

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER

2018 APR 19 PM 1:44
Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Together We Thrive

ADDRESS (number and street)

3433 Lithia Pinecrest Road



Check if different
than previously
reported. (ACC)

Nalirico

FL

33596-

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00522458

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:



Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)



Nov 20 (M11)
(Non-Election
Year Only)



Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)



Dec 20 (M12)
(Non-Election
Year Only)



Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on



in the
State of



(d) 30-Day
POST-Election
Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on



in the
State of



5. Covering Period

01 / 01 / 2018

01 / 01 / 2018

2018

through

03 / 31 / 2018

03 / 31 / 2018

2018

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

Type or Print Name of Treasurer: Christopher Zullo

Signature of Treasurer

Christopher Zullo

Date

04 / 11 / 2018

04 / 11 / 2018

2018

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

FEC FORM 3X
Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Report Covering the Period:

From:

MM / DD / YYYY
01 / 01 / 2018

MM / DD / YYYY
01 / 01 / 2018

MM / DD / YYYY
2018

To:

MM / DD / YYYY
03 / 31 / 2018

MM / DD / YYYY
31 / 31 / 2018

MM / DD / YYYY
2018

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand
January 1, 2018

2018

0

(b) Cash on Hand at
Beginning of Reporting Period.....

0

(c) Total Receipts (from Line 19)

9,920.86

9,120.86

(d) Subtotal (add Lines 6(b) and
6(c) for Column A and Lines
6(a) and 6(c) for Column B)

9,120.86

9,120.86

7. Total Disbursements (from Line 31)

9,120.86

9,120.86

8. Cash on Hand at Close of
Reporting Period
(subtract Line 7 from Line 6(d))

0

0

9. Debts and Obligations Owed TO
the Committee (Itemize all on
Schedule C and/or Schedule D)

0

10. Debts and Obligations Owed BY
the Committee (Itemize all on
Schedule C and/or Schedule D)

0



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

Report Covering the Period: From:

01 / 01 / 2018

To:

03 / 31 / 2018

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).....
 - (ii) Unitemized.....
 - (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

2,150.00
6,970.86
9,120.86

2,150.00
6,970.86
9,120.86

- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

0
0
0

0
0
0

12. Transfers From Affiliated/Other Party Committees.....

0

0

13. All Loans Received.....

0

0

14. Loan Repayments Received.....

0

0

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

0

0

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

0

0

17. Other Federal Receipts (Dividends, Interest, etc.).....

0

0

18. Transfers from Non-Federal and Levin Funds

- (a) Non-Federal Account (from Schedule H3).....

0

0

- (b) Levin Funds (from Schedule H5).....

0

0

- (c) Total Transfers (add 18(a) and 18(b))..

0

0

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

9,120.86

9,120.86

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

9,120.86

9,120.86

2018-04-10 09:00:00

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)

(i) Federal Share

(ii) Non-Federal Share

(b) Other Federal Operating Expenditures

(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))

22. Transfers to Affiliated/Other Party Committees.....

23. Contributions to Federal Candidates/Committees and Other Political Committees.....

24. Independent Expenditures (use Schedule E)

25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....

26. Loan Repayments Made.....

27. Loans Made.....

28. Refunds of Contributions To:
(a) Individuals/Persons Other Than Political Committees

(b) Political Party Committees

(c) Other Political Committees (such as PACs).....

(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....

29. Other Disbursements (Including Non-Federal Donations).....

30. Federal Election Activity (52 U.S.C. § 30101(20))

(a) Allocated Federal Election Activity (from Schedule H6)

(i) Federal Share

(ii) "Levin" Share.....

(b) Federal Election Activity Paid Entirely With Federal Funds

(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))

31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..

32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....

0

0

0

0

0

0

9,120.86

0

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9,120.86

9,120.86

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9,120.86

9,120.86

9,120.86

NOT TO BE SUBMITTED

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 1 OF 2

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

Together We Thrive

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

A. Christopher Zullo

Mailing Address

3433 Lithia Pinecrest Road Ste #198

City

Valrico

State

FL

Zip Code

33596

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Owner

Receipt For:

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

1,500.00

Date of Receipt

03 / 20 / 2018

Amount of Each Receipt this Period

1,500.00

☐ Memo Item

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

B. Mark Day

Mailing Address

103 Broken Horn Ct

City

Locust Grove

State

VA

Zip Code

22508

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

GSA

Occupation (for Individual)

Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

2,500.00

Date of Receipt

03 / 25 / 2018

Amount of Each Receipt this Period

2,500.00

☐ Memo Item

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

C. Jacqueline Huggett

Mailing Address

3525 Matheson Avenue

City

Miami

State

FL

Zip Code

33133

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

N/A - Not Employed

Occupation (for Individual)

N/A - Not Employed

Receipt For:

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

200.00

Date of Receipt

02 / 13 / 2018

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

1,950.00

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

2018-04-19 01:00:00

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 2 OF 2

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

Together We Thrive

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

A. Michael Sperr

Mailing Address

1654 Woods Bend Rd.

City

West Palm Beach

State

FL

Zip Code

33406

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Paramount Engineering

Occupation (for Individual)

Land Surveying

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

200.00

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount of Each Receipt this Period

☒ Memo Item

100 1/28/2018
50 2/25/2018
50 3/14/2018

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

B.

