PAGE 1 / 40

Image# 202006199240074781

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	X For	Other	Than An A	Authorized	d Commi	ttee		Office U	se Only	
NAME OF COMMITTEE		PE OR I	PRINT ▼		ample: If ty or the lines.		12FI	E4M5		
TOGETHER	WE THRIVE	E I I	1 1 1 1	1 1 1 1	1 1 1	1 1 1 1 1	1 1 1	1 1 1 1		.
		3433 LIT	HIĄ PĮNECRES	ST RD						
ADDRESS (numbe ▼	•	STE 198								
Check if than prevented.	different riously	VALRICO	0				FL	3359	6	
2. FEC IDENTI	FICATION NUM	BER ▼		CITY 🛦			STATE A	L	ZIP COD	E 🛦
C C0052	2458		3.	. IS THIS REPORT		NEW (N) OR	×	AMENDED (A)		
4. TYPE OF F (Choose One) (a) Quarterly	Reports:	(b) Mon Rep Due	ort On:	Feb 20 (M2) Mar 20 (M3) Apr 20 (M4)		May 20 (M5) Jun 20 (M6) Jul 20 (M7)		Aug 20 (M8) Sep 20 (M9) Oct 20 (M10)		Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)
July Quar	terly Report (Q1) 15 terly Report (Q2)	(c)	12-Day PRE-Election Report for the	<u></u>	Primary (1		=	neral (12G) ecial (12S)		Runoff (12R)
Quar Janu	ber 15 terly Report (Q3) ary 31 -End Report (YE)		Ele	ection on	M = M	/ D = D /	YIYI	Y Y	in the State of	
Repo Year	31 Mid-Year ort (Non-election Only) (MY)	(d)	30-Day POST-Election Report for the		General (3	30G)	Rui	noff (30R)		Special (30S)
(TEF	ination Report ()		Ele	ection on	M = M	/ D = D /	Y	Y	in the State of	
5. Covering Peri	od 07	01	201	9	through	n 09	/ 30		19	
I certify that I have Type or Print Nam			nd to the bes	t of my kno	wledge and	d belief it is t	rue, corre	ct and comple	te.	
Signature of Treas	Zullo, Ch urer	aristopher,	,,		[Electronico	ally Filed]	Date	M M / D 15)	2020
NOTE: Submission	of false, erroneou	s, or inco	omplete inform	ation may sı	ubject the p	erson signing	this Repor	t to the penalt	ies of 52 l	J.S.C. § 30109
Office Use Only									FORM Rev. 05/20	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page 2
V	Vrite or Type Committee Name		
	TOGETHER WE THRIVE		
R	Report Covering the Period: From:		o: 09 30 / 2019
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2019		0.00
	(b) Cash on Hand at Beginning of Reporting Period	0.00	
	(c) Total Receipts (from Line 19)	45812.88	45812.88
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	45812.88	45812.88
7.	Total Disbursements (from Line 31)	45812.88	45812.88
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	0.00	0.00
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
	This committee has qualified as a multi	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

		o: 09 30 2019
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A)	45162.88	45162.88
(ii) Unitemized	650.00	650.00
(ii) Unitemized(iii) TOTAL (add	000.00	030.00
Lines 11(a)(i) and (ii)	45812.88	45812.88
Emes 11(a)(i) and (ii)	45. 45. 17. 25.	45 45 45
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	45040.00	45812.88
Totals to Line 33, page 5)	45812.88	43012.00
2. Transfers From Affiliated/Other	0.00	0.00
Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
. All Edding Floodived	7 7 7	4 4
Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures	4	7 7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made	4 4	4 4
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
3. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(IIOIII Ochedule 110)	0.00	0.00
(b) Lovin Funda (fram Cabadula LIF)	0.00	0.00
(b) Levin Funds (from Schedule H5)	4	45 45
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
(4) 1044 1040 (404 1044)	4	4
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	45812.88	45812.88
	4 4	4 4 4
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	45812.88	45812.88

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		Calcinal Teal-10-Date
Activity (from Schedule H4)	0.00	0.00
(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	0.00	0.00
(add 21(a)(i), (a)(ii), and (b))▶ Transfers to Affiliated/Other Party	0.00	0.00
Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures	0.00	4 4
(use Schedule E)	45812.88	45812.88
Coordinated Party Expenditures (52 U.S.C. § 30116(d))	0.00	
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
	4 4 4	
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	0.00	
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)(d) Total Contribution Refunds	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
(444 211100 20(4), (5), 4114 (6),	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101(2	20))	
(a) Allocated Federal Election Activity	,,	
(from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid	0.00	0.00
Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	7 7 7	1 1 1 1 1 1 1 1 1
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))	45812.88	45812.88
	10012.00	13012.00
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	45812.88	45040.00
,	43012.00	45812.88

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	45812.88	45812.88
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	45812.88	45812.88
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER:					PAGE	6	OF	40	
(check only one)									
	X	11a		11b		11c	12		
		13		14		15	16	;	17

Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any persecutive name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE		
Full Name of Individual (Last, First, Middle Ini Contribution, Unitermized, , , Mailing Address City FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify)	State Zip Code C Occupation (for Individual) Aggregate Year-to-Date ▼	Date of Receipt 09 30 2019 Transaction ID: SA11AI.4132 Amount of Each Receipt this Period 42062.88 Memo Item Unitemized Contributions Under \$200
Full Name of Individual (Last, First, Middle Ini Kuenzli, Stephen, , , Mailing Address 1290 N Concord Ave City Chandler FEC ID number of contributing federal political committee. Name of Employer (for Individual) QualiMente LLC Receipt For: Primary General Other (specify)	State Zip Code AZ 85225 C Occupation (for Individual) Consultant Aggregate Year-to-Date 250,00	Date of Receipt O7 16 2019 Transaction ID: SA11AI.4104 Amount of Each Receipt this Period 250.00 Memo Item
Full Name of Individual (Last, First, Middle Ini Messing, Debra, , , Mailing Address 350 5th Avenue City New York FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Receipt For: Primary General Other (specify)	State Zip Code NY 10118 C Occupation (for Individual) Actor Aggregate Year-to-Date 250.00	Date of Receipt O7 26 2019 Transaction ID: SA11AI.4110 Amount of Each Receipt this Period 250.00 Memo Item
SUBTOTAL of Receipts This Page (optional)		42562.88
TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

F						PAGE		7	OF	40
(0	(check only one)									
	X	11a		11b		11c		12	2	
		13		14		15		16	6	17

