

FEC
FORM 3X

REPORT OF RECEIPTS
AND DISBURSEMENTS
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER
2017 JUL 17 PM 12:13
Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Together w/ Thrive

ADDRESS (number and street)

3433 Lithia Pinecrest Rd

Ste 100

Valrico

FL

33596

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00522450

3. IS THIS
REPORT

☒ NEW
(N)

OR

☐ AMENDED
(A)

4. TYPE OF REPORT
(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report (Q1)
- ☒ July 15
Quarterly Report (Q2)
- ☐ October 15
Quarterly Report (Q3)
- ☐ January 31
Year-End Report (YE)
- ☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)

- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)

- ☐ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☐ Oct 20 (M10)

- ☐ Nov 20 (M11)
(Non-Election
Year Only)
- ☐ Dec 20 (M12)
(Non-Election
Year Only)
- ☐ Jan 31 (YE)

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

- ☐ Primary (12P)
- ☐ Convention (12C)

- ☐ General (12G)
- ☐ Special (12S)

☐ Runoff (12R)

Election on

MM / DD / YYYY

in the
State of

State

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

☐ General (30G)

☐ Runoff (30R)

☐ Special (30S)

Election on

MM / DD / YYYY

in the
State of

State

5. Covering Period

04 / 01 / 2017

through

06 / 30 / 2017

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

Type or Print Name of Treasurer

Chris Zullo

Signature of Treasurer

Chris Zullo

Date

07 / 14 / 2017

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

Report Covering the Period:

From:

MM / DD / YYYY
04 / 01 / 2017

To:

MM / DD / YYYY
06 / 30 / 2017

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,	0	0
(b) Cash on Hand at Beginning of Reporting Period.....	0	
(c) Total Receipts (from Line 19).....	3,852.00	3,882.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	3,852.00	3,882.00
7. Total Disbursements (from Line 31).....	3,287.00	3,317.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	565.00	565.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0	



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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Report Covering the Period: From:

04 / 01 / 2017

To:

06 / 30 / 2017

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).....

420.00

420.00

(ii) Unitemized.....

34320.00

34620.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

38520.00

38820.00

(b) Political Party Committees.....

0

0

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

0

0

(d) Total Contributions (add Lines
11(a)(iii), (b), and (c)) (Carry
Totals to Line 33, page 5).....▶

0

0

12. Transfers From Affiliated/Other
Party Committees.....

0

0

13. All Loans Received.....

0

0

14. Loan Repayments Received.....

0

0

15. Offsets To Operating Expenditures
(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0

0

16. Refunds of Contributions Made
to Federal Candidates and Other
Political Committees.....

0

0

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0

0

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0

0

(b) Levin Funds (from Schedule H5).....

0

0

(c) Total Transfers (add 18(a) and 18(b)).....

0

0

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c)).....▶

38520.00

38820.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

38520.00

38820.00

2017-07-17 05:00:00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

21. Operating Expenditures:
(a) Allocated Federal/Non-Federal
Activity (from Schedule H4)

(i) Federal Share

(ii) Non-Federal Share

(b) Other Federal Operating
Expenditures

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

22. Transfers to Affiliated/Other Party
Committees

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

24. Independent Expenditures
(use Schedule E)

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

26. Loan Repayments Made

27. Loans Made

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

(b) Political Party Committees

(c) Other Political Committees
(such as PACs)

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

29. Other Disbursements (Including
Non-Federal Donations)

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

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

(i) Federal Share

(ii) "Levin" Share

(b) Federal Election Activity Paid
Entirely With Federal Funds

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

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

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

0

0

0

0

0

0

3257.00

0

0

0

0

0

0

0

0

30.00

0

0

0

0

0

0

3287.00

3287.00

0

0

0

0

0

0

3287.00

0

0

0

0

0

0

0

0

60.00

0

0

0

0

0

0

3317.00

3317.00

2017-07-01 00:10:28

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)	38,520.00	38,820.00
34. Total Contribution Refunds (from Line 28(d))	0	38,820.00 0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	38,520.00	38,820.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0	0
37. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0	0

2017-07-17-03-00163729

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE / OF /	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)

Together We Thrive

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

A. *Christopher Zullo*

Mailing Address

7179 Lake Carlisle Blvd

City

Orlando

State

FL

Zip Code

32829

FEC ID number of contributing
federal political committee.

