

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Mind The Gap

ADDRESS (number and street) PO Box 60936

Check if different than previously reported. (ACC) Palo Alto CA 94306

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00683649 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|--|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input checked="" type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on M M / D D / Y Y Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y Y Y 09 / 01 / 2020 through M M / D D / Y Y Y Y Y Y 09 / 30 / 2020

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

Gotlieb, Graham, D., ,

Type or Print Name of Treasurer _____

Signature of Treasurer Gotlieb, Graham, D., , [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 10 / 17 / 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

| | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|
| Office Use Only | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Mind The Gap

Report Covering the Period: From: / / To: / /

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|--|---|
| 6. (a) Cash on Hand January 1, <input type="text" value="2020"/> | <input type="text"/> | <input type="text" value="858735.03"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="541150.07"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="100.00"/> | <input type="text" value="411242.07"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="541250.07"/> | <input type="text" value="1269977.10"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="102633.78"/> | <input type="text" value="831360.81"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="438616.29"/> | <input type="text" value="438616.29"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Mind The Gap

Report Covering the Period: From: 09 / 01 / 2020 To: 09 / 30 / 2020

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 0.00 | 406822.79 |
| (ii) Unitemized | 100.00 | 1050.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 100.00 | 407872.79 |
| (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 Totals to Line 33, page 5) | 100.00 | 407872.79 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 2929.73 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 439.55 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶ | 100.00 | 411242.07 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 100.00 | 411242.07 |

DETAILED SUMMARY PAGE
of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 102633.78 | 831360.81 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 102633.78 | 831360.81 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements (Including Non-Federal Donations)..... | 0.00 | 0.00 |
| 30. 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 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 102633.78 | 831360.81 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 102633.78 | 831360.81 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| III. Net Contributions/ Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 100.00 | 407872.79 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 100.00 | 407872.79 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 102633.78 | 831360.81 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 2929.73 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 102633.78 | 828431.08 |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

NAME OF COMMITTEE (In Full)

Mind The Gap

Full Name (Last, First, Middle Initial)

A. ADP Inc.

Mailing Address 1 ADP Blvd

City
Roseland

State
NJ

Zip Code
07068-1728

Purpose of Disbursement
Payroll - See Below If Itemized

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 9 | | 2 | 0 | 2 | 0 |

FEC Identification Number

C []

Transaction ID : 500193446

Amount of Each Disbursement this Period

[] 52478.85 []

Memo Item

Full Name (Last, First, Middle Initial)

B. Benjamin, Beth, , ,

Mailing Address PO Box 60936

City
Palo Alto

State
CA

Zip Code
94306-0936

Purpose of Disbursement
Salary

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 9 | | 2 | 0 | 2 | 0 |

FEC Identification Number

C []

Transaction ID : 500227011

Amount of Each Disbursement this Period

[] 9618.29 []

Memo Item

Full Name (Last, First, Middle Initial)

C. Gottlieb, Graham, , ,

Mailing Address PO Box 60936

City
Palo Alto

State
CA

Zip Code
94306-0936

Purpose of Disbursement
Salary

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 9 | | 2 | 0 | 2 | 0 |

FEC Identification Number

C []

Transaction ID : 500227012

Amount of Each Disbursement this Period

[] 12643.61 []

Memo Item

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

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

[] 52478.85 []

[] [] [] [] [] [] [] [] [] []

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

NAME OF COMMITTEE (In Full)

Mind The Gap

Full Name (Last, First, Middle Initial)

A. McCarthy, Jill, , ,

Mailing Address PO Box 60936

City
Palo Alto

State
CA

Zip Code
94306-0936

Purpose of Disbursement
Salary

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 9 | | 2 | 0 | 2 | 0 |

FEC Identification Number

C [Redacted]
Transaction ID : 500227013
Amount of Each Disbursement this Period
[Redacted] 9554.29

Memo Item

Full Name (Last, First, Middle Initial)

B. Sachs, Hadar, , ,

Mailing Address PO Box 60936

City
Palo Alto

State
CA

Zip Code
94306-0936

Purpose of Disbursement
Salary

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 9 | | 2 | 0 | 2 | 0 |

FEC Identification Number

C [Redacted]
Transaction ID : 500227014
Amount of Each Disbursement this Period
[Redacted] 6353.65