Any information copied from such Reports and or for commercial purposes, other than using t			
NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE			
Full Name of Individual (Last, First, Middle Northcutt, Barbara, , , Mailing Address 2915 Ebbtide Rd.	Initial) or Full Orga	nization Name	Date of Receipt
City	State	Zip Code	09 11 2019
Corona Del Mar	CA	92625-1405	Transaction ID : SA11AI.4124 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer (for Individual) Self-Employed Receipt For:	Self-En	nployed	Memo Item
Primary General Other (specify) ▼	Aggregate Yea	1000.00	
Full Name of Individual (Last, First, Middle Osborn, Hugh, , , Mailing Address 115 Interlaken Avenue	Initial) or Full Orga	nization Name	Date of Receipt
City	Ctata	Zin Codo	09 30 2019
City New Rochelle	State	Zip Code 10801	Transaction ID : SA11AI.4130 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) Self	Occupa Consul	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 250,00	
Full Name of Individual (Last, First, Middle Pilant, Darrell, , ,	Initial) or Full Orga	nization Name	Date of Receipt
Mailing Address 15759 Pauma Valley Drive			09 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Pauma Valley	State	Zip Code 92061	Transaction ID : SA11AI.4127 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		250.00
Name of Employer (for Individual) Caesars Entertainment	Occupa SVP	ition (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional).		>	1500.00
TOTAL This Period (last page this line number	er only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER:					PAGE		8	OF	40		
(c	(check only one)										
	X	11a		11b		11c		12	2		
		13		14		15		16	6	17	

		any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE		
Full Name of Individual (Last, First, Middle I Richardson, Patricia C, , , Mailing Address 2029 Century Park East Sui City Los Angelous FEC ID number of contributing federal political committee. Name of Employer (for Individual) Lifetime Receipt For: Primary General		Date of Receipt 07
Tull Name of Individual (Last, First, Middle I Smith, James, , , Mailing Address 7212 Burtonwood Drive City Alexandria		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Receipt For: Primary General Other (specify) ▼	Occupation (for Individual) Health Policy Consultant Aggregate Year-to-Date 300.00	Memo Item
Full Name of Individual (Last, First, Middle I Sutton, Eliza, , , Mailing Address 15815 35th Ave NE City Lake Forest Park FEC ID number of contributing federal political committee. Name of Employer (for Individual) University of Washington Receipt For: Primary General Other (specify)	State Zip Code WA 98155 C Occupation (for Individual) Associate Professor Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M / 21 / 2019 Transaction ID : SA11AI.4108 Amount of Each Receipt this Period 250.00 Memo Item
SUBTOTAL of Receipts This Page (optional)		600.00
TOTAL This Period (last page this line number	er only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

F	FOR LINE NUMBER:					PAGE		9	OF		40
(0	(check only one)										
	X	11a		11b		11c		12			
		13		14		15		16	;		17

Any information copied from such Reports and or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE		
Full Name of Individual (Last, First, Middle In Sutton, Eliza, , , Mailing Address 15815 35th Ave NE City Lake Forest Park FEC ID number of contributing federal political committee. Name of Employer (for Individual) University of Washington Receipt For: Primary General Other (specify)	State Zip Code WA 98155 C Occupation (for Individual) Associate Professor Aggregate Year-to-Date 500.00	Date of Receipt Mom / 21 2019 Transaction ID: SA11AI.4118 Amount of Each Receipt this Period 250.00 Memo Item
Full Name of Individual (Last, First, Middle In Sutton, Eliza, , , Mailing Address 15815 35th Ave NE City Lake Forest Park FEC ID number of contributing federal political committee. Name of Employer (for Individual) University of Washington Receipt For: Primary General Other (specify) Full Name of Individual (Last, First, Middle In Sutton	State Zip Code WA 98155 C Occupation (for Individual) Associate Professor Aggregate Year-to-Date ▼ 750.00	Date of Receipt 109 21 2019 Transaction ID: SA11AI.4126 Amount of Each Receipt this Period 250.00 Memo Item
Mailing Address City FEC ID number of contributing federal political committee. Name of Employer (for Individual) Receipt For: Primary General Other (specify)	State Zip Code C Occupation (for Individual) Aggregate Year-to-Date	Amount of Each Receipt this Period Memo Item
SUBTOTAL of Receipts This Page (optional)		500.00
TOTAL This Period (last page this line number	r only)	45162.88

TEMIZED INDEPENDENT EXPENDITURES				PAGE 10 OF 40
NAME OF COMMITTEE (In Full)			EEC II	FOR LINE 24 OF FORM 3X DENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				
			C	C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	t filed on/	D D / Y Y Y Y Y
Full Name of Payee		☐ Memo	tem Date of Public	Distribution/Dissemination
Harvey, Jaalin, , ,			09	30 / 2019
Mailing Address 7179 Lake Carlisle Blvd			Amount	
City	State	Zip Code		750.00
Orlando	FL	32829	Transaction I	ID: SE.4256 Irsement or Obligation
Purpose of Expenditure Online Marketing		Category/ Type 004	M M M 09	30 2019
Name of Federal Candidate:		Support	Office Sought:	House District:
McConnell, Mitch, , ,		X Oppose		Senate State: KY
Calendar Year-To-Date Per Election for Office Sought	<u>, , , , , , , , , , , , , , , , , , , </u>	750.00	Disbursement For: 2020 Other (sp	Primary X General Decify) ▶
Full Name of Payee		Memo		Distribution/Dissemination
Harvey, Jaalin, , ,			M M M	/ D D / Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			09	30 2019
7 179 Lake Callisie Divu			Amount	
City	State	Zip Code		750.00
Orlando	FL	32829	Transaction	
Purpose of Expenditure Online Marketing		Category/ Type 004	M M M 09	30 / 2019
Name of Federal Candidate:				
Collins, Susan, , ,		Support	Office Sought:	House District:
Commis, Gusani, , ,		x Oppose		Seriale State.
Calendar Year-To-Date Per Election for Office Sought	, , , ,	750.00	Disbursement For: 2020 Other (sp	Primary X General
			Other (sp	
(a) SUBTOTAL of Itemized Independent Expenditures			•	1500.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		>	
(c) TOTAL Independent Expenditures			•	7
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, , ,	(Flootronically E:1	led1	M = M / D = D	/ Y Y Y Y Y
Signature	[Electronically Fil	eaj Date	06 19	2020

