PAGE 1 / 43

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Other Tha	an An Authorize	d Committee		Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRIN		ample: If typing, type er the lines.	12FE4M	15
TOGETHER WE	THRIVE				ı
ADDRESS (number and stre	eet) 3433 Lithia Pir	necrest Rd			
▼ Check if different	STE 198				
than previously reported. (ACC)	VALRICO			J FL	33596
2. FEC IDENTIFICATIO	ON NUMBER ▼	CITY ▲		STATE ▲	ZIP CODE ▲
C C00522458		3. IS THIS REPORT	NEW (N)	OR A	MENDED .)
4. TYPE OF REPOR (Choose One)	T (b) Monthly Report Due On:	Feb 20 (M2			20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12)
(a) Quarterly Reports:		Apr 20 (M4)			20 (M10) (Non-Election Year Only) 20 (M10) Jan 31 (YE)
April 15 Quarterly Re	oort (Q1) (c) 12-[Primary (12P)	General	
July 15 Quarterly Re	port (Q2)	E-Election	Convention (12C)	Special	
October 15 Quarterly Re		off for the.	Convention (120)	Special	(123)
January 31 Year-End Re	port (YE)	Election on	M M / D D	/	in the State of
July 31 Mid- Report (Non- Year Only) (N	election (d) 30-1 (AY) POS	Day ST-Election out for the:	General (30G)	Runoff (30R) Special (30S)
Termination F (TER)	Report	Election on	M = M / D = D	/ Y = Y = Y	in the State of
5. Covering Period	10 01	2019	through	2 31	2019
I certify that I have examin	ned this Report and to Zullo, Christop		owledge and belief it	is true, correct ar	d complete.
Type or Print Name of Tre		νιιοι, , ,			
Signature of Treasurer	Zullo, Christopher, , ,		[Electronically Filed]	Date 08	03 / 2020
NOTE: Submission of false,	erroneous, or incomple	ete information may s	subject the person sign	ning this Report to	the penalties of 52 U.S.C. § 30109
Office Use Only					FEC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page 2
٧	Write or Type Committee Name		
_	TOGETHER WE THRIVE		
F	Report Covering the Period: From:		To: 12 31 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)	51057.35	51057.35
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	51057.35	51057.35
7.	Total Disbursements (from Line 31)	51307.35	51307.35
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	- 250.00	- 250.00
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	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

Report Covering the Period: From: 10	01 2019 T	o: 12 31 2019		
I. Receipts	I. Receipts COLUMN A Total This Period			
Contributions (other than loans) From:				
(a) Individuals/Persons Other				
Than Political Committees				
(i) Itemized (use Schedule A)	50657.35	50657.35		
/// II // I	400.00	400.00		
(ii) Unitemized	400.00	400.00		
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	51057.35	51057.35		
Lines II(a)(i) and (ii)	7 01007.00	4 4		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	7 7 7			
(such as PACs)	0.00	0.00		
(d) Total Contributions (add Lines				
11(a)(iii), (b), and (c)) (Carry	54057.05	54057.05		
Totals to Line 33, page 5)	51057.35	51057.35		
. Transfers From Affiliated/Other	0.00	0.00		
Party Committees	0.00	0.00		
. All Loans Received	0.00	0.00		
All Loans Neceived	45 45	4 4		
Lean Denoymente Descived	0.00	0.00		
Loan Repayments Received Offsets To Operating Expenditures	0.00			
(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				
(Dividends, Interest, etc.)	0.00	0.00		
Transfers from Non-Federal and Levin Funds				
(a) Non-Federal Account	0.00	0.00		
(from Schedule H3)	0.00	0.00		
(b) Louis Foods (form Oaksel la 115)	0.00	0.00		
(b) Levin Funds (from Schedule H5)	0.00	0.00		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00		
(c) Total Transiers (add To(a) and To(b))		3.00		
. Total Receipts (add Lines 11(d),				
12, 13, 14, 15, 16, 17, and 18(c))▶	51057.35	51057.35		
Total Fodoval Dog-int-				
. Total Federal Receipts	51057.35	51057.35		
(subtract Line 18(c) from Line 19)▶	51057.35	51057.35		

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)	2.5.5.5.			
(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	4 4	0.00		
and Other Political Committees	0.00	45 45		
(use Schedule E)	51307.35	51307.35		
(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		
O. Other Disbursements (Including				
Non-Federal Donations)	0.00	0.00		
 Federal Election Activity (52 U.S.C. § 30101(20) (a) Allocated Federal Election Activity (from Schedule H6))			
(i) Federal Share	0.00	0.00		
(ii) "Levin" Share	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))	51307.35	51307.35		
. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	51307.35	51307.35		

34. Total Contribution Refunds

38. Net Operating Expenditures

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) 51057.35 51057.35 (from Line 11(d), page 3) 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 51057.35 51057.35 (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)..... 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		43		
(check only one)												
		X	11a		11b		11c		12			
			13		14		15		16	,		17

	Statements may not be sold or used by any persone name and address of any political committee to				
NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE					
Full Name of Individual (Last, First, Middle II Contributions, Unitemized, , ,	Date of Receipt				
Mailing Address		12 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City	State Zip Code	Transaction ID : SA11AI.4121			
FFO ID reversion of a stable star of		Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	48157.35			
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item Individual Contributions Under \$200			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 48157.35				
Full Name of Individual (Last, First, Middle In Crossen, Cynthia, , , Mailing Address 1965 Broadway Apt. 20B	nitial) or Full Organization Name	Date of Receipt			
City New York	State Zip Code NY 10023	Transaction ID : SA11Al.4099 Amount of Each Receipt this Period 1000.00			
FEC ID number of contributing federal political committee.	C				
Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Self-Employed	Memo Item			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000,00				
Full Name of Individual (Last, First, Middle In Klot, Jennifer, , ,	nitial) or Full Organization Name	Date of Receipt			
Mailing Address 277 Ave C 5b		10 06 2019			
City New York	State Zip Code NY 10009	Transaction ID : SA11AI.4102 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer (for Individual) Plan	Occupation (for Individual) Ngo	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00				
SUBTOTAL of Receipts This Page (optional)		49407.35			
TOTAL This Period (last page this line number	r only)				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