C00522450

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Consultant

Receipt For:

☒ Primary
☐ General
☐ Other (specify) ▼

Mid-Term

Aggregate Year-to-Date ▼

450.00

Date of Receipt

06 / 29 / 2017

Amount of Each Receipt this Period

420.00

☐ 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

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

Amount of Each Receipt this Period

☐ Memo Item

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

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

420.00

2017-07-17 00:00:00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 1 OF 7
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Together We Thrive		FEC IDENTIFICATION NUMBER C00523450
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report	<input checked="" type="checkbox"/> New report	Amends report filed on <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

2017-07-17 00:10:00

Full Name of Payee PinPoint Web Solutions			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 06 / 29 / 2017	
Mailing Address 7179 Lake Carlisle Blvd			Amount 789.25		
City Orlando	State FL	Zip Code 32829	Date of Disbursement or Obligation 06 / 29 / 2017		
Purpose of Expenditure Fundraising Message Campaign			Category/Type		
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: State:	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) mid-term		

Full Name of Payee PinPoint Web Solutions			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 06 / 29 / 2017	
Mailing Address 7179 Lake Carlisle Blvd			Amount 250.1		
City Orlando	State FL	Zip Code 32829	Date of Disbursement or Obligation 06 / 29 / 2017		
Purpose of Expenditure Get Out The Vote Message Campaign			Category/Type		
Name of Federal Candidate: Alexis Frank			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 5 State: SC	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

(a) SUBTOTAL of Itemized Independent Expenditures	814.26
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	3297.00

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 

Date **07 / 19 / 2017**

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

PAGE 2 OF 7
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Together we Thrive</u>		FEC IDENTIFICATION NUMBER <u>C00522450</u>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report	Amends report filed on <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	

Full Name of Payee <u>Facebook</u>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <u>06</u> / <u>29</u> / <u>2017</u>		
Mailing Address <u>1 Hacker Way</u>				Amount <u>599.9</u>		
City <u>Menlo Park</u>	State <u>CA</u>	Zip Code <u>94025</u>		Date of Disbursement or Obligation <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>		
Purpose of Expenditure <u>GOTV Ad</u>			Category/Type <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>		
Name of Federal Candidate: <u>Alexis Frank</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>5</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>		
Calendar Year-To-Date Per Election for Office Sought <u>85.00</u>				Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		

Full Name of Payee <u>Facebook</u>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <u>06</u> / <u>29</u> / <u>2017</u>		
Mailing Address <u>1 Hacker Way</u>				Amount <u>15.00</u>		
City <u>Menlo Park</u>	State <u>CA</u>	Zip Code <u>94025</u>		Date of Disbursement or Obligation <u>06</u> / <u>29</u> / <u>2017</u>		
Purpose of Expenditure <u>GOTV Ad</u>			Category/Type <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>		
Name of Federal Candidate: <u>Mike Levin</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>49</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>		
Calendar Year-To-Date Per Election for Office Sought <u>15.00</u>				Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____		

(a) SUBTOTAL of Itemized Independent Expenditures	<u>749.9</u>
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	<u>3827.00</u>