TEMIZED INDEPENDENT EXPENDITORES				PAGE 11 OF 40 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Harvey, Jaalin, , ,				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Amo	
City	State	Zip Code		750.00
Orlando	FL	32829		saction ID : SE.4262
Purpose of Expenditure Online Marketing		Category/ Type 004		of Disbursement or Obligation M M O O O O O O O O O O O O O O O O O
Name of Federal Candidate:		Support	Office Soug	aht: House District:
Tillis, Thom, , ,		X Oppose	Presi	NC NC
Calendar Year-To-Date Per Election for Office Sought	7	750.00	Disburseme	ent For: Primary ✓ General Other (specify)
Full Name of Payee		☐ Memo	<u> </u>	of Public Distribution/Dissemination
Harvey, Jaalin, , ,				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Amo	
City	State	Zip Code	— F	630.00
Orlando	FL	32829		nsaction ID : SE.4264 of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/ Type 004		M M / D D / Y Y Y Y 2019
Name of Federal Candidate:		Support	Office Soug	ght: House District:
Gardner, Cory, , ,		x Oppose	Presi	dent Senate State: CO
Calendar Year-To-Date Per Election for Office Sought	7	630.00	Disburseme	ent For: Primary General Other (specify) ▶
				Other (Speeliy) F
(a) SUBTOTAL of Itemized Independent Expenditures				1380.00
(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 /	10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	e 06	19 2020

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 09 30 2019 Mailing Address 7179 Lake Carlisle Blvd Amount City State Zip Code 750.00 FL 32829 Transaction ID: SE.4137 Orlando Date of Disbursement or Obligation Purpose of Expenditure Category/ Design, Advertising, Marketing, Research, Programming, 004 09 30 2019 Type Consulting, Staffing Name of Federal Candidate: 01 Support Office Sought: **X** House District: Byrne, Bradley, , , AL Oppose President State: Senate Disbursement For: Primary **X** General Calendar Year-To-Date 750.00 2020 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item PinPoint WebSolutions 2019 30 09 Mailing Address 7179 Lake Carlisle Blvd Amount 750.00 City State Zip Code Orlando Transaction ID: SE.4140 FL 32829 Date of Disbursement or Obligation Purpose of Expenditure Category/ Design, Advertising, Marketing, Research, Programming, 004 30 2019 09 Type Consulting, Staffing Name of Federal Candidate: 02 Support Office Sought: **X** House District: Roby, Martha, , , ALX Oppose President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 750.00 2020 Per Election for Office Sought Other (specify) ▶ 1500.00 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Zullo, Christopher,,, [Electronically Filed] 19 2020 Date Signature

PAGE

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OF

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TEMIZED INDEFENDENT EXPENDITORES			PAGE 13 OF 40 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE			C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on M M / D D / Y Y Y Y Y
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item Date of Public Distribution/Dissemination
Mailing Address 7179 Lake Carlisle Blvd			09 30 2019 Amount
			Amount
City	State	Zip Code	750.00
Orlando	FL	32829	Transaction ID : SE.4142 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type 004	M M / D D / Y Y Y
Name of Federal Candidate:		Support	Office Sought: House District: 03
Rogers, Mike, , ,		X Oppose	President Senate State: AL
Calendar Year-To-Date Per Election for Office Sought	7 7	750.00	Disbursement For: Primary General 2020 Other (specify) ▶
Full Name of Payee		☐ Memo	Item Date of Public Distribution/Dissemination
PinPoint WebSolutions			09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Amount
City	State	Zip Code	750.00
Orlando	FL	32829	Transaction ID : SE.4144 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type 004	09 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sought: House District: 04
Aderholt, Robert, , ,		x Oppose	President Senate State: AL
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	750.00	Disbursement For: ☐ Primary 🗶 General 2020 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			. • 1500.00
(b) SUBTOTAL of Unitemized Independent 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 File	[ed] Date	e 06 19 2020
Signature	<u> </u>		

TEMIZED INDEPENDENT EXPENDITURES				PAGE 14 OF 40 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	
Full Name of Payee		☐ Memo	Itam Date	of Public Distribution/Dissemination
PinPoint WebSolutions		□ Iviemo	itom _	09 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Amou	
City	State	Zip Code	$ \Gamma$	750.00
Orlando	FL	32829		saction ID : SE.4146 of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Programme Consulting, Staffing	ming,	Category/ Type 004		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 Soug	ht: K House District: 05
Brooks, Mo, , ,		x Oppose	Presid	lent Senate State: AL
Calendar Year-To-Date Per Election for Office Sought		750.00	Disbursement 2020	
Full Name of Payee	,	□ Mama	T	Other (specify) ▶ of Public Distribution/Dissemination
PinPoint WebSolutions		∐ Memo	itom	M M / D D / Y Y Y
Mailing Address 7470 Lake Carliala Blud			L	09 30 2019
7179 Lake Carlisle Blvd			Amou	ınt
City	State	Zip Code		750.00
Orlando	FL	32829		saction ID : SE.4148 of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type 004		09 30 7 2019
Name of Federal Candidate:		Support	Office Soug	ht: X House District:06
Palmer, Gary, , ,		x Oppose	Presid	lent Senate State: AL
Calendar Year-To-Date Per Election for Office Sought	7	750.00	Disbursement 2020	nt For:
•				
(a) SUBTOTAL of Itemized Independent Expenditures			•	1500.00
(b) SUBTOTAL of Unitemized Independent Expenditure	'es		•	. , . , ,
(c) TOTAL Independent Expenditures			· [7
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		Date	e 06	19 2020

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 09 30 2019 Mailing Address 7179 Lake Carlisle Blvd Amount City State Zip Code 750.00 FL 32829 Transaction ID: SE.4150 Orlando Date of Disbursement or Obligation Purpose of Expenditure Category/ Design, Advertising, Marketing, Research, Programming, 004 09 30 2019 Type Consulting, Staffing Name of Federal Candidate: 07 **X** Support Office Sought: **X** House District: Sewell, Terri, , , AL Oppose President State: Senate Disbursement For: Primary **X** General Calendar Year-To-Date 750.00 2020 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item PinPoint WebSolutions 2019 30 09 Mailing Address 7179 Lake Carlisle Blvd Amount 750.00 City State Zip Code Transaction ID: SE.4152 Orlando FL 32829 Date of Disbursement or Obligation Purpose of Expenditure Category/ Design, Advertising, Marketing, Research, Programming, 004 30 2019 09 Type Consulting, Staffing Name of Federal Candidate: x Support 01 Office Sought: **✗** House District: O'Halleran, Tom, , , ΑZ Oppose President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 750.00 2020 Per Election for Office Sought Other (specify) ▶ 1500.00 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Zullo, Christopher,,, [Electronically Filed] 19 2020 Date Signature