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Amount of Each Receipt this Period

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount of Each Receipt this Period

☐ Memo Item

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

C.

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Amount of Each Receipt this Period

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Amount of Each Receipt this Period

☐ Memo Item

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

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

200.00

2,150.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 1 OF 18
 FOR LINE 24 OF FORM 3X

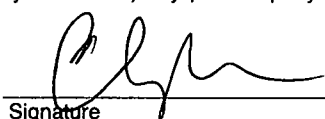
NAME OF COMMITTEE (In Full) Together We Thrive		FEC IDENTIFICATION NUMBER ▼ C00522458	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report	Amends report filed on <input type="text"/>

Full Name of Payee Facebook Inc.			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 03/10/2018	
Mailing Address 1 Hacker Way			Amount 294.98		
City Menlo Park	State CA	Zip Code 94025	Date of Disbursement or Obligation 03/31/2018		
Purpose of Expenditure Get out The Vote Campaign			Category/Type		
Name of Federal Candidate: Conor Lamb			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	District: 18 State: PA
Calendar Year-To-Date Per Election for Office Sought			995.00		
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Jaalin Harvey : PPWS			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 03/10/2018	
Mailing Address 7179 Lake Carlisle Blvd			Amount 200.02		
City Orlando	State FL	Zip Code 32829	Date of Disbursement or Obligation 03/31/2018		
Purpose of Expenditure Get out The Vote Campaign			Category/Type		
Name of Federal Candidate: Conor Lamb			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	District: 18 State: PA
Calendar Year-To-Date Per Election for Office Sought			995.00		
			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures	995.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	9920.86

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.


 Signature

Date **04/11/2018**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2 OF 18
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Together We Thrive		FEC IDENTIFICATION NUMBER ▼ C00522458	
Check if <input type="checkbox"/> 24-hour report	<input type="checkbox"/> 48-hour report	New report	Amends report filed on <input type="text"/>

Full Name of Payee Joe Olmstead : PPWS		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 03 / 01 / 2018	
Mailing Address 7179 Lake Carlisle Blvd		Amount 250.00		
City Orlando	State FL	Zip Code 32829	Date of Disbursement or Obligation 03 / 31 / 2018	
Purpose of Expenditure DM Campaign Awareness		Category/Type <input type="text"/>	Name of Federal Candidate: Claire McCaskill	
Calendar Year-To-Date Per Election for Office Sought 500.00		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee PinPoint webSolutions		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 03 / 01 / 2018	
Mailing Address 7179 Lake Carlisle Blvd		Amount 250.00		
City Orlando	State FL	Zip Code 32829	Date of Disbursement or Obligation 03 / 31 / 2018	
Purpose of Expenditure Awareness Campaign		Category/Type <input type="text"/>	Name of Federal Candidate: Claire McCaskill	
Calendar Year-To-Date Per Election for Office Sought 500.00		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures	500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	9,120.86

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.

Signature

Date

04 / 11 / 2018

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 3 OF 18
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Together We Thrive</u>	FEC IDENTIFICATION NUMBER ▼ <u>C00522458</u>
----------------------------------------------------------	-------------------------------------------------

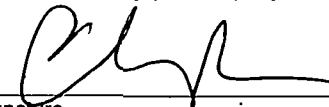
Check if ☐ 24-hour report ☐ 48-hour report >> New report Amends report filed on MM / DD / YYYY

Full Name of Payee <u>Joe Olmstead: PPWS</u>			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY <u>02 / 15 / 2018</u>	
Mailing Address <u>7179 Lake Carlisle Blvd</u>						Amount 250.00
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation MM / DD / YYYY <u>03 / 31 / 2018</u>		
Purpose of Expenditure <u>DM Campaign Awareness</u>			Category/Type 		Name of Federal Candidate: <u>Joe Donnelly</u>	
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>IN</u>	
Calendar Year-To-Date Per Election for Office Sought 500.00					Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <u>PinPoint WebSolutions</u>			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY <u>02 / 15 / 2018</u>	
Mailing Address <u>7179 Lake Carlisle Blvd</u>						Amount 250.00
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation MM / DD / YYYY <u>03 / 31 / 2018</u>		
Purpose of Expenditure <u>Awareness Campaign</u>			Category/Type 		Name of Federal Candidate: <u>Joe Donnelly</u>	
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>IN</u>	
Calendar Year-To-Date Per Election for Office Sought 500.00					Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	9,120.86

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.