F	FOR LINE NUMBER:					PAGE		7	OF		43
(check only one)											
[X	11a	11c		12	!					
		13		14		15		16	6		17

	d Statements may not be sold or used by any the name and address of any political committee	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE		
Full Name of Individual (Last, First, Middle Marissa, Fiona, , , Mailing Address 2906 Parkwood Ave City Richmond FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self-Employed Receipt For: Primary General Other (specify)	Date of Receipt 10 06 2019 Transaction ID : SA11Al.4104 Amount of Each Receipt this Period 250.00 Memo Item	
Full Name of Individual (Last, First, Middle Miller, Lisa, , , Mailing Address 1050 Park Ave #9D City New York FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self-Employed Receipt For: Primary General Other (specify) Other (specify)	Initial) or Full Organization Name State Zip Code NY 10028 C Occupation (for Individual) Self-Employed Aggregate Year-to-Date ▼ 250.00	Date of Receipt 10 17 2019 Transaction ID: SA11Al.4106 Amount of Each Receipt this Period 250.00 Memo Item
Full Name of Individual (Last, First, Middle Perreault, Marsha, , , Mailing Address 20 Beacon St PH City Boston FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self-Employed Receipt For: Primary General Other (specify)	Initial) or Full Organization Name State Zip Code 02108 C Occupation (for Individual) Self-Employed Aggregate Year-to-Date 250.00	Date of Receipt 12 04 2019 Transaction ID: SA11AI.4108 Amount of Each Receipt this Period 250.00 Memo Item
SUBTOTAL of Receipts This Page (optional).		750.00
TOTAL This Period (last page this line 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		8	OF	43	
(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 the		
NAME OF COMMITTEE (In Full) TOGETHER WE THRIVE		
Full Name of Individual (Last, First, Middle In Rochat, John, , , Mailing Address 445 E. Bush St. City Fort Bragg FEC ID number of contributing federal political committee. Name of Employer (for Individual) Self Receipt For: Primary General Other (specify)	State Zip Code 95437 C Occupation (for Individual) Physician Aggregate Year-to-Date ▼ 250.00	Date of Receipt 11 14 2019 Transaction ID: SA11AI.4110 Amount of Each Receipt this Period 250.00 Memo Item
Full Name of Individual (Last, First, Middle In Want, Jessica, , , Mailing Address 245 Easy St #19 City Mountain View FEC ID number of contributing federal political committee. Name of Employer (for Individual) Kqed Receipt For: Primary General Other (specify) Full Name of Individual (Last, First, Middle In Individual)	State Zip Code CA 94043 C Occupation (for Individual) Product Manager Aggregate Year-to-Date 250.00	Date of Receipt 12 24 2019 Transaction ID : SA11AI.4112 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)	50657.35

