2018 - 04 - 19 - 0M - 00207M68

FEC FORM 3X

Office

Use Only

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL CENTER

2018 APR 19 P州 1: 44 Office Use Only

> FEC FORM 3X Rev. 05/2016

1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typir over the lines.	ng, type 12FE	24M5	
Tioigiethier Wi	e Thrive		 		
ADDRESS (number and street) Check if different than previously reported. (ACC)	13,4,3,3, il, int	M, S, a, P, S, N, e	ciclest.	2 ₁₃₁ 916	- - -
2. FEC IDENTIFICATION N	UMBER ▼ C	CITY A	STATE A	ZIP CC	DE A
C005224	5.8	K	N) OR	AMENDED (A)	
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (July 15 Quarterly Report (Quarterly Report (Junuary 31 Year-End Report (July 31 Mid-Year Report (Non-elective Year Only) (MY) Termination Report	Q1) Q2) Q2) Q3) YE) Q4 Q6 CC) 12-Day PRE-Election Report for the: Q3) CD) Q4 Q6 Q7 Q8 Q9 Q9 Q9 Q9 PRE-Election Report for the: Q9 PRE-Election	pr 20 (M4) Primary (12P Convention (stion on General (300)	12C) Spe	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) neral (12G) ecial (12S) in the State of t	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R) of Special (30S)
(TER)		tion on		in the State	of
5. Covering Period	1 61 20.	through	0.3 / 3.	[2018	
I certify that I have examined t	Δt	of my knowledge and I	belief it is true, corre	ct and complete.	
Type or Print Name of Treasure Signature of Treasurer	Chy-	20110	Date	04' ITT'	2018
NOTE: Submission of false, error	neous, or incomplete informa	tion may subject the per-	son signing this Repor	t to the penalties of 52	2 U.S.C. § 3010

2018:04:19:09:00202369

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Report Covering the Period: From:	Q.L. (0,1) (20,13)	To: 0.3 / 3.1 / 20.1.8
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,		
(b) Cash on Hand at Beginning of Reporting Period		
(c): Total Receipts (from Line 19)	9,420.86	9,1,20,86
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	9,1,2,0,8,6	9,12086
7. Total Disbursements (from Line 31)	9,170,86	9,120,86
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		
This committee has qualified as a m	ulticandidate committee. (see FEC FORM 1M)	

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

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

2018 - 04 - 19 - 0M - 00207M70

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016) Page 3

Write or Type Committee Name

Re	Report Covering the Period: From: O'T' O'T' ZO'S To: O'S' ZO'S								
	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	215000	21500						
	(i) Itemized (use Schedule A)	2,1.50.00 6,9.70.8.0	697086						
	(ii) Unitemized (iii) TOTAL (add Lines 11(a)(i) and (ii)▶	9,1,20,8,6	9,12086						
	(b) Political Party Committees	0							
	(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	D							
12.	Transfers From Affiliated/Other Party Committees	6							
13.	All Loans Received								
	Loan Repayments Received Offsets To Operating Expenditures (Refunds, Rebates, etc.)								
16.	(Carry Totals to Line 37, page 5)		6						
17.	Political Committees Other Federal Receipts	0	<u></u>						
18.	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds (a) Non-Federal Account								
	(from Schedule H3)		6						
	(b) Levin Funds (from Schedule H5)	0	432 432 433						
	(c) Total Transfers (add 18(a) and 18(b))								
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	9,1,20,8,6	[
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	9,1,20,8,6	9,120,86						

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	Total Tills Feriou	Caleliuai Teat-to-Date
(i) Federal Share		6
(ii) Non-Federal Share	O	6
(b) Other Federal Operating		
Expenditures		<u></u>
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))▶	<u></u>	<u></u>
22. Transfers to Affiliated/Other Party Committees		6
23. Contributions to		
Federal Candidates/Committees and Other Political Committees	0	
24. Independent Expenditures		
(use Schedule E)	9,1,20,86	9,1.20,86
(use Schedule F)		6
26. Loan Repayments Made	6	
27. Loans Made	6	6
28. Refunds of Contributions To: (a) Individuals/Persons Other		
Than Political Committees	6	
(b) Political Party Committees		
(c) Other Political Committees		<u></u>
(such as PACs)	0	
(d) Total Contribution Refunds		[
(add Lines 28(a), (b), and (c))	0	1 43× 1 43× 1 63× 1 0
29. Other Disbursements (Including		
Non-Federal Donations)	6	7
·		[
 Federal Election Activity (52 U.S.C. § 30101 (a) Allocated Federal Election Activity (from Schedule H6) 	(20))	
(i) Federal Share	0	
(ii) "Levin" Share	D	6
(b) Federal Election Activity Paid		
Entirely With Federal Funds	0	
(c) Total Federal Election Activity (add		
Lines 30(a)(i), 30(a)(ii) and 30(b))		Leanner on an or of
31. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	9,120.86	9.1, 2, 0.8, 6
32. Total Federal Disbursements	•	
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	9,120,86	Q 1 Z D 8 b

DETAILED SUMMARY PAGE

of Disbursements

Page 5 COLUMN A **COLUMN B Total This Period** Calendar Year-to-Date 0

III. Net Contributions/

FEC Form 3X (Rev. 05/2016)

Operating Expenditures 33. Total Contributions (other than loans) (from Line 11(d), page 3) 34. Total Contribution Refunds (from Line 28(d))..... 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures (from Line 15, page 3)..... 38. Net Operating Expenditures

SCHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUM
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)

	FOR	LINE	NU	MBER	:	PAGE	: j	OF	Z
1	(che	ck only	or	re)		•			
		11a		11b		11c		12	
		13		14		15		16	17

