

# 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) 743 Cooksey Lane

Check if different than previously reported. (ACC) Stanford CA 94305

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 checked="" 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 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 05 / 01 / 2022 through M M / D D / Y Y Y Y Y Y 05 / 31 / 2022

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 06 / 17 / 2022

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**

FEC Form 3X (Rev. 05/2016)

Page 2

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="2022"/>	<input type="text"/>	<input type="text" value="2813544.52"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="2399440.41"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="94972.19"/>	<input type="text" value="305828.34"/>
(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="2494412.60"/>	<input type="text" value="3119372.86"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="102735.22"/>	<input type="text" value="727695.48"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="2391677.38"/>	<input type="text" value="2391677.38"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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)

Write or Type Committee Name

**Mind The Gap**

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
05 / 01 / 2022 To: M M / D D / Y Y Y Y Y Y  
05 / 31 / 2022

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).....	10000.00	117750.00
(ii) Unitemized .....	0.00	525.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	10000.00	118275.00
(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) .....	10000.00	118275.00
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).....	84972.19	187553.34
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	0.00
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)).....▶	94972.19	305828.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	94972.19	305828.34

**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 .....	112557.74	737518.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	112557.74	737518.00
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).....	- 9822.52	- 9822.52
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)) ..	102735.22	727695.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	102735.22	727695.48

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	10000.00	118275.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10000.00	118275.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	112557.74	737518.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	84972.19	187553.34
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	27585.55	549964.66

# 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 18
(check only one)	
<input checked="" 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 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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Appen, Benjamin, S., ,

Mailing Address 200 Park Ave  
FI 56

City New York State NY Zip Code 10166-5601

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

Name of Employer (for Individual) Magnitude Capital Occupation (for Individual) Founding Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
10000.00

Date of Receipt  
MM / DD / YYYY  
05 / 25 / 2022

**Transaction ID : 6803689**

Amount of Each Receipt this Period  
10000.00

Memo Item

**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  
MM / DD / YYYY

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  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	10000.00
<b>TOTAL</b> This Period (last page this line number only).....	10000.00

**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 18
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Mind The Gap**

**A. MTG Research**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO Box 60793

City Palo Alto	State CA	Zip Code 94306-0793
-------------------	-------------	------------------------

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 ▼  
187553.34

Date of Receipt  
MM / DD / YYYY  
05 / 16 / 2022  
**Transaction ID : 6762417**

Amount of Each Receipt this Period  
84972.19

Memo Item

Reimbursement for Salaries and Overhead

**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  
MM / DD / YYYY

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  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	84972.19
<b>TOTAL</b> This Period (last page this line number only).....▶	84972.19

**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  
Employee Benefits

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	5		0	3		2	0	2	2

FEC Identification Number

C [ ]

**Transaction ID : 501060080**

Amount of Each Disbursement this Period

[ ] 1493.33

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  
Employee Benefits

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	5		1	0		2	0	2	2

FEC Identification Number

C [ ]

**Transaction ID : 501060083**

Amount of Each Disbursement this Period

[ ] 3939.18

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

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	2	2

FEC Identification Number

C [ ]

**Transaction ID : 501060098**

Amount of Each Disbursement this Period

[ ] 50813.98

Memo Item

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

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

[ ] 56246.49

[ ]



**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) ▼

Date of Disbursement: 05 / 13 / 2022

FEC Identification Number: C

Transaction ID : 501060106

Amount of Each Disbursement this Period: 3695.52

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

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 05 / 13 / 2022

FEC Identification Number: C

Transaction ID : 501060107

Amount of Each Disbursement this Period: 600.18

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Benjamin, Beth, , ,**

Mailing Address 743 Cooksey Ln

City Stanford State CA Zip Code 94305-8417

Purpose of Disbursement Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 05 / 13 / 2022

FEC Identification Number: C

Transaction ID : 501060099

Amount of Each Disbursement this Period: 7173.34

Memo Item

**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. Mathias, Mitch, , ,**

Mailing Address 743 Cooksey Ln

City  
Stanford

State  
CA

Zip Code  
94305-8417

Purpose of Disbursement  
Salary

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	5		1	3		2	0	2	2

FEC Identification Number

C

**Transaction ID : 501060100**

Amount of Each Disbursement this Period

8330.11

Memo Item

Full Name (Last, First, Middle Initial)