Memo Item

Full Name (Last, First, Middle Initial)

C. Scully, Abigail, , ,

Mailing Address PO Box 60936

City
Palo Alto

State
CA

Zip Code
94306-0936

Purpose of Disbursement
Salary

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 9 | | 2 | 0 | 2 | 0 |

FEC Identification Number

C [Redacted]
Transaction ID : 500227015
Amount of Each Disbursement this Period
[Redacted] 5321.60

Memo Item

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

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

| | |
|------------|------|
| [Redacted] | 0.00 |
|------------|------|

| | |
|------------|--|
| [Redacted] | |
|------------|--|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

NAME OF COMMITTEE (In Full)

Mind The Gap

Full Name (Last, First, Middle Initial)

A. Scully, Abigail, , ,

Mailing Address PO Box 60936

City
Palo Alto

State
CA

Zip Code
94306-0936

Purpose of Disbursement
Salary

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 9 | | 2 | 0 | 2 | 0 |

FEC Identification Number

C []

Transaction ID : 500227016

Amount of Each Disbursement this Period

[] 5321.60 []

Memo Item

Full Name (Last, First, Middle Initial)

B. Slates, Erica, , ,

Mailing Address 2720 4th Ave
Apt 1209

City
Seattle

State
WA

Zip Code
98121-1890

Purpose of Disbursement
Salary

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 9 | | 2 | 0 | 2 | 0 |

FEC Identification Number

C []

Transaction ID : 500227017

Amount of Each Disbursement this Period

[] 8987.41 []

Memo Item

Full Name (Last, First, Middle Initial)

C. ADP Inc.

Mailing Address 1 ADP Blvd

City
Roseland

State
NJ

Zip Code
07068-1728

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 9 | | 2 | 0 | 2 | 0 |

FEC Identification Number

C []

Transaction ID : 500193447

Amount of Each Disbursement this Period

[] 25769.15 []

Memo Item

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

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

[] 25769.15 []

[] [] [] [] [] [] [] [] [] []

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

NAME OF COMMITTEE (In Full)

Mind The Gap

Full Name (Last, First, Middle Initial)

A. ADP Inc.

Mailing Address 1 ADP Blvd

City
Roseland

State
NJ

Zip Code
07068-1728

Purpose of Disbursement
Payroll Fees

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 0 | 9 | | 2 | 0 | 2 | 0 |

FEC Identification Number

C []

Transaction ID : 500193448

Amount of Each Disbursement this Period

[] 176.59

Memo Item

Full Name (Last, First, Middle Initial)

B. ADP Inc.

Mailing Address 1 ADP Blvd

City
Roseland

State
NJ

Zip Code
07068-1728

Purpose of Disbursement
Payroll Fees

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 1 | 8 | | 2 | 0 | 2 | 0 |

FEC Identification Number

C []

Transaction ID : 500226746

Amount of Each Disbursement this Period

[] 151.47

Memo Item

Full Name (Last, First, Middle Initial)

C. ADP Inc.

Mailing Address 1 ADP Blvd

City
Roseland

State
NJ

Zip Code
07068-1728

Purpose of Disbursement
Payroll Fees

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 5 | | 2 | 0 | 2 | 0 |

FEC Identification Number

C []

Transaction ID : 500226765

Amount of Each Disbursement this Period

[] 17.00

Memo Item

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

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

[] 345.06

[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

NAME OF COMMITTEE (In Full)

Mind The Gap

Full Name (Last, First, Middle Initial)

A. Analyst Institute LLC

Mailing Address 815 16th St NW
FI 7

City
Washington

State
DC

Zip Code
20006-4101

Purpose of Disbursement
General Campaign Consulting

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 4 | | 2 | 0 | 2 | 0 |

FEC Identification Number

C [REDACTED]

Transaction ID : 500226747

Amount of Each Disbursement this Period

[REDACTED] 7950.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address 100 N Tryon St