• • • • • • • • • • • • • • • • • • •	EWIZED RECEIP 13	Detailed Summary Page		11a 13		11b	·	11c 15	12 16	Г	717
Ar or	y information copied from such Reports and Statements m for commercial purposes, other than using the name and	ay not be sold or used by any pe address of any political committee	rson fo	r the	purp htribi	ose	e of sons fro	oliciting	contrit	outio nittee	ns
7	NAME OF COMMITTEE (In Full)							-,			
2	Together We Thrive	·									
A.	Full Name of Individual (Last, First, Middle Initial) or Full (Christopher Zullo) Mailing Address 3433 Lithia Pinecrest Road			ate of	_	***	ot	12	· · · · · · · · · · · · · · · · · · ·	~~ 8	
	City Valrico FL	Zip Code 33596	_ L	mount	ව of l	Eac	h Re	ceipt th	is Perio	od	
	FEC ID number of contributing federal political committee.				~	~ ~	، ۔۔۔۔۔ اب سالے	J <u>,</u> 5	, o , o)ð	Ø.
	Self-Employed	cupation (for Individual)] Ме	emo	Ite	em				
		Year-to-Date ▼									
В.	Full Name of Individual (Last, First, Middle Initial) or Full (Organization Name		ate of	Re	ceip	pt				
	Mailing Address 103 Broken lorn Ct City State	Zip Code		м ў м О <u>,</u> 3	′	2	ري	2	0.1	3.	3
	Locust Grove VA	3 2508		mount	of	Eac	ch Re	ceipt th	is Peri	od	
	FEC ID number of contributing federal political committee.				л	9}		,2	,5 <u>,</u> c	ر کریر),O
	GSA .	cupation (for Individual) Nanage		<u></u> Мо	emo) Ite	m				
	Receipt For: Primary General Other (specify) ▼ Aggregate	Year-to-Date ▼ ↑ , , , , , , , , , , , , , , , , , , ,									
C.	Full Name of Individual (Last, First, Middle Initial) or Full of Lagarithms Ageque line Huggett	Organization Name		Date of	Re	eceip	pt				
	Mailing Address 3525 Matheson Avenue State	Zip Code		0,2] ′		3	' [Z	کْر.	/	8
	Miani FL	33133		lmount	of	Eac	ch Re	ceipt th	is Peri	od	
	FEC ID number of contributing federal political committee.				м			,2	ડ્રેં ઠ્રે	ر د ر	٥٥٥
	NIA - Not Employed	cupation (for Individual) N/A-Not Employed		М	emo	o Ite	∍m				
	Primary General Other (specify) Aggregate	e Year-to-Date ▼ 20000						<u></u>			
5	SUBTOTAL of Receipts This Page (optional)						~~	1,9	S. Z.	ے۔ ک د	20
1	OTAL This Period (last page this line number only)							4V			

SCHEDULE A (FEC Form 3X)

SCHEDULE A (FEC Form 3X)			11	FOR LINE NUMBER: PAGE 2 OF 2		
IT	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 11a		
	by information copied from such Reports and State for commercial purposes, other than using the na					
\setminus	NAME OF COMMITTEE (In Full) Together We Th	nciv	e .	:		
Α.	Full Name of Individual (Last, First, Middle Initial) Michael Sper Mailing Address			Date of Receipt		
	1654 Woods Bend Ro City West Palm Beach	State FL	Zip Code 33406	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C ,		7 Maria lan		
	Name of Employer (for Individual) Paramount Engineering Receipt For: Primary General Other (specify) ▼	1	upation (for Individual) Land Surveying Year-to-Date ▼	Memo Item 100 1 28 20 8 50 3 14 20 8		
В.	Full Name of Individual (Last, First, Middle Initial) Mailing Address	or Full O	rganization Name	Date of Receipt		
	City	State	Zip Code			
	FEC ID number of contributing federal political committee. Name of Employer (for Individual)	C	upation (for Individual)	Amount of Each Receipt this Period Memo Item		
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼			
<u> </u>	Full Name of Individual (Last, First, Middle Initial)	or Full O	rganization Name	Date of Receipt		
	Mailing Address City	State	Zip Code			
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period		
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼			
Ş	SUBTOTAL of Receipts This Page (optional)		•	70,0,0,0		
1	FOTAL This Period (last page this line number only)					

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

				FOR LINE	24 OF FORM 3X
NAME OF COMMITTEE (In Full)	,	·		FEC IDENTIFICA	TION NUMBER ▼
Together We Thriv	e			C005	22458
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	(M Y M) / [D Y D	/ [[]
Full Name of Payee		☐ Memo	Item Da	ate of Public Distributi	on/Dissemination
Facebook Inc.				0.3 1	2018
Mailing Address					
1 Hacker Way			An	nount 	<u></u>
City	State	Zip Code	Ĺ		,29.4.9.8
Menlo Park	CA	94025	Da	ate of Disbursement of	r Obligation
Purpose of Expenditure Get Out The Vote Ca	Mpaiqn	Category/		03/2	1 20,19
Name of Federal Candidate:		Support Support	Office Sc	ought:	District: <u>18</u>
Conor Lango		Oppose	Pre	esident Senate	State: PA
Calendar Year-To-Date Per Election for Office Sought	_______\\\\\\\\\\\\\\\\\\	1.9.5.0.0	Disburse	ment For: Prim Other (specify) ▶	ary X General
Full Name of Payee		☐ Memo	Item Da	ate of Public Distributi	on/Dissemination
Joalin Harvey : PPWS				03/00	1/2018
Mailing Address	Δ				<u> </u>
7179 Lake Carlisle B	lud		An (F	nount	
City	State	Zip Code		_	,7,0,0,0,0,2
Orlando	Fh	32829	Da	ate of Disbursement of	r Obligation
Purpose of Expenditure	• `	Category/ Type		0.3 31	2018
Get out The Vote Cam	pargu	Туре			
Name of Federal Candidate:		Support	Office So	· 44	District: (8
Conor Lamb		Oppose	Pre	esident Senate	
Calendar Year-To-Date Per Election for Office Sought	___\\\\\\\\\\\\\\\\\\\\\\\\\\\\	9,9,5,00	Disburse	ment For:	ary K General
			r==		
(a) SUBTOTAL of Itemized Independent Expenditure	es		· • _	والمسالية المسالية المسالية	99500
·			_		
(b) SUBTOTAL of Uniternized Independent Expend	itures	••••••	· • <u>[</u>	<u> </u>	
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·		· • [,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,2,0,8,6
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or	lidate or authorized	reported herein were d committee or agent	not made of either, o	in cooperation, cons r (if the reporting enti	ultation, or concert ty is not a political
Signature		Date	OB	111 2	01.0