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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 09 30 2019 Mailing Address 7179 Lake Carlisle Blvd Amount City State Zip Code 750.00 FL 32829 Transaction ID: SE.4154 Orlando Date of Disbursement or Obligation Purpose of Expenditure Category/ Design, Advertising, Marketing, Research, Programming, 004 09 30 2019 Type Consulting, Staffing Name of Federal Candidate: 02 **X** Support Office Sought: **X** House District: Kirkpatrick, Ann, , , ΑZ Oppose President State: Senate Disbursement For: Primary **X** General Calendar Year-To-Date 750.00 2020 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item PinPoint WebSolutions 2019 30 09 Mailing Address 7179 Lake Carlisle Blvd Amount 750.00 City State Zip Code Orlando Transaction ID: SE.4156 FL 32829 Date of Disbursement or Obligation Purpose of Expenditure Category/ Design, Advertising, Marketing, Research, Programming, 004 30 2019 09 Type Consulting, Staffing Name of Federal Candidate: x Support 03 Office Sought: **X** House District: Grijalva, Raul, , , ΑZ Oppose President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 750.00 2020 Per Election for Office Sought Other (specify) ▶ 1500.00 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Zullo, Christopher,,, [Electronically Filed] 19 2020 Date Signature

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TEMIZED INDEPENDENT EXPENDITURES				PAGE 17 OF 40 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	te of Public Distribution/Dissemination
Mailing Address 7179 Lake Carlisle Blvd				09 30 2019
			An	nount
City	State	Zip Code		750.00
Orlando	FL	32829		ansaction ID : SE.4158 te of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Programs Consulting, Staffing	ming,	Category/ Type 004		09 / 30 / 2019
Name of Federal Candidate:		Support	Office So	ught: House District: 04
Gosar, Paul, , ,		x Oppose	Pre	sident Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		750.00	Disburser	
	7			Other (specify) ►
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item Da	te of Public Distribution/Dissemination
Mailing Address 7179 Lake Carlisle Blvd			Δm	09 30 2019
				louit
City Orlando	State	Zip Code 32829	Tr	750.00 ansaction ID : SE.4160
Purpose of Expenditure	FL	32829		te of Disbursement or Obligation
Design, Advertising, Marketing, Research, Progran Consulting, Staffing	nming,	Category/ Type 004		09 / 30 / 2019
Name of Federal Candidate:		Support	Office So	ught: House District:05
Biggs, Andy, , ,		x Oppose	Pre	sident Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		750.00	Disburser	1
, <u> </u>	1			Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures				1500.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es			
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the 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	led1	M = M	/ D D / Y Y Y Y Y
Signature	<u> гасионичину Г</u> и	_ Date	e 06	19 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 18 OF 40 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
				M / D D / Y Y Y Y
Check if 24-hour report 48-hour report	New repo	ort Amends repo		
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item Date	of Public Distribution/Dissemination
				09 / 30 / Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Amou	ınt
City	State	Zip Code	<u> П</u> Г.	750.00
Orlando	FL	32829	Tran	saction ID : SE.4162 of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Programm Consulting, Staffing	ning,	Category/ Type 004		09 30 / 2019
Name of Federal Candidate:		Support	Office Soug	ht: 🗶 House District:06
Schweikert, David, , ,		x Oppose	Presid	lent Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought	7 1 7	750.00	Disburseme	nt For:
Full Name of Payee		☐ Memo		of Public Distribution/Dissemination
PinPoint WebSolutions			l r	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				03 00 2010
			Amou	ınt
City	State	Zip Code		750.00
Orlando	FL	32829	II.	saction ID : SE.4164 of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type 004		M 09 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Soug	ht: X House District: 07
Gallego, Ruben, , ,		Oppose	Presid	lent Senate State: AZ
Calendar Year-To-Date		750.00	Disburseme	nt For: Primary Seneral
Per Election for Office Sought	7	700.00	2020	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			· • [1500.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	7
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidar party committee) any political party committee or its a	te or authorized			
Zullo, Christopher, , ,	Electronically Fil	ed1 -	M M /	10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	e 06	19 2020

TEMIZED INDEPENDENT EXPENDITURES			PAGE 19 OF 40 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE			C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on M M / D D / Y Y Y Y Y
Full Name of Payee PinPoint WebSolutions		☐ Memo	
Mailing Address			09 / 30 / 2019
7179 Lake Carlisle Blvd			Amount
City	State	Zip Code	750.00
Orlando	FL	32829	Transaction ID : SE.4166 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Programs Consulting, Staffing	ming,	Category/ Type 004	M M / D D / Y Y Y
Name of Federal Candidate:		Support	Office Sought: House District: 08
Lesko, Debbie, , ,		X Oppose	President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought	7	750.00	Disbursement For: Primary Seneral 2020 Other (specify) ▶
Full Name of Payee		Memo	
PinPoint WebSolutions		_ Weme	09 30 2019
Mailing Address 7179 Lake Carlisle Blvd			Amount
			Amount
City	State	Zip Code	182.88
Orlando	FL	32829	Transaction ID : SE.4168 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type 004	09 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		x Support	Office Sought: House District: 09
Stanton, Greg, , ,		Oppose	President Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		182.88	Disbursement For: Primary General 2020
Per Election for Office Sought	7		Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures			932.88
(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	[ed]	e 06 19 2020
Signature		Date	e 06 19 2020