TEMIZED INDEPENDENT EXPENDITURES				PAGE 9 OF 43
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 = 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	unt
City	State	Zip Code	-	750.00
Orlando	FL	32829		nsaction ID : SE.4262 of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/ Type		12 / 31 / 2019
Name of Federal Candidate:		X Support	Office Sou	ght: House District:
Kelly, Mark, , ,		Oppose	Presi	dent State: AZ
Calendar Year-To-Date Per Election for Office Sought	7	750.00	Disburseme 2020	ent For: Primary X General Other (specify) ▶
Full Name of Payee		Memo		e of Public Distribution/Dissemination
Harvey, Jaalin, , ,				M M / D D / Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				12 31 2019
7179 Lake Callisie Divu			Amo	unt
City	State	Zip Code		750.00
Orlando	FL	32829	Tra	nsaction ID : SE.4265 of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Chillie Marketing		Туре		12 01 2010
Name of Federal Candidate:		Support	Office Sou	
Hyde-Smith, Cindy, , ,		x Oppose	Presi	dent Senate State: MS
Calendar Year-To-Date		750.00	Disburseme	ent 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 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	
Signature		_ Date	e 08	03 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 10 OF 43
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 / D D / Y Y Y Y Y
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Harvey, Jaalin, , ,				12 31 7 2019
Mailing Address 7179 Lake Carlisle Blvd			Amou	nt
City	State	Zip Code	T []	750.00
Orlando	FL	32829		saction ID : SE.4267 of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/ Type		12 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sough	nt: House District:
Perdue, David, , ,		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7 1 7	750.00	Disbursemer 2020	nt For: Primary X General Other (specify) ▶
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Harvey, Jaalin, , ,			_ N	12 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				12 31 2019
7170 Eake Gallide Biva			Amou	nt
City	State	Zip Code		630.00
Orlando	FL	32829		saction ID : SE.4271 of Disbursement or Obligation
Purpose of Expenditure Online Marketing		Category/ Type		12 / 31 / 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: House District:
Peters, Gary, , ,		Oppose	Preside	ent 🗶 Senate State: MI
Calendar Year-To-Date		630.00	Disbursemer	nt For: Primary 🗶 General
Per Election for Office Sought	T-1-T-	030.00	2020 🗌 c	other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	3			1380.00
(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	od1	M = M /	
Signature	_г 2000 опишиу Г Ш	Date	9 08	03 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 11 OF 43
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 Da	ate of Public Distribution/Dissemination
PinPoint WebSolutions				12 31 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		750.00
Orlando	FL	32829		ransaction ID : SE.4126 ate of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type		12 31 2019
Name of Federal Candidate:		Support	Office So	ought: 🗶 House District:09
Griffith, H. Morgan, , ,		x Oppose	Pre	esident Senate State: VA
Calendar Year-To-Date			Disburse	ment For: Primary X General
Per Election for Office Sought	7 7	750.00	2020	Other (specify) ▶
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
PinPoint WebSolutions				12 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				12 31 2013
7173 Lake Garriste Bivu			Ar	mount
City	State	Zip Code		750.00
Orlando	FL	32829		ransaction ID : SE.4128 ate of Disbursement or Obligation
Purpose of Expenditure		Category/		M M / D D / Y Y Y Y
Design, Advertising, Marketing, Research, Prograr Consulting, Staffing	nming,	Type		12 31 2019
Name of Federal Candidate:		Support	Office So	ought: X House District: 06
Lee, Benjamin, , ,		Oppose	Pre	esident Senate State: VA
Calendar Year-To-Date		750.00		ment For: Primary X General
Per Election for Office Sought	7 7	750.00	2020	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	;		▶	1500.00
			F	
(b) SUBTOTAL of Unitemized Independent Expenditu	res		▶	
(c) TOTAL Independent Expenditures			. г	
(b) 10 1A2 maspendant Exponditures			•	
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	03 2020
Signature	.2	Date	e 08	03 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 12 OF 43 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed o	on M M / D D / Y Y Y Y
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address 7179 Lake Carlisle Blvd				12 31 2019 Amount
City	State	Zip Code		750.00
Orlando	FL	32829		Transaction ID : SE.4130 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Programs Consulting, Staffing	ming,	Category/ Type		12 31 2019
Name of Federal Candidate:		Support	Office	Sought: House District: 05
Riggleman, Denver, , ,		Oppose		President Senate State: VA
Calendar Year-To-Date Per Election for Office Sought	7 7	750.00	Disbur 2020	sement For: Primary General General General
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
PinPoint WebSolutions				12 31 / 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.4132 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type		12 / 31 / 2019
Name of Federal Candidate:		Support	Office	Sought: X House District: 01
Witt, Robert J., , ,		Oppose		President Senate State: VA
Calendar Year-To-Date Per Election for Office Sought		750.00	Disbur 2020	sement For: Primary General Other (specify) ▶
•				
(a) SUBTOTAL of Itemized Independent Expenditures			. •	1500.00
(INCURTOTAL of Units arised by description			Ī	
(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	led1 -	M =	M / D D / Y Y Y Y
Signature	Jinouny I'u	Date	e 08	03 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 repo	ort filed o	on M = M / D = D / Y = Y = Y
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item	Date of Public Distribution/Dissemination
Pinpoint Websolutions				12 31 2019
Mailing Address 7179 Lake Carlisle Blvd				Amount
City	State	Zip Code		750.00
Orlando	FL	32829		Transaction ID : SE.4134 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Programm Consulting, Staffing	ning,	Category/ Type		12 / 31 / 2019
Name of Federal Candidate:		Support	Office	Sought: House District:08
Brady, Kevin, , ,		X Oppose		President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	, , ,	750.00	Disbur 2020	sement For:
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
PinPoint WebSolutions		_		M M / D D / Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				12 31 2019
/ 1/9 Lake Calliste Divu				Amount
City	State	Zip Code		750.00
Orlando	FL	32829		Transaction ID : SE.4136 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ıming,	Category/ Type		12 / 31 / 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:
Wright, Ronald, , ,		x Oppose		President Senate State: TX
Calendar Year-To-Date		750.00	1	sement For: Primary 🗶 General
Per Election for Office Sought	7-1-5-	730.00	2020	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				1500.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es		. •	
(a) TOTAL lades and agt Fun and litural				
(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	te or authorized			
Zullo, Christopher, , ,	Electronically File	ed]	M	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	e 08	00 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 14 OF 43 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	tte of Public Distribution/Dissemination
Mailing Address 7179 Lake Carlisle Blvd			An	12 31 2019
City	State	Zip Code	— Г	750.00
Orlando	FL	32829		ansaction ID : SE.4138 tte of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type		12 31 2019
Name of Federal Candidate:		X Support	Office Sc	ught: X House District: 07
Fletcher, Lizzie Pannill, , ,		Oppose	Pre	esident Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	7	750.00	Disburser 2020	ment For: Primary
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
PinPoint WebSolutions				12 31 2019
Mailing Address 7179 Lake Carlisle Blvd			An	nount
City	State	Zip Code	<u> —</u> Г	750.00
Orlando	FL	32829		ransaction ID : SE.4140 tte of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	mming,	Category/ Type		12 31 2019
Name of Federal Candidate:		Support	Office Sc	ought: X House District: 05
Gooden, Lance, , ,		x Oppose	Pre	esident Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		750.00	Disburser 2020	ment For: Primary General 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 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 08	03 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 15 OF 43
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
				O COOLE ICC
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	te of Public Distribution/Dissemination
PinPoint WebSolutions				12 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd			Δ	
			AIII	ount
City	State	Zip Code		750.00
Orlando	FL	32829		ansaction ID : SE.4142 te of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type		12 / 31 / 2019
Name of Federal Candidate:		Support	Office Soi	ught: 🗶 House District:04
Ratcliffe, John, , ,		X Oppose	Pres	sident Senate State: TX
Calendar Year-To-Date		750.00	Disbursen	nent For: Primary Seneral
Per Election for Office Sought	7 7	750.00	2020	Other (specify) ▶
Full Name of Payee		☐ Memo	Item Dat	te of Public Distribution/Dissemination
PinPoint WebSolutions				12 31 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		750.00
Orlando	FL	32829		ansaction ID : SE.4144 te of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program	mmina	Category/		12 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Consulting, Staffing	mmg,	Type		12 31 2019
Name of Federal Candidate:		Support	Office Soi	ught: X House District: 36
Babin, Brian, , ,		Oppose	Pres	sident Senate State: TX
Calendar Year-To-Date		750.00	Disbursen	nent For: Primary Seneral
Per Election for Office Sought	7 7	730.00	2020	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	;		▶	1500.00
(1) 011575711 (11.11)				
(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 Y
Signature		Date	e 08	03 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 16 OF 43 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 PinPoint WebSolutions		☐ Memo	Item I	Date of Public Distribution/Dissemination
Mailing Address 7179 Lake Carlisle Blvd				12 31 2019
				Amount
City	State	Zip Code		750.00
Orlando	FL	32829		Transaction ID : SE.4146 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Programme Consulting, Staffing	ming,	Category/ Type		12 31 2019
Name of Federal Candidate:		Support	Office S	Sought: Mouse District: 31
Carter, John, , ,		x Oppose	F	President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		750.00	Disburs	sement For: Primary General
	1 1			Other (specify)
Full Name of Payee PinPoint WebSolutions		Memo	Item I	Date of Public Distribution/Dissemination
Mailing Address 7179 Lake Carlisle Blvd			,	Amount
City	State	Zip Code		750.00
Orlando	FL	32829		Transaction ID : SE.4148 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type		12 / 31 / 2019
Name of Federal Candidate:		✗ Support	Office \$	Sought:
Doggett, Lloyd, , ,		Oppose	F	President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		750.00	Disburs	sement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			[1500.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res			
(c) TOTAL Independent Expenditures			[
(-),				
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Zullo, Christopher, , ,	[Flootronicall. F:1	adl	M = N	M / D D / Y Y Y Y Y
Signature	Electronically Fil	eaj Date	e 08	03 2020

TEMIZED INDEPENDENT EXPENDITORES				PAGE 17 OF 43 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
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
PinPoint WebSolutions				12 31 2019
Mailing Address 7179 Lake Carlisle Blvd			Amou	int
City	State	Zip Code	— F:	750.00
Orlando	FL	32829		saction ID : SE.4150 of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Programs Consulting, Staffing	ming,	Category/ Type		12 31 7 2019
Name of Federal Candidate:		X Support	Office Soug	ht: X House District: 34
Vela, Filemon, , ,		Oppose	Presid	ent Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	7 7	750.00	Disbursement 2020	nt For:
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
PinPoint WebSolutions				12 31 / 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	int
City	State	Zip Code	— F:	750.00
Orlando	FL	32829		saction ID : SE.4152 of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Progran Consulting, Staffing	nming,	Category/ Type		12 / 31 / 2019
Name of Federal Candidate:		🗶 Support	Office Soug	ht: X House District: 33
Veasey, Marc, , ,		Oppose	Presid	ent Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		750.00	Disbursement 2020	
,	1			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]	M = M /	03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	e 08	03 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 31 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, 12 31 2019 Type Consulting, Staffing Name of Federal Candidate: 32 **X** Support Office Sought: **✗** House District: Allred, Colin, , , TX 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 31 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, 31 2019 12 Type Consulting, Staffing Name of Federal Candidate: 30 x Support Office Sought: **✗** House District: Johnson, Eddie Bernice, , , TX 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] 08 03 2020 Date Signature