OF 18

PAGE

SCHEDULE	E	(FEC	Form	3X)
ITEMIZED IND	EPEI	NDENT	EXPE	NDITURES

SCHEDULE E (FEC Form 3X) TEMIZED INDEPENDENT EXPENDITURES		[]
TEMIZED INDEPENDENT EXPENDITURES		PAGE 2 OF FORM 3X
NAME OF COMMITTEE (In Full)	· ·	FEC IDENTIFICATION NUMBER ▼
Together We Thrive		C00.5.2.2.45.8
Check if 24-hour report 48-hour report New report	ort Amends report	t filed on The state of the sta
Full Name of Payee	☐ Memo it	tem Date of Public Distribution/Dissemination
Loe Olmstead : PPWS		03 01 2018
Mailing Address		
7179 Lake Cartisle Blud		Amount
City State	Zip Code	250.00
Orlando FL	32829	Date of Disbursement or Obligation
Purpose of Expenditure	Category/	03/87/2018
DM Campaign Awareness	Type	
Name of Federal Candidate:	Support Support	Office Sought: House District:
Claire McCaskill	Oppose	President Senate State: Mo
Calendar Year-To-Date		Disbursement For: Primary General
Per Election for Office Sought	0,0,0,0	Other (specify) ▶
Full Name of Payee	☐ Memo I	tem Date of Public Distribution/Dissemination
Pinfoint WebSolutions		03/07/20(8
Mailing Address	1	
7179 Lake Carlisle Blud		Amount
City State	Zip Code	2,50,00
Orlando FL	32829	Date of Disbursement or Obligation
Purpose of Expenditure	Category/	الأمركي المرتجا المرتجا المتعادة
Awareness Campaign	Type	0.3 2.1 6.2.10
Name of Federal Candidate:	Support Support	Office Sought: House District:
Claire McCaskill	Oppose	President Senate State:
Calendar Year-To-Date		Disbursement For: Primary General
Per Election for Office Sought	5,00,00	☐ Other (specify) ►
·	_	
(a) SUBTOTAL of Itemized Independent Expenditures		·50000
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
(C) TOTAL independent Expenditures		► L.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
<u> </u>		<u></u>
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
		المعمميميار / العبميميريار
Signature	Date	04 [1] [2018]

SCHEDULE E (FEC Form 3X) TEMIZED INDEPENDENT EXPENDITURES			PAGE 3 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Together We Thrive			COO.5.2.2.4.5.8
Check if 24-hour report 48-hour report New report	Amends report	t filed o	on May / Long / Kanada
Full Name of Payee	☐ Memo It	tem	Date of Public Distribution/Dissemination
Loe Olmstead: PPWS			02/13/2018
Mailing Address			Amount
7179 Lake Carlisle Blvd City State Zip C	'ode		250,00
	2829		
Purnose of Expenditure			Date of Disbursement or Obligation
Care	gory/ Type		<u>6.1.8</u>
Name of Federal Candidate:	Support	Office	Sought: House District:
Loe Donnelly	Oppose	<u> </u>	President Senate State: 1N
Calendar Year-To-Date Per Election for Office Sought	6,2,4	Disbur	sement For:
Full Name of Payee	☐ Memo II	tem	Date of Public Distribution/Dissemination
PuPoint WebSolutions			0 Z / PS / Z 2 / Z 0 / S
Mailing Address			Amount
7179 Lake Carlisle Blud	·		Autonia
City State Zip C	_		250,00
	2829		Date of Disbursement or Obligation
A	gory/ Type		03'B1'Z018
Name of Federal Candidate:	Support	Office	Sought: House District:
Loe Donnelly	Oppose		President 🔽 Senate State: 🖊
Calendar Year-To-Date Per Election for Office Sought	ک ک	Disbur	rsement For: ☐ Primary ☐ General ☐ Other (specify) ▶
<u> </u>			
(a) SUBTOTAL of Itemized Independent Expenditures		•	5.00.00
(b) SUBTOTAL of Unitemized Independent Expenditures		•	
(c) TOTAL Independent Expenditures		•	9,1,2,0,8,6
Under penalty of perjury I certify that the independent expenditures reporte with, or at the request or suggestion of, any candidate or authorized comm party committee) any political party committee or its agent.			

