

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 checked="" type="checkbox"/> Jul 20 (M7) | <input 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 06 / 01 / 2020 through M M / D D / Y Y Y Y Y Y 06 / 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 07 / 18 / 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									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

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" value="858735.03"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="799839.58"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="9656.44"/>	<input type="text" value="350712.96"/>
(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="809496.02"/>	<input type="text" value="1209447.99"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="99550.89"/>	<input type="text" value="499502.86"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="709945.13"/>	<input type="text" value="709945.13"/>
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

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Mind The Gap

Report Covering the Period: From: M M / D D / Y Y Y Y 06 / 01 / 2020 To: M M / D D / Y Y Y Y 06 / 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).....	9500.00	346822.79
(ii) Unitemized	100.00	850.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	9600.00	347672.79
(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)	9600.00	347672.79
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).....	20.00	2629.42
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	36.44	410.75
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)).....▶	9656.44	350712.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	9656.44	350712.96

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	99550.89	499502.86
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	99550.89	499502.86
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)) ..	99550.89	499502.86
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	99550.89	499502.86

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)	9600.00	347672.79
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9600.00	347672.79
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	99550.89	499502.86
37. Offsets to Operating Expenditures (from Line 15, page 3).....	20.00	2629.42
38. Net Operating Expenditures (subtract Line 37 from Line 36)	99530.89	496873.44

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Mind The Gap

A. Tachovsky, Terri, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 581 Ellis Ct
 City Sebastopol State CA Zip Code 95472-3303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 06 / 09 / 2020
Transaction ID : 4690470
 Amount of Each Receipt this Period 4000.00
 Memo Item

B. Miller, Robert, H., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11008 Sycamore Dr
 City Cupertino State CA Zip Code 95014-6562
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cooley LLP Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 16 / 2020
Transaction ID : 4711334
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Connor, Katie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 918 Echo Dr
 City Los Altos State CA Zip Code 94024-4817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) University Student
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 02 / 2020
Transaction ID : 4524908
 Amount of Each Receipt this Period 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	9500.00
TOTAL This Period (last page this line number only).....	9500.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 21
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Mind The Gap

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ADP Inc.

Mailing Address 1 ADP Blvd

City Roseland State NJ Zip Code 07068-1728

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
961.20

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 02 / 2020

Transaction ID : 4661616

Amount of Each Receipt this Period
20.00

Memo Item

Refund from Vendor

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	20.00
TOTAL This Period (last page this line number only).....▶	20.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 21
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input checked="" type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Mind The Gap

A. Bank of America

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

Mailing Address 100 N Tryon St

City Charlotte State NC Zip Code 28202-2135

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **410.75**

Date of Receipt **06 / 01 / 2020**

Transaction ID : 4661586

Amount of Each Receipt this Period **36.44**

Memo Item

Rebate

B.

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

C.

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	36.44
TOTAL This Period (last page this line number only).....▶	36.44

**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

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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

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	6		2	6		2	0	2	0

FEC Identification Number

C []

Transaction ID : 500126020

Amount of Each Disbursement this Period

[] 17.00

Memo Item

Full Name (Last, First, Middle Initial)

B. 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

State: District:

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	2	0

FEC Identification Number

C []

Transaction ID : 500099730

Amount of Each Disbursement this Period

[] 6256.00

Memo Item

Full Name (Last, First, Middle Initial)

C. 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) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	2	0

FEC Identification Number

C []

Transaction ID : 500099731

Amount of Each Disbursement this Period

[] 750.00

Memo Item

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

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

[] 7023.00

[]

**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

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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

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 19 / 2020

FEC Identification Number

C []

Transaction ID : 500099741

Amount of Each Disbursement this Period

[] 151.47

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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2020

FEC Identification Number

C []

Transaction ID : 500099702

Amount of Each Disbursement this Period

[] 1019.80

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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2020

FEC Identification Number

C []

Transaction ID : 500187721

Amount of Each Disbursement this Period

[] 320.00

Memo Item

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

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

[] 1171.27

[]

**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

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NAME OF COMMITTEE (In Full)
Mind The Gap