TEMIZED INDEPENDENT EXPENDITURES	>			PAGE 20 OF 40
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
				0 00022100
Check if 24-hour report 48-hour report	New rep	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
PinPoint WebSolutions				09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Amo	ount
City	Ctoto	Zin Codo		750.00
City Orlando	State	Zip Code 32829	Trai	750.00 nsaction ID : SE.4170
		32029		e of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Progran Consulting, Staffing	nming,	Category/ Type 004	4	09 / 30 / Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sou	ght: X House District: 01
Carter, Earl, , ,		x Oppose	Pres	ident Senate State: GA
Calendar Year-To-Date		750.00	Disbursem	ent For: Primary K General
Per Election for Office Sought		750.00	2020	Other (specify) ▶
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
PinPoint WebSolutions				09 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				09 30 2019
7 173 Lake Gamisic Bivu			Amo	punt
City	State	Zip Code		750.00
Orlando	FL	32829	I	insaction ID : SE.4172 e of Disbursement or Obligation
Purpose of Expenditure		Category/		M M / D D / Y Y Y Y
Design, Advertising, Marketing, Research, Progra Consulting, Staffing	mming,	Type 004		09 30 2019
Name of Federal Candidate:		Support	Office Sou	ght: Nouse District: 10
Hice, Jody, , ,		Oppose	Pres	ident Senate State: GA
Calendar Year-To-Date		750.00	Disbursem	ent For: Primary X General
Per Election for Office Sought	7 7	730.00	2020	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditure	s		• •	1500.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		· •	
(c) TOTAL Independent Expenditures				
(c) TOTAL independent Experioraries			•	
Under penalty of perjury I certify that the independ	lent expenditures	reported herein were	not made ir	n cooperation, consultation, or concert
with, or at the request or suggestion of, any candic party committee) any political party committee or its		I committee or agent	of either, or ((if the reporting entity is not a political
Zullo, Christopher, , ,	(Elastonia de El	1. 11	M = M	/ D D / Y D Y D Y
Signature	[Electronically Fil	Date Date	e 06	19 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 21 OF 40 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item Da	te of Public Distribution/Dissemination
Mailing Address 7179 Lake Carlisle Blvd			Am	09 30 2019
City	State	Zip Code	—— ř	750.00
Orlando	FL	32829		ansaction ID : SE.4174
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type 004		te of Disbursement or Obligation M 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 So	ught: X House District: 11
Loudermilk, Barry, , ,		x Oppose	Pre	sident Senate State: GA
Calendar Year-To-Date Per Election for Office Sought	7	750.00	Disbursen 2020	nent For: Primary X General Other (specify) ▶
Full Name of Payee		☐ Memo	Item Da	te of Public Distribution/Dissemination
PinPoint WebSolutions				09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Am	ount
City	State	Zip Code	— Г	750.00
Orlando	FL	32829		ansaction ID : SE.4176 te of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Prograr Consulting, Staffing	nming,	Category/ Type 004		09 / 30 / 2019
Name of Federal Candidate:		Support	Office So	ught: X House District: 12
Allen, Rick, , ,		x Oppose	Pre	sident Senate State: GA
Calendar Year-To-Date Per Election for Office Sought	<u>, , , , , , , , , , , , , , , , , , , </u>	750.00	Disbursen 2020	nent For: Primary General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures			. •	1500.00
(INCURRENT ALL OF LIGHT AND ADDRESS AND AD				
(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	edl -	M = M	/ D D / Y Y Y Y Y
Signature	omoung I'u	Date	e 06	19 2020

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 09 30 2019 Mailing Address 7179 Lake Carlisle Blvd Amount City State Zip Code 750.00 FL 32829 Transaction ID: SE.4178 Orlando Date of Disbursement or Obligation Purpose of Expenditure Category/ Design, Advertising, Marketing, Research, Programming, 004 09 30 2019 Type Consulting, Staffing Name of Federal Candidate: 13 **X** Support Office Sought: **X** House District: Scott, David, , , GΑ Oppose President State: Senate Disbursement For: Primary **X** General Calendar Year-To-Date 750.00 2020 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item PinPoint WebSolutions 2019 30 09 Mailing Address 7179 Lake Carlisle Blvd Amount 750.00 City State Zip Code Orlando Transaction ID: SE.4180 FL 32829 Date of Disbursement or Obligation Purpose of Expenditure Category/ Design, Advertising, Marketing, Research, Programming, 004 30 2019 09 Type Consulting, Staffing Name of Federal Candidate: 14 Support Office Sought: **X** House District: Graves, Tom, , , GΑ X Oppose President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 750.00 2020 Per Election for Office Sought Other (specify) ▶ 1500.00 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Zullo, Christopher,,, [Electronically Filed] 19 2020 Date Signature

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TEMIZED INDEFENDENT EXPENDITORES				PAGE 23 OF 40
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
TOGETHER WE THRIVE				FEC IDENTIFICATION NUMBER ▼
TOOLITIEN WE THINIVE				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 D	ate 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			А	mount
City	State	Zip Code		750.00
Orlando	FL	32829		ransaction ID : SE.4182 late of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type 004		09 / 30 / 2019
Name of Federal Candidate:		X Support	Office S	ought: X House District: 02
Bishop Jr., Sanford, , ,		Oppose	Pr	resident Senate State: GA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	750.00	Disburse 2020	ement For:
Full Name of Payee		☐ Memo	Item D	ate of Public Distribution/Dissemination
PinPoint WebSolutions				09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			A	mount
City	State	Zip Code		750.00
Orlando	FL	32829		Fransaction ID : SE.4184 late of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type 004		09 / 30 / 2019
Name of Federal Candidate:		Support	Office S	ought: K House District: 03
Ferguson, Drew, , ,		x Oppose	☐ Pr	resident Senate State: GA
Calendar Year-To-Date Per Election for Office Sought	7	750.00	Disburse 2020	ement For:
(a) SUBTOTAL of Itemized Independent Expenditures	3		. [1500.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res			
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized	•		•
Zullo, Christopher, , ,	[Electronically File	[ed] Date	e 06	19 2020
Signature			- 55	للتثنيا للباء

TEMIZED INDEFENDENT EXPENDITORES	•			PAGE 24 OF 40
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
TOGETHER WE THRIVE				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
PinPoint WebSolutions				09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			A	mount
City	State	Zip Code		750.00
Orlando	FL	32829		ransaction ID : SE.4186 ate of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type 004		09 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office S	ought: X House District:04
Johnson, Hank, , ,		Oppose		esident Senate State: GA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	750.00	Disburse 2020	ement For: Primary
Full Name of Payee		☐ Memo	Item D	ate of Public Distribution/Dissemination
PinPoint WebSolutions				09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			А	mount
City	State	Zip Code		750.00
Orlando	FL	32829		ransaction ID : SE.4188 ate of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Progra Consulting, Staffing	mming,	Category/ Type 004		09 / 30 / 2019
Name of Federal Candidate:		✗ Support	Office S	ought:
Lewis, John, , ,		Oppose		esident Senate State: GA
Calendar Year-To-Date Per Election for Office Sought	7	750.00	Disburse 2020	ement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	S		[1500.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		. •	
(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	[ed] Date	e 06	19 2020
Signature		_ Daix		

TEMIZED INDEPENDENT EXPENDITURES				PAGE 25 OF 40 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 PinPoint WebSolutions		☐ Memo	itom _	of Public Distribution/Dissemination
Mailing Address 7179 Lake Carlisle Blvd			Amou	09 30 2019 nt
City	State	Zip Code		750.00
Orlando	FL	32829		action ID : SE.4190 of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Programs Consulting, Staffing	ming,	Category/ Type 004		09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		X Support	Office Sough	nt: K House District: 06
McBath, Lucy, , ,		Oppose	Preside	ent Senate State: GA
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	750.00	Disbursemer	t For: Primary X General other (specify) ▶
Full Name of Payee		Memo	1_	of Public Distribution/Dissemination
PinPoint WebSolutions		□ Iviemo	itom	1 M / D D / Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				09 30 2019
7 17 9 Lake Callisie Bivu			Amou	nt
City	State	Zip Code	— L.	750.00
Orlando	FL	32829		saction ID : SE.4192 of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type 004		09 / 30 / 2019
Name of Federal Candidate:		Support	Office Sough	nt: Nouse District:07
Woodall, Rob, , ,		x Oppose	Preside	ent Senate State: GA
Calendar Year-To-Date Per Election for Office Sought	* · · · ·	750.00	Disbursemer 2020	at For: ☐ Primary X General other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				1500.00
(b) SUBTOTAL of Unitemized Independent Expenditure	'es		· •	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the 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		Date	e 06	19 2020

