PAGE 1 / 64

FEC

REPORT OF RECEIPTS AND DISBURSEMENTS

FURINI 3X	For Other Than An Aut	horized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
TOGETHER WE	THRIVE	1	
ADDRESS (number and str ▼ Check if differenthan previously reported. (ACC)	STE 198		FL 33596 -
2. FEC IDENTIFICATION	ON NUMBER ▼ CIT	ΓΥ ▲	STATE ▲ ZIP CODE ▲
C C00522458		S THIS NEW (N) OR	AMENDED (A)
4. TYPE OF REPOR (Choose One) (a) Quarterly Reports April 15 Quarterly Re July 15 Quarterly Re October 15 Quarterly Re January 31 Year-End Re	Report Due On: Mai Pet Due On: Apr Pet Due On: Pet Due On: Mai Pet Due On: Apr Pet Due	20 (M2) May 20 (M5) 20 (M3) Jun 20 (M6) 20 (M4) Jul 20 (M7) Primary (12P) Convention (12C)) Sep 20 (M9) Dec 20 (M1: (Non-Election Year Only)
July 31 Mid- Report (Non Year Only) (Termination (TER)	POST-Election Peport for the:	General (30G) on on 11 06	Runoff (30R) Special (30S) in the 2018 State of
5. Covering Period	10 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	through 11	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have exam Type or Print Name of Tr	ined this Report and to the best of Zullo, Christopher, , , easurer	my knowledge and belief it is	rue, correct and complete.
Signature of Treasurer	Zullo, Christopher, , ,	[Electronically Filed]	Date 05 / 28 / 2019
NOTE: Submission of false	, erroneous, or incomplete informatio	n may subject the person signing	this Report to the penalties of 52 U.S.C. § 301
Office Use			FEC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

_	FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page 2
	Write or Type Committee Name TOGETHER WE THRIVE		
-	Report Covering the Period: From:	10 01 2018 To:	11 26 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, 2018		0.00
	(b) Cash on Hand at Beginning of Reporting Period	- 11815.07	
	(c) Total Receipts (from Line 19)	15493.26	59938.12
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	3678.19	59938.12
7.	Total Disbursements (from Line 31)	15513.26	71773.19
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	- 11835.07	- 11835.07
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 mult	icandidate 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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:	Total Tills I criod	Galeriaar Tear to Bate
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	14893.26	59313.12
(ii) Unitemized	600.00	625.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	15493.26	59938.12
	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	4	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	15493.26	59938.12
Totals to Line 33, page 5) Transfers From Affiliated/Other	10 100.20	4
Party Committees	0.00	0.00
Faity Committees	0.00	7 7
All Loans Received	0.00	0.00
7.111 2504.16 115551764	4 4	4
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures	7	4 4
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made	4 4	4 4
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts	4 4	
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds	4	4 4
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
=		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	
Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	15493.26	59938.12

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 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		
2. Transfers to Affiliated/Other Party Committees	0.00	0.00		
Contributions to Federal Candidates/Committees		0.00		
and Other Political Committees	0.00	45 45		
(use Schedule E) Coordinated Party Expenditures (52 U.S.C. § 30116(d))	15513.26	67492.56		
(use Schedule F)	0.00	0.00		
6. Loan Repayments Made	0.00	0.00		
7. Loans Made	0.00	0.00		
Than Political Committees	0.00	0.00		
(b) Political Party Committees (c) Other Political Committees	0.00	0.00		
(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				
Non-Federal Donations)	0.00	4280.63		
 Federal Election Activity (52 U.S.C. § 30101(2) (a) Allocated Federal Election Activity (from Schedule H6) 	0))			
(i) Federal Share	0.00	0.00		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	15513.26	71773.19		
. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	15513.26	71773.19		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 15493.26 59938.12 (from Line 11(d), page 3) 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 59938.12 15493.26 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 0.00 0.00 (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 0.00 0.00 (subtract Line 37 from Line 36)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:				PAGE		6	OF	64		
(0	(check only one)									
	×	11a		11b		11c		12	2	
		13		14		15		16	6	17

	Statements may not be sold or used by any perse name and address of any political committee to	
NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE		
Full Name of Individual (Last, First, Middle Ir Barris, Robert, , , Mailing Address 14252 CULVER DR	Date of Receipt	
City	State Zip Code CA 92780	10 05 2018 Transaction ID : SA11AI.4681
FEC ID number of contributing federal political committee.	CA 92780	Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) NVIDIA	Occupation (for Individual) SW ENGINEER	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle Ir Contributions, Unitemized, , , Mailing Address	nitial) or Full Organization Name	Date of Receipt
City	State Zip Code	Transaction ID : SA11AI.4698 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	12943.26
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item 603 Individual Contributions
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 38871.12	
Full Name of Individual (Last, First, Middle Ir Hurd, Gale, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 3201 Cahuenga Blvd W		10 24 2018
City Los Angeles	State Zip Code CA 90068	Transaction ID : SA11AI.4678 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer (for Individual) Retired	Occupation (for Individual) Retired	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional)		14193.26
TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:					PAGE		7	OF		64
	(check only one)									
	X	11a	11b		11c		12			
		13	14		15		16			17

	Statements may not be sold or used by any perthe name and address of any political committee	
NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE		
Full Name of Individual (Last, First, Middle Huso, Susan, , , Mailing Address PO box 1176 City Woodinville FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code 98072 C Occupation (for Individual) Retired Aggregate Year-to-Date 300.00	Date of Receipt 10 13 2018 Transaction ID: SA11AI.4693 Amount of Each Receipt this Period 100.00 Memo Item
Full Name of Individual (Last, First, Middle Huso, Susan, , , Mailing Address PO box 1176 City Woodinville FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify) ▼	State Zip Code 98072 C Occupation (for Individual) Retired Aggregate Year-to-Date 400.00	Date of Receipt 10 13 2018 Transaction ID: SA11Al.4694 Amount of Each Receipt this Period 100.00 Memo Item
Full Name of Individual (Last, First, Middle O'Reilly, Maggie, , , Mailing Address 980 Lincoln Avenue City Saint Paul FEC ID number of contributing federal political committee. Name of Employer (for Individual) Retired Receipt For: Primary General Other (specify)	State Zip Code MN 55105 C Occupation (for Individual) Retired Aggregate Year-to-Date 250.00	Date of Receipt 10
SUBTOTAL of Receipts This Page (optional).	>	450.00
TOTAL This Period (last page this line number	er only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:					PAGE	Ξ	8	OF	64	
(0	(check only one)									
	X	11a		11b		11c		12	2	
		13		14		15		16	6	17

	ny information copied from such Reports and Stat for commercial purposes, other than using the n					
\setminus	NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE					
Α.	Full Name of Individual (Last, First, Middle Initial Phillips, Trevor, , , Mailing Address 4915 CHAUNCEY CT SE					
	City	State	Zip Code	10 25 2018 Transaction ID : SA11Al.4685		
	SALEM	OR	97302	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		250.00		
	Name of Employer (for Individual) SEPS	Occupa ER Do	ation (for Individual) octor	Memo Item		
	Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 250.00			
В.	Full Name of Individual (Last, First, Middle Initial Mailing Address	l) or Full Orga	anization Name	Date of Receipt		
	City	State	Zip Code			
	FEC ID number of contributing federal political committee. Name of Employer (for Individual)	C	ation (for Individual)	Amount of Each Receipt this Period Memo Item		
	Descript For	Aggregate Ye	,			
<u> </u>	Full Name of Individual (Last, First, Middle Initia	l) or Full Orga	anization Name	Date of Receipt		
	Mailing Address			M = M / D = D / Y = Y = Y		
	City	State	Zip Code	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.					
	Name of Employer (for Individual)	Memo Item				
	Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼			
S	SUBTOTAL of Receipts This Page (optional)		•	250.00		
Т	OTAL This Period (last page this line number on	ly)		14893.26		

PAGE OF 64 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 Full Name of Payee Date of Public Distribution/Dissemination Facebook Inc. 11 05 2018 Mailing Address 1 HACKER WAY Amount State Zip Code 20.00 City 94025 Transaction ID: SE.4737 **MENLO PARK** CA Date of Disbursement or Obligation Purpose of Expenditure Category/ Advertising 11 05 2018 Type Name of Federal Candidate: 19 **X** Support Office Sought: **X** House District: Delgado, Antonio, , , NY Oppose President State: Senate Disbursement For: Primary **X** General Calendar Year-To-Date 65.00 2018 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item Facebook Inc. 2018 05 Mailing Address 1 HACKER WAY Amount 20.00 City State Zip Code **MENLO PARK** Transaction ID: SE.4738 CA 94025 Date of Disbursement or Obligation Purpose of Expenditure Category/ Advertising 05 2018 11 Type Name of Federal Candidate: 07 x Support Office Sought: **X** House District: Malinowski, Tom, , , NJ Oppose President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 65.00 2018 Per Election for Office Sought Other (specify) ▶ 40.00 (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] 05 28 2019 Date Signature