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TE	EMIZED INDEPENDENT EXPENDITURES			PAGE 7 4 OF 18 FOR LINE 24 OF FORM 3X
NA	ME OF COMMITTEE (In Full)		*	FEC IDENTIFICATION NUMBER ▼
,	Together We Thrive		٠	C00,5,2,2,4,5,8
Ch	neck if 24-hour report 48-hour report New report	ort Amends repo	ort filed c	on M-M-/ (G-G-) / (Y-V-V-Y-Y-)
	Full Name of Payee	☐ Memo	item	Date of Public Distribution/Dissemination
	Jaalin Harvey: PPWS Mailing Address			03 01 2018
	7179 Lake Carlisle Blvd			Amount
	City State	Zip Code		250,00
	Orlando FL	32829		Date of Disbursement or Obligation
	Purpose of Expenditure	Category/ Type		03/31/2018
	DM Campalgn - Awareness Name of Federal Candidate:			
	Bill Nelson	Support Oppose	l —	Sought: House District: President Senate State:
	Calendar Year-To-Date Per Election for Office Sought Dist			rsement For: Primary General
	Full Name of Payee	Memo	ltem	Other (specify) ▶ Date of Public Distribution/Dissemination
	l —	[] MIGHIO	nem	
	Pintoint Web Solutions Mailing Address			03/01/2018
	7179 Lake Cartiste Blud			Amount
	City State	Zip Code		2,5,0,0,0
	Orlando FL	32829		Date of Disbursement or Obligation
	Purpose of Expenditure	Category/		W. 2 3 1 2 6 6 6 6 6 6 6 6 6
	Awareness Campaign	Type		Wall Pall Earlan
	Name of Federal Candidate:	Support	l	Sought: House District:
	Bill Nelson	Oppose	 -	President Senate State:
	Calendar Year-To-Date Per Election for Office Sought	5,0,0,0,0	Disbur	rsement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures		. •	5.0.0.00
; ·	(b) SUBTOTAL of Unitemized Independent Expenditures	······	. •	
	CONTRACTOR AND ADDRESS OF THE ADDRES			
	(c) TOTAL Independent Expenditures		· •	<u></u>
_	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized			
	party committee) any political party committee or its agent.		01 0	y of the toporting office, to the a position
			M	
	Signature	_ Date	a 0,	4 11 2018

SCHEDULE E (FEC Form 3X)				
ITEMIZED INDEPENDENT EXPENDITURES				PAGE 5 OF 18
· .				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Together We Thrive	·			C0.0.5.2.2.4.5.8
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on Mrw / Dro / Tryrry
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
Japlin Harvey! PPWS				02 10 2018
Mailing Address				
Jaalin Harvey! PPWS Mailing Address 7179 Lake Carlisle Blvd				Amount
City	State	Zip Code		250,00
Orlando	FL	32829		Date of Disbursement or Obligation
Purpose of Expenditure	<u> </u>	Category/		03/3/2018
DM Carpaign - Averness		Type		0,5 3,1 40,10
Name of Federal Candidate: Phil Bredesen		Support Support	Office	e Sought: House District:
1 WI DLEGEZEN		Oppose		President Senate State: TN
Calendar Year-To-Date Per Election for Office Sought		0,0,0,0	Disbu	ursement For: Primary Æ General Other (specify) ▶
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination
PinPoint WebSolutions	ı 	<u> </u>		0 Z / 1 S / 20 / 8
Mailing Address	1			
7179 Lake Carlisle Bl	v &	· · · · · · · · · · · · · · · · · · ·		Amount
City	State	Zip Code		250,00
Orlando	FL	32829		Date of Disbursement or Obligation
Purpose of Expenditure Awarness Campaign		Category/ Type		03/81/20/8
Name of Federal Candidate:		Support	Office	e Sought: House District:
Phil Bredesen		Oppose		President Senate State:
Calendar Year-To-Date Per Election for Office Sought		0,0,0,0	Disbu	ursement For: ☐ Primary ☐ General ☐ Other (specify) ▶
		-		
(a) SUBTOTAL of Itemized Independent Expenditures	s		. •	5.0.0.0
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		. •	
(c) TOTAL Independent Expenditures			. •	9,120.86
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorized			
	_			•

SCHEDULE E (FEC Form 3X)						
ITEMIZED INDEPENDENT EXPENDITURES				PAGE 6 OF 18 FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼		
Together We Thriv	و			C'0,0,5,2,2,4,5,8		
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	I ou Many \ Land \ \ Land \ \ \ Land \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Jaaln Harvey: Pru	<	Memo	Item	Date of Public Distribution/Dissemination		
Mailing Address				02/15/2018		
7179 Lake Carliste B	Ivel			Amount		
City	State	Zip Code		25000		
Orlando	FL	32829		Date of Disbursement or Obligation		
Purpose of Expenditure		Category/		MAND / LOND / LANAAA		
DM Campaign - Awaren	ess	Type	الي	0.3 3.1 20.18		
Name of Federal Candidate:		Support	Offic	e Sought: House District:		
Richard Cordray		Oppose		President Senate State: OH		
Calendar Year-To-Date Per Election for Office Sought		0,0,0,	Disb	ursement For: Primary		
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination		
FinPoint WebSolution	ς			02/15/2018		
Mailing Address				02 15 2018		
7179 Lake Carlisle Blu	ال ر			Amount		
City	State	Zip Code		25000		
Orlando	FL	32829		Date of Disbursement or Obligation		
Purpose of Expenditure Awareness Campagn		Category/ Type		[0] (3) (20) 8		
Name of Federal Candidate:		Support	Offic	ce Sought: House District:		
Kichard Cordray		Oppose		President Senate State: OH		
Calendar Year-To-Date			Disb	oursement For: Primary K General		
Per Election for Office Sought		0,0,0,0		Other (specify) >		
(a) SUBTOTAL of Itemized Independent Expenditures	3		•	<u> </u>		
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres					
(c) TOTAL Independent Expenditures			•	9,120.86		
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee any political party committee or its	ate or authorized		of eith			
Signature			L			