PAGE

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OF

43

TEMIZED INDEFENDENT EXPENDITORES				PAGE 19 OF 43
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 or	M M / D D / Y Y Y Y Y
Full Name of Payee		☐ Memo	Item [Date of Public Distribution/Dissemination
PinPoint WebSolutions				12 31 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		Fransaction ID : SE.4158 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type		12 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office 5	Sought: House District: 03
Taylor, Van, , ,		X Oppose		resident Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	7 1 7	750.00	Disburs 2020	ement For: Primary
Full Name of Payee		Memo	Item [Date of Public Distribution/Dissemination
PinPoint WebSolutions				12 31 2019
Mailing Address 7179 Lake Carlisle Blvd			4	Amount
City	State	Zip Code		750.00
Orlando	FL	32829		Transaction ID : SE.4160 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type		12 31 7 2019
Name of Federal Candidate:		✗ Support	Office S	Sought: House District: 29
Garcia, Sylvia, , ,		Oppose	P	resident Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	750.00	Disburs 2020	ement For: ☐ Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			•	1500.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res			
(c) TOTAL Independent Expenditures			•	
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 08	03 2020
Signature	-	_ Date	- 00	2020

TEMIZED INDEPENDENT EXPENDITURES	3			PAGE 20 OF 43
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 rep	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				12 31 2019
Mailing Address 7179 Lake Carlisle Blvd			Ar	nount
City	State	Zip Code	— г	750.00
Orlando	FL	32829	L Tr	ansaction ID : SE.4163
	''-	02020		ate of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Progran Consulting, Staffing	nming,	Category/ Type		12 / 31 / 2019
Name of Federal Candidate:		✗ Support	Office Sc	ought: 🗶 House District:28
Cuellar, Henry, , ,		Oppose	Pre	esident Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	7	750.00	Disburser 2020	ment For: Primary
Full Name of Payee		Memo	Itom Da	ate of Public Distribution/Dissemination
PinPoint WebSolutions		Iviemo	item Bo	M M / D D / Y Y Y Y
Mailian Address				12 31 2019
Mailing Address 7179 Lake Carlisle Blvd			Ar	nount
City	State	Zip Code	<u> —</u> г	750.00
Orlando	FL	32829		ransaction ID : SE.4165 ate of Disbursement or Obligation
Purpose of Expenditure	_	Category/		M M / D D / Y Y Y Y
Design, Advertising, Marketing, Research, Progra Consulting, Staffing	imming,	Type		12 31 2019
Name of Federal Candidate:		Support	Office Sc	ought: House District: 27
Cloudh, Michael, , ,		Oppose	Pre	esident Senate State: TX
Calendar Year-To-Date		750.00		ment For: Primary X General
Per Election for Office Sought	7 7	750.00	2020	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	s		· [1500.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorized	•		•
Zullo, Christopher, , ,	[Electrician II E	1.41	M = M	/ D = D / Y = Y = Y
Signature	[Electronically Fi	Date Date	e 08	03 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 21 OF 43 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			Itom Date	e of Public Distribution/Dissemination
PinPoint WebSolutions		іметіо	item batt	12 31 2019
Mailing Address 7179 Lake Carlisle Blvd			Amo	
City	State	Zip Code	$ \Gamma$	750.00
Orlando	FL	32829		nsaction ID : SE.4167 e of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type		12 31 2019
Name of Federal Candidate:		Support	Office Sou	ght: X House District: 26
Burgess, Michael C., , ,		x Oppose	Pres	ident Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	7 7	750.00	Disbursem 2020	ent For: Primary X General Other (specify) ▶
Full Name of Payee		Memo	Item Date	e of Public Distribution/Dissemination
PinPoint WebSolutions		weme	nom = am	M M / D D / Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				12 31 2019
1113 Lake Callisle Blvd			Amo	ount
City	State	Zip Code		750.00
Orlando	FL	32829		nsaction ID : SE.4169 e of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type		12 / 31 / 2019
Name of Federal Candidate:		Support	Office Sou	ght: 🗶 House District:25
Williams, Roger, , ,		x Oppose	Pres	ident Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	750.00	Disbursem 2020	ent 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 Fil	'ed1 -	M M	/ D D / Y Y Y Y Y
Signature		Date	e 08	03 2020

TEMIZED INDEPENDENT EXPENDITURES	8			PAGE 22 OF 43
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 rep	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				12 31 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	— I	750.00
Orlando	FL	32829		ransaction ID : SE.4171
	''-	02020		ate of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Progran Consulting, Staffing	nming,	Category/ Type		12 / 31 / 2019
Name of Federal Candidate:		Support	Office S	ought: X House District: 24
Marchant, Kenny, , ,		x Oppose	Pr	esident Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	7	750.00	Disburse 2020	ement For: Primary X General Other (specify) ▶
Full Name of Payee		Memo	Item D	ate of Public Distribution/Dissemination
PinPoint WebSolutions		Iviemo	item	M M / D D / Y Y Y Y
Mailing Address				12 31 2019
7179 Lake Carlisle Blvd			A	mount
City	State	Zip Code		750.00
Orlando	FL	32829		Transaction ID : SE.4173 ate of Disbursement or Obligation
Purpose of Expenditure		Category/		M M / D D / Y Y Y Y
Design, Advertising, Marketing, Research, Progra Consulting, Staffing	ımmıng,	Type		12 31 2019
Name of Federal Candidate:		Support	Office S	ought: Mouse District: 23
Hurd, William, , ,		Oppose	Pr	esident Senate State: TX
Calendar Year-To-Date		750.00		ement For: Primary 🗶 General
Per Election for Office Sought	7 7	750.00	2020	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	s		. [1500.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ures			
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	date or authorized	•		
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Signature	[Electronically Fi	Date Date	9 08	03 2020

TEMIZED INDEPENDENT EXPENDITURES			PAGE 23 OF FOR LINE 24 OF FO	43 RM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	
TOGETHER WE THRIVE			C C00522458	
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on M = M / D = D / Y = Y =	Y Y
Full Name of Pavee		☐ Memo	Item Date of Public Distribution/Dissemina	ation
PinPoint WebSolutions		Iviemo		Y
Mailing Address 7179 Lake Carlisle Blvd			Amount	
City	State	Zip Code	750	.00
Orlando	FL	32829	Transaction ID : SE.4175 Date of Disbursement or Obligation	
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type	12 / 31 / 20	
Name of Federal Candidate:		Support	Office Sought: House District: _	22
Olson, Peter G., , ,		x Oppose	President Senate State:	TX
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	750.00	Disbursement For: Primary 2020 Other (specify) ►	Seneral
Full Name of Payee		Memo		ation
PinPoint WebSolutions		метто		Y Y
Mailing Address 7179 Lake Carlisle Blvd			Amount	
City	State	Zip Code	750	.00
Orlando	FL	32829	Transaction ID : SE.4177 Date of Disbursement or Obligation	
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type		19
Name of Federal Candidate:		Support	Office Sought: X House District: _	21
Roy, Chip, , ,		x Oppose	President Senate State:	TX
Calendar Year-To-Date Per Election for Office Sought	7 1 7	750.00	Disbursement For: Primary 2020	Seneral
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditu				00
(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 Fi	<i>led]</i> Date	08 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature	<u> </u>			