City
Charlotte

State
NC

Zip Code
28202-2135

Purpose of Disbursement
Credit Card Payment - See Below If Itemized

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 5 | | 2 | 0 | 2 | 0 |

FEC Identification Number

C [REDACTED]

Transaction ID : 500227023

Amount of Each Disbursement this Period

[REDACTED] 781.97

Memo Item

Full Name (Last, First, Middle Initial)

C. Digify

Mailing Address 350 Townsend St
Ste 746

City
San Francisco

State
CA

Zip Code
94107-1693

Purpose of Disbursement
Software Subscription

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | | 2 | 5 | | 2 | 0 | 2 | 0 |

FEC Identification Number

C [REDACTED]

Transaction ID : 500227019

Amount of Each Disbursement this Period

[REDACTED] 360.00

Memo Item

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

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

[REDACTED] 8731.97

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

NAME OF COMMITTEE (In Full)

Mind The Gap

Full Name (Last, First, Middle Initial)

A. Google

Mailing Address 1600 Amphitheatre Pkwy

City Mountain View

State CA

Zip Code 94043-1351

Purpose of Disbursement Software Subscription

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2020

FEC Identification Number

C []

Transaction ID : 500227020

Amount of Each Disbursement this Period

[] 36.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Google

Mailing Address 1600 Amphitheatre Pkwy

City Mountain View

State CA

Zip Code 94043-1351

Purpose of Disbursement Software Subscription

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2020

FEC Identification Number

C []

Transaction ID : 500227021

Amount of Each Disbursement this Period

[] 156.00

Memo Item

Full Name (Last, First, Middle Initial)

C. LinkedIn

Mailing Address 222 2nd St

City San Francisco

State CA

Zip Code 94105-3106

Purpose of Disbursement Software Subscription

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2020

FEC Identification Number

C []

Transaction ID : 500227018

Amount of Each Disbursement this Period

[] 59.99

Memo Item

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

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

[] 0.00

[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

NAME OF COMMITTEE (In Full)

Mind The Gap

Full Name (Last, First, Middle Initial)

A. Zoom

Mailing Address 55 Almaden Blvd
FI 6

City San Jose State CA Zip Code 95113-1608

Purpose of Disbursement
Software Subscription

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 25 / 2020

FEC Identification Number

C
Transaction ID : 500227022
Amount of Each Disbursement this Period
169.98

Memo Item

Full Name (Last, First, Middle Initial)

B. Berger Hirschberg Strategies

Mailing Address 1010 Vermont Ave NW
Ste 814

City Washington State DC Zip Code 20005-4957

Purpose of Disbursement
Fundraising Consultung

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 03 / 2020

FEC Identification Number

C
Transaction ID : 500193431
Amount of Each Disbursement this Period
10060.29

Memo Item

Full Name (Last, First, Middle Initial)

C. Hemenway & Barnes LLP

Mailing Address 75 State St

City Boston State MA Zip Code 02109-1827

Purpose of Disbursement
Legal Fees

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2020

FEC Identification Number

C
Transaction ID : 500226748
Amount of Each Disbursement this Period
3743.00

Memo Item

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

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

13803.29

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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

NAME OF COMMITTEE (In Full)

Mind The Gap

Full Name (Last, First, Middle Initial)

A. MBA Consulting Group

Mailing Address 611 Pennsylvania Ave SE
Ste 143

City Washington State DC Zip Code 20003-4303

Purpose of Disbursement
Compliance Consulting

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2020

FEC Identification Number

C []

Transaction ID : 500193545

Amount of Each Disbursement this Period

[] 750.00

Memo Item

Full Name (Last, First, Middle Initial)

B. NGP VAN

Mailing Address 1445 New York Ave NW
Ste 200

City Washington State DC Zip Code 20005-2158

Purpose of Disbursement
Software Subscription

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 03 / 2020

FEC Identification Number

C []

Transaction ID : 500193437

Amount of Each Disbursement this Period

[] 710.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Paragon Solutions

Mailing Address 25 Commerce Dr

City Cranford State NJ Zip Code 07016-3605

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2020

FEC Identification Number

C []

Transaction ID : 500193436

Amount of Each Disbursement this Period

[] 5.46

Memo Item

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

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

[] 1465.46

[] 102593.78