Full Name (Last, First, Middle Initial) A. Google		Date of Disbursement MM / DD / YYYY 06 / 02 / 2020
Mailing Address 1600 Amphitheatre Pkwy		FEC Identification Number C [] Transaction ID : 500187722
City Mountain View	State CA	Zip Code 94043-1351
Purpose of Disbursement Software Subscription		Amount of Each Disbursement this Period [] 156.00
Candidate Name		* <input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Google		Date of Disbursement MM / DD / YYYY 06 / 02 / 2020
Mailing Address 1600 Amphitheatre Pkwy		FEC Identification Number C [] Transaction ID : 500187723
City Mountain View	State CA	Zip Code 94043-1351
Purpose of Disbursement Software Subscription		Amount of Each Disbursement this Period [] 36.00
Candidate Name		* <input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) C. Digify		Date of Disbursement MM / DD / YYYY 06 / 02 / 2020
Mailing Address 350 Townsend St Ste 746		FEC Identification Number C [] Transaction ID : 500187724
City San Francisco	State CA	Zip Code 94107-1693
Purpose of Disbursement Software Subscription		Amount of Each Disbursement this Period [] 15.10
Candidate Name		* <input checked="" type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 0.00
TOTAL This Period (last page this line number only).....▶	[]

**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

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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

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	6		0	2		2	0	2	0

FEC Identification Number

C []

Transaction ID : 500187725

Amount of Each Disbursement this Period

[] 40.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Dashlane USA

Mailing Address 44 W 18th St

City
New York

State
NY

Zip Code
10011-4611

Purpose of Disbursement
Software Subscription

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	6		0	2		2	0	2	0

FEC Identification Number

C []

Transaction ID : 500187716

Amount of Each Disbursement this Period

[] 34.17

Memo Item

Full Name (Last, First, Middle Initial)

C. Zoom

Mailing Address 55 Almaden Blvd
FI 6

City
San Jose

State
CA

Zip Code
95113-1608

Purpose of Disbursement
Software Subscription

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	6		0	2		2	0	2	0

FEC Identification Number

C []

Transaction ID : 500187726

Amount of Each Disbursement this Period

[] 46.77

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

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NAME OF COMMITTEE (In Full)

Mind The Gap

Full Name (Last, First, Middle Initial)

A. 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
06 / 02 / 2020

FEC Identification Number

C [REDACTED]

Transaction ID : 500187718

Amount of Each Disbursement this Period

[REDACTED] 119.95

Memo Item

Full Name (Last, First, Middle Initial)

B. Mixmax, Inc.

Mailing Address 512 2nd St

City
San Francisco

State
CA

Zip Code
94107-4135

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
06 / 02 / 2020

FEC Identification Number

C [REDACTED]

Transaction ID : 500187719

Amount of Each Disbursement this Period

[REDACTED] 255.46

Memo Item

Full Name (Last, First, Middle Initial)

C. Berger Hirschberg Strategies

Mailing Address 1010 Vermont Ave NW
Ste 814

City
Washington

State
DC

Zip Code
20005-4957

Purpose of Disbursement
Fundraising Consulting

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 18 / 2020

FEC Identification Number

C [REDACTED]

Transaction ID : 500099723

Amount of Each Disbursement this Period

[REDACTED] 11904.76

Memo Item

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

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

[REDACTED] 11904.76

[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

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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 Taxes

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2020

FEC Identification Number

C []

Transaction ID : 500099715

Amount of Each Disbursement this Period

[] 26004.72

Memo Item

Full Name (Last, First, Middle Initial)

B. 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)

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2020

FEC Identification Number

C []

Transaction ID : 500099706

Amount of Each Disbursement this Period

[] 3176.63

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 - See Below If Itemized

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2020

FEC Identification Number

C []

Transaction ID : 500099716

Amount of Each Disbursement this Period

[] 47982.30

Memo Item

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

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

[] 77163.65

[]

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

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NAME OF COMMITTEE (In Full)

Mind The Gap

Full Name (Last, First, Middle Initial)

A. 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
06			09			2020			

FEC Identification Number

C [Redacted]

Transaction ID : 500193291

Amount of Each Disbursement this Period

[Redacted] 9175.04

Memo Item

Full Name (Last, First, Middle Initial)

B. 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
06			09			2020			

FEC Identification Number

C [Redacted]

Transaction ID : 500193292

Amount of Each Disbursement this Period

[Redacted] 9475.47

Memo Item

Full Name (Last, First, Middle Initial)

C. 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
06			09			2020			

FEC Identification Number

C [Redacted]