TEMIZED INDEPENDENT EXPENDITURES				PAGE 24 OF 43 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M M / D D / Y Y Y Y
Full Name of Payee		Memo	Item Dat	e of Public Distribution/Dissemination
PinPoint WebSolutions				12 31 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	<u> </u>	750.00
Orlando	FL	32829		insaction ID : SE.4179 ie of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type		12 31 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	ught: House District: 02
Crenshaw, Daniel, , ,		Oppose	Pres	sident Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	A 1 1 A	750.00	Disbursem 2020	_ , _
Full Name of Payee		Memo	Itom Dat	Other (specify) ▶ e of Public Distribution/Dissemination
PinPoint WebSolutions		□ INTELLIO	item Dat	12 31 2019
Mailing Address 7179 Lake Carlisle Blvd				
			Am	ount
City Orlando	State	Zip Code	Tr	750.00 ansaction ID : SE.4181
Purpose of Expenditure	FL	32829		e of Disbursement or Obligation
Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type		12 / 31 / 2019
Name of Federal Candidate:		Support	Office Sou	ught: 🗶 House District:19
Arrington, Jodey, , ,		X Oppose	Pres	sident Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	7 7	750.00	Disbursem 2020	nent For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures				1500.00
(b) SUBTOTAL of Unitemized Independent Expenditu	'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 Fi	led1 –	M = M	/ D D / Y Y Y Y
Signature	T	Date	e 08	03 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 12 31 2019 Mailing Address 7179 Lake Carlisle Blvd Amount City State Zip Code 750.00 FL 32829 Transaction ID: SE.4183 Orlando Date of Disbursement or Obligation Purpose of Expenditure Category/ Design, Advertising, Marketing, Research, Programming, 12 31 2019 Type Consulting, Staffing Name of Federal Candidate: 18 **X** Support Office Sought: **✗** House District: Jackson Lee, Sheila, , , TX 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 31 Mailing Address 7179 Lake Carlisle Blvd Amount 750.00 City State Zip Code Orlando Transaction ID: SE.4185 FL 32829 Date of Disbursement or Obligation Purpose of Expenditure Category/ Design, Advertising, Marketing, Research, Programming, 31 2019 12 Type Consulting, Staffing Name of Federal Candidate: 17 Support Office Sought: **✗** House District: Flores, Bill, , , TX 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] 08 03 2020 Date Signature

PAGE

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OF

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TEMIZED INDEPENDENT EXPENDITURES				PAGE 26 OF 43 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 o	n M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
PinPoint WebSolutions				12 31 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.4187 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Programs Consulting, Staffing	ming,	Category/ Type		12 31 2019
Name of Federal Candidate:		✗ Support	Office	Sought: X House District: 16
Escobar, Veronica, , ,		Oppose		President Senate State: TX
Calendar Year-To-Date		750.00		sement 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				12 31 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.4189
Purpose of Expenditure		Category/		Date of Disbursement or Obligation
Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Type		12 31 2019
Name of Federal Candidate:		🗶 Support	Office	Sought: Mouse District: 15
Gonzalez, Vicente, , ,		Oppose	F	President Senate State: TX
Calendar Year-To-Date		750.00	Disburs	sement For: Primary 🗶 General
Per Election for Office Sought	7 7		2020	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			• •	1500.00
(b) SUBTOTAL of Unitemized Independent Expenditure	100			
(S) GGSTGTAE OF GIRLOTHIZEGU HIGGEOFIGGIN EXPONDICA				
(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 Y
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TEMIZED INDEPENDENT EXPENDITORES				PAGE 27 OF 43 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	e of Public Distribution/Dissemination
PinPoint WebSolutions				12 31 / 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	State	Zip Code		750.00
Orlando	FL	32829		nsaction ID : SE.4191 e of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Programs Consulting, Staffing	ming,	Category/ Type		M 12 / 31 / 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: X House District: 14
Weber, Randy, , ,		X Oppose	Presi	dent Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	750.00	Disburseme 2020	ent For:
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
PinPoint WebSolutions				12 31 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	State	Zip Code		750.00
Orlando	FL	32829		nsaction ID : SE.4193
Purpose of Expenditure Design, Advertising, Marketing, Research, Progran Consulting, Staffing	nming,	Category/ Type		12 / 31 / 2019
Name of Federal Candidate:		Support	Office Sou	ght: X House District: 13
Thornberry, Mac, , ,		x Oppose	Presi	dent Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	7	750.00	Disburseme 2020	ent For:
				Citici (opcony) P
(a) SUBTOTAL of Itemized Independent Expenditures			→ [1500.00
(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	ed]	M M M	03 2020
Signature		Date	e 08	2020

TEMIZED INDEPENDENT EXPENDITURES	3			PAGE 28 OF 43		
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 rep	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				12 31 2019		
Mailing Address 7179 Lake Carlisle Blvd			Ar	mount		
City	State	Zip Code	— г	750.00		
Orlando	FL	32829		ransaction ID : SE.4195		
Purpose of Expenditure				ate of Disbursement or Obligation		
Design, Advertising, Marketing, Research, Progran Consulting, Staffing	nming,	Category/ Type		12 31 2019		
Name of Federal Candidate:		Support	Office So	ought: House District: 12		
Granger, Kay, , ,		X Oppose	Pro	esident Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought	7	750.00	Disburse 2020	ment For: Primary		
Full Name of Payee		Memo	Itom D:	ate of Public Distribution/Dissemination		
PinPoint WebSolutions		Iviemo	item D	M M / D D / Y Y Y Y		
Mailian Address				12 31 2019		
Mailing Address 7179 Lake Carlisle Blvd			IA	mount		
City	State	Zip Code	<u> —</u> г	750.00		
Orlando	FL	32829		ransaction ID : SE.4197 ate of Disbursement or Obligation		
Purpose of Expenditure	_	Category/		M = M / D = D / Y = Y = Y		
Design, Advertising, Marketing, Research, Progra Consulting, Staffing	imming,	Type		12 31 2019		
Name of Federal Candidate:		Support	Office So	ought: House District: 11		
Conaway, Mike, , ,		Oppose	Pre	esident Senate State: TX		
Calendar Year-To-Date		750.00		ment For: Primary X General		
Per Election for Office Sought	7 7	750.00	2020	Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditure	s			1500.00		
(b) SUBTOTAL of Unitemized Independent Expenditu	ures					
(c) TOTAL Independent Expenditures						
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorized	•		· · · · · · · · · · · · · · · · · · ·		
Zullo, Christopher, , ,	TELture 1 II E	1. 11	M = M	/ D = D / Y = Y = Y		
Signature	[Electronically Fi	Date Date	e 08	03 2020		
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TEMIZED INDEFENDENT EXPENDITORES	'			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
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Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y T Y T Y
Full Name of Payee PinPoint WebSolutions		☐ Memo	M	Public Distribution/Dissemination
Mailing Address 7179 Lake Carlisle Blvd			1 Amount	2 31 2019
Cit.	Ctata	Zin Code		750.00
City Orlando	State FL	Zip Code 32829		750.00 ction ID : SE.4199 Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ıming,	Category/ Type	М	2 31 2019
Name of Federal Candidate:		Support	Office Sought:	₩ House District:10
McCaul, Michael, , ,		X Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	7	750.00	Disbursement 2020 Oth	For:
Full Name of Payee		☐ Memo	Item Date of	Public Distribution/Dissemination
PinPoint WebSolutions				2 31 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	$ \Gamma$	750.00
Orlando	FL	32829	I	oction ID : SE.4201 Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	mming,	Category/ Type		12 / 31 / 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:01
Gohmert Jr., Louis B., , ,		x Oppose	Presider	Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	7	750.00	Disbursement 2020 Oth	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 Fil	[ed] Date	e 08	03 2020
Signature		_		