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

Date

07 / 14 / 2017

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 3 OF 7
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Together We Thrive</u>			FEC IDENTIFICATION NUMBER ▼ <u>C 00522450</u>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report Amends report filed on <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>					
Full Name of Payee <u>Facebook</u>			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <u>06</u> / <u>29</u> / <u>2017</u>		
Mailing Address <u>1 Hacker Way</u>			Amount <u>574.95</u>		
City <u>Menlo Park</u>	State <u>CA</u>	Zip Code <u>94025</u>	Date of Disbursement or Obligation <u>06</u> / <u>29</u> / <u>2017</u>		
Purpose of Expenditure <u>GOTV Ad</u>		Category/Type <input type="checkbox"/>			
Name of Federal Candidate: <u>Jon Ossoff</u>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>6</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <u>1,695.00</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			
Full Name of Payee <u>PinPoint Web Solution</u>			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <u>06</u> / <u>29</u> / <u>2017</u>		
Mailing Address <u>7179 Lake Carlisle Blvd</u>			Amount <u>696.30</u>		
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>	Date of Disbursement or Obligation <u>06</u> / <u>29</u> / <u>2017</u>		
Purpose of Expenditure <u>Get Out The Vote Message Campaign</u>		Category/Type <input type="checkbox"/>			
Name of Federal Candidate: <u>Jon Ossoff</u>		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>6</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>GA</u>		
Calendar Year-To-Date Per Election for Office Sought <u>1,695.00</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures ▶ 1,271.25

(b) SUBTOTAL of Unitemized Independent Expenditures ▶ 0.00

(c) TOTAL Independent Expenditures ▶ 3827.00

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

[Signature]
 Signature

Date 07 / 14 / 2017

2017-07-17 03:00 PM

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 4 OF 7
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Together We Thrive</u>	FEC IDENTIFICATION NUMBER ▼ <u>C00822450</u>
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Check if ☐ 24-hour report ☐ 48-hour report ☒ New report Amends report filed on MM / DD / YYYY

Full Name of Payee <u>Facebook</u>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <u>06</u> / <u>29</u> / <u>2017</u>		
Mailing Address <u>1 Hacker Way</u>				Amount 999,999.99 <u>4086</u>		
City <u>Menlo Park</u>	State <u>CA</u>	Zip Code <u>94025</u>		Date of Disbursement or Obligation MM / DD / YYYY <u>06</u> / <u>29</u> / <u>2017</u>		
Purpose of Expenditure <u>GOTV Ad</u>			Category/Type 			

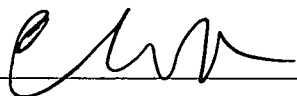
Name of Federal Candidate: <u>Archie Parnell</u>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate <input checked="" type="checkbox"/> House	District: <u>6</u>	State: <u>GA</u>
Calendar Year-To-Date Per Election for Office Sought 999,999.99 <u>1750.00</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			

Full Name of Payee <u>PinPoint web solution</u>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY <u>06</u> / <u>29</u> / <u>2017</u>		
Mailing Address <u>7179 Lake Carlisle Blvd</u>				Amount 999,999.99 <u>9039</u>		
City <u>Atlanta</u>	State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation MM / DD / YYYY <u>06</u> / <u>29</u> / <u>2017</u>		
Purpose of Expenditure <u>Get Out The Vote Message Campaign</u>			Category/Type 			

Name of Federal Candidate: <u>Archie Parnell</u>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate <input checked="" type="checkbox"/> House	District: <u>6</u>	State: <u>GA</u>
Calendar Year-To-Date Per Election for Office Sought 999,999.99 <u>1750.00</u>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			

(a) SUBTOTAL of Itemized Independent Expenditures	999,999.99 <u>13125</u>
(b) SUBTOTAL of Unitemized Independent Expenditures	999,999.99 <u> </u>
(c) TOTAL Independent Expenditures	999,999.99 <u>3287.00</u>

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  Date MM / DD / YYYY
05 / 19 / 2017

2017-07-17 00:10:11

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 5 OF 7
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Together we Thrive</u>		FEC IDENTIFICATION NUMBER <u>C 00522450</u>
Check if <input type="checkbox"/> 24-hour report	<input type="checkbox"/> 48-hour report	<input checked="" type="checkbox"/> New report
Amends report filed on		<u>MM/DD/YYYY</u>