Transaction ID : 500193293

Amount of Each Disbursement this Period

[Redacted] 9554.28

Memo Item

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

[Redacted] 0.00

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

[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

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NAME OF COMMITTEE (In Full)

Mind The Gap

Full Name (Last, First, Middle Initial)

A. 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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	2	0

FEC Identification Number

C []

Transaction ID : 500193294

Amount of Each Disbursement this Period

[] 5952.79 []

Memo Item

Full Name (Last, First, Middle Initial)

B. 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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	2	0

FEC Identification Number

C []

Transaction ID : 500193295

Amount of Each Disbursement this Period

[] 5321.60 []

Memo Item

Full Name (Last, First, Middle Initial)

C. Slates, Erica, , ,

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	2	0

FEC Identification Number

C []

Transaction ID : 500193296

Amount of Each Disbursement this Period

[] 8503.12 []

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

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NAME OF COMMITTEE (In Full)
Mind The Gap

Full Name (Last, First, Middle Initial)
A. NGP VAN

Date of Disbursement: MM / DD / YYYY
06 / 04 / 2020

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) ▼

FEC Identification Number: **C** _____
Transaction ID : **500099707**
Amount of Each Disbursement this Period: 710.00

Memo Item

Full Name (Last, First, Middle Initial)
B. ADP Inc.

Date of Disbursement: MM / DD / YYYY
06 / 12 / 2020

Mailing Address: 1 ADP Blvd

City: Roseland State: NJ Zip Code: 07068-1728

Purpose of Disbursement: Payroll Fees

Candidate Name: _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number: **C** _____
Transaction ID : **500099717**
Amount of Each Disbursement this Period: 164.49

Memo Item

Full Name (Last, First, Middle Initial)
C. Bank of America

Date of Disbursement: MM / DD / YYYY
06 / 05 / 2020

Mailing Address: 100 N Tryon St

City: Charlotte State: NC Zip Code: 28202-2135

Purpose of Disbursement: Bank Fee

Candidate Name: _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number: **C** _____
Transaction ID : **500099718**
Amount of Each Disbursement this Period: 15.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 889.49

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

**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

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NAME OF COMMITTEE (In Full)
Mind The Gap

Full Name (Last, First, Middle Initial)
A. 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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
06 / 15 / 2020

FEC Identification Number
C

Transaction ID : 500099729
Amount of Each Disbursement this Period
1368.72

Memo Item

Full Name (Last, First, Middle Initial)
B. 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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
06 / 15 / 2020

FEC Identification Number
C

Transaction ID : 500187730
Amount of Each Disbursement this Period
19.25

Memo Item

Full Name (Last, First, Middle Initial)
C. 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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
06 / 15 / 2020

FEC Identification Number
C

Transaction ID : 500187731
Amount of Each Disbursement this Period
76.77

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1368.72

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

**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

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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
06 / 15 / 2020

FEC Identification Number

C
Transaction ID : 500187732
Amount of Each Disbursement this Period
340.00

Memo Item

Full Name (Last, First, Middle Initial)

B. 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
06 / 15 / 2020

FEC Identification Number

C
Transaction ID : 500187733
Amount of Each Disbursement this Period
59.87

Memo Item

Full Name (Last, First, Middle Initial)

C. 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
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2020

FEC Identification Number

C
Transaction ID : 500187734
Amount of Each Disbursement this Period
36.00

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

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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

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2020

FEC Identification Number

C

Transaction ID : 500187735

Amount of Each Disbursement this Period

156.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Zoom

Mailing Address 55 Almaden Blvd
FL 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:

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2020

FEC Identification Number

C

Transaction ID : 500187736

Amount of Each Disbursement this Period

169.98

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

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2020

FEC Identification Number

C

Transaction ID : 500187727

Amount of Each Disbursement this Period

119.95

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

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NAME OF COMMITTEE (In Full)

Mind The Gap

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address 100 N Tryon St

City
Charlotte

State
NC

Zip Code
28202-2135

Purpose of Disbursement
Credit Card Processing Fee

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	6		1	5		2	0	2	0

FEC Identification Number

C []

Transaction ID : 500187737

Amount of Each Disbursement this Period

[] 0.90

Memo Item

Full Name (Last, First, Middle Initial)

B. 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	6		1	5		2	0	2	0

FEC Identification Number

C []

Transaction ID : 500187728

Amount of Each Disbursement this Period

[] 360.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

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

[] 0.00

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

[] 99520.89