**B. McBride, Marissa, , ,**

Mailing Address 743 Cooksey Ln

City  
Stanford

State  
CA

Zip Code  
94305-8417

Purpose of Disbursement  
Salary

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	5		1	3		2	0	2	2

FEC Identification Number

C

**Transaction ID : 501060101**

Amount of Each Disbursement this Period

10413.44

Memo Item

Full Name (Last, First, Middle Initial)

**C. Muhammad, Sabir, , ,**

Mailing Address 743 Cooksey Ln

City  
Stanford

State  
CA

Zip Code  
94305-8417

Purpose of Disbursement  
Salary

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	5		1	3		2	0	2	2

FEC Identification Number

C

**Transaction ID : 501060102**

Amount of Each Disbursement this Period

3121.77

Memo Item

**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. Ramjug, Patrick, , ,**

Mailing Address 743 Cooksey Ln

City  
Stanford

State  
CA

Zip Code  
94305-8417

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	5		1	3		2	0	2	2

FEC Identification Number

C [ ]

**Transaction ID : 501060103**

Amount of Each Disbursement this Period

[ ] 4583.34 [ ]

Memo Item

Full Name (Last, First, Middle Initial)

**B. Rosmarin, Josh, , ,**

Mailing Address 743 Cooksey Ln

City  
Stanford

State  
CA

Zip Code  
94305-8417

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	5		1	3		2	0	2	2

FEC Identification Number

C [ ]

**Transaction ID : 501060104**

Amount of Each Disbursement this Period

[ ] 8333.34 [ ]

Memo Item

Full Name (Last, First, Middle Initial)

**C. Wheeler, Natalie, , ,**

Mailing Address 743 Cooksey Ln

City  
Stanford

State  
CA

Zip Code  
94305-8417

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	5		1	3		2	0	2	2

FEC Identification Number

C [ ]

**Transaction ID : 501060105**

Amount of Each Disbursement this Period

[ ] 4562.94 [ ]

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) <b>A. ADP, Inc.</b>		Date of Disbursement MM / DD / YYYY 05 / 17 / 2022	
Mailing Address 1 ADP Blvd		FEC Identification Number C [ ] <b>Transaction ID : 501060097</b> Amount of Each Disbursement this Period [ ] 1493.33	
City Roseland	State NJ	Zip Code 07068-1728	Category/ Type [ ]
Purpose of Disbursement Employee Benefits		Candidate Name	
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. ADP, Inc.</b>		Date of Disbursement MM / DD / YYYY 05 / 27 / 2022	
Mailing Address 1 ADP Blvd		FEC Identification Number C [ ] <b>Transaction ID : 501088374</b> Amount of Each Disbursement this Period [ ] 50653.98	
City Roseland	State NJ	Zip Code 07068-1728	Category/ Type [ ]
Purpose of Disbursement Payroll - See Below		Candidate Name	
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. ADP, Inc.</b>		Date of Disbursement MM / DD / YYYY 05 / 27 / 2022	
Mailing Address 1 ADP Blvd		FEC Identification Number C [ ] <b>Transaction ID : 501088373</b> Amount of Each Disbursement this Period [ ] 434.58	
City Roseland	State NJ	Zip Code 07068-1728	Category/ Type [ ]
Purpose of Disbursement Payroll Services and Insurance		Candidate Name	
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) ▼		Memo Item <input checked="" type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 52147.31
<b>TOTAL</b> 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. 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) ▼

Date of Disbursement: MM / DD / YYYY  
05 / 27 / 2022

FEC Identification Number: C  
Transaction ID : 501088375  
Amount of Each Disbursement this Period: 3701.12

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Benjamin, Beth, , ,**

Mailing Address 743 Cooksey Ln

City Stanford State CA Zip Code 94305-8417

Purpose of Disbursement Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
05 / 27 / 2022

FEC Identification Number: C  
Transaction ID : 501088366  
Amount of Each Disbursement this Period: 7173.34

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Mathias, Mitch, , ,**

Mailing Address 743 Cooksey Ln

City Stanford State CA Zip Code 94305-8417

Purpose of Disbursement Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
05 / 27 / 2022

FEC Identification Number: C  
Transaction ID : 501088367  
Amount of Each Disbursement this Period: 8330.11

Memo Item

**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. McBride, Marissa, , ,**

Mailing Address 743 Cooksey Ln

City  
Stanford

State  
CA

Zip Code  
94305-8417

Purpose of Disbursement  
Salary

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	2	2

FEC Identification Number

C

**Transaction ID : 501088368**

Amount of Each Disbursement this Period

10413.44

Memo Item

Full Name (Last, First, Middle Initial)