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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 o	on Man / Dab / Yayayay
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item	Date of Public Distribution/Dissemination
				12 31 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	Zin Codo		750.00
City	FL	Zip Code 32829		Transaction ID : SE.4203
Orlando		32029		Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Programm Consulting, Staffing	ning,	Category/ Type		12 / 31 / 2019
Name of Federal Candidate:		Support	Office	Sought: House District: 07
Rice, Tom, , ,		X Oppose		President Senate State: SC
Calendar Year-To-Date Per Election for Office Sought	, , ,	750.00	Disbur 2020	rsement For: Primary General Other (specify) ▶
Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination
PinPoint WebSolutions				M M / D D / Y Y Y Y
Mailing Address				12 31 2019
7179 Lake Carlisle Blvd				Amount
City	State	Zip Code		750.00
Orlando	FL	32829		Transaction ID : SE.4206 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ıming,	Category/ Type		12 31 2019
Name of Federal Candidate:		x Support	Office	Sought: House District: 06
Clyburn, James, , ,		Oppose		President Senate State: SC
Calendar Year-To-Date		750.00	1	rsement For: Primary 🗶 General
Per Election for Office Sought	7-1-1-7-	730.00	2020	Other (specify) ▶
(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 independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	te or authorized			
Zullo, Christopher, , ,	Electronically File	ed]	M =	M / D D / Y Y Y Y Y
Signature		Date	e 08	03 2020

TEMIZED INDEFENDENT EXPENDITORES				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			F	EC 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
Mailing Address 7179 Lake Carlisle Blvd			Amount	2 31 2019
	10	l =:		750.00
City Orlando	State FL	Zip Code 32829		750.00 stion ID : SE.4208 Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ıming,	Category/ Type	M 1	M / D D / Y Y Y
Name of Federal Candidate:		Support	Office Sought:	✗ House District:05
Norman, Ralph, , ,		x Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought	7 1 7	750.00	Disbursement 2020 Oth	For: Primary
Full Name of Payee		☐ Memo	Item Date of	Public Distribution/Dissemination
PinPoint WebSolutions			1	
Mailing Address 7179 Lake Carlisle Blvd			Amount	
City	State	Zip Code	— I	750.00
Orlando	FL	32829		ction ID : SE.4210 Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	mming,	Category/ Type		2 31 / 2019
Name of Federal Candidate:		Support	Office Sought:	₩ House District:04
Timmons, William, , ,		X Oppose	Presiden	Senate State: SC
Calendar Year-To-Date Per Election for Office Sought	7	750.00	Disbursement 2020 Oth	For: Primary X General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	3		.	1500.00
(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 candid party committee) any political party committee or its	ate or authorized	•		•
Zullo, Christopher, , ,	[Electronically Fil	[ed] Date	e 08	03 2020
Signature		_		

TEMIZED INDEPENDENT EXPENDITURES				PAGE 32 OF 43 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed or	M M / D D / Y Y Y Y
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item [Date of Public Distribution/Dissemination
Mailing Address 7179 Lake Carlisle Blvd				12 31 2019
City	State	Zip Code		750.00
Orlando	FL	32829	I	Fransaction ID : SE.4215 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type		12 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office S	Sought: House District: 03
Duncan, Jeff, , ,		x Oppose	P	resident Senate State: SC
Calendar Year-To-Date Per Election for Office Sought	<u>, , , , , , , , , , , , , , , , , , , </u>	750.00	Disburs 2020	ement For: Primary General Other (specify) ▶
Full Name of Payee		☐ Memo	Item [Date of Public Distribution/Dissemination
PinPoint WebSolutions				12 31 / 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		750.00
Orlando	FL	32829		Transaction ID : SE.4217 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Prograr Consulting, Staffing	mming,	Category/ Type		12 / 31 / 2019
Name of Federal Candidate:		Support	Office S	Sought: House District: 02
Wilson, Joe, , ,		x Oppose	P	resident Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		750.00	Disburs 2020	ement For: ☐ Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			• •	1500.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res			
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Zullo, Christopher, , ,	[Electronically Fil	led]	M = M	/ D D / Y Y Y Y
Signature		Date	e 08	03 2020

TEMIZED INDEFENDENT EXPENDITORES			PAGE 33 OF 43 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 PinPoint WebSolutions		☐ Memo	Item Date of Public Distribution/Dissemination
Mailing Address 7179 Lake Carlisle Blvd			12 31 2019 Amount
		T = 0 .	
City Orlando	State FL	Zip Code 32829	750.00 Transaction ID : SE.4219 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type	12 31 2019
Name of Federal Candidate:		X Support	Office Sought:
Cunningham, Joe, , ,		Oppose	President Senate State: SC
Calendar Year-To-Date Per Election for Office Sought	7 1 7	750.00	Disbursement For: Primary General 2020 Other (specify) ▶
Full Name of Payee		☐ Memo	Item Date of Public Distribution/Dissemination
PinPoint WebSolutions			12 31 2019
Mailing Address 7179 Lake Carlisle Blvd			Amount
City	State	Zip Code	750.00
Orlando	FL	32829	Transaction ID : SE.4221 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	mming,	Category/ Type	12 / 31 / 2019
Name of Federal Candidate:		Support	Office Sought: House District: 09
Meuser, Dan, , ,		x Oppose	President Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	<i>7</i>	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 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	ed] Date	e 08 03 2020
Signature			