			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 report	i filed on M M / D D / Y Y Y Y
Full Name of Payee PinPoint WebSolutions		☐ Memo It	
Mailing Address 7470 Lake Carliele Phys			09 / 30 / 2019
7179 Lake Carlisle Blvd			Amount
City	State	Zip Code	750.00
Orlando	FL	32829	Transaction ID : SE.4194 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Programs Consulting, Staffing	ming,	Category/ Type 004	09 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sought: House District: 08
Scott, Austin, , ,		x Oppose	President Senate State: GA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	750.00	Disbursement For:
Full Name of Payee		☐ Memo It	em Date of Public Distribution/Dissemination
PinPoint WebSolutions			09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Amount
City	State	Zip Code	750.00
Orlando	FL	32829	Transaction ID : SE.4196 Date of Disbursement or Obligation
Purpose of Expenditure		Category/	Man / Dad / Yayayay
Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Type 004	09 30 2019
Name of Federal Candidate:		Support	Office Sought: Mouse District: 09
Collins, Doug, , ,		x Oppose	President Senate State: GA
Calendar Year-To-Date		750.00	Disbursement For: Primary General
Per Election for Office Sought	7 7	100.00	2020 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			1500.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		·
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized		
Zullo, Christopher, , ,	Electronically Fil	[ed]	06 19 2020
Signature		Date	06 19 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 27 OF 40 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y = Y
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
PinPoint WebSolutions				09 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Amou	unt
City	State	Zip Code	-	750.00
Orlando	FL	32829		saction ID : SE.4198 of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Programs Consulting, Staffing	ming,	Category/ Type 004	4	09 / 30 / 2019
Name of Federal Candidate:		X Support	Office Soug	ht: K House District: 01
Finkenauer, Abby, , ,		Oppose	Presid	dent Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		750.00	Disburseme	
5 W.W. (15)			1_	Other (specify)
Full Name of Payee PinPoint WebSolutions		∐ Memo	Item Date	of Public Distribution/Dissemination
Mailing Address 7179 Lake Carlisle Blvd			L	09 30 2019
1113 Lake Callisle Blvd			Amou	unt
City	State	Zip Code		750.00
Orlando	FL	32829		nsaction ID : SE.4200 of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type 004		M 09 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		✗ Support	Office Soug	ht: X House District: 02
Loebsack, Dave, , ,		Oppose	Presid	dent Senate State: IA
Calendar Year-To-Date Per Election for Office Sought	T 1 1 T	750.00	Disburseme	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures				1500.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		• • <u> </u>	
(c) TOTAL Independent Expenditures			•	7
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	Licenomeany I'll	Date	e 06	19 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 28 OF 40
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		M / D D / Y Y Y Y
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item Date	of Public Distribution/Dissemination
FIIIFOIRE WebSolutions			The state of the s	09 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Amou	nt
City	State	Zip Code		750.00
Orlando	FL	32829		saction ID : SE.4202
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type 004		of Disbursement or Obligation 09 30 2019
Name of Federal Candidate:		X Support	Office Sough	nt: Nouse District: 03
Axne, Cindy, , ,		Oppose	Presid	ent Senate State: IA
Calendar Year-To-Date		750.00	Disbursemer	nt For: Primary 🗶 General
Per Election for Office Sought	7 7	750.00	²⁰²⁰	Other (specify)
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
PinPoint WebSolutions			n	09 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Amou	nt
			Amou	
City Orlando	State	Zip Code	Trans	750.00 saction ID : SE.4204
Purpose of Expenditure	FL	32829		of Disbursement or Obligation
Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type 004		09 / 30 / 2019
Name of Federal Candidate:		Support	Office Sough	nt: Nouse District: 04
King, Steve, , ,		x Oppose	Presid	ent Senate State: IA
Calendar Year-To-Date		750.00	Disbursemer	nt For: Primary General
Per Election for Office Sought	7 7	700.00	²⁰²⁰	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	i			1500.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· [
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized	•		
Zullo, Christopher, , ,	[Electronically Fil	led1 -	M = M /	D D / Y Y Y Y
Signature		Date	9 06	19 2020

PAGE 29 OF 40 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 09 30 2019 Mailing Address 7179 Lake Carlisle Blvd Amount City State Zip Code 750.00 FL 32829 Transaction ID: SE.4206 Orlando Date of Disbursement or Obligation Purpose of Expenditure Category/ Design, Advertising, Marketing, Research, Programming, 004 09 30 2019 Type Consulting, Staffing Name of Federal Candidate: 01 Support Office Sought: **X** House District: Marshall, Roger, , , KS Oppose President State: Senate Disbursement For: Primary **X** General Calendar Year-To-Date 750.00 2020 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item PinPoint WebSolutions 2019 30 09 Mailing Address 7179 Lake Carlisle Blvd Amount 750.00 City State Zip Code Transaction ID: SE.4208 Orlando FL 32829 Date of Disbursement or Obligation Purpose of Expenditure Category/ Design, Advertising, Marketing, Research, Programming, 004 30 2019 09 Type Consulting, Staffing Name of Federal Candidate: 02 Support Office Sought: **X** House District: Watkins, Steve, , , KS X Oppose President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 750.00 2020 Per Election for Office Sought Other (specify) ▶ 1500.00 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Zullo, Christopher,,, [Electronically Filed] 19 2020 Date Signature

TEMIZED INDEPENDENT EXPENDITURES				PAGE 30 OF 40 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
PinPoint WebSolutions			[7	09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Amou	لننبا ليا لت
City	State	Zip Code	$ \Box$	750.00
Orlando	FL	32829		saction ID : SE.4210
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type 004		of Disbursement or Obligation 09 30 2019
Name of Federal Candidate:		X Support	Office Sough	nt: K House District:03
Davids, Sharice, , ,		Oppose	Presid	ent Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	750.00	Disbursemer 2020	nt For: Primary
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
PinPoint WebSolutions			[09 30 7 2019
Mailing Address 7179 Lake Carlisle Blvd			Amou	nt
City	State	Zip Code		750.00
Orlando	FL	32829		saction ID : SE.4213
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type 004		of Disbursement or Obligation 09 30 2019
Name of Federal Candidate:		Support	Office Sough	nt: Nouse District: 04
Estes, Ron, , ,		x Oppose	Presid	ent Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	7	750.00	Disbursemer 2020	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures			•	1500.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the 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 File	edl –	M M /	10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	9 06	19 2020