Signature

SC	CHEDULE E (FEC Form 3X)			
	EMIZED INDEPENDENT EXPENDITURES			PAGE 7 OF 8
NA	ME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
	Jogether We Thrive			C0.05.22.458
Cr	neck if 24-hour report 48-hour report New report	ort Amends repo	rt filed or	u [WAW] / [ORD] / [AAAAAAA
	Full Name of Payee Lactin Harvey : PPWS	☐ Memo	Item [Date of Public Distribution/Dissemination
	Mailing Address			02/15/2018
	7179 Lake Carliste Blud			Amount
	Orlando FL	Zip Code 32829		250.00
		36061		Date of Disbursement or Obligation
	Purpose of Expenditure DM Awareness Campaign	Category/ Type		03/81/2018
	Name of Federal Candidate:	Support	<u> </u>	Sought: House District:
	Gwen Graham	Oppose	P	President Senate State: FC
	Calendar Year-To-Date Per Election for Office Sought	60,00	Disburs	sement For:
	Full Name of Payee	☐ Memo	Item [Date of Public Distribution/Dissemination
	PinPoint WebSolutions			0,2 1,8 2018
	Mailing Address 7179 Lake Cartsle Blvd			Amount
	City State	Zip Code		25000
	Orlando FL	32829	1,	Date of Disbursement or Obligation
	Purpose of Expenditure Awareness Campaign	Category/ Type		83/8/2018
	Name of Federal Candidate:	Support	Office	Sought: House District:
	Gwen Graham	Oppose		Sought: House District: FL
	Calendar Year-To-Date Per Election for Office Sought	0,00,0		sement For: Primary General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		•	60.00.2
	(b) SUBTOTAL of Unitemized Independent Expenditures		▶ [
	(c) TOTAL Independent Expenditures		• •	7,120,86
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			

SCHEDUL	EΕ	(FEC	Form	3X)
ITEMIZED IN	IDEPE	NDENT	EXPE	NDITURES

ITEMIZED INDEPENDENT EXPENDITURES	PAGE OF 8
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Together We Thrive	C.00.5.2.7.5.8
Check if 24-hour report 48-hour report New report Amends report	t filed on [MVM] / [DVD] / [YVYYYY]
Calendar Year-To-Date Per Election for Office Sought Full Name of Payee PinPoint WebSolutions Mailing Address 7179 Lake Carlisle Blvd City Orlando Purpose of Expenditure Awareness Campaign Name of Federal Candidate: Heidi Heitkamp Oppose	Amount Date of Disbursement or Obligation Office Sought: House District: ND Disbursement For: Primary General Other (specify) tem Date of Public Distribution/Dissemination Amount Date of Disbursement or Obligation Office Sought: House District: ND Amount Date of Disbursement or Obligation Office Sought: House District: ND Office Sought: Senate State: ND
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures. (c) TOTAL Independent Expenditures	>
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent. Date	

SCHEDULE	E (FEC	Form	3X)
ITEMIZED INC	EPEN	NDENT	EXPE	NDITURES

TE	MIZED INDEPENDENT EXPENDITURES				PAGE 9 OF 8		
NA	ME OF COMMITTEE (In Full)	· · · · · · · · · · · · · · · · · · ·			FEC IDENTIFICATION NUMBER ▼		
	Together We Thrive				C100522458		
Ch	neck if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	WAW \ DAD \ \AAAAAA		
	Full Name of Payee Jan Lin Havey & PPWS Mailing Address		☐ Memo	Item Date	e of Public Distribution/Dissemination		
	7179 Lake Carlisle Bl	Jd		Amo	ount		
	Orlando	State FL	Zip Code 32829	Date	e of Disbursement or Obligation		
	Purpose of Expenditure DM Awareness Campaigh	~	Category/ Type		0.3 / 31/ 2018		
	Name of Federal Candidate: Dean Heller		Support Oppose	Office Sou	ght: House District:		
	Calendar Year-To-Date Per Election for Office Sought			Disbursem	oursement For:		
	Full Name of Payee Pin Point Web Solutions		☐ Memo		e of Public Distribution/Dissemination		
	Mailing Address 7179 Lalle Carlisle B			Amo	ount		
	Orlando	State	Zip Code 3 Z 8 Z 9	Date	e of Disbursement or Obligation		
	Purpose of Expenditure Awareness Campaign		Category/ Type		03'(37)'(25/8)		
	Name of Federal Candidate: Dean Heller		Support Oppose	Office Sou	ught: House District:		
	Calendar Year-To-Date Per Election for Office Sought		<u> </u>	Disbursem	nent For:		
	(a) SUBTOTAL of Itemized Independent Expenditures	S		. •	5 00 0		
	(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		. •			
				[
	(c) TOTAL Independent Expenditures			· > [9,120.86		
	Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized					
	Signature		_ Date		(17) 2018		

SCHEDU	ILE E	(FEC I	Form	3X)
ITEMIZED	INDEPE	NDENT	EXPE	NDITURES

•	EU INDEI ENDENT EN ENDITONES		FOR LINE 24 OF FORM 3X
NA	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
	Together We Thrive		C00522958
Ch	neck if 24-hour report 48-hour report New report Amends report fi	filed on	" / [· · · · · · · · · · · · · · · · · ·
	Full Name of Payee	m Date	of Public Distribution/Dissemination
	Loadin Harvey: PPWS		02/01/2018
	Mailing Address	Amo	
	7179 Lake Carliste Blud		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	City State Zip Code		
	Orlando FL 32829	Date	of Disbursement or Obligation
	DN Awereness Compaign Category/ Type		03/3/2018
	Name of Federal Candidate:	Office Sou	pht: House District:
	Krysten Sinema Doppose	Presi	dent Senate State: AC
	Calendar Year-To-Date Per Election for Office Sought	Disburseme	ent For: ☐ Primary ☐ General Other (specify) ▶
	Full Name of Payee	em Date	of Public Distribution/Dissemination
	PinPoint Websolutions	- -	01/2018
	Mailing Address	Amo	
	7179 Lake Carlisle Blud		uni
	City State Zip Code FL 32879		
	Purpose of Expenditure	Date	of Disbursement or Obligation
	Awareness Campaign Category/ Type		03/3/2018
	Name of Federal Candidate: Support C	Office Sou	
	Krysten Sinema Oppose	Pres	dent X Senate State: 12
	Calendar Year-To-Date Per Election for Office Sought	Disbursem	ent For:
		,	
	(a) SUBTOTAL of Itemized Independent Expenditures	>	(69,90,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,9
	(b) CURTOTAL of Uniterprised Independent Expenditures		
	(b) SUBTOTAL of Unitermized Independent Expenditures		
	(c) TOTAL Independent Expenditures	>	1,120.86
	Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.		
	Signature	84	[1] 2018

