020
			Amount
City	State	Zip Code	750.00
Orlando	FL	32829	Transaction ID : SE.4171 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Programs Consulting, Staffing	ming,	Category/ Type	06 / 30 / Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office Sought: House District: 11
Edward, Gerald, , ,		Oppose	President Senate State: VA
Calendar Year-To-Date		750.00	Disbursement For: Primary General 2020
Per Election for Office Sought	7 7	700.00	Other (specify)
Full Name of Payee PinPoint WebSolutions		☐ Memo	Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination 06 30 2020
Mailing Address 7179 Lake Carlisle Blvd			Amount
City	State	Zip Code	750.00
Orlando	FL	32829	Transaction ID : SE.4173 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type	06 / 30 / Y Y Y Y Y Y
Name of Federal Candidate:		x Support	Office Sought: House District: 03
Scott, Robert, , ,		Oppose	President Senate State: VA
Calendar Year-To-Date Per Election for Office Sought	7 7	750.00	Disbursement For: Primary ■ General 2020 Other (specify) ■
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(a) SUBTOTAL of Itemized Independent Expenditures			▶ 1500.00
(b) SUBTOTAL of Unitemized Independent Expenditure	'es		. >
(c) TOTAL Independent Expenditures			>
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized		
Zullo, Christopher, , ,	Electronically Fil	[ed]	M M / D D / Y Y B Y B Y B Y B Y B Y B Y B Y B Y B
Signature		Date	e 07 15 2020

SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITURES				2102 01 02 05
TIENIZED INDEFENDENT EXPENDITORES				PAGE 24 OF 35 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				FEC IDENTIFICATION NUMBER ▼
				C C00522458
			M	M / D D / Y Y Y Y
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	- M / D - D / Y - Y - Y - Y
Full Name of Payee		☐ Memo	Item Date of	of Public Distribution/Dissemination
PinPoint WebSolutions			N	06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				
			Amou	nt
City	State	Zip Code		750.00
Orlando	FL	32829		action ID : SE.4175
Purpose of Expenditure			Date of	of Disbursement or Obligation
Design, Advertising, Marketing, Research, Programs Consulting, Staffing	ming,	Category/ Type		06 30 7 2020
Name of Federal Candidate:		X Support	Office Sough	nt: 🗶 House District:04
Donald McEachi, Aston, , ,		Oppose	Preside	ent Senate State: VA
Calendar Year-To-Date			Disbursemen	nt For: Primary X General
Per Election for Office Sought	(h. (h.)	750.00	2020	other (specify) ▶
Full Name of Davis	,		1_	of Public Distribution/Dissemination
Full Name of Payee PinPoint WebSolutions		∐ Memo		
			N	06 30 7 2020
Mailing Address 7179 Lake Carlisle Blvd			Amou	nt
	T-	I		
City	State	Zip Code		750.00
Orlando	FL	32829		saction ID : SE.4177 of Disbursement or Obligation
Purpose of Expenditure	amin a	Category/		1 M / D D / Y Y Y Y
Design, Advertising, Marketing, Research, Progran Consulting, Staffing	ımıng,	Туре	<u> </u>	06 30 2020
Name of Federal Candidate:		x Support	Office Sough	nt: House District: 01
DelBene, Suzan, , ,		Oppose	Preside	ent Senate State: WA
Calendar Year-To-Date			Disbursemen	t For: Primary 🗶 General
Per Election for Office Sought	7	750.00	2020	other (specify) ▶
(a) CURTOTAL of Itomized Independent Expanditures				4500.00
(a) SUBTOTAL of Itemized Independent Expenditures			•	1500.00
(b) CURTOTAL of Helitarriand Indoors don't Free with the				
(b) SUBTOTAL of Unitemized Independent Expenditure	es	•••••	•	
(a) TOTAL Independent Funanditures				
(c) TOTAL Independent Expenditures			• -	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
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Signature	Electronically Fil	eaj Date	e 07	15 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 25 OF 35 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M M / D D / Y Y Y Y
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item Date	e of Public Distribution/Dissemination
FIIIFOIIIL WEDSOIULIONS				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Amo	punt
City	State	Zip Code		750.00
Orlando	FL	32829	Trai	nsaction ID : SE.4179 e of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Programm Consulting, Staffing	ning,	Category/ Type		06 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office Sou	ght: 🗶 House District:10
Heck, Denny, , ,		Oppose	Pres	ident Senate State: WA
Calendar Year-To-Date Per Election for Office Sought	7 7	750.00	Disburseme 2020	ent For: Primary X General Other (specify) ▶
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
PinPoint WebSolutions				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				00 00 2020
7 THE EARLE GAINGLE BING			Amo	punt
City	State	Zip Code		750.00
Orlando	FL	32829		nsaction ID : SE.4181 e of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ıming,	Category/ Type		06 30 / 2020
Name of Federal Candidate:		✗ Support	Office Sou	ght: X House District: 02
Larsen, Rick, , ,		Oppose	Pres	ident Senate State: WA
Calendar Year-To-Date Per Election for Office Sought	7 7	750.00	Disburseme 2020	ent For: Primary X General Other (specify) ▶
			·	
(a) SUBTOTAL of Itemized Independent Expenditures			· • []	1500.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es		· -	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
Zullo, Christopher, , ,	Electronically Fil	ed1	M = M	/ D D / Y Y Y Y Y
Signature	Гисину I ш	_ Date	e 07	15 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 26 OF 35 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed or	1
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item [Date of Public Distribution/Dissemination
Mailing Address 7179 Lake Carlisle Blvd				06 30 2020
City	State	Zip Code		750.00
Orlando	FL	32829		Transaction ID : SE.4183 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Programs Consulting, Staffing	ming,	Category/ Type		06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office S	Sought: House District: 03
Heck, Jaime Herrera Beutle, , ,		X Oppose	P	resident Senate State: WA
Calendar Year-To-Date Per Election for Office Sought	7 7	750.00	Disburs 2020	ement For:
Full Name of Payee		☐ Memo	Item [Date of Public Distribution/Dissemination
PinPoint WebSolutions				06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			,	Amount
City	State	Zip Code		750.00
Orlando	FL	32829		Transaction ID : SE.4185 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type		06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office S	Sought: House District: 04
Newhouse, Dan, , ,		x Oppose	P	resident Senate State: WA
Calendar Year-To-Date Per Election for Office Sought	7 7	750.00	Disburs 2020	ement For:
·				
(a) SUBTOTAL of Itemized Independent Expenditures			• •	1500.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		[
			, r	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Zullo, Christopher, , ,	Electronically Fil	ed1 -	M = N	/ D D / Y Y Y Y Y
Signature		Date	e 07	15 2020

PAGE 27 OF 35 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ TOGETHER WE THRIVE C00522458 Check if 24-hour report 48-hour report Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee PinPoint WebSolutions 06 30 2020 Mailing Address 7179 Lake Carlisle Blvd Amount City State Zip Code 750.00 FL 32829 Transaction ID: SE.4187 Orlando Date of Disbursement or Obligation Purpose of Expenditure Category/ Design, Advertising, Marketing, Research, Programming, 06 30 2020 Type Consulting, Staffing Name of Federal Candidate: 05 **X** Support Office Sought: **✗** House District: McMorris Rodge, Cathy, , , WA Oppose President State: Senate Disbursement For: Primary **X** General Calendar Year-To-Date 750.00 2020 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item PinPoint WebSolutions 2020 30 06 Mailing Address 7179 Lake Carlisle Blvd Amount 750.00 City State Zip Code Orlando Transaction ID: SE.4189 FL 32829 Date of Disbursement or Obligation Purpose of Expenditure Category/ Design, Advertising, Marketing, Research, Programming, 30 2020 06 Type Consulting, Staffing Name of Federal Candidate: 06 x Support Office Sought: **X** House District: Kilmer, Derek, , , WA Oppose President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 750.00 2020 Per Election for Office Sought Other (specify) ▶ 1500.00 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Zullo, Christopher,,, [Electronically Filed] 15 2020 Date Signature