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 09 30 2019 Mailing Address 7179 Lake Carlisle Blvd Amount City State Zip Code 750.00 FL 32829 Transaction ID: SE.4215 Orlando Date of Disbursement or Obligation Purpose of Expenditure Category/ Design, Advertising, Marketing, Research, Programming, 004 09 30 2019 Type Consulting, Staffing Name of Federal Candidate: 01 Support Office Sought: **X** House District: Comer Jr., James, , , KY Oppose President State: Senate Disbursement For: Primary **X** General Calendar Year-To-Date 750.00 2020 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item PinPoint WebSolutions 2019 30 09 Mailing Address 7179 Lake Carlisle Blvd Amount 750.00 City State Zip Code Transaction ID: SE.4217 Orlando FL 32829 Date of Disbursement or Obligation Purpose of Expenditure Category/ Design, Advertising, Marketing, Research, Programming, 004 30 2019 09 Type Consulting, Staffing Name of Federal Candidate: 02 Support Office Sought: **✗** House District: Guthrie, Brett, , , ΚY X Oppose President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 750.00 2020 Per Election for Office Sought Other (specify) ▶ 1500.00 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Zullo, Christopher,,, [Electronically Filed] 19 2020 Date Signature

PAGE

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TEMIZED INDEPENDENT EXPENDITURES				PAGE 32 OF 40 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 PinPoint WebSolutions		☐ Memo	Item Date	of Public Distribution/Dissemination
				09 / 30 / 2019
Mailing Address 7179 Lake Carlisle Blvd			Amou	nt
City	State	Zip Code		750.00
Orlando	FL	32829		action ID : SE.4219 of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Programme Consulting, Staffing	ming,	Category/ Type 004		09 / 30 / 2019
Name of Federal Candidate:		X Support	Office Sough	nt: X House District:03
Yarmuth, John A., , ,		Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought		750.00	Disbursemer	,
	,		1_	other (specify)
Full Name of Payee PinPoint WebSolutions		∐ Memo	Item Date	of Public Distribution/Dissemination
Mailing Address 7179 Lake Carlisle Blvd			Amou	
City	State	Zip Code		750.00
Orlando	FL	32829		saction ID : SE.4221 of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type 004		09 / 30 / 2019
Name of Federal Candidate:		Support	Office Sough	nt: K House District: 04
Massie, Thomas, , ,		x Oppose	Presid	ent Senate State: KY
Calendar Year-To-Date Per Election for Office Sought		750.00	Disbursemer	, ,
				other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures				1500.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res			
(c) TOTAL Independent Expenditures			. —	
(-)				
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Zullo, Christopher, , ,	Electronically Fil	edl –	M = M /	10 / Y Y Y Y
Signature	omoung I'u	Date	9 06	19 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 33 OF 40 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
				-M / D D / Y Y Y Y
Check if 24-hour report 48-hour report	New repo	ort Amends repo		
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item Date	of Public Distribution/Dissemination
				09 30 7 2019
Mailing Address 7179 Lake Carlisle Blvd			Amou	unt
City	State	Zip Code	<u> П</u> Г.	750.00
Orlando	FL	32829	Tran	saction ID : SE.4223 of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Programm Consulting, Staffing	ning,	Category/ Type 004		09 30 / 2019
Name of Federal Candidate:		Support	Office Soug	ht: K House District: 05
Rogers, Hal, , ,		x Oppose	Presid	lent Senate State: KY
Calendar Year-To-Date Per Election for Office Sought	, , ,	750.00	Disburseme 2020	nt For: Primary
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
PinPoint WebSolutions			1 1	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				
			Amou	ınt
City	State	Zip Code		750.00
Orlando	FL	32829		saction ID : SE.4225 of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type 004		M 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 Soug	ht: X House District:06
Barr, Andy, , ,		x Oppose	Presid	dent Senate State: KY
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	750.00	Disburseme 2020	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures				1500.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es		· •	
(a) TOTAL lades and agt Fun and litures				
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidar party committee) any political party committee or its a	te or authorized			
Zullo, Christopher, , ,	Electronically Fil	ed]	M M /	10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	e 06	19 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 34 OF 40 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item D	ate of Public Distribution/Dissemination
Mailing Address 7179 Lake Carlisle Blvd			A	09 30 2019 mount
City	State	Zip Code		750.00
Orlando	FL	32829		ransaction ID : SE.4227 ate of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type 004	1	09 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office S	ought: 🗶 House District: 01
Scalise, Steve, , ,		Oppose	Pr	esident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	750.00	Disburse 2020	ment For: Primary
Full Name of Payee		☐ Memo	Item D	ate of Public Distribution/Dissemination
PinPoint WebSolutions				09 30 / 2019
Mailing Address 7179 Lake Carlisle Blvd			A	mount
City	State	Zip Code	— [750.00
Orlando	FL	32829	I	ransaction ID : SE.4229 ate of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type 004		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	ought: X House District: 02
Richmond, Cedric, , ,		Oppose	Pr	esident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	750.00	Disburse 2020	ment For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures			. . [1500.00
4. A.				
(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 = M	19 2020
Signature		Date	e 06	19 2020

PAGE 35 OF 40 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 09 30 2019 Mailing Address 7179 Lake Carlisle Blvd Amount City State Zip Code 750.00 FL 32829 Transaction ID: SE.4231 Orlando Date of Disbursement or Obligation Purpose of Expenditure Category/ Design, Advertising, Marketing, Research, Programming, 004 09 30 2019 Type Consulting, Staffing Name of Federal Candidate: 03 Support Office Sought: **X** House District: Higgins, Clay, , , LA Oppose President State: Senate Disbursement For: Primary **X** General Calendar Year-To-Date 750.00 2020 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item PinPoint WebSolutions 2019 30 09 Mailing Address 7179 Lake Carlisle Blvd Amount 750.00 City State Zip Code Transaction ID: SE.4233 Orlando FL 32829 Date of Disbursement or Obligation Purpose of Expenditure Category/ Design, Advertising, Marketing, Research, Programming, 004 30 2019 09 Type Consulting, Staffing Name of Federal Candidate: 04 Support Office Sought: **X** House District: Johnson, Mike, , , LA X Oppose President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 750.00 2020 Per Election for Office Sought Other (specify) ▶ 1500.00 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Zullo, Christopher,,, [Electronically Filed] 19 2020 Date Signature