S	CHEDULE E (FEC Form 3X)			
ITI	EMIZED INDEPENDENT EXPENDITURES			PAGE OF S
N,	AME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
	Togethor We Thrive			C,00,5,2,2,4,5,8
С	neck if 24-hour report 48-hour report New report	mends repor	t filed on	(MAM) \ (DAD) \ (AAAAAA)
·	Full Name of Payee	☐ Memo I	tem D	ate of Public Distribution/Dissemination
	Laalin Harvey: PPWS			8.2 61 Zo 18
	Mailing Address 7179 Lake Carliste Blud		Ai e=	mount
	City State Zip Coo	de		,,,,,,250,00
	Orlando FL 3	2829	D	ate of Disbursement or Obligation
	Purpose of Expenditure Categor			63/31/2018
	DM Awareness Campaign Tyl	pe (_الح	0.2 2.1 60.70
	Name of Federal Candidate:	Support	Office S	- <u>-</u>
	Beto O' Rourke	Oppose		esident Senate State:
	Calendar Year-To-Date Per Election for Office Sought	<u>(</u> C <u>0</u>	Disburse	ment For:
	Full Name of Payee	☐ Memo I	tem D	ate of Public Distribution/Dissemination
	PinPoint WubSolutions Mailing Address	·		8165 LO 150
	7179 Lake Carlide Blud		A	mount
	Orlando FL 329	de 829		1,1,25000
	Purpose of Expenditure		D	ate of Disbursement or Obligation
	Aureness Campaign Tyl			03/3/2018
	Name of Federal Candidate:	Support	Office S	ought: House District:
	Beto O' Rourke	Oppose		esident Senate State:
	Calendar Year-To-Date Per Election for Office Sought	٥٥	Disburse	ement For: Primary General Other (specify) ▶
			. 72=	
	(a) SUBTOTAL of Itemized Independent Expenditures		· > [500.00
	(b) SUBTOTAL of Unitemized Independent Expenditures		>	
	(c) TOTAL Independent Expenditures		>	0.8.6.z.1.e.
	Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized committee party committee any political party committee or its agent.			
	Signature	Date	04	1/2013

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES		PAGE VZ OF OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Together We Thrive		C00522458
Check if 24-hour report 48-hour report New report	Amends report filed	ou
Full Name of Payee	☐ Memo Item	Date of Public Distribution/Dissemination
1 12 Have 1 PP1119		[MIN] / [DITE] / [YITYIN]

Together We thrive [Clo. 5. 2. 2. 4. 5. 8]					
theck if 24-hour report 48-hour report New report Amends report filed on 48-hour report					
Full Name of Payee		☐ Memo	Item	Date of Public Distribution/Dissemination	
Jaalin Honey ! PPWS				0.1 28 2018	
Mailing Address 7179 Lake Carlisle Blu)			Amount	
City	State	Zip Code		250.00	
Orlando	FL	32829		Date of Disbursement or Obligation	
Purpose of Expenditure DM Awereness Campique	\	Category/ Type		[03] [31] [20.18]	
Name of Federal Candidate:		Support		e Sought: House District:	
Gretchen Whitmer	·	Oppose		President Senate State: M	
Calendar Year-To-Date Per Election for Office Sought		0,0,0,0,0	Disbu	ursement For: Primary 🕅 General	
	<u> </u>			Other (specify) ▶	
Full Name of Payee		∐ Memo	Item	Date of Public Distribution/Dissemination	
Mailing Address 7179 Lake Carlisle Blud			[2.8] Zo(8]		
			Amount		
City	State	Zip Code		2,5,0,00	
Orlando	FL	32829		Date of Disbursement or Obligation	
Purpose of Expenditure Awerewss Can Paign	 -	Category/ Type		_ 03 31 2018	
Name of Federal Candidate:		Support		e Sought: House District:	
Gretchen Whitness		Oppose		President Senate State: M	
Calendar Year-To-Date			Disb	ursement For: Primary General	
Per Election for Office Sought	<u>,,,,,,,</u> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,00,0,0		Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	S		. •	50000	
	V				
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		•		
(c) TOTAL Independent Expenditures			•	9,1,20.86	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
		Date	- M	4 1 2 2 2	

Signature

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES		PAGE 13 OF 18 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Together We thrive		COO.5, 224,5,8
Check if 24-hour report 48-hour report New report	Amends report file	ed on MyM, Coop (Yyyyyy)
Full Name of Payee	☐ Memo item	Date of Public Distribution/Dissemination
Jaalin Harvey 1 PPWS Mailing Address		011/28/2018
7179 Lake Carlisle Blud		Amount
	Code	75000
	2829	1, 25,0.00
Purpose of Evenediture		Date of Disbursement or Obligation
PM Awareness Campaign	tegory/ Type	03 3 2018
Name of Federal Candidate:	Support Off	ice Sought: House District:
be Manchin	Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Dis	sbursement For: ☐ Primary ☐ General ☐ Other (specify) ►
Full Name of Payee	☐ Memo Item	
		28/2018
Pin Rosat WebSolutions Mailing Address 7179 Lake Carlisle Blud Site State Time		- 1011 120 1501011
7179 Lake Carlisle Blud		Amount
City State Zip	Code	7, 250,00
Orlando		Date of Disbursement or Obligation
Purpose of Expenditure Cat	tegory/	
Awarevess Campargn	Туре	03 31 2018
Name of Federal Candidate:	Support Off	fice Sought: House District:
be Manchin	Oppose [President State:
Calendar Year-To-Date	\ 11	sbursement For: Primary 🔀 General
Per Election for Office Sought	<u>0.00</u>	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		60000
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	<u> </u>	9,1,20.8,6
Under penalty of perjury I certify that the independent expenditures report with, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.		
	Date	09/11/2018
Signature	b	