TEMIZED INDEPENDENT EXPENDITURES			PAGE 28 OF 35 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE			C C00522458
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on M M / D D / Y Y Y Y
Full Name of Payee PinPoint WebSolutions		☐ Memo	
			06 30 2020
Mailing Address 7179 Lake Carlisle Blvd			Amount
City	State	Zip Code	750.00
Orlando	FL	32829	Transaction ID : SE.4191 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type	06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office Sought: House District: 07
Jayapal, Pramila, , ,		Oppose	President Senate State: WA
Calendar Year-To-Date Per Election for Office Sought		750.00	Disbursement For: Primary General 2020
, ,	1 1		Other (specify) ▶
Full Name of Payee PinPoint WebSolutions		Memo	Date of Public Distribution/Dissemination 06 30 2020
Mailing Address 7179 Lake Carlisle Blvd			Amount
City	State	Zip Code	750.00
Orlando	FL	32829	Transaction ID : SE.4193 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type	M 06 / 30 / Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sought: House District: 09
Smith, D. Adam, , ,		Oppose	President Senate State: WA
Calendar Year-To-Date Per Election for Office Sought	7	750.00	Disbursement For: Primary Seneral 2020 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			1500.00
(a) 002 10 11 a 01 10 11 a 11 a 11 a 11 a 1			
(b) SUBTOTAL of Unitemized Independent Expenditu	res		- >
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized		
Zullo, Christopher, , ,	Electronically Fil	led]	M = M / D = D / Y = Y = Y = Y
Signature	<u> Биссионисану Ги</u>	Date Date	te 07 15 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 29 OF 35 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item Date	of Public Distribution/Dissemination
Mailing Address 7179 Lake Carlisle Blvd			Amou	06 30 2020
City	State	Zip Code		750.00
Orlando	FL	32829		saction ID : SE.4195 of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type		06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ht: K House District: 01
McKinley, David, , ,		X Oppose	Presid	dent Senate State: WV
Calendar Year-To-Date Per Election for Office Sought	7	750.00	Disburseme	nt For:
Full Name of Payee		Memo	1_	of Public Distribution/Dissemination
PinPoint WebSolutions				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Amou	unt
City	State	Zip Code	-	750.00
Orlando	FL	32829	Tran	nsaction ID : SE.4197 of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type		06 30 7 2020
Name of Federal Candidate:		Support	Office Soug	ht: K House District: 02
Mooney, Alexander, , ,		x Oppose	Presid	dent Senate State: WV
Calendar Year-To-Date Per Election for Office Sought	7 1 7	750.00	Disburseme 2020	nt For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures				1500.00
(a, cc_1 c c c c c c c c c c c c				7
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Zullo, Christopher, , ,	[Electronically Fi	led1	M = M /	D D / Y Y Y Y Y
Signature	постопичину Г и	Date	e 07	15 2020