Signature  Date MM / DD / YYYY
04 / 11 / 2018

2018-04-10 09:00 AM

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE **4** OF **18**
 FOR LINE 24 OF FORM 3X

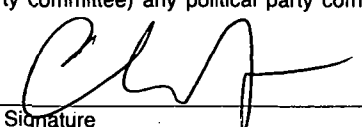
NAME OF COMMITTEE (In Full) Together We Thrive		FEC IDENTIFICATION NUMBER ▼ C00522458	
Check if <input type="checkbox"/> 24-hour report	<input type="checkbox"/> 48-hour report	New report	Amends report filed on MM / DD / YYYY

Full Name of Payee Jaatin Harvey : PPWS		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 01 / 2018	
Mailing Address 7179 Lake Carlisle Blvd			Amount 250.00	
City Orlando	State FL	Zip Code 32829	Date of Disbursement or Obligation MM / DD / YYYY 03 / 31 / 2018	
Purpose of Expenditure DM Campaign - Awareness		Category/Type 		
Name of Federal Candidate: Bill Nelson		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought 500.00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee PinPoint Web Solutions		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 01 / 2018	
Mailing Address 7179 Lake Carlisle Blvd			Amount 250.00	
City Orlando	State FL	Zip Code 32829	Date of Disbursement or Obligation MM / DD / YYYY 03 / 31 / 2018	
Purpose of Expenditure Awareness Campaign		Category/Type 		
Name of Federal Candidate: Bill Nelson		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought 500.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures	500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	9120.86

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.

Signature  Date MM / DD / YYYY
04 / 11 / 2018

2018-04-19 04:00 PM

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE **5** OF **18**
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Together We Thrive		FEC IDENTIFICATION NUMBER ▼ C00522458	
Check if <input type="checkbox"/> 24-hour report	<input type="checkbox"/> 48-hour report	New report	Amends report filed on

Full Name of Payee Jaelin Harvey: PPWS		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 02 / 15 / 2018	
Mailing Address 7179 Lake Carlisle Blvd			Amount 250.00	
City Orlando	State FL	Zip Code 32829	Date of Disbursement or Obligation 03 / 31 / 2018	
Purpose of Expenditure DM Campaign - Awareness		Category/Type	Name of Federal Candidate: Phil Bredesen	
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 500.00		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> General District: TN Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee PinPoint WebSolutions		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 02 / 15 / 2018	
Mailing Address 7179 Lake Carlisle Blvd			Amount 250.00	
City Orlando	State FL	Zip Code 32829	Date of Disbursement or Obligation 03 / 31 / 2018	
Purpose of Expenditure Awareness Campaign		Category/Type	Name of Federal Candidate: Phil Bredesen	
			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 500.00		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> General District: TN Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures	500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	9120.86

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.

Signature

Date

04 / 11 / 2018

2018-04-10 00:00:00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 6 OF 18
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Together We Thrive</u>	FEC IDENTIFICATION NUMBER ▼ <u>C00522458</u>
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Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <u>Jaalyn Harvey: PPWS</u>			<input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination MM / DD / YYYY <u>02</u> / <u>15</u> / <u>2018</u>		
Mailing Address <u>7179 Lake Carlisle Blvd</u>						Amount 25000		
City <u>Orlando</u>		State <u>FL</u>		Zip Code <u>32829</u>		Date of Disbursement or Obligation MM / DD / YYYY <u>03</u> / <u>31</u> / <u>2018</u>		
Purpose of Expenditure <u>DM Campaign - Awareness</u>				Category/Type 		<u>Governor</u>		
Name of Federal Candidate: <u>Richard Cordray</u>						<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> District: <u>OH</u>						Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought 50000								

Full Name of Payee <u>PinPoint Web Solutions</u>			<input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination MM / DD / YYYY <u>02</u> / <u>15</u> / <u>2018</u>		
Mailing Address <u>7179 Lake Carlisle Blvd</u>						Amount 25000		
City <u>Orlando</u>		State <u>FL</u>		Zip Code <u>32829</u>		Date of Disbursement or Obligation MM / DD / YYYY <u>03</u> / <u>31</u> / <u>2018</u>		
Purpose of Expenditure <u>Awareness Campaign</u>				Category/Type 		<u>Governor</u>		
Name of Federal Candidate: <u>Richard Cordray</u>						<input type="checkbox"/> Support <input type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> District: <u>OH</u>						Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought 50000								

(a) SUBTOTAL of Itemized Independent Expenditures	50000
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	912086

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.


 Signature

Date MM / DD / YYYY
04 / 11 / 2018

2018-04-10 PM 00:00:00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE **7** OF **18**
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Together We Thrive	FEC IDENTIFICATION NUMBER ▼ C00522458
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Check if ☐ 24-hour report ☐ 48-hour report **>>** New report Amends report filed on MM / DD / YYYY

Full Name of Payee Jaelin Harvey : PPWS			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 15 / 2018	
Mailing Address 7179 Lake Carlisle Blvd						Amount 250.00
City Orlando	State FL	Zip Code 32829		Date of Disbursement or Obligation MM / DD / YYYY 03 / 31 / 2018		
Purpose of Expenditure DM Awareness Campaign			Category/Type 		<input checked="" type="checkbox"/> Governor