Full Name of Payee <u>Facebook</u>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <u>MM/DD/YYYY</u> <u>06/29/2017</u>
Mailing Address <u>1 Hacker Way</u>			Amount <u>210.00</u>
City <u>Menlo Park</u>	State <u>CA</u>	Zip Code <u>94035</u>	Date of Disbursement or Obligation <u>MM/DD/YYYY</u> <u>06/29/2017</u>
Purpose of Expenditure <u>GOTV Ad</u>		Category/Type <u></u>	
Name of Federal Candidate: <u>Rob Quist</u>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate
			District: <u>AL</u> State: <u>MT</u>
Calendar Year-To-Date Per Election for Office Sought		<u>720.00</u>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <u>PinPoint Web Solutions</u>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <u>MM/DD/YYYY</u> <u>06/29/2017</u>
Mailing Address <u>7179 Lake Carlisle Blvd</u>			Amount <u>330.00</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>	Date of Disbursement or Obligation <u>MM/DD/YYYY</u> <u>06/29/2017</u>
Purpose of Expenditure <u>Get Out The Vote Message Campaign</u>		Category/Type <u></u>	
Name of Federal Candidate: <u>Rob Quist</u>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate
			District: <u>AL</u> State: <u>MT</u>
Calendar Year-To-Date Per Election for Office Sought		<u>720.00</u>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<u>540.00</u>
(b) SUBTOTAL of Unitemized Independent Expenditures	<u></u>
(c) TOTAL Independent Expenditures	<u>3,282.00</u>

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 Ch T Date 07/19/2017

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 6 OF 7
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Together We Thrive</u>	FEC IDENTIFICATION NUMBER ▼ <u>C00522450</u>
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Check if ☐ 24-hour report ☐ 48-hour report ☒ New report Amends report filed on ☐ / ☐ / ☐

Full Name of Payee <u>Facebook</u>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <u>06</u> / <u>29</u> / <u>2017</u>		
Mailing Address <u>1 Hacker Way</u>				Amount <u>250.00</u>		
City <u>Menlo Park</u>	State <u>CA</u>	Zip Code <u>94025</u>		Date of Disbursement or Obligation <u>06</u> / <u>29</u> / <u>2017</u>		
Purpose of Expenditure <u>Govt Ad</u>			Category/Type <input type="checkbox"/>			
Name of Federal Candidate: <u>James Thompson</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>4</u> State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought <u>56,700</u>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <u>PinPoint Web Solutions</u>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <u>06</u> / <u>29</u> / <u>2017</u>		
Mailing Address <u>7179 Lake Carlisle Blvd</u>				Amount <u>175.25</u>		
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation <u>06</u> / <u>29</u> / <u>2017</u>		
Purpose of Expenditure <u>Get Out The Vote Message Campaign</u>			Category/Type <input type="checkbox"/>			
Name of Federal Candidate: <u>James Thompson</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>4</u> State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures	<u>425.25</u>
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	<u>3,287.00</u>

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

Signature [Signature] Date 07 / 19 / 2017

2017-07-17 00:10:11

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 7 OF 7
 FOR LINE 21 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Together We Thrive</u>	FEC IDENTIFICATION NUMBER <u>C00822450</u>
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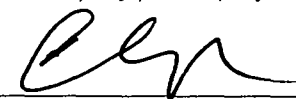
Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee <u>Chase Bank</u>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y <u>06 / 29 / 2017</u>		
Mailing Address						Amount Y Y Y Y . Y Y <u>30.00</u>
City	State	Zip Code		Date of Disbursement or Obligation M M / D D / Y Y Y Y <u>06 / 29 / 2017</u>		
Purpose of Expenditure <u>Banking Fees</u>			Category/Type 	Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose		
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought Y Y Y Y . Y Y			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			

Full Name of Payee			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination		
Mailing Address						Amount
City	State	Zip Code		Date of Disbursement or Obligation		
Purpose of Expenditure			Category/Type	Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose		
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought Y Y Y Y . Y Y			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			

(a) SUBTOTAL of Itemized Independent Expenditures	Y Y Y Y . Y Y <u>30.00</u>
(b) SUBTOTAL of Unitemized Independent Expenditures	Y Y Y Y . Y Y
(c) TOTAL Independent Expenditures	Y Y Y Y . Y Y <u>3,287.00</u>

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  Date M M / D D / Y Y Y Y 07 / 19 / 2017

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