TEMIZED INDEPENDENT EXPENDITURES			PAGE 30 OF 35 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE			C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on M M / D D / Y Y Y Y Y
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item Date of Public Distribution/Dissemination
Mailing Address 7179 Lake Carlisle Blvd			06 30 2020
			Amount
City	State	Zip Code	750.00
Orlando Purpose of Expenditure	FL	32829	Transaction ID : SE.4199 Date of Disbursement or Obligation
Design, Advertising, Marketing, Research, Programs Consulting, Staffing	ming,	Category/ Type	06 / 30 / Y Y Y Y Y
Name of Federal Candidate:		X Support	Office Sought: House District: 03
Garamendi, John, , ,		Oppose	President Senate State: CA
Calendar Year-To-Date		750.00	Disbursement For: Primary X General
Per Election for Office Sought	7-1-1-7-	750.00	2020 Other (specify) ▶
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item Date of Public Distribution/Dissemination
Mailing Address 7179 Lake Carlisle Blvd			Amount
City	State	Zip Code	750.00
Orlando	FL	32829	Transaction ID : SE.4201 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type	06 / 30 / Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sought: House District: 30
Sherman, Brad, , ,		Oppose	President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	750.00	Disbursement For: Primary General 2020 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			1500.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		·
(a) TOTAL Independent Expanditures			
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized		
Zullo, Christopher, , ,	Electronically Fil	led1 -	M M / D D / Y Y Y Y Y Y 15 2020
Signature		Date	e 07 15 2020

Signature

TEMIZED INDEPENDENT EXPENDITURES				PAGE 31 OF 35
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
TOGETHER WE THRIVE				FEC IDENTIFICATION NUMBER ▼
TOOLINEIT WE THINK				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M / D D / Y Y Y Y
Full Name of Payee PinPoint WebSolutions		☐ Memo	_	of Public Distribution/Dissemination
Mailing Address 7179 Lake Carlisle Blvd			─	06 30 2020
			Amou	nt
City	State	Zip Code		750.00
Orlando	FL	32829		action ID : SE.4203 of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Programme Consulting, Staffing	ming,	Category/ Type		06 30 / 2020
Name of Federal Candidate:		✗ Support	Office Sough	nt: X House District: 31
Aguilar, Pete, , ,		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7	750.00	Disbursemer 2020	rt For: Primary X General other (specify) ▶
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item Date	of Public Distribution/Dissemination
Mailing Address 7179 Lake Carlisle Blvd			Amou	nt
City	State	Zip Code		750.00
Orlando	FL	32829		saction ID : SE.4205 of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type		06 30 7 2020
Name of Federal Candidate:		✗ Support	Office Sough	nt: Nouse District: 32
Napolitano, Grace, , ,		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	750.00	Disbursemer 2020	rt For: Primary X General other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			-	1500.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Zullo, Christopher, , ,	[Electronically Fil	led] Date	M = M /	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITURES				PAGE 32 OF 35 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				<u>'</u>
TOGETHER WE THRIVE	FEC IDENTIFICATION NUMBER ▼			
TOOLITIER WE THIRTYE				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	/ B D / Y B Y B Y B Y
Full Name of Payee PinPoint WebSolutions		of Public Distribution/Dissemination		
Mailing Address 7179 Lake Carlisle Blvd			Amou	06 30 2020 unt
City	State	Zip Code		498.08
			Tuest	saction ID : SE.4208
Orlando	FL FL	32829		of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Programs Consulting, Staffing	ming,	Category/ Type		06 30 / 2020
Name of Federal Candidate:		X Support	Office Soug	ht: K House District: 35
Torres, Norma, , ,		Oppose	Presid	C^
Calendar Year-To-Date Per Election for Office Sought	<u></u>	498.08	Disburseme 2020	nt For: Primary
Full Name of Payee PinPoint WebSolutions		☐ Memo		of Public Distribution/Dissemination
Mailing Address 7179 Lake Carlisle Blvd			Amou	unt
City	State	Zip Code		750.00
Orlando	FL	32829	Tran	saction ID : SE.4211 of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type		06 30 7 2020
Name of Federal Candidate:		x Support	Office Soug	ht: K House District: 37
Bass, Karen, , ,		Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	7	750.00	Disburseme 2020	nt For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures			•	1248.08
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Zullo, Christopher, , ,	Electronically Fil	ed]	M = M /	15 2020