TEMIZED INDEPENDENT EXPENDITURES				PAGE 10 OF 64
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X 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
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Facebook Inc.				11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 HACKER WAY			Amo	unt
City	State	Zip Code	-	20.00
MENLO PARK	CA	94025		nsaction ID : SE.4739 of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/ Type		M M / D D / 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: 24
Balter, Dana, , ,		Oppose	Presi	dent Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	7	65.00	Disburseme 2018	ent For: Primary
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Facebook Inc.				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 HACKER WAY			Amo	unt
City	State	Zip Code	Tro	20.00 nsaction ID : SE.4740
MENLO PARK	CA	94025		e of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/ Type		11 05 / Y Y Y Y 1
Name of Federal Candidate:		✗ Support	Office Sou	ght: 🗶 House District:11
Rose, Max, , ,		Oppose	Presi	dent Senate State: NY
Calendar Year-To-Date		65.00	Disburseme	ent For: Primary General
Per Election for Office Sought	7-1-1-7-		2010	Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	·		• [40.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· •	
(c) TOTAL Independent Expenditures			• [7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidar party committee) any political party committee or its	ate or authorized			
Zullo, Christopher, , ,	Electronically Fil	led]	M = M	
Signature		_ Date	9 05	28 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 11 OF 64
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
				0 000322400
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	on M M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Facebook Inc.				11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 HACKER WAY				Amount
		1 =		
City	State	Zip Code		20.00 Transaction ID : SE.4741
MENLO PARK	CA	94025		Date of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/ Type		11 05 7 2018
Name of Federal Candidate:		X Support	Office	Sought: House District: 21
Cobb, Tedra, , ,		Oppose		President Senate State: NY
Calendar Year-To-Date		65.00		sement For: Primary 🗶 General
Per Election for Office Sought	7 7	65.00	2018	Other (specify) ▶
Full Name of Payee Facebook Inc.		☐ Memo	Item	Date of Public Distribution/Dissemination
Facebook Inc.				11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 HACKER WAY				Amount
City MENU O BARK	State	Zip Code		20.00 Transaction ID : SE.4742
MENLO PARK	CA	94025		Date of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/ Type		11 / 05 / 2018
Name of Federal Candidate:		✗ Support	Office	Sought: Mouse District: 02
Shirley, Liuba, , ,		Oppose		President Senate State: NY
Calendar Year-To-Date		65.00	1	sement For: Primary 🗶 General
Per Election for Office Sought	7	03.00	2018	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	S			40.00
			, I	7 7 7
(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 candidaparty committee) any political party committee or its	ate or authorized			
Zullo, Christopher, , ,	[Electronically Fil	ledl –	M	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	e 05	28 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 12 OF 64 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 Facebook Inc.		☐ Memo	Item	Date of Public Distribution/Dissemination
r acebook inc.				11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 HACKER WAY				Amount
City	State	Zip Code		20.00
MENLO PARK	CA	94025		Transaction ID : SE.4743 Date of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/ Type		11 05 / 2018
Name of Federal Candidate:		✗ Support	Office	Sought: X House District: 02
Sidie, Jay, , ,		Oppose		President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7	65.00	Disbu 2018	rsement For: Primary
Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination
Facebook Inc.				11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 HACKER WAY				Amount
City	State	Zip Code		20.00
MENLO PARK	CA	94025		Transaction ID : SE.4744 Date of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/ Type		M 1
Name of Federal Candidate:		✗ Support	Office	Sought:
Van Drew, Jeff, , ,		Oppose		President Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought	7 7	65.00	Disbu 2018	rsement For: Primary
-				
(a) SUBTOTAL of Itemized Independent Expenditures			. •	40.00
4) 2027-7-1				
(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	ed1 -	M	M / D D / Y Y Y Y
Signature	zacaomenny Fu	_ Date	e 08	5 28 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 13 OF 64
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
				G 00022-100
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		☐ Memo	Item	Date of Public Distribution/Dissemination
Facebook Inc.				11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 HACKER WAY				Amount
		1 =		
City	State	Zip Code		20.00
MENLO PARK	CA	94025		Transaction ID : SE.4745 Date of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/ Type		11 05 7 2018
Name of Federal Candidate:		X Support	Office	Sought: Mouse District: 12
O'Connor, Danny, , ,		Oppose		President Senate State: OH
Calendar Year-To-Date		405.00		sement For: Primary 🗶 General
Per Election for Office Sought	7 7	465.00	2018	Other (specify) ▶
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Facebook Inc.				11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 HACKER WAY				A
				Amount
City	State	Zip Code		20.00
MENLO PARK	CA	94025		Transaction ID : SE.4746 Date of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/ Type		11 05 7 2018
Name of Federal Candidate:		✗ Support	Office	Sought: House District: 02
Kirpatrick, Ann, , ,		Oppose		President Senate State: AZ
Calendar Year-To-Date		65.00	1	sement For: Primary 🗶 General
Per Election for Office Sought	7 7	03.00	2018	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	\$. •	40.00
			·	
(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 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
Signature		_ Date	e 05	28 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 14 OF 64 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	n M = M / D = D / Y = Y = Y
Full Name of Payee Facebook Inc.		☐ Memo	Item	Date of Public Distribution/Dissemination
				11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 HACKER WAY			,	Amount
City	State	Zip Code		20.00
MENLO PARK	CA	94025		Transaction ID : SE.4747 Date of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/ Type		11 05 / 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: House District: 06
Crow, Jason, , ,		Oppose		President Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		65.00	Disburs	sement For: Primary K General
Full Name of Payee		□ Marra	lta-m	Other (specify) ▶ Date of Public Distribution/Dissemination
Facebook Inc.		∐ Memo	item	M M / D D / Y Y Y Y
Mailing Address 1 HACKER WAY				11 05 2018
I HACKER WAY				Amount
City	State	Zip Code		20.00
MENLO PARK	CA	94025		Transaction ID : SE.4748 Date of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/ Type		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office	Sought: House District: 01
Finkenauer, Abby, , ,		Oppose	F	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		65.00	Disburs 2018	sement For: Primary General
	,			Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures				40.00
,,			٠ ا	7 7
(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			
Zullo, Christopher, , ,	Electronically Fil	ed1 -	M	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		_ Date	e 05	28 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 15 OF 64
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X 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
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
Facebook Inc.				11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 HACKER WAY			Amo	punt
City	State	Zip Code	-	20.00
MENLO PARK	CA	94025		nsaction ID : SE.4749 e of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/ Type		M M / D D / 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:11
Stevens, Haley, , ,		Oppose	Pres	ident Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	<u>, , , , , , , , , , , , , , , , , , , </u>	65.00	Disbursement 2018	ent For:
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
Facebook Inc.				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 HACKER WAY			Amo	ount
City	State	Zip Code	Tro	20.00 nsaction ID : SE.4750
MENLO PARK	CA	94025		e of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/ Type		11 05 / Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sou	ght: K House District:02
Craig, Angie, , ,		Oppose	Pres	ident Senate State: MN
Calendar Year-To-Date		65.00	Disbursem	ent For: Primary General
Per Election for Office Sought	7 7		2016	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				40.00
(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, , ,	Flootranically F:1	led]	M = M	/ D D / Y Y Y Y Y
Signature	[Electronically Fil	eaj Date	e 05	28 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 16 OF 64
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X 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 Date	of Public Distribution/Dissemination
Facebook Inc.			[11 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 HACKER WAY			Amo	unt
City	State	Zip Code	$-\Gamma$	20.00
MENLO PARK	CA	94025		saction ID : SE.4751 of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/ Type		M M / D D / Y Y Y Y Y 1 Y 11 11 05 2018
Name of Federal Candidate:		X Support	Office Soug	ht: House District: 03
Phillips, Dean, , ,		Oppose	Presid	dent Senate State: MN
Calendar Year-To-Date Per Election for Office Sought	7 7	65.00	Disburseme	nt For:
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Facebook Inc.			- 1	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 HACKER WAY				
			Amoi	unt
City	State	Zip Code		20.00
MENLO PARK	CA	94025		of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/ Type		11 05 / 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: 11
Sherrill, Mike, , ,		Oppose	Presid	NII
Calendar Year-To-Date		65.00	Disburseme	nt For: Primary 🗶 General
Per Election for Office Sought	7 7	00.00	2018	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				40.00
(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			
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Signature	ъжиопиши Fu	eaj Date	9 05	28 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 17 OF 64
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
				C 00022-100
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	on M M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Facebook Inc.				11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 HACKER WAY				Amount
		1 =		
City	State	Zip Code		20.00
MENLO PARK	CA	94025		Transaction ID : SE.4753 Date of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/ Type		11 05 7 2018
Name of Federal Candidate:		X Support	Office	Sought: House District: 03
Lee, Susie, , ,		Oppose		President Senate State: NJ
Calendar Year-To-Date		110.00		sement For: Primary 🗶 General
Per Election for Office Sought	7 7	110.00	2018	Other (specify) ▶
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Facebook Inc.				11 05 / Y Y Y Y Y
Mailing Address 1 HACKER WAY				August
				Amount
City	State	Zip Code		20.00
MENLO PARK	CA	94025		Transaction ID : SE.4754 Date of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/ Type		11 05 / Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office	Sought: House District: 10
Wexton, Jennifer, , ,		Oppose	l	President Senate State: VA
Calendar Year-To-Date				sement For: Primary X General
Per Election for Office Sought		65.00	2018	Other (specify) >
•				
(a) SUBTOTAL of Itemized Independent Expenditures	ş		. •	40.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		. ▶	
(c) TOTAL Independent Expenditures				
(c) 10 11 2 11 a special and 2 1				
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			
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Signature		Date	e 05	28 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 18 OF 64
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
				G 000322400
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 Facebook Inc.		☐ Memo	Item	Date of Public Distribution/Dissemination
r acebook inc.				11 05 / Y Y Y Y Y Y
Mailing Address 1 HACKER WAY				Amount
	T	T 0 1		
City	State	Zip Code 94025		20.00 Transaction ID : SE.4755
MENLO PARK	CA	94025		Date of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/ Type		11 05 7 2018
Name of Federal Candidate:		X Support	Office	Sought: Mouse District: 01
Feehan, Dan, , ,		Oppose		President Senate State: MN
Calendar Year-To-Date		65.00		rsement For: Primary 🗶 General
Per Election for Office Sought	7 7	65.00	2018	Other (specify) ▶
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Facebook Inc.				11 05 / Y Y Y Y Y
Mailing Address 1 HACKER WAY				Amount
				Amount
City	State	Zip Code		20.00 Transaction ID : SE.4756
MENLO PARK	CA	94025		Date of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/ Type		11 05 7 2018
Name of Federal Candidate:		x Support	Office	Sought: House District:08
Radinovich, Joe, , ,		Oppose		President Senate State: MN
Calendar Year-To-Date		65.00	1	rsement For: Primary 🗶 General
Per Election for Office Sought	7	03.00	2018	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	;		•	40.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ree			
(b) 300101AE of Officernized Independent Experiality	163			
(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 Y
Signature		_ Date	e 05	28 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 19 OF 64 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
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
Facebook Inc.				11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 HACKER WAY			Ar	mount
City	State	Zip Code	— I	20.00
MENLO PARK	CA	94025		ransaction ID : SE.4757 ate of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/ Type		11 05 / 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 So	ought: X House District: 26
Mucarsel-Powell, Debbie, , ,		Oppose		esident Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	65.00	Disburse 2018	ment For:
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
Facebook Inc.				11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 HACKER WAY			IA.	mount
Oth	04-4-	7:- O-1-	— г	20.00
City MENLO PARK	State	Zip Code 94025		ransaction ID : SE.4758
Purpose of Expenditure		Catamanul	Da	ate of Disbursement or Obligation
Advertising		Category/ Type		11 05 2018
Name of Federal Candidate:		✗ Support	Office So	ought: X House District: 27
Shalala, Donna, , ,		Oppose	Pre	esident Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		65.00	Disburse	ment For: Primary Seneral
Ter Election for Office Sought	7			Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				40.00
(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 File	ed]	M = M	28 2019
Signature		Date	9 05	20 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 20 OF 64
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
				0 000322400
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	on M M M / D D / Y Y Y Y
Full Name of Payee Facebook Inc.		☐ Memo	Item	Date of Public Distribution/Dissemination
r acebook inc.				11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 HACKER WAY				Amount
		1 =		
City	State	Zip Code		20.00 Transaction ID : SE.4759
MENLO PARK	CA	94025		Date of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/ Type		11 05 7 2018
Name of Federal Candidate:		X Support	Office	Sought: House District: 03
Axne, Cindy, , ,		Oppose		President Senate State: IA
Calendar Year-To-Date		05.00		sement For: Primary 🗶 General
Per Election for Office Sought	7 7	65.00	2018	Other (specify) ▶
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Facebook Inc.				11 05 / Y Y Y Y Y
Mailing Address 1 HACKER WAY				Amount
				Amount
City	State	Zip Code		20.00 Transaction ID : SE.4760
MENLO PARK	CA	94025		Date of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/ Type		11 / 05 / 2018
Name of Federal Candidate:		✗ Support	Office	Sought: Mouse District: 07
Davis, Paul, , ,		Oppose		President Senate State: KS
Calendar Year-To-Date		65.00	1	sement For: Primary 🗶 General
Per Election for Office Sought	7	03.00	2018	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	i		. ▶	40.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ires			
(b) 00210 M2 or ormanized mappendant Exportant				
(c) TOTAL Independent Expenditures			• •	
Under penalty of perjury I certify that the independed 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	і меснопишну Г Ш	_ Date	e 05	28 2019