SCHEDU	ILE E	(FEC	Form	3X)
ITEMIZED	INDEP	ENDENT	EXPE	NDITURES

		FOR LINE 24 OF FORM 3X		
AME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼				
Together We Thrive		C00522458		
Check if 24-hour report 48-hour report New report	ort Amends repor	t filed on		
Full Name of Payee	☐ Memo I	tem Date of Public Distribution/Dissemination		
Laalin Harvey: PPWS		01/28/2018		
7179 Lake Carlisle Blud		Amount		
City State	Zip Code	250,00		
Orlando FL	32829			
Purpose of Expenditure	Category/	Date of Disbursement or Obligation		
DM Awareness Campaign	Type	03 3.1 2018		
Name of Federal Candidate:	Support	Office Sought: House District:		
Steve Sisolak	Oppose	President Senate State:		
Calendar Year-To-Date Per Election for Office Sought	00.00	Disbursement For: Primary General		
		Other (specify) ▶		
Full Name of Payee	☐ Memo I			
PinPoint WebSolutions		Lungy / Long / Langaran		
Mailing Address 7179 Lake Carlisle Blud		Amount		
City State	Zip Code			
'	<u> </u>	<u>L.,</u>		
Orlando Purpose of Expenditure	32829	Date of Disbursement or Obligation		
Awareness Campaign	Category/ Type	[WAW], [DAD], [ALANAA]		
Name of Federal Candidate:	Support Support	Office Sought: House District:		
Steve Sisolala	Oppose	President Senate State:		
Calendar Year-To-Date		Disbursement For: Primary General		
Per Election for Office Sought	20.0.00	Other (specify)		
		<u> </u>		
(a) SUBTOTAL of Itemized Independent Expenditures		►,500.00		
(b) SUBTOTAL of Uniternized Independent Expenditures				
(b) 300 TOTAL OF OTHER HIZEO HIGE PERIOD IN EXPENDITURES		- Landan de la		
(c) TOTAL Independent Expenditures		►9,1.20.86		
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.				
Signature	Date	04 [1] 2018		

PAGE 14

OF

SCHEDULE	E (F	EC Fo	orm 3	BX)
ITEMIZED IND	FPFN I	FNT F	YPFN	DITURES

TE	MIZED INDEPENDENT EXPENDITURES	PAGE 13 OF 18
NΑ	ME OF COMMITTEE (In Full)	FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
	Together We Thrise	C 00 B 2 8 4 5 8
Ch	neck if 24-hour report 48-hour report New report Amends report fi	iled on May (Dad) (Arana
	Full Name of Payee	m Date of Public Distribution/Dissemination
	Jaalin Harvey	- [03 / [5] / [20.[8]
	Mailing Address	Name of the second of the seco
	7179 Lake Carlisle Blvd	Amount
	City State Zip Code TU 32829	<u> </u>
	Orlando FL 32829 Purpose of Expenditure	Date of Disbursement or Obligation
	DM Aucreness Campaign Category/ Type	0.3/2018
		Office Sought: X House District: 4
	Sean Caster	President Senate State:
- ;	Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶
	Full Name of Payee	
	PinPoint WebSolutions	0.3/13/22/3
	Mailing Address 7179 Lake Carlisle Blud	Amount
	City State Zip Code	7.50.00
	Orlando FL 32829	Date of Disbursement or Obligation
	Purpose of Expenditure Category/	03/81/2018
	Awerevess Carpaign Type	5.4 60.0
		Office Sought: House District:
	Scan Casten Oppose	President Senate State: 1L
	Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General
		U Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	5.00.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	>
	(c) TOTAL Independent Expenditures	· [, 9,1,20,86
	Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of e party committee) any political party committee or its agent.	
	Signature	04 [1] Zo.18

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TE	EMIZED INDEPENDENT EXPENDITURES	,		PAGE OF 8
N/	AME OF COMMITTEE (In Full)	··		FEC IDENTIFICATION NUMBER ▼
	Together We Thrue			000522458
Cr	neck if 24-hour report 48-hour report New rep	port Amends repo	ort filed	on Marw / Loro / Laranta
	Full Name of Payee	☐ Memo	Item	Date of Public Distribution/Dissemination
	Jaalin Herrey: PPWS			03/15/2018
	Mailing Address			La La Lactai
	7179 Lake Carlisle Blud	•		Amount
	City	Zip Code		2.55.86
	Orlando FC	32829		Date of Disbursement or Obligation
	Purpose of Expenditure	Category/		[man] \ [a_a_a] \ landand
	DM Awareness Campaign	Type		
	Name of Federal Candidate:	Support	Office	Sought: House District: 12
	Brendan Kelly	Oppose		President Senate State:
		505.86	Disbu	rsement For: Primary 🗡 General
	Per Election for Office Sought	7.0.5.0.0		Other (specify) ▶
	Full Name of Payee		Date of Public Distribution/Dissemination	
	PinPoint WebSolutions Mailing Address 7179 Lake Certiste Blue			63/15/2018
	Mailing Address	1		
				Amount
	City State	Zip Code		250.00
	Orlando FL	32829		Date of Disbursement or Obligation
	Purpose of Expenditure	Category/ Type		72 81 201
	Awareness Campaion			
	Name of Federal Candidate:	Support	Office	Sought: House District: 12
	Brendon Kelly	Oppose	igert	President Senate State:
	Calendar Year-To-Date Per Election for Office Sought	5.0.5.86	Disbu	rsement For: Primary General
			<u> </u>	☐ Other (specify) ►
	(a) SUBTOTAL of Itemized Independent Expenditures		_	E . E . ()
	(a) OOD TO TAE OF REFINEED HIGHER Experiations	•••••••••••	. •	
	(b) SUBTOTAL of Unitemized Independent Expenditures		. •	
	(c) TOTAL Independent Expenditures		• •	9,12086
	Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		of eithe	
	Signature		-	