TEMIZED INDEPENDENT EXPENDITURES				PAGE 34 OF 43 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
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PinPoint WebSolutions				12 31 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	750.00
Orlando	FL	32829		ransaction ID : SE.4223 ate of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type		12 31 2019
Name of Federal Candidate:		Support	Office Sc	ought: X House District: 16
Kelly, Mike, , ,		🗶 Oppose	Pre	esident Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	<i>(</i>) () ()	750.00	Disburse 2020	ment For: Primary General
Full Name of Payee	, , , , , , , , , , , , , , , , , , , ,	Memo	Itom Da	Other (specify) ▶ate of Public Distribution/Dissemination
PinPoint WebSolutions		□ Iviemo	item De	12 31 2019
Mailing Address 7179 Lake Carlisle Blvd			Λ.	
			Ai	nount
City Orlando	State	Zip Code	Ļ	750.00 ransaction ID : SE.4225
Purpose of Expenditure	FL	32829		ate of Disbursement or Obligation
Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type		12 / 31 / 2019
Name of Federal Candidate:		Support	Office Sc	ought: X House District: 15
Thompson, Glenn, , ,		X Oppose	Pre	esident Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	7 7	750.00	Disburse 2020	ment 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 Fi	led1 –	M = M	/ D D / Y Y Y Y Y
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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 of Public Distribution/Dissemination
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Mailing Address 7179 Lake Carlisle Blvd				Amount
City	State	Zip Code		750.00
Orlando	FL	32829		Transaction ID : SE.4228
Purpose of Expenditure				Date of Disbursement or Obligation
Design, Advertising, Marketing, Research, Programm Consulting, Staffing	ning,	Category/ Type		12 31 2019
Name of Federal Candidate:		Support	Office	Sought: House District: 14
Reschenthaler, Guy, , ,		x Oppose		President Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		750.00	Disbui 2020	rsement For: Primary General
	1 1			Other (specify)
Full Name of Payee PinPoint WebSolutions		∐ Memo	Item	Date of Public Distribution/Dissemination
Mailing Address				12 31 2019
7179 Lake Carlisle Blvd				Amount
City	State	Zip Code		750.00
Orlando	FL	32829		Transaction ID : SE.4230 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ıming,	Category/ Type		12 31 / 2019
Name of Federal Candidate:		Support	Office	Sought:
Joyce, John, , ,		x Oppose		President Senate State: PA
Calendar Year-To-Date		750.00	1	rsement For: Primary 🗶 General
Per Election for Office Sought	7-1-1-7-	730.00	2020	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			•	1500.00
			•	
(b) SUBTOTAL of Unitemized Independent Expenditure	es		. •	
(c) TOTAL Independent Expenditures				
(c) 10 1/12 independent Experiances				
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	te or authorized			
Zullo, Christopher, , ,	Electronically File	ed1 –	M	M / D D / Y Y Y Y Y
Signature		Date	e 08	3 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 36 OF 43
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
Full Name of Payee		☐ Memo	Item Da	te of Public Distribution/Dissemination
PinPoint WebSolutions				12 31 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7179 Lake Carlisle Blvd				
		,	Aff	ount
City	State	Zip Code		750.00
Orlando	FL	32829		ansaction ID : SE.4232 te of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type		12 / 31 / 2019
Name of Federal Candidate:		Support	Office So	ught: X House District: 12
Keller, Fred, , ,		X Oppose	Pre	sident Senate State: PA
Calendar Year-To-Date		1 1000	Disbursen	nent For: Primary Seneral
Per Election for Office Sought	7	750.00	2020	Other (specify) ▶
Full Name of Payee		Memo	Item Da	te of Public Distribution/Dissemination
PinPoint WebSolutions				12 31 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		750.00
Orlando	FL	32829		ansaction ID : SE.4234 te of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program	mmina	Category/		M M / D D / Y Y Y Y
Consulting, Staffing	nming,	Туре		12 31 2019
Name of Federal Candidate:		Support	Office So	ught: X House District: 11
Smucker, Lloyd, , ,		x Oppose	Pre	sident Senate State: PA
Calendar Year-To-Date		750.00	Disbursen	nent For: Primary Seneral
Per Election for Office Sought	7 7	730.00	2020	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	3		·· •	1500.00
(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 candidaparty 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	Electronically Fil	Date	e 08	03 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 37 OF 43 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
				12 31 7 2019
Mailing Address 7179 Lake Carlisle Blvd			Amou	ınt
City	State	Zip Code	— F:	750.00
Orlando	FL	32829		saction ID : SE.4238 of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	Design, Advertising, Marketing, Research, Programming,			
Name of Federal Candidate:		Support	Office Soug	ht: X House District: 10
Perry, Scott, , ,		x Oppose	Presid	lent Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		750.00	Disbursement 2020	nt For: Primary General
Per Election for Office Sought	7 1 7	7.57.5	2020	Other (specify)
Full Name of Payee PinPoint WebSolutions		☐ Memo		of Public Distribution/Dissemination
Mailing Address 7179 Lake Carlisle Blvd			Amou	
City	State	Zip Code	— Г	750.00
Orlando	FL	32829	Tran	saction ID : SE.4240 of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	nming,	Category/ Type		12 31 2019
Name of Federal Candidate:		Support	Office Soug	ht: X House District: 01
Fitzpatrick, Brian, , ,		X Oppose	Presid	lent Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	750.00	Disbursement 2020	nt For: Primary ★ General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures			· []	1500.00
(b) SUBTOTAL of Unitemized Independent Expenditu	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, , ,	Electronically Fi	led1 -	M = M /	02 / Y Y Y Y Y
Signature	omeany I'u	Date	e 08	03 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 38 OF 43 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
TOGETHER WE THRIVE				C C00522458
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		Memo	Item Date	e 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	punt
City	State	Zip Code	-	750.00
Orlando	FL	32829		nsaction ID : SE.4242 e of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type		12 31 2019
Name of Federal Candidate:		✗ Support	Office Sou	ght: X House District: 07
Wild, Susan, , ,		Oppose	Pres	ident Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	A 1 1 A	750.00	Disbursem 2020	, .
Full Name of Payee		Memo	Itom Date	Other (specify) ▶e of Public Distribution/Dissemination
PinPoint WebSolutions		□ INTELLIO	item Batt	12 31 2019
Mailing Address 7179 Lake Carlisle Blvd			A ma 6	
			Amo	
City Orlando	State	Zip Code 32829	Tra	750.00 nsaction ID : SE.4245
Purpose of Expenditure	1 -		Date	e of Disbursement or Obligation
Design, Advertising, Marketing, Research, Prograr Consulting, Staffing	nming,	Category/ Type		12 / 31 / 2019
Name of Federal Candidate:		✗ Support	Office Sou	ght: X House District: 06
Houlahan, Chrissy, , ,		Oppose	Pres	ident Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	<i>7 7</i>	750.00	Disburseme	ent For: Primary X General Other (specify) ▶
				Cities (opcomy) F
(a) SUBTOTAL of Itemized Independent Expenditures				1500.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· •	
(c) TOTAL Independent Expenditures			•	. , ,
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Zullo, Christopher, , ,	Electronically Fil	led1 -	M M	/ D D / Y Y Y Y Y
Signature	Licenomeany I'll	Date	e 08	03 2020