TEMIZED INDEFENDENT EXPENDITORES	'			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 / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Facebook Inc.				11 / 05 / Y Y Y Y Y Y Y
Mailing Address 1 HACKER WAY			Amou	nt
City	State	Zip Code	-	20.00
MENLO PARK	CA	94025		action ID : SE.4761 of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/ Type		11 05 2018
Name of Federal Candidate:		X Support	Office Sough	nt: National Marketine Mar
McGrath, Amy, , ,		Oppose	Preside	KV
Calendar Year-To-Date Per Election for Office Sought	7 1 7	65.00	Disbursemen 2018	t For: Primary X General wher (specify) ▶
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
Facebook Inc.		_	T N	11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 HACKER WAY				
			Amou	nt
City	State	Zip Code		20.00
MENLO PARK	CA	94025		saction ID : SE.4762 of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/ Type		11 05 / Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sough	it: K House District: 02
Golden, Jared, , ,		Oppose	Preside	ent Senate State: ME
Calendar Year-To-Date Per Election for Office Sought	7 1 7	65.00	Disbursemen 2018 C	t For: Primary X General wher (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	\$			40.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· •	
(c) TOTAL Independent Expenditures				
(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 File	ed] Date	e 05	28 2019
Signature	<u> </u>	_ Date	, 03	2010

TEMIZED INDEPENDENT EXPENDITURES				PAGE 22 OF 64 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
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Facebook Inc.				11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 HACKER WAY				Amount
City	State	Zip Code		20.00
MENLO PARK	CA	94025		Transaction ID : SE.4763 Date of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/ Type		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office	Sought: Mouse District: 09
McCready, Dan, , ,		Oppose		President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		65.00	Disbur	sement For: Primary General
rei Election for Office Sought	7 7	1341	2010	Other (specify) ▶
Full Name of Payee Facebook Inc.		☐ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address 1 HACKER WAY				11 05 2018
I HACKER WAT				Amount
City	State	Zip Code		20.00
MENLO PARK	CA	94025		Transaction ID : SE.4764 Date of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/ Type		11 05 2018
Name of Federal Candidate:		x Support	Office	Sought:
Manning, Kathy, , ,		Oppose		President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	65.00	Disbur 2018	sement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures			. •	40.00
(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	led1	M =	M / D D / Y Y Y Y Y
Signature	пиницу I'll	Date	e 05	28 2019

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NAME OF COMMITTEE (In Full)				
TOGETHER WE THRIVE				FEC IDENTIFICATION NUMBER ▼
				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 Facebook Inc.		☐ Memo	Item	Date of Public Distribution/Dissemination
Facebook Inc.				11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 HACKER WAY				Amount
- Cu		T 7: 0 !		
City	State	Zip Code		20.00
MENLO PARK	CA	94025		Transaction ID : SE.4765 Date of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/ Type		11 05 / Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office	e Sought: House District: 03
Kim, Andrew, , ,		Oppose		President Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought	T	130.00	Disbu 2018	ursement For:
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Facebook Inc.				M M / D D / Y Y Y
Mailing Address				11 05 2018
1 HACKER WAY				Amount
City	State	Zip Code		20.00
MENLO PARK	CA	94025		Transaction ID : SE.4766
Purpose of Expenditure				Date of Disbursement or Obligation
Advertising		Category/ Type		11 05 7 2018
Name of Federal Candidate:		x Support	Office	e Sought: House District: 02
Torres Small, Xochitl, , ,		Oppose		President Senate State: NM
Calendar Year-To-Date			Disbu	ursement For: Primary 🗶 General
Per Election for Office Sought		65.00	2018	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				40.00
(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 File	led] Date	M	5 28 2019
Signature		_ Date		

TEMIZED INDEPENDENT EXPENDITURES				PAGE 24 OF 64
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	ort filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee		Memo	Item Da	ate of Public Distribution/Dissemination
Facebook Inc.				11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 HACKER WAY			Ar	mount
City	State	Zip Code	<u> —</u> Г	20.00
MENLO PARK	CA	94025		ransaction ID : SE.4767 ate of Disbursement or Obligation
Purpose of Expenditure Advertising	1	Category/ Type		11 05 2018
Name of Federal Candidate:		✗ Support	Office So	ought: X House District: 22
Brindisi, Anthony, , ,		Oppose		esident Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	A 1 1 A	65.00	Disburse 2018	ment For: Primary General
Full Name of Payee	, ,	□ Mama	Itam D	Other (specify) ▶ate of Public Distribution/Dissemination
Facebook Inc.		☐ Memo	item Do	M M / D D / Y Y Y Y
Mailing Address				11 05 2018
1 HACKER WAY			Ar	mount
City	State	Zip Code	— Г	20.00
MENLO PARK	CA	94025		ransaction ID : SE.4768 ate of Disbursement or Obligation
Purpose of Expenditure	1	Category/		M M / D D / Y Y Y
Advertising		Туре		11 05 2018
Name of Federal Candidate:		x Support	Office So	ought: House District: 01
Pureval, Aftab, , ,		Oppose	Pre	esident Senate State: OH
Calendar Year-To-Date		65.00		ment For: Primary X General
Per Election for Office Sought	7	03.00	2018	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	3			40.00
(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	•		· · · · · · · · · · · · · · · · · · ·
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Signature	[Electronically Fil	eaj Date	9 05	28 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 25 OF 64 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
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Facebook Inc.				11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 HACKER WAY				Amount
City	State	Zip Code		20.00
MENLO PARK	CA	94025		Transaction ID : SE.4769 Date of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/ Type		11 05 / 2018
Name of Federal Candidate:		✗ Support	Office	Sought: House District: 01
Wallace, Scott, , ,		Oppose		President Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	7	65.00	Disbur 2018	sement For: Primary General Other (specify) ▶
Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination
Facebook Inc.		weine		11 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 HACKER WAY				11 05 2018 Amount
City	Ctoto	Zin Codo		20.00
City MENLO PARK	State	Zip Code 94025		Transaction ID : SE.4770 Date of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/ Type		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office	Sought:
McAdams, Ben, , ,		Oppose		President Senate State: UT
Calendar Year-To-Date Per Election for Office Sought	7	65.00	Disbur 2018	sement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			. •	40.00
(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			
Zullo, Christopher, , ,	Electronically Fil	ed1 -	M	M / D D / Y Y Y Y Y
Signature	элси отсину I ш	_ Date	e 05	28 2019