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)	
NAME OF COMMITTEE (III Full)	FEC IDENTIFICATION NUMBER ▼
Togetho We Thrise	C005.2245.8
Check if 24-hour report 48-hour report New report Amends report filed on	03/15/2018
Full Name of Payee	of Public Distribution/Dissemination
Laalin Hervey: PPWS	03/15/2018
Mailing Address 7179 Lake Carlisle Blud Amo	ount
City State Zip Code	,,25.0.08
	e of Disbursement or Obligation
Purpose of Expenditure DM Awarchess Campaign Category/ Type	63/31/2018
Name of Federal Candidate: Support Office South	"
Jon Tester Doppose Presi	
Calendar Year-To-Date Per Election for Office Sought Disburseme	ent For:
	e of Public Distribution/Dissemination
	03/15/2018
Mailing Address	
7/79 Lake Carlisle Blue	المسلم المسلم المسلم المسلم
Date	e of Disbursement or Obligation
Purpose of Expenditure Category/ Type Type	03/3/12018
Name of Federal Candidate: Support Office Sou	ght: House District:
Jon Tester Doppose Presi	ident 🔀 Senate State: 📶
Calendar Year-To-Date Per Election for Office Sought Disbursement	
	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	60.000
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	9,1.20.86
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (party committee) any political party committee or its agent.	n cooperation, consultation, or concert (if the reporting entity is not a political
Signature Date Date	111 2018

PAGE

SCHEDULE E	(FEC Form	3X)
ITEMIZED INDEPE	NDENT EXPE	NDITURES

1 =	EMIZED INDEPENDENT EXPENDITURES		PAGE OF 19 FOR LINE 24 OF FORM 3X
NA	ME OF COMMITTEE (In Full)	·	FEC IDENTIFICATION NUMBER ▼
	Together We Thribe		C 60.5.2.2.458
Ch	neck if 24-hour report 48-hour report New report Amends re	port Àle	d on May , Drd , Assantia
		o Item	Date of Public Distribution/Dissemination
	Social Rank, com		03/31/2018
	Mailing Address		Amount
	City State Zip Code		
	City State Zip Code Whenour DIA NIA		Date of Dishumannant or Obligation
ŀ	Purpose of Expenditure Category/	~~~~ <u>`</u>	Date of Disbursement or Obligation
	List Generation Type		03 31 20 8
	Name of Federal Candidate: Support	OfA	ce Sought: House District:
	D) A Oppose		President Senate State:
	Calendar Year-To-Date Per Election for OfAce Sought	Dist	oursement For: Primary General Other (specify) ►
	Full Name of Payee	no Item	Date of Public Distribution/Dissemination
			[LARAMAN] / LOROJ / [MAM)
	Mailing Address		
			Amount
	City State Zip Code		
			Date of Disbursement or Obligation
	Purpose of Expenditure Category/ Type		MAM , LOAD , LALANA
	Name of Federal Candidate: Support	OfA	ce Sought: House District:
	Oppose		President Senate State:
	Calendar Year-To-Date Per Election for OfAce Sought	Disl	bursement For: Primary General
	Per Election for Orace Sought		Other (specify) ►
	(a) SUBTOTAL of Itemized Independent Expenditures	▶	17000
	(,,		
	(b) SUBTOTAL of Unitemized Independent Expenditures	····· ▶	
	(c) TOTAL Independent Expenditures	····· >	9,1,20,86
	Under penalty of perjury I certify that the independent expenditures reported herein we with, or at the request or suggestion of, any candidate or authorized committee or ager party committee) any political party committee or its agent.		
	Signature	ate [M'[] 2018



CHRISTOPHER ZULLO (407) 491-6671 THE UPS STORE #3452 11705 BOYETTE RD RIVERVIEW FL 33569-5533 1 LBS SHP WT: 1 LBS DATE: 13 APR 2018 SHIP FEDERAL ELECTION COMMISSION 18/Apr/2018 19:12 2000 OMMISSION EPUTHOTALACAC PA

UPS GROUND TRACKING # 1Z V80 247 03 8049 4090

(SHIP TO:



BILLING: P/P

1 OF 1

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CO-WAIL CENTER

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.				
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Postmarked USPS First Class Mail	Date of Receipt			
USPS Registered/Certified	Postmarked (R/C)			
USPS Priority Mail	Postmarked			
USPS Priority Mail Express	Postmarked			
Postmark Illegible				
No Postmark				
Overnight Delivery Service (Specify): UPS Next Busine	Shipping Date \(\frac{1}{13}\)\(\frac{2018}{2018}\) ss Day Delivery			
Received from House Records & Registration Office	Date of Receipt			
Received from Senate Public Records Office	Date of Receipt			
Received from Electronic Filing Office	Date of Receipt			
Other (Specify):	Receipt or Postmarked			
The second secon	4/19/2018			
(3/2015)	DATE PREPARED			