ITEMIZED INDEPENDENT EXPENDITURES PAGE 33 OF 35 FOR LINE 24 OF FORM 3X NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ TOGETHER WE THRIVE C00522458 Check if 24-hour report 48-hour report Amends report filed on New report Date of Public Distribution/Dissemination Full Name of Payee PinPoint WebSolutions 06 30 2020 Mailing Address 7179 Lake Carlisle Blvd Amount City State Zip Code 750.00 FL 32829 Transaction ID: SE.4213 Orlando Date of Disbursement or Obligation Purpose of Expenditure Category/ Design, Advertising, Marketing, Research, Programming, 06 30 2020 Type Consulting, Staffing Name of Federal Candidate: 38 Support Office Sought: **✗** House District: Sanchez, Linda, , , Oppose CA President State: Senate Disbursement For: Primary **X** General Calendar Year-To-Date 750.00 2020 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item PinPoint WebSolutions 2020 30 06 Mailing Address 7179 Lake Carlisle Blvd Amount 750.00 City State Zip Code Transaction ID: SE.4215 Orlando FL 32829 Date of Disbursement or Obligation Purpose of Expenditure Category/ Design, Advertising, Marketing, Research, Programming, 30 2020 06 Type Consulting, Staffing Name of Federal Candidate: 40 x Support Office Sought: **✗** House District: Roybal-Allar, Lucille, , , CA Oppose President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 750.00 2020 Per Election for Office Sought Other (specify) ▶ 1500.00 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Zullo, Christopher,,, [Electronically Filed] 15 2020 Date Signature

Signature

TEMIZED INDEPENDENT EXPENDITURES				PAGE 34 OF 35
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
TOGETHER WE THRIVE				FEC IDENTIFICATION NUMBER ▼
				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M / D D / Y Y Y Y
Full Name of Payee PinPoint WebSolutions		Memo	_	of Public Distribution/Dissemination
Mailing Address 7179 Lake Carlisle Blvd	L	06 2020		
1.10			Amou	nt
City	State	Zip Code		750.00
Orlando	FL	32829		action ID : SE.4217 of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Programme Consulting, Staffing	ming,	Category/ Type		06 30 / Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sough	nt: X House District: 43
Waters, Maxine, , ,		Oppose	Preside	ent Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	7	750.00	Disbursemen	ther (specify) ▶
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item Date	of Public Distribution/Dissemination
Mailing Address 7179 Lake Carlisle Blvd			Amou	nt
City	State	Zip Code		750.00
Orlando	FL	32829		saction ID : SE.4221 of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type		06 30 7 2020
Name of Federal Candidate:		x Support	Office Sough	nt: Nouse District: 05
Thompson, Mike, , ,		Oppose	Preside	C^
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	750.00	Disbursemen	nt For: Primary X General wither (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			•	1500.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Zullo, Christopher, , ,	[Electronically Fil	led] Date	M = M /	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

TEMIZED INDEPENDENT EXPENDITORES				PAGE 35 OF 35 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item Dat	e of Public Distribution/Dissemination
PinPoint WebSolutions				06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Am	ount
City	State	Zip Code	$ \Gamma$	750.00
Orlando	FL	32829		insaction ID : SE.4223 e of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type		06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office Sou	ught: 🗶 House District:53
Davis, Susan, , ,		Oppose	Pres	sident Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	<u></u>	750.00	Disbursem 2020	nent For:
Full Name of Payee		☐ Memo	Item Dat	e of Public Distribution/Dissemination
PinPoint WebSolutions				06 30 / Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Am	ount
City	State	Zip Code	—Г	750.00
Orlando	FL	32829		e of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Programming, Consulting, Staffing		Category/ Type		06 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		x Support	Office Sou	ught: 📕 House District:06
Matsui, Doris, , ,		Oppose	Pres	sident Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		750.00	Disbursem 2020	nent For: ☐ Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			[1500.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		• •	
(c) TOTAL Independent Expenditures			•	35118.08
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		•
Zullo, Christopher, , ,	Electronically Fil	ledl D	M = M	/ D D / Y Y Y Y Y
Signature		Date	e 07	15 2020