PAGE 36 OF 40 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 09 30 2019 Mailing Address 7179 Lake Carlisle Blvd Amount City State Zip Code 750.00 FL 32829 Transaction ID: SE.4235 Orlando Date of Disbursement or Obligation Purpose of Expenditure Category/ Design, Advertising, Marketing, Research, Programming, 004 09 30 2019 Type Consulting, Staffing Name of Federal Candidate: 05 Support Office Sought: **X** House District: Abraham, Ralph, , , LA Oppose President State: Senate Disbursement For: Primary **X** General Calendar Year-To-Date 750.00 2020 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Memo Item PinPoint WebSolutions 2019 30 09 Mailing Address 7179 Lake Carlisle Blvd Amount 750.00 City State Zip Code Transaction ID: SE.4237 Orlando FL 32829 Date of Disbursement or Obligation Purpose of Expenditure Category/ Design, Advertising, Marketing, Research, Programming, 004 30 2019 09 Type Consulting, Staffing Name of Federal Candidate: 06 Support Office Sought: **✗** House District: Graves, Garret, , , LA X Oppose President Senate State: **X** General Disbursement For: Primary Calendar Year-To-Date 750.00 2020 Per Election for Office Sought Other (specify) ▶ 1500.00 (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Zullo, Christopher,,, [Electronically Filed] 19 2020 Date Signature

TEMIZED INDEPENDENT EXPENDITURES			PAGE 37 OF 40 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
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item Date of Public Distribution/Dissemination
			09 / 30 / Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Amount
City	State	Zip Code	750.00
Orlando	FL	32829	Transaction ID : SE.4239 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type 004	M M / D D / Y Y Y Y
Name of Federal Candidate:		Support	Office Sought: M House District: 01
Steil, Bryan, , ,		x Oppose	President Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		750.00	Disbursement For: Primary General 2020
Tel Election for Office Godgit	7 7		Other (specify)
Full Name of Payee PinPoint WebSolutions		☐ Memo	
			09 / 30 / Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Amount
City	State	Zip Code	750.00
Orlando	FL	32829	Transaction ID : SE.4241 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type 004	09 / 30 / 2019
Name of Federal Candidate:		✗ Support	Office Sought: House District: 02
Pocan, Mark, , ,		Oppose	President Senate State: WI
Calendar Year-To-Date		750.00	Disbursement For: Primary General
Per Election for Office Sought	7 7	700.00	2020 ☐ Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditu			
(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]	e 06 19 2020
Signature	•	Date	2020

TEMIZED INDEPENDENT EXPENDITORES				PAGE 38 OF 40 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				09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Am	nount
City	State	Zip Code	— F	750.00
Orlando	FL	32829		ansaction ID : SE.4243 te of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Programs Consulting, Staffing	ming,	Category/ Type 004		09 / 30 / 2019
Name of Federal Candidate:		X Support	Office Soi	ught: 🗶 House District:03
James, Ronald, , ,		Oppose	Pres	sident Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	7 1 7	750.00	Disbursen 2020	nent For: ☐ Primary X General Other (specify) ▶
Full Name of Payee		☐ Memo	Item Dat	te of Public Distribution/Dissemination
PinPoint WebSolutions				09 30 7 2019
Mailing Address 7179 Lake Carlisle Blvd			Am	ount
City	State	Zip Code		750.00
Orlando	FL	32829		ansaction ID : SE.4245 te of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Progran Consulting, Staffing	nming,	Category/ Type 004		09 / 30 / 2019
Name of Federal Candidate:		✗ Support	Office Soi	ught: X House District: 04
Moore, Gwen, , ,		Oppose	Pres	sident Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		750.00	Disbursen	
To a section of chief coagni	7			Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures				1500.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res			
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		•
Zullo, Christopher, , ,	Electronically Fil	[ed]	e 06	19 2020
Signature	<u> </u>	Date	6 00	.0 2020

TEMIZED INDEPENDENT EXPENDITORES				PAGE 39 OF 40 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo		/ M M / D D / Y Y Y Y Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
PinPoint WebSolutions				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Amou	للننبا لبالت
City	State	Zip Code	$-\Gamma$	750.00
Orlando	FL	32829		saction ID : SE.4247
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type 004		of Disbursement or Obligation M 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 Soug	ht: K House District: 05
Sense, F. James, , ,		Oppose	Presid	dent Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	750.00	Disburseme 2020	nt For: Primary
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
PinPoint WebSolutions				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Amou	unt
			Amot	
City	State	Zip Code	با ا	750.00
Orlando	FL	32829		of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type 004		M 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 Soug	ht: K House District: 06
Grothman, Glenn, , ,		x Oppose	Presid	dent Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	7 7	750.00	Disburseme	nt For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	;			1500.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· •	
(c) TOTAL Independent Expenditures			· [.,,
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		•
Zullo, Christopher, , ,	(Electronically File	edl –	M = M /	10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	9 06	19 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 40 OF 40 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 D	ate of Public Distribution/Dissemination
Mailing Address 7179 Lake Carlisle Blvd				09 30 2019
			A	mount
City	State	Zip Code		750.00
Orlando	FL	32829	I	ransaction ID : SE.4251 ate of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Programme Consulting, Staffing	ming,	Category/ Type 004		M M / D D / Y Y Y Y Y 2019
Name of Federal Candidate:		Support	Office S	ought: K House District: 08
Gallagher, Mike, , ,		x Oppose	Pr	esident Senate State: WI
Calendar Year-To-Date Per Election for Office Sought		750.00	Disburse	ement For: Primary General
Fer Election for Office Sought	7 7	11,11	2020	Other (specify) ▶
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item D	ate of Public Distribution/Dissemination
				09 / 30 / 4 7 7 7
Mailing Address 7179 Lake Carlisle Blvd			A	mount
City	State	Zip Code	— I	750.00
Orlando	FL	32829		Transaction ID : SE.4253 ate of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type		09 / 30 / 2019
Name of Federal Candidate:		✗ Support	Office S	ought: House District:
Jones, Doug, , ,		Oppose	Pr	esident X Senate State: AL
Calendar Year-To-Date Per Election for Office Sought		750.00	Disburse	ement For: Primary General
	,			Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				1500.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		· • _	
(c) TOTAL Independent Expenditures			• •	45812.88
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	edl -	M = M	/ D D / Y Y Y Y
Signature	omoung I'u	Date	e 06	19 2020