TEMIZED INDEFENDENT EXPENDITORES			PAGE 39 OF 43 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 Man / Dad / Yayayay
Full Name of Payee PinPoint WebSolutions		☐ Memo	Item Date of Public Distribution/Dissemination
Mailing Address 7179 Lake Carlisle Blvd			12 31 2019 Amount
		T = 0 .	
City Orlando	State FL	Zip Code 32829	750.00 Transaction ID : SE.4247 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type	12 31 2019
Name of Federal Candidate:		X Support	Office Sought: House District: 17
Lamb, Conor, , ,		Oppose	President Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	750.00	Disbursement For: Primary General 2020 Other (specify) ▶
Full Name of Payee		☐ Memo	Item Date of Public Distribution/Dissemination
PinPoint WebSolutions			12 31 7 2019
Mailing Address 7179 Lake Carlisle Blvd			Amount
City	State	Zip Code	750.00
Orlando	FL	32829	Transaction ID : SE.4249 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	mming,	Category/ Type	12 / 31 / 2019
Name of Federal Candidate:		Support	Office Sought: House District: 08
Davidson, Warren, , ,		x Oppose	President Senate State: OH
Calendar Year-To-Date Per Election for Office Sought	7 7	750.00	Disbursement For: Primary General 2020 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	;		. • 1500.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the 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	ed] Date	e 08 03 7 2020
Signature			

TEMIZED INDEPENDENT EXPENDITORES				PAGE 40 OF 43 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				12 31 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	int		
City	State	Zip Code		750.00		
Orlando	ando FL 32829			Transaction ID: SE.4252 Date of Disbursement or Obligation		
Purpose of Expenditure Design, Advertising, Marketing, Research, Programs Consulting, Staffing	Design, Advertising, Marketing, Research, Programming,					
Name of Federal Candidate:		Support	Office Soug	nt: X House District:07		
Gibbs, Bob, , ,		X Oppose	Presid	ent Senate State: OH		
Calendar Year-To-Date Per Election for Office Sought	7	750.00	Disbursement 2020	nt For:		
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination		
PinPoint WebSolutions				12 31 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	int		
City	State	Zip Code	ΗГ.	750.00		
Orlando	FL	32829		saction ID : SE.4254 of Disbursement or Obligation		
Purpose of Expenditure Design, Advertising, Marketing, Research, Progran Consulting, Staffing	nming,	Category/ Type		12 31 2019		
Name of Federal Candidate:		Support	Office Soug	ht: 🗶 House District: 06		
Johnson, Bill, , ,		x Oppose	Presid	ent Senate State: OH		
Calendar Year-To-Date Per Election for Office Sought		750.00	Disbursemer			
	7			Other (specify)		
(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	ite or authorized					
Zullo, Christopher, , ,	Electronically Fil	ed]	M = M /	03 2020		
Signature		Date	9 08	2020		

TEMIZED INDEFENDENT EXPENDITORES				PAGE 41 OF 43
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 or	1 M M / D D / Y Y Y Y
Full Name of Payee		☐ Memo	Item [Date of Public Distribution/Dissemination
PinPoint WebSolutions				12 31 2019
Mailing Address 7179 Lake Carlisle Blvd			,	Amount
City	State	Zip Code		750.00
Orlando	FL	32829		Fransaction ID : SE.4256 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type		12 31 2019
Name of Federal Candidate:		Support	Office S	Sought:
Latta, Bob, , ,		Oppose	F	resident Senate State: OH
Calendar Year-To-Date Per Election for Office Sought	7 1 7	750.00	Disburs 2020	ement For: ☐ Primary X General Other (specify) ▶
Full Name of Payee		☐ Memo	Item [Date of Public Distribution/Dissemination
PinPoint WebSolutions				12 31 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.4260 Date of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Prograr Consulting, Staffing	nming,	Category/ Type		12 / 31 / 2019
Name of Federal Candidate:		Support	Office S	Sought: House District: 04
Jordan, Jim, , ,		x Oppose	F	resident Senate State: OH
Calendar Year-To-Date Per Election for Office Sought	7 7	750.00	Disburs 2020	ement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·		[1500.00
(b) SUBTOTAL of Unitemized Independent Expenditu	roc		. [
(b) 300101AE of Officernized Independent Expenditu			•	
(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	[ed] Date	e 08	03 2020
Signature			33	لحثثما لعالم

TEMIZED INDEPENDENT EXPENDITURES				PAGE 42 OF 43
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 PinPoint WebSolutions		☐ Memo	Item Dat	e of Public Distribution/Dissemination
Mailing Address 7179 Lake Carlisle Blvd			Am	12 31 2019 ount
City	State	Zip Code	— Г	750.00
Orlando	FL	32829		nsaction ID : SE.4273 e of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Programs Consulting, Staffing	ming,	Category/ Type		12 31 2019
Name of Federal Candidate:		Support	Office Sou	ight: 🗶 House District:11
Meadows, Mark, , ,		x Oppose	Pres	sident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	750.00	Disbursem 2020	nent For: ☐ Primary X General Other (specify) ▶
Full Name of Payee		☐ Memo	Item Dat	e of Public Distribution/Dissemination
PinPoint WebSolutions				12 31 / 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	Ctata	7in Code		750.00
City Orlando	State	Zip Code 32829		ansaction ID : SE.4275
Purpose of Expenditure			Dat	e of Disbursement or Obligation
Design, Advertising, Marketing, Research, Progran Consulting, Staffing	nming,	Category/ Type		12 31 / 2019
Name of Federal Candidate:		x Support	Office Sou	•
Price, David, , ,		Oppose	Pres	sident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	750.00	Disbursem 2020	ent For: ☐ Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				1500.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	•		·
Zullo, Christopher, , ,	Electronically Fil	led1 -	M M	/ D D / Y Y Y Y
Signature		_ Date	9 08	03 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 43 OF 43
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 = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
PinPoint WebSolutions				12 31 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	punt
City	State	Zip Code		427.35
Orlando	FL	32829		nsaction ID : SE.4277 e of Disbursement or Obligation
Purpose of Expenditure Design, Advertising, Marketing, Research, Program Consulting, Staffing	ming,	Category/ Type		12 31 2019
Name of Federal Candidate:		Support	Office Sou	ght: X House District:06
Walker, Mark, , ,		X Oppose	Pres	ident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	427.35	Disbursement 2020	ent For: Primary X General Other (specify) ▶
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
				M M / D D / Y Y Y Y
Mailing Address			A	
			Amo	ount
City	State	Zip Code		
			Date	e of Disbursement or Obligation
Purpose of Expenditure		Category/ Type		M M M / D D / Y W W W W
Name of Federal Candidate:		Support	Office Sou	ght: House District:
		Oppose	Pres	ident Senate State:
Calendar Year-To-Date			Disbursem	ent For: Primary General
Per Election for Office Sought	7 7			Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	i		. [427.35
(b) SUBTOTAL of Unitemized Independent Expenditu	res		· • [
(c) TOTAL Independent Expenditures			•	51307.35
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	e 08	03 2020