**B. Muhammad, Sabir, , ,**

Mailing Address 743 Cooksey Ln

City  
Stanford

State  
CA

Zip Code  
94305-8417

Purpose of Disbursement  
Salary

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	2	2

FEC Identification Number

C

**Transaction ID : 501088369**

Amount of Each Disbursement this Period

3121.77

Memo Item

Full Name (Last, First, Middle Initial)

**C. Ramjug, Patrick, , ,**

Mailing Address 743 Cooksey Ln

City  
Stanford

State  
CA

Zip Code  
94305-8417

Purpose of Disbursement  
Salary

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	2	2

FEC Identification Number

C

**Transaction ID : 501088370**

Amount of Each Disbursement this Period

4583.34

Memo Item

**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**

**A. Rosmarin, Josh, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 743 Cooksey Ln

City Stanford State CA Zip Code 94305-8417

Purpose of Disbursement Salary

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 27 / 2022

FEC Identification Number: C

Transaction ID : 501088371

Amount of Each Disbursement this Period: 8333.34

Memo Item

**B. Wheeler, Natalie, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 743 Cooksey Ln

City Stanford State CA Zip Code 94305-8417

Purpose of Disbursement Salary

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 27 / 2022

FEC Identification Number: C

Transaction ID : 501088372

Amount of Each Disbursement this Period: 4562.94

Memo Item

**C. Elias Law Group**

Full Name (Last, First, Middle Initial)

Mailing Address 10 G St NE Ste 600

City Washington State DC Zip Code 20002-4253

Purpose of Disbursement Legal Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 24 / 2022

FEC Identification Number: C

Transaction ID : 501088302

Amount of Each Disbursement this Period: 216.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 216.00

**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**

**A. MBA Consulting Group**

Full Name (Last, First, Middle Initial)

Mailing Address 611 Pennsylvania Ave SE  
Ste 143

City Washington State DC Zip Code 20003-4303

Purpose of Disbursement Compliance Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
05 / 26 / 2022

FEC Identification Number: C [ ]  
**Transaction ID : 501088306**  
Amount of Each Disbursement this Period: [ ] 1007.96

Memo Item

**B. Office IT Solutions**

Full Name (Last, First, Middle Initial)

Mailing Address 4401 A Connecticut Ave NW  
Ste 303

City Washington State DC Zip Code 20008-2325

Purpose of Disbursement IT Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
05 / 24 / 2022

FEC Identification Number: C [ ]  
**Transaction ID : 501088303**  
Amount of Each Disbursement this Period: [ ] 2774.45

Memo Item

**C. Paragon Solutions**

Full Name (Last, First, Middle Initial)

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  
05 / 02 / 2022

FEC Identification Number: C [ ]  
**Transaction ID : 501060070**  
Amount of Each Disbursement this Period: [ ] 24.53

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ [ ] 3806.94

**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**

**A. Robinson, Venessa, M., ,**

Full Name (Last, First, Middle Initial)

Mailing Address 743 Cooksey Ln

City Stanford State CA Zip Code 94305-8417

Purpose of Disbursement Digital Consulting Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 05 / 06 / 2022

FEC Identification Number C

**Transaction ID : 501060073**

Amount of Each Disbursement this Period 140.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

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

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

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

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	140.00
<b>TOTAL</b> This Period (last page this line number only).....▶	112556.74

**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 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 checked="" 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. Cash Correction**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		3	1		2	0	2	2		

Mailing Address

City State Zip Code

Purpose of Disbursement  
Cash Correction

C
Category/Type

FEC Identification Number

C
---

**Transaction ID : 501088474**  
Amount of Each Disbursement this Period

-	9	8	2	2	.	5	2
---	---	---	---	---	---	---	---

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Mailing Address

City State Zip Code

Purpose of Disbursement

C
Category/Type

FEC Identification Number

C
---

Amount of Each Disbursement this Period

--	--	--	--	--	--	--	--

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Mailing Address

City State Zip Code

Purpose of Disbursement

C
Category/Type

FEC Identification Number

C
---

Amount of Each Disbursement this Period

--	--	--	--	--	--	--	--

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

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

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

-	9	8	2	2	.	5	2
---	---	---	---	---	---	---	---

-	9	8	2	2	.	5	2
---	---	---	---	---	---	---	---