ITEMIZED INDEPENDENT EXPENDITURES				PAGE 26 OF 64
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X 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
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Facebook Inc.				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 HACKER WAY			Amo	unt
City	State	Zip Code		20.00
MENLO PARK	CA	94025		saction ID : SE.4771 of Disbursement or Obligation
Purpose of Expenditure Advertising	,	Category/ Type		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office Soug	ht: X House District: 02
Luria, Elaine, , ,		Oppose	Presi	,
Calendar Year-To-Date Per Election for Office Sought	7 7	65.00	Disburseme	ent For: Primary X General Other (specify) ▶
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Facebook Inc.				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 HACKER WAY				
			Amo	unt
City	State	Zip Code		20.00
MENLO PARK	CA	94025	I	nsaction ID : SE.4772 of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<u> </u>		Туре		11 30 2510
Name of Federal Candidate:		✗ Support	Office Soug	
Spanberger, Abigal, , ,		Oppose	Presi	dent Senate State: VA
Calendar Year-To-Date Per Election for Office Sought		65.00	Disburseme	ent For: Primary X General
Per Election for Office Sought	7 7		2010	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	i		· [40.00
(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 candidar 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
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TEMIZED INDEPENDENT EXPENDITURES				PAGE 27 OF 64 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				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	
Full Name of Payee Facebook Inc.		☐ Memo	Item Date	of Public Distribution/Dissemination
			[M 11
Mailing Address 1 HACKER WAY			Amou	unt
City	State	Zip Code	-	20.00
MENLO PARK	CA	94025	Tran	saction ID : SE.4774 of Disbursement or Obligation
Purpose of Expenditure Advertising		Category/ Type	Date	11 05 / 2018
Name of Federal Candidate:		✗ Support	Office Soug	ht: Nouse District: 07
Spanberger, Abigal, , ,		Oppose	Presid	\/\
Calendar Year-To-Date		05.00	Disburseme	ent For: Primary Seneral
Per Election for Office Sought	7 7	85.00	2018	Other (specify) ▶
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Facebook Inc.				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 HACKER WAY			Amou	unt
City	State	Zip Code	— _	20.00
MENLO PARK	CA	94025		nsaction ID : SE.4775
Purpose of Expenditure		Category/	Date	of Disbursement or Obligation
Advertising		Type	_ L	11 05 2018
Name of Federal Candidate:		x Support	Office Soug	ht: K House District: 08
Lindsay, Richard, Richard, ,		Oppose	Presid	dent Senate State: WV
Calendar Year-To-Date Per Election for Office Sought		65.00	Disburseme	
	7			Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures.				40.00
(a) GOBTOTAL OF HEIMIZED INDEPENDENT EXPENDITURES.				40.00
(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			
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TEMIZED INDEPENDENT EXPENDITURES				PAGE 28 OF 64
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
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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		☐ Memo	Item	Date of Public Distribution/Dissemination
Jaalin Harvey: PPWS				11 05 / 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		45.00
Orlando	FL	32829		Transaction ID: SE.4700 Date of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/ Type		11 05 / 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: House District: 19
Delgado, Antonio, , ,		Oppose	l	President Senate State: NY
Calendar Year-To-Date			Disbur	rsement For: Primary X General
Per Election for Office Sought	7 7	45.00	2018	Other (specify) ▶
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Jaalin Harvey: PPWS				11 05 / 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		45.00
Orlando	FL	32829		Transaction ID : SE.4701 Date of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/		M M / D D / Y Y Y
Offilitie ividiketing		Type		11 05 2018
Name of Federal Candidate:		✗ Support	Office	Sought: Mouse District: 07
Malinowski, Tom, , ,		Oppose		President Senate State: NJ
Calendar Year-To-Date		45.00	1	rsement For: Primary 🗶 General
Per Election for Office Sought	7 7	43.00	2018	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	;			90.00
(h) CURTOTAL of Unitersity of Index or death Fune and its				
(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 candidaparty committee) any political party committee or its	ate or authorized			
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Signature		Date	e 05	28 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 29 OF 64
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
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Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	n M = M / D = D / Y = Y = Y = Y
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Jaalin Harvey: PPWS				11 05 / 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
				Amount
City	State	Zip Code		45.00
Orlando	FL	32829		Transaction ID : SE.4702 Date of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/ Type		11 05 7 2018
Name of Federal Candidate:		X Support	Office	Sought: House District: 24
Balter, Dana, , ,		Oppose		President Senate State: NY
Calendar Year-To-Date		111111		sement For: Primary 🗶 General
Per Election for Office Sought	7	45.00	2018	Other (specify) ▶
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Jaalin Harvey: PPWS				11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				للننب لنا لنا
				Amount
City	State	Zip Code		45.00
Orlando	FL	32829		Transaction ID : SE.4703 Date of Disbursement or Obligation
Purpose of Expenditure Online Marketing	•	Category/		11 05 2018
		Type		11 03 2010
Name of Federal Candidate:		x Support	Office	Sought: House District: 11
Rose, Max, , ,		Oppose		President Senate State: NY
Calendar Year-To-Date		45.00	1	sement For: Primary General
Per Election for Office Sought	7 7		2018	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	S		. •	90.00
(b) SUPTOTAL of Uniterprized Independent Expanditu	roo			
(b) SUBTOTAL of Unitemized Independent Expenditu	165			
(c) TOTAL Independent Expenditures				
			ŕ	7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized			
Zullo, Christopher, , ,	[Electronically Fil	led1	M	M / D D / Y Y Y Y
Signature	₁ 2лсы опишну Г н	_ Date	e 05	28 2019

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 Full Name of Payee Date of Public Distribution/Dissemination Jaalin Harvey: PPWS 11 05 2018 Mailing Address 7179 Lake Carlisle Blvd Amount City State Zip Code 45.00 FL 32829 Transaction ID: SE.4704 Orlando Date of Disbursement or Obligation Purpose of Expenditure Category/ Online Marketing 11 05 2018 Type Name of Federal Candidate: 21 **X** Support Office Sought: **X** House District: Cobb, Tedra, , , NY Oppose President State: Senate Disbursement For: Primary **X** General Calendar Year-To-Date 45.00 2018 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item Jaalin Harvey: PPWS 2018 05 Mailing Address 7179 Lake Carlisle Blvd Amount 45.00 City State Zip Code Orlando Transaction ID: SE.4705 FL 32829 Date of Disbursement or Obligation Purpose of Expenditure Category/ Online Marketing 05 2018 11 Type Name of Federal Candidate: 02 x Support Office Sought: **X** House District: Shirley, Liuba, , , NY Oppose President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 45.00 2018 Per Election for Office Sought Other (specify) ▶ 90.00 (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] 05 28 2019 Date Signature

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TEMIZED INDEPENDENT EXPENDITURES				PAGE 31 OF 64 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	n M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Jaalin Harvey: PPWS				11 05 / 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		45.00
Orlando	FL	32829		Transaction ID : SE.4706 Date of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/ Type		M M / 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: X House District: 02
Sidie, Jay, , ,		Oppose	F	President Senate State: KS
Calendar Year-To-Date		45.00	Disburs	sement For: Primary
Per Election for Office Sought	7 7	40.00	2010	Other (specify) ▶
Full Name of Payee		☐ Memo	Item I	Date of Public Distribution/Dissemination
Jaalin Harvey: PPWS				11 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				A
				Amount
City	State	Zip Code		45.00
Orlando	FL	32829		Transaction ID : SE.4707 Date of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/ Type		11 D D 7 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
Van Drew, Jeff, , ,		Oppose	F	President Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought	1 1 1 1	45.00	Disburs 2018	sement For: Primary X General Other (specify) ▶
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(a) SUBTOTAL of Itemized Independent Expenditures			. [90.00
(a) GOBTOTAL of Hermized independent Experiantares				30.00
(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	ed]	M	7 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	9 05	20 2019

TEMIZED INDEPENDENT EXPENDITORES				PAGE 32 OF 64 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
Full Name of Payee		☐ Memo	Item D	ate of Public Distribution/Dissemination
Jaalin Harvey: PPWS				M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
Mailing Address 7179 Lake Carlisle Blvd			A	mount
City	State	Zip Code	I	45.00
Orlando	FL	32829		ransaction ID : SE.4708 ate of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/ Type		11 05 / 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	ought: X House District: 12
O'Connor, Danny, , ,		Oppose		esident Senate State: OH
Calendar Year-To-Date Per Election for Office Sought	, , ,	445.00	Disburse 2018	ement For: Primary X General Other (specify) ▶
Full Name of Payee		☐ Memo	Item D	ate of Public Distribution/Dissemination
Jaalin Harvey: PPWS				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				
				mount
City	State	Zip Code	إ	45.00 Transaction ID : SE.4709
Orlando	FL	32829	I	ate of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/ Type		11 05 / Y Y Y Y Y
Name of Federal Candidate:		x Support	Office S	ought: X House District: 02
Kirpatrick, Ann, , ,		Oppose	Pr	esident Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought	, , ,	45.00	Disburse 2018	ement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				90.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es		• •	
(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 a	te or authorized			
Zullo, Christopher, , ,	Electronically Fil	ed1 -	M = M	/ D D / Y Y Y Y Y
Signature	1 00	Date	9 05	28 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 33 OF 64
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	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Dat	e of Public Distribution/Dissemination
Jaalin Harvey: PPWS				11 05 / 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	— F	45.00
Orlando	FL	32829		nsaction ID : SE.4710 e of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/ Type	Dat	11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sou	ight: X House District: 06
Crow, Jason, , ,		Oppose		sident Senate State: CO
Calendar Year-To-Date		45.00	Disbursem	nent For: Primary Seneral
Per Election for Office Sought	7 7	43.00	2018	Other (specify) ▶
Full Name of Payee		☐ Memo	Item Dat	e of Public Distribution/Dissemination
Jaalin Harvey: PPWS				11 05 / 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		45.00
Orlando	FL	32829		ansaction ID : SE.4711 e of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/		11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Chante mandang		Type		11 00 2010
Name of Federal Candidate:		🗶 Support	Office Sou	ıght: 🗶 House District:01
Finkenauer, Abby, , ,		Oppose	Pres	sident Senate State: IA
Calendar Year-To-Date		45.00	Disbursem	ent For: Primary 🗶 General
Per Election for Office Sought	7 7	10.00	2018	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·		•	90.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	7
(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	led]	M = M	/ D D / Y Y Y Y Y
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TEMIZED INDEPENDENT EXPENDITURES	ı			PAGE 34 OF 64
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				
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Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	n M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Jaalin Harvey: PPWS				11 05 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		45.00
Orlando	FL	32829		Transaction ID : SE.4712 Date of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/ Type		11 05 / 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: 11
Stevens, Haley, , ,		Oppose	l	President Senate State: MI
Calendar Year-To-Date				sement For: Primary Seneral
Per Election for Office Sought		45.00	2018	Other (specify)
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Jaalin Harvey: PPWS				11 05 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		45.00
Orlando	FL	32829		Transaction ID : SE.4713 Date of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/		M M / D D / Y Y Y
Offilitie ividiketing		Type		11 05 2018
Name of Federal Candidate:		✗ Support	Office	Sought: House District: 02
Craig, Angie, , ,		Oppose	F	President Senate State: MN
Calendar Year-To-Date		45.00	1	sement For: Primary 🗶 General
Per Election for Office Sought	7 7	43.00	2018	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	3		. •	90.00
(1) 011570741 (11 %) 11 11 11 11 15				
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	7
(c) TOTAL Independent Expenditures				
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Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized			
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Signature	[Electronically Fil	eaj Date	e 05	28 2019

TEMIZED INDEPENDENT EXPENDITORES				PAGE 35 OF 64 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
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
Jaalin Harvey: PPWS				11 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Ar	nount
City	State	Zip Code		45.00
Orlando	FL	32829		ansaction ID : SE.4714 ate of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/ Type		11 05 2018
Name of Federal Candidate:		✗ Support	Office Sc	pught: X House District: 03
Phillips, Dean, , ,		Oppose		esident Senate State: MN
Calendar Year-To-Date Per Election for Office Sought	7 1 7	45.00	Disburse 2018	ment For: Primary
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
Jaalin Harvey: PPWS				11 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Ar	nount
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City Orlando	State	Zip Code		45.00 ransaction ID : SE.4715
Purpose of Expenditure	FL	32829		ate of Disbursement or Obligation
Online Marketing		Category/ Type		11 / 05 / 2018
Name of Federal Candidate:		x Support	Office Sc	ought: House District: 11
Sherrill, Mike, , ,		Oppose	Pre	esident Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought		45.00	Disburse	ment For: Primary Seneral
Fer Election for Office Sought	7 7		2010	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				90.00
(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 File	ed]	M = M	28 2019
Signature		Date	9 05	20 2019

PAGE 36 OF 64 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 Full Name of Payee Date of Public Distribution/Dissemination Jaalin Harvey: PPWS 11 05 2018 Mailing Address 7179 Lake Carlisle Blvd Amount City State Zip Code 45.00 FL 32829 Transaction ID: SE.4716 Orlando Date of Disbursement or Obligation Purpose of Expenditure Category/ Online Marketing 11 05 2018 Type Name of Federal Candidate: 03 **X** Support Office Sought: **X** House District: Lee, Susie, , , NJ Oppose President State: Senate Disbursement For: Primary **X** General Calendar Year-To-Date 45.00 2018 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item Jaalin Harvey: PPWS 2018 05 Mailing Address 7179 Lake Carlisle Blvd Amount 45.00 City State Zip Code Orlando Transaction ID: SE.4717 FL 32829 Date of Disbursement or Obligation Purpose of Expenditure Category/ Online Marketing 05 2018 11 Type Name of Federal Candidate: 10 x Support Office Sought: **X** House District: Wexton, Jennifer, , , VA Oppose President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 45.00 2018 Per Election for Office Sought Other (specify) ▶ 90.00 (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] 05 28 2019 Date Signature

TEMIZED INDEPENDENT EXPENDITURES				PAGE 37 OF 64
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X 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 Jaalin Harvey: PPWS		☐ Memo	Item	Date of Public Distribution/Dissemination
Jaaiii Harvey. 11 W3				11 05 / 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		45.00
Orlando	FL	32829		Transaction ID : SE.4718
Purpose of Expenditure	'-	02020		Date of Disbursement or Obligation
Online Marketing		Category/ Type		11 05 2018
Name of Federal Candidate:		✗ Support	Office	Sought: House District: 01
Feehan, Dan, , ,		Oppose		President Senate State: MN
Calendar Year-To-Date		45.00		sement For: Primary 🗶 General
Per Election for Office Sought	7 7	45.00	2018	Other (specify) ▶
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Jaalin Harvey: PPWS				11 05 / 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		45.00
Orlando	FL	32829		Transaction ID : SE.4719 Date of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/		11 05 2018
		Type		11 03 2010
Name of Federal Candidate:		x Support	Office	Sought: House District:08
Radinovich, Joe, , ,		Oppose		President Senate State: MN
Calendar Year-To-Date		45.00	1	sement For: Primary 🗶 General
Per Election for Office Sought	7 7	10.00	2018	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	;		. ▶	90.00
(h) CURTOTAL of Unitersity of Independent Funerality				
(b) SUBTOTAL of Unitemized Independent Expenditu	res			
(c) TOTAL Independent Expenditures				
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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 05	28 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 38 OF 64
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
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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	Date of Public Distribution/Dissemination
Jaalin Harvey: PPWS				11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				Annual
				Amount
City	State	Zip Code		45.00
Orlando	FL	32829		Transaction ID : SE.4720 Date of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/ Type		11 05 / 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: M House District: 26
Mucarsel-Powell, Debbie, , ,		Oppose		President Senate State: FL
Calendar Year-To-Date			Disbu	rsement For: Primary Seneral
Per Election for Office Sought	7	45.00	2018	Other (specify) ▶
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Jaalin Harvey: PPWS				11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				11 00 2010
				Amount
City	State	Zip Code		45.00
Orlando	FL	32829		Transaction ID : SE.4721 Date of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/		M M / D D / Y Y Y
Offilitie ividiketing		Type		11 05 2018
Name of Federal Candidate:		✗ Support	Office	Sought: Mouse District: 27
Shalala, Donna, , ,		Oppose		President Senate State: FL
Calendar Year-To-Date		45.00		rsement For: Primary 🗶 General
Per Election for Office Sought	7 7	43.00	2018	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			. •	90.00
(1) 011570741 (11 %) 11 11 11 11 15				
(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 candidaparty committee) any political party committee or its	ate or authorized			
Zullo, Christopher, , ,	[Electronically Fil	ledl –	M	M / D D / Y Y Y Y Y
Signature		_ Date	e 05	28 2019

TEMIZED INDEPENDENT EXPENDITURES	•			PAGE 39 OF 64
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
				G 000322430
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	n M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Jaalin Harvey: PPWS				11 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				A
				Amount
City	State	Zip Code		45.00
Orlando	FL	32829		Transaction ID : SE.4722 Date of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/ Type		11 05 / 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: 03
Axne, Cindy, , ,		Oppose	l	President Senate State: IA
Calendar Year-To-Date		11.00		sement For: Primary X General
Per Election for Office Sought	7-1-1-7	45.00	2018	Other (specify) ▶
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Jaalin Harvey: PPWS				11 05 / 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		45.00
Orlando	FL	32829		Transaction ID : SE.4723 Date of Disbursement or Obligation
Purpose of Expenditure Online Marketing	-	Category/	\neg	11 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Crimic Marketing		Type		11 03 2010
Name of Federal Candidate:		x Support	Office	Sought: X House District: 07
Davis, Paul, , ,		Oppose	F	President Senate State: KS
Calendar Year-To-Date		45.00	1	sement For: Primary 🗶 General
Per Election for Office Sought	7 7	10.00	2018	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	3		· •	90.00
(h) CURTOTAL of Unitersity of Index or death Fune and its				
(b) SUBTOTAL of Unitemized Independent Expenditu	ires		•	
(c) TOTAL Independent Expenditures			[
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Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized			
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Signature	Lacca omeany I'u	Date	e 05	28 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 40 OF 64
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
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Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	n M = M / D = D / Y = Y = Y = Y
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Jaalin Harvey: PPWS				11 05 / 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		45.00
Orlando	FL	32829		Transaction ID : SE.4724 Date of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/ Type		11 05 / 2018
Name of Federal Candidate:		X Support	Office	Sought: House District: 06
McGrath, Amy, , ,		Oppose		President Senate State: KY
Calendar Year-To-Date			Disbur	sement For: Primary 🗶 General
Per Election for Office Sought	7 7	45.00	2018	Other (specify) ▶
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Jaalin Harvey: PPWS				11 05 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		45.00
Orlando	FL	32829		Transaction ID : SE.4725 Date of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/		M M / D D / Y Y Y
Offiline ividiceting		Type		11 05 2018
Name of Federal Candidate:		✗ Support	Office	Sought: House District: 02
Golden, Jared, , ,		Oppose		President Senate State: ME
Calendar Year-To-Date		45.00	1	sement For: Primary 🗶 General
Per Election for Office Sought	7	43.00	2018	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	;		. •	90.00
(1) 011575711 (11.7)				
(b) SUBTOTAL of Unitemized Independent Expenditu	res		. •	7
(c) TOTAL Independent Expenditures				
				7
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	тыссионисшиу Ги	_ Date	e 05	28 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 41 OF 64
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
				C 000322438
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	on M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Jaalin Harvey: PPWS				11 05 / 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
				Amount
City	State	Zip Code		45.00
Orlando	FL	32829		Transaction ID : SE.4726 Date of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/ Type		11 05 7 9 9 9
Name of Federal Candidate:		X Support	Office	Sought: House District: 09
McCready, Dan, , ,		Oppose	l	President Senate State: NC
Calendar Year-To-Date		1 1 1 1 1 1	Disbur	sement For: Primary X General
Per Election for Office Sought	7-1-1-7	45.00	2018	Other (specify) ▶
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Jaalin Harvey: PPWS				11 05 / 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		45.00
Orlando	FL	32829		Transaction ID : SE.4727 Date of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/		11 05 2018
		Type		
Name of Federal Candidate:		x Support	Office	Sought: House District: 13
Manning, Kathy, , ,		Oppose		President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		45.00	Disbur 2018	sement For: Primary General
rei Liettion foi Office Sought	7 7		2010	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	S		. •	90.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ires			
(a) 00210 m. a.				7
(c) TOTAL Independent Expenditures			. •	
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Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candid- party committee) any political party committee or its	ate or authorized			
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Signature	₁ 2.сси описину Г и	_ Date	e 05	28 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 42 OF 64 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	n M = M / D = D / Y = Y = Y
Full Name of Payee Jaalin Harvey: PPWS		☐ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address 7470 Lake Carliele Blad				11 05 2018
7179 Lake Carlisle Blvd				Amount
City	State	Zip Code		45.00
Orlando	FL	32829		Transaction ID : SE.4728 Date of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/ Type		11 05 7 2018
Name of Federal Candidate:		X Support	Office	Sought: Mouse District: 03
Kim, Andrew, , ,		Oppose	l	President Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought	<u>, , , , , , , , , , , , , , , , , , , </u>	90.00	Disburs 2018	sement For:
Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination
Jaalin Harvey: PPWS		_ Weme	nom	11 05 2018
Mailing Address 7179 Lake Carlisle Blvd				Amount
City Orlando	State	Zip Code 32829		45.00 Transaction ID : SE.4729
Purpose of Expenditure				Date of Disbursement or Obligation
Online Marketing		Category/ Type		11 05 2018
Name of Federal Candidate:		✗ Support	Office	Sought: X House District: 02
Torres Small, Xochitl, , ,		Oppose		President Senate State: NM
Calendar Year-To-Date Per Election for Office Sought		45.00	Disburs 2018	sement For: Primary General
	7			Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				90.00
			,	
(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	ed]	M	M / D D / Y Y Y Y Y Y 28 2019
Signature		Date	e 05	20 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 43 OF 64
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
				C 000322430
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		☐ Memo	Item	Date of Public Distribution/Dissemination
Jaalin Harvey: PPWS				11 05 / 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		45.00
Orlando	FL	32829		Transaction ID : SE.4730 Date of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/ Type		M M / D D / Y Y Y Y Y 11 11 11 11 11 11 11 11 11 11
Name of Federal Candidate:		X Support	Office	Sought: House District: 22
Brindisi, Anthony, , ,		Oppose	l	President Senate State: NY
Calendar Year-To-Date		111111		sement For: Primary 🗶 General
Per Election for Office Sought	7	45.00	2018	Other (specify) ▶
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Jaalin Harvey: PPWS				11 05 / 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		45.00
Orlando	FL	32829		Transaction ID : SE.4731 Date of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/ Type		11 05 7 2018
Name of Federal Candidate:		∡ Support	Office	Sought: House District: 01
Pureval, Aftab, , ,		Oppose		President Senate State: OH
Calendar Year-To-Date		45.00	1	sement For: Primary 🗶 General
Per Election for Office Sought	7 7	45.00	2018	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	;		▶	90.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		▶	
(c) TOTAL Independent Expenditures				7 7 7
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			
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TEMIZED INDEPENDENT EXPENDITURES	ı			PAGE 44 OF 64
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X 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		☐ Memo	Item [Date of Public Distribution/Dissemination
Jaalin Harvey: PPWS				11 05 / 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		45.00
Orlando	FL	32829		Transaction ID : SE.4732 Date of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/ Type		11 05 / 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 S	Sought: House District: 01
Wallace, Scott, , ,		Oppose	l	resident Senate State: PA
Calendar Year-To-Date		111111		ement For: Primary X General
Per Election for Office Sought	7	45.00	2018	Other (specify) ▶
Full Name of Payee		☐ Memo	Item [Date of Public Distribution/Dissemination
Jaalin Harvey: PPWS				11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				
			<i>,</i>	Amount
City	State	Zip Code		45.00
Orlando	FL	32829		Transaction ID : SE.4733 Date of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/		M M / D D / Y Y Y Y
Online Marketing		Type		11 05 2018
Name of Federal Candidate:		x Support	Office S	Sought: House District: 04
McAdams, Ben, , ,		Oppose	P	resident Senate State: UT
Calendar Year-To-Date		45.00		ement For: Primary 🗶 General
Per Election for Office Sought	7 7	10.00	2018	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	;		. •	90.00
(h) CURTOTAL of Unitersity of Independent Funerality				
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures			[
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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			
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Signature	Lacon omeany 1 th	_ Date	e 05	28 2019

PAGE 45 OF 64 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 Full Name of Payee Date of Public Distribution/Dissemination Jaalin Harvey: PPWS 11 05 2018 Mailing Address 7179 Lake Carlisle Blvd Amount City State Zip Code 45.00 FL 32829 Transaction ID: SE.4734 Orlando Date of Disbursement or Obligation Purpose of Expenditure Category/ Online Marketing 11 05 2018 Type Name of Federal Candidate: 02 **X** Support Office Sought: **X** House District: Luria, Elaine, , , VA Oppose President State: Senate Disbursement For: Primary **X** General Calendar Year-To-Date 45.00 2018 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item Jaalin Harvey: PPWS 2018 05 Mailing Address 7179 Lake Carlisle Blvd Amount 45.00 City State Zip Code Orlando Transaction ID: SE.4735 FL 32829 Date of Disbursement or Obligation Purpose of Expenditure Category/ Online Marketing 05 2018 11 Type Name of Federal Candidate: 07 x Support Office Sought: **X** House District: Spanberger, Abigal, , , VA Oppose President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 45.00 2018 Per Election for Office Sought Other (specify) ▶ 90.00 (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] 05 28 2019 Date Signature

PAGE 46 OF 64 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 Full Name of Payee Date of Public Distribution/Dissemination Jaalin Harvey: PPWS 11 05 2018 Mailing Address 7179 Lake Carlisle Blvd Amount City State Zip Code 45.00 FL 32829 Transaction ID: SE.4736 Orlando Date of Disbursement or Obligation Purpose of Expenditure Category/ Online Marketing 11 05 2018 Type Name of Federal Candidate: 80 **X** Support Office Sought: **X** House District: Lindsay, Richard, Richard, , WV Oppose President State: Senate Disbursement For: Primary **X** General Calendar Year-To-Date 45.00 2018 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item PinPoint WebSolutions 2018 05 Mailing Address 7179 Lake Carlisle Blvd Amount 353.00 City State Zip Code Orlando Transaction ID: SE.4776 FL 32829 Date of Disbursement or Obligation Purpose of Expenditure Category/ Marketing: "#VoteDemocrat" Campaign 05 2018 11 Type Name of Federal Candidate: 19 x Support Office Sought: **X** House District: Delgado, Antonio, , , NY Oppose President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 418.00 2018 Per Election for Office Sought Other (specify) ▶ 398.00 (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] 05 28 2019 Date Signature

TEMIZED INDEPENDENT EXPENDITURES				PAGE 47 OF 64 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
Chican report		7 11101100 1000	Transa on	
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item Date	of Public Distribution/Dissemination
Mailing Address 7179 Lake Carlisle Blvd			Amo	
City	State	Zip Code		353.00
Orlando	FL	32829	Tran	nsaction ID : SE.4777 of Disbursement or Obligation
Purpose of Expenditure Marketing: "#VoteDemocrat" Campaign		Category/ Type		11 05 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 Soug	ght: X House District: 24
Balter, Dana, , ,		Oppose	Presi	dent Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	7 7	418.00	Disburseme 2018	ent For: Primary X General Other (specify) ▶
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
PinPoint WebSolutions				M M / D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
Mailing Address 7179 Lake Carlisle Blvd			Amo	unt
City	State	Zip Code		353.00
Orlando	FL	32829		nsaction ID : SE.4778 of Disbursement or Obligation
Purpose of Expenditure Marketing: "#VoteDemocrat" Campaign		Category/ Type		11 05 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 Soug	ght: X House District: 07
Malinowski, Tom, , ,		Oppose	Presi	dent Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought	<u>, , , , , , , , , , , , , , , , , , , </u>	418.00	Disburseme	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditu				706.00
(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] Date	e 05	28 2019
Signature	<u> </u>		, 55	

TEMIZED INDEPENDENT EXPENDITURES				PAGE 48 OF 64
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	n M M / D D / Y Y Y Y
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item	Date of Public Distribution/Dissemination
Tim one weboutions				11 05 / 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	Otata	Zio Codo		
City Orlando	State	Zip Code 32829		353.00 Transaction ID : SE.4779
Purpose of Expenditure	'-			Date of Disbursement or Obligation
Marketing: "#VoteDemocrat" Campaign		Category/ Type		11 05 7 2018
Name of Federal Candidate:		✗ Support	Office	Sought: X House District: 11
Rose, Max, , ,		Oppose	F	President Senate State: NY
Calendar Year-To-Date		419.00		sement For: Primary 🗶 General
Per Election for Office Sought	7	418.00	2018	Other (specify) ▶
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item	Date of Public Distribution/Dissemination
FILIPOINT WEDSOIDTIONS				11 05 / 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
			,	Amount
City Orlando	State	Zip Code		353.00 Transaction ID : SE.4780
	FL	32829		Date of Disbursement or Obligation
Purpose of Expenditure Marketing: "#VoteDemocrat" Campaign		Category/ Type		11 / 05 / Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office	Sought: House District: 21
Cobb, Tedra, , ,		Oppose	F	President Senate State: NY
Calendar Year-To-Date		418.00		sement For: Primary 🗶 General
Per Election for Office Sought	7-1-5-	410.00	2018	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			- ▶	706.00
(h) CURTOTAL of Unitamized Independent Evrenditus	***			
(b) SUBTOTAL of Unitemized Independent Expenditu	les			7 7
(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
Signature	I'II	Date	e 05	28 2019

				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			EE	C IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				
				C00522458
Check if 24-hour report 48-hour report	New rep	ort Amends repo	t filed on	/ D D / Y Y Y Y
Full Name of Payee PinPoint WebSolutions		☐ Memo	tem Date of P	rublic Distribution/Dissemination
Mailing Address 7179 Lake Carlisle Blvd			11	05 2018
7179 Lake Calliste Divu			Amount	
City	State	Zip Code		353.00
Orlando	FL	32829		ion ID : SE.4781 bisbursement or Obligation
Purpose of Expenditure Marketing: "#VoteDemocrat" Campaign		Category/ Type	M I N	
Name of Federal Candidate:		X Support	Office Sought:	¥ House District:02
Shirley, Liuba, , ,		Oppose	President	Senate State: NY
Calendar Year-To-Date Per Election for Office Sought	7 1 7	418.00	Disbursement Fo	or: Primary X General r (specify) ▶
Full Name of Payee		☐ Memo	tem Date of P	rublic Distribution/Dissemination
PinPoint WebSolutions			M 11	/ D D / 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	-	353.00
Orlando	FL	32829		tion ID : SE.4782 Disbursement or Obligation
Purpose of Expenditure Marketing: "#VoteDemocrat" Campaign	1	Category/ Type	M 1 1	
Name of Federal Candidate:		✗ Support	Office Sought:	■ House District:02
Sidie, Jay, , ,		Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7	418.00	Disbursement Fo	or: Primary X General
-				
(a) SUBTOTAL of Itemized Independent Expenditures			•	706.00
(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] Doto	M = M / D	28 2019
Signature		Date	05 2	.6 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 50 OF 64
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X 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
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			Amo	ount
City	State	Zip Code	-	353.00
Orlando	FL	32829		nsaction ID : SE.4783 e of Disbursement or Obligation
Purpose of Expenditure Marketing: "#VoteDemocrat" Campaign		Category/ Type		11 05 2018
Name of Federal Candidate:		✗ Support	Office Sou	ght: 🗶 House District:02
Van Drew, Jeff, , ,		Oppose	Pres	ident Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	418.00	Disbursem 2018	ent For: Primary X General Other (specify) ▶
Full Name of Payee		Memo	Item Date	e of Public Distribution/Dissemination
PinPoint WebSolutions		_ mome		M M / D D / Y Y Y
Mailing Address 7470 Labo Cartials Blad				11 05 2018
7179 Lake Carlisle Blvd			Amo	ount
City	State	Zip Code	-	353.00
Orlando	FL	32829		unsaction ID : SE.4784 e of Disbursement or Obligation
Purpose of Expenditure Marketing: "#VoteDemocrat" Campaign		Category/ Type		11 05 / 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: X House District: 12
O'Connor, Danny, , ,		Oppose	Pres	ident Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		818.00	Disbursem 2018	,
				Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures			•	706.00
(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			
Zullo, Christopher, , ,	Flactronically F21	adl	M = M	/ D D / Y T Y T Y
Signature	Electronically Fil	eaj Date	9 05	28 2019

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 11 05 2018 Mailing Address 7179 Lake Carlisle Blvd Amount City State Zip Code 353.00 FL 32829 Transaction ID: SE.4785 Orlando Date of Disbursement or Obligation Purpose of Expenditure Category/ Marketing: "#VoteDemocrat" Campaign 11 05 2018 Type Name of Federal Candidate: 02 **X** Support Office Sought: **X** House District: Kirpatrick, Ann, , , ΑZ Oppose President State: Senate Disbursement For: Primary **X** General Calendar Year-To-Date 418.00 2018 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item PinPoint WebSolutions 2018 05 Mailing Address 7179 Lake Carlisle Blvd Amount 353.00 City State Zip Code Orlando Transaction ID: SE.4786 FL 32829 Date of Disbursement or Obligation Purpose of Expenditure Category/ Marketing: "#VoteDemocrat" Campaign 05 2018 11 Type Name of Federal Candidate: 06 x Support Office Sought: **X** House District: Crow, Jason, , , CO Oppose President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 418.00 2018 Per Election for Office Sought Other (specify) ▶ 706.00 (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] 05 28 2019 Date Signature

PAGE

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OF

64

LIMIZED INDEPENDENT EXPENDITORES				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
				C 000322430
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
				11 05 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		353.00
Orlando	FL	32829		Transaction ID : SE.4787 Date of Disbursement or Obligation
Purpose of Expenditure Marketing: "#VoteDemocrat" Campaign		Category/ Type		11 05 2018
Name of Federal Candidate:		X Support	Office	e Sought: X House District: 01
Finkenauer, Abby, , ,		Oppose		President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	418.00	Disbu 2018	rrsement For: Primary X General Other (specify) ▶
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
PinPoint WebSolutions				M M / D D / Y Y Y Y 1 Y 1 1 1 05 2018
Mailing Address 7179 Lake Carlisle Blvd				Amount
City	State	Zip Code		353.00
Orlando	FL	32829		Transaction ID : SE.4788 Date of Disbursement or Obligation
Purpose of Expenditure Marketing: "#VoteDemocrat" Campaign		Category/ Type		11 05 / 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: House District: 11
Stevens, Haley, , ,		Oppose		President Senate State: MI
Calendar Year-To-Date		418.00	Disbu 2018	rrsement For: Primary General
Per Election for Office Sought	7 7		2010	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·		•	706.00
(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 0:	5 28 2019

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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	e of Public Distribution/Dissemination
Mailing Address 7470 Lake Carliala Physic				11 05 2018
7179 Lake Carlisle Blvd			Amo	ount
City	State	Zip Code		353.00
Orlando	FL	32829		nsaction ID : SE.4789 e of Disbursement or Obligation
Purpose of Expenditure Marketing: "#VoteDemocrat" Campaign		Category/ Type		11 05 / 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:02
Craig, Angie, , ,		Oppose		ident Senate State: MN
Calendar Year-To-Date Per Election for Office Sought	7 7	418.00	Disburseme 2018	ent For:
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
PinPoint WebSolutions				M 11
Mailing Address 7179 Lake Carlisle Blvd			Amo	ount
City	State	Zip Code	$ \Gamma$	353.00
Orlando	FL	32829		Insaction ID : SE.4790 e of Disbursement or Obligation
Purpose of Expenditure Marketing: "#VoteDemocrat" Campaign		Category/ Type		11 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sou	ght: K House District: 03
Phillips, Dean, , ,		Oppose	Pres	ident Senate State: MN
Calendar Year-To-Date Per Election for Office Sought	7 1 7	418.00	Disbursemo	ent For: ☐ Primary X General Other (specify) ▶
				700.00
(a) SUBTOTAL of Itemized Independent Expenditures			· L	706.00
(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	led1 Data	M M M	28 2019
Signature		Date	, 05	2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 54 OF 64 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	te of Public Distribution/Dissemination
PinPoint WebSolutions				11 05 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	nount
City	State	Zip Code	$ \Gamma$	353.00
Orlando	FL	32829	Tra Da	ansaction ID : SE.4791 te of Disbursement or Obligation
Purpose of Expenditure Marketing: "#VoteDemocrat" Campaign		Category/ Type		11 05 2018
Name of Federal Candidate:		X Support	Office Sou	ught: X House District: 11
Sherrill, Mike, , ,		Oppose	Pre	sident Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought		418.00	Disbursen 2018	nent For:
Full Name of Payee		☐ Memo	Item Daf	te of Public Distribution/Dissemination
PinPoint WebSolutions				11 05 7 2018
Mailing Address 7179 Lake Carlisle Blvd			Am	nount
City	State	Zip Code	$ \Gamma$	353.00
Orlando	FL	32829		ansaction ID : SE.4792 te of Disbursement or Obligation
Purpose of Expenditure Marketing: "#VoteDemocrat" Campaign		Category/ Type		11 05 2018
Name of Federal Candidate:		x Support	Office Sou	ught: House District: 03
Lee, Susie, , ,		Oppose	Pres	sident Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought		483.00	Disbursen 2018	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures.			•	706.00
(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, , , [1	Electronically File	ed]	MIM	/ DD D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	9 05	28 2019

TEMIZED INDEPENDENT EXPENDITORES				PAGE 55 OF 64 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
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
PinPoint WebSolutions				11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Ar	mount
City	State	Zip Code	-	353.00
Orlando	FL	32829		ransaction ID : SE.4793 ate of Disbursement or Obligation
Purpose of Expenditure Marketing: "#VoteDemocrat" Campaign		Category/ Type		11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sc	ought: X House District: 10
Wexton, Jennifer, , ,		Oppose		esident Senate State: VA
Calendar Year-To-Date Per Election for Office Sought	1 1 1	418.00	Disburse 2018	ment For:
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
PinPoint WebSolutions				11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Ar	mount
City	State	Zip Code	— г	353.00
Orlando	FL	32829	T T	ransaction ID : SE.4794
Purpose of Expenditure			Da	ate of Disbursement or Obligation
Marketing: "#VoteDemocrat" Campaign		Category/ Type		11 05 7 2018
Name of Federal Candidate:		🗶 Support	Office Sc	ought: House District: 01
Feehan, Dan, , ,		Oppose	Pre	esident Senate State: MN
Calendar Year-To-Date Per Election for Office Sought	,	418.00	Disburse 2018	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures				706.00
(b) SUBTOTAL of Unitemized Independent Expenditur	es		· • L	
(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 File	edl Date	M = M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	e 05	28 2019

FEMIZED INDEPENDENT EXPENDITURES	3			PAGE 56 OF 64 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 May / Dad / Yayayay		
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination		
PinPoint WebSolutions				11 05 / 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		
		1				
City	State	Zip Code		353.00		
Orlando	FL	32829		Transaction ID : SE.4795 Date of Disbursement or Obligation		
Purpose of Expenditure Marketing: "#VoteDemocrat" Campaign		Category/ Type		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate:		✗ Support	Office	Sought: House District: 08		
Radinovich, Joe, , ,		Oppose		President Senate State: MN		
Calendar Year-To-Date Per Election for Office Sought	1 1 1	418.00	Disbui 2018	rsement For:		
Full Name of Payee		Memo	Itom	Date of Public Distribution/Dissemination		
PinPoint WebSolutions		□ Memo	item	M M / D D / Y Y Y Y		
Mailing Address				11 05 2018		
7179 Lake Carlisle Blvd				Amount		
City	State	Zip Code		353.00		
Orlando	FL	32829		Transaction ID : SE.4796 Date of Disbursement or Obligation		
Purpose of Expenditure		Category/		M M / D D / Y Y Y Y		
Marketing: "#VoteDemocrat" Campaign		Type	4	11 05 2018		
Name of Federal Candidate:		✗ Support	Office	Sought: X House District: 26		
Mucarsel-Powell, Debbie, , ,		Oppose		President Senate State: FL		
Calendar Year-To-Date		418.00		rsement For: Primary 🗶 General		
Per Election for Office Sought	7 7	410.00	2018	Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditure:	S		•	706.00		
(b) SUPTOTAL of Uniterpired Independent Everyditte	1800					
(b) SUBTOTAL of Unitemized Independent Expenditu	ires					
(c) TOTAL Independent Expenditures						
Under penalty of perjury I certify that the independ 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		
Signature	Laston omeuny I u	Date	e 05	28 2019		

TEMIZED INDEPENDENT EXPENDITURES				PAGE 57 OF 64 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
Full Name of Payee		☐ Memo	Item D	rate of Public Distribution/Dissemination
PinPoint WebSolutions				11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			А	mount
City	State	Zip Code		353.00
Orlando	FL	32829		ransaction ID : SE.4797 late of Disbursement or Obligation
Purpose of Expenditure Marketing: "#VoteDemocrat" Campaign		Category/ Type		M M / D D / Y Y Y Y Y 1 Y 1 1 1 1 05 2018
Name of Federal Candidate:		X Support	Office S	ought: House District: 27
Shalala, Donna, , ,		Oppose	Pr	resident Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	7	418.00	Disburse 2018	ement For: Primary X General Other (specify) ▶
Full Name of Payee		Memo	Item D	rate of Public Distribution/Dissemination
PinPoint WebSolutions		Memo		11 05 Y 2018
Mailing Address 7179 Lake Carlisle Blvd			Δ	mount
	I.a.	I =		
City Orlando	State FL	Zip Code 32829		353.00 Fransaction ID : SE.4798
Purpose of Expenditure Marketing: "#VoteDemocrat" Campaign	1	Category/ Type		nate of Disbursement or Obligation 11 05 2018
Name of Federal Candidate:		✗ Support	Office S	ought: House District: 03
Axne, Cindy, , ,		Oppose	l Pr	resident Senate State: IA
Calendar Year-To-Date Per Election for Office Sought	7 7	418.00	Disburse 2018	ement For:
(a) SUBTOTAL of Itemized Independent Expenditures				706.00
(b) SUBTOTAL of Unitemized Independent Expenditure	700		. [
(b) 300101AL of Officernized independent Expenditure				
(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 Fil	'ed1 –	M = M	/ D D / Y Y Y Y
Signature		Date	e 05	28 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 58 OF 64
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	n M M / D D / Y Y Y Y
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item	Date of Public Distribution/Dissemination
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Mailing Address 7179 Lake Carlisle Blvd				Amount
				Amount
City	State	Zip Code		353.00
Orlando	FL	32829		Transaction ID : SE.4799 Date of Disbursement or Obligation
Purpose of Expenditure Marketing: "#VoteDemocrat" Campaign		Category/ Type		11 05 7 9 9 9
Name of Federal Candidate:		X Support	Office	Sought: X House District: 07
Davis, Paul, , ,		Oppose		President Senate State: KS
Calendar Year-To-Date		1 100100	Disbur	sement For: Primary 🗶 General
Per Election for Office Sought	<u></u>	418.00	2018	Other (specify) ▶
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
PinPoint WebSolutions				11 05 / 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		353.00
Orlando	FL	32829		Transaction ID : SE.4800 Date of Disbursement or Obligation
Purpose of Expenditure Marketing: "#VoteDemocrat" Campaign		Category/		M M / D D / Y Y Y Y
Marketing. #VoteDenocrat Campaign		Type		11 05 2018
Name of Federal Candidate:		x Support	Office	Sought: Mouse District: 06
McGrath, Amy, , ,		Oppose		President Senate State: KY
Calendar Year-To-Date		418.00	1	sement For: Primary 🗶 General
Per Election for Office Sought	7 7	110.00	2018	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	i		. •	706.00
(h) CURTOTAL of Unitersity of Index or death Funancial				
(b) SUBTOTAL of Unitemized Independent Expenditu	res			7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
(c) TOTAL Independent Expenditures				
				7
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 Y
Signature		_ Date	e 05	28 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 59 OF 64 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
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item Da	ate of Public Distribution/Dissemination
Tim one vessorations				11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Aı	mount
City	State	Zip Code	-	353.00
Orlando	FL	32829		ransaction ID : SE.4801 ate of Disbursement or Obligation
Purpose of Expenditure Marketing: "#VoteDemocrat" Campaign		Category/ Type		11 05 / 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	ought: X House District:02
Golden, Jared, , ,		Oppose		esident Senate State: ME
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	418.00	Disburse 2018	ement For: Primary General Other (specify) ▶
Full Name of Payee		Memo	Item D:	ate of Public Distribution/Dissemination
PinPoint WebSolutions		-		M M / D D / Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
Mailing Address 7179 Lake Carlisle Blvd				11 05 2018
THE LANG CAMBIO SIVE			Ar	mount
City	State	Zip Code	[353.00
Orlando	FL	32829		Transaction ID : SE.4802 ate of Disbursement or Obligation
Purpose of Expenditure Marketing: "#VoteDemocrat" Campaign		Category/ Type		11 05 2018
Name of Federal Candidate:		✗ Support	Office So	ought: 🗶 House District:09
McCready, Dan, , ,		Oppose	Pr	esident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	418.00	Disburse 2018	ement For:
(a) SUBTOTAL of Itemized Independent Expenditures				706.00
,				
(b) SUBTOTAL of Unitemized Independent Expenditure	es		· • L	
(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
Signature		Date	9 05	28 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 60 OF 64 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				
TOGETHER WE THRIVE				FEC IDENTIFICATION NUMBER ▼ 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
Full Name of Payee		☐ Memo	Itom Date	e of Public Distribution/Dissemination
PinPoint WebSolutions		□ IVIEITIO	item bat	11 05 2018
Mailing Address 7179 Lake Carlisle Blvd			Amo	
City	State	Zip Code	— Г	353.00
Orlando	FL	32829		nsaction ID : SE.4803 e of Disbursement or Obligation
Purpose of Expenditure Marketing: "#VoteDemocrat" Campaign		Category/ Type		11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sou	ght: 🗶 House District:13
Manning, Kathy, , ,		Oppose	Pres	ident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 1 7	418.00	Disbursem	ent For: Primary ✓ General Other (specify) ✓
Full Name of Payee		Memo	Itom Date	e of Public Distribution/Dissemination
PinPoint WebSolutions		□ Memo	item Bat	11 05 2018
Mailing Address 7179 Lake Carlisle Blvd			Amo	
City Orlando	State	Zip Code	Tra	353.00
Purpose of Expenditure	FL	32829		e of Disbursement or Obligation
Marketing: "#VoteDemocrat" Campaign		Category/ Type		11 05 / Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sou	ght: X House District: 03
Kim, Andrew, , ,		Oppose	Pres	ident Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	836.00	Disbursem 2018	ent For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				706.00
(b) SUBTOTAL of Unitemized Independent Expenditur	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			
Zullo, Christopher, , ,	Electronically Fil	ed]	M	/ D D / Y Y Y Y Y Y
Signature	<u> Басионисину Г</u> и	Date	e 05	28 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 61 OF 64
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	ort filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
PinPoint WebSolutions				11 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Ar	nount
City	State	Zip Code	— Г	353.00
Orlando	FL	32829		ansaction ID : SE.4805 ate of Disbursement or Obligation
Purpose of Expenditure Marketing: "#VoteDemocrat" Campaign	I	Category/ Type		11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Sc	ought: X House District: 02
Torres Small, Xochitl, , ,		Oppose		esident Senate State: NM
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	418.00	Disburse	ment For: Primary ✓ General Other (specify)
Full Name of Payee		Memo	Item Da	ate of Public Distribution/Dissemination
PinPoint WebSolutions		Wichio	nom	M = M / D = D / Y = Y = Y
Mailing Address				11 05 2018
7179 Lake Carlisle Blvd			Ar	nount
City	State	Zip Code	— I	353.00
Orlando	FL	32829		ransaction ID : SE.4806 ate of Disbursement or Obligation
Purpose of Expenditure Marketing: "#VoteDemocrat" Campaign		Category/ Type		M M / D D / Y Y Y Y Y 1 Y 1 1 1 1 0 5 2018
Name of Federal Candidate:		x Support	Office Sc	ought: House District: 22
Brindisi, Anthony, , ,		Oppose	Pre	esident Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		418.00	Disburse	ment For: Primary Seneral
Ter Election for Office Cought	7 1 1			Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			· •	706.00
(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	odl	M = M	/ D D / Y Y Y Y Y
Signature	ысы опишну Г П	Date	05	28 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 62 OF 64
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
				M = M / D = D / Y = Y = Y
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item I	Date of Public Distribution/Dissemination
				11 05 7 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		353.00
Orlando	FL	32829		Transaction ID : SE.4807
Purpose of Expenditure Marketing: "#VoteDemocrat" Campaign		Category/ Type		Date of Disbursement or Obligation 11 05 2018
Name of Federal Candidate:		✗ Support	Office :	Sought: X House District: 01
Pureval, Aftab, , ,		Oppose	l	President Senate State: OH
Calendar Year-To-Date				sement For: Primary 🗶 General
Per Election for Office Sought		418.00	2018	Other (specify)
Full Name of Payee		☐ Memo	Item I	Date of Public Distribution/Dissemination
PinPoint WebSolutions				11 05 / 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		353.00 Transaction ID : SE.4808
Orlando	FL	32829		Date of Disbursement or Obligation
Purpose of Expenditure Marketing: "#VoteDemocrat" Campaign		Category/ Type		11 / 05 / Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office	Sought: X House District: 01
Wallace, Scott, , ,		Oppose	F	President Senate State: PA
Calendar Year-To-Date		418.00		sement For: Primary 🗶 General
Per Election for Office Sought	7 7		2018	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			. •	706.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		[
			٠ ١	
(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	/ / D D / Y Y Y Y Y
Signature		_ Date	e 05	28 2019

TEMIZED INDEPENDENT EXPENDITURES				PAGE 63 OF 64
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	n M M / D D / Y Y Y Y
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item	Date of Public Distribution/Dissemination
Piripoint WebSolutions				11 05 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		353.00
Orlando	FL	32829		Transaction ID: SE.4809 Date of Disbursement or Obligation
Purpose of Expenditure Marketing: "#VoteDemocrat" Campaign		Category/ Type		11 05 7 2018
Name of Federal Candidate:		✗ Support	Office	Sought: House District: 04
McAdams, Ben, , ,		Oppose	l	President Senate State: UT
Calendar Year-To-Date			Disburs	sement For: Primary X General
Per Election for Office Sought	7 7	418.00	2018	Other (specify) ▶
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
PinPoint WebSolutions				11 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				11 00 2010
1770 Zano Garnolo Biva				Amount
City	State	Zip Code		353.00
Orlando	FL	32829		Transaction ID : SE.4810 Date of Disbursement or Obligation
Purpose of Expenditure Marketing: "#VoteDemocrat" Campaign		Category/	_	M M / D D / Y Y Y Y
Marketing. #votebemocrat Campaign		Туре		11 05 2018
Name of Federal Candidate:		✗ Support	Office	Sought: X House District: 02
Luria, Elaine, , ,		Oppose	F	President Senate State: VA
Calendar Year-To-Date		418.00	1	sement For: Primary 🗶 General
Per Election for Office Sought	7 7	418.00	2018	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	;		- ▶	706.00
			ī	
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures			. [
(c) TO TAL macpendent Expenditures			•	
Under penalty of perjury I certify that the independe				
with, or at the request or suggestion of, any candidate party committee) any political party committee or its		committee or agent	of either,	or (ii the reporting entity is not a political
Zullo, Christopher, , ,	[Electronically Fil	led1	M = 7	/ / D D / Y Y Y Y
Signature		_ Date	e 05	28 2019

				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 report Amends report filed on 48-hour report				
Full Name of Payee				of Public Distribution/Dissemination
Mailing Address 7470 Lake Carliala Physic				11 05 2018
7179 Lake Carlisle Blvd			Amou	ınt
City	State Zip Code			353.00
Orlando	FL	32829	Transaction ID : SE.4811 Date of Disbursement or Obligation	
Purpose of Expenditure Marketing: "#VoteDemocrat" Campaign		Category/ Type	11 05 7 2018	
Name of Federal Candidate:		X Support	Office Sough	ht: X House District: 07
Spanberger, Abigal, , ,				dent Senate State: VA
Calendar Year-To-Date Per Election for Office Sought		438.00	Disbursemer 2018	nt For: Primary
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
PinPoint WebSolutions				11
Mailing Address 7179 Lake Carlisle Blvd			Amou	ınt
City	State	Zip Code	-	380.26
Orlando	FL	32829		saction ID : SE.4812 of Disbursement or Obligation
Purpose of Expenditure Marketing: "#VoteDemocrat" Campaign		Category/ Type	11 DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate:		✗ Support	Office Sough	ht: X House District: 08
Lindsay, Richard, Richard, ,			Presid	
Calendar Year-To-Date Per Election for Office Sought		380.26	Disbursemen 2018	nt For: Primary
				700.00
(a) SUBTOTAL of Itemized Independent Expenditures	; 		•	733.26
(b) SUBTOTAL of Unitemized Independent Expenditure	res		.	
(c) TOTAL Independent Expenditures			•	15513.26
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 /	28 2019
Signature		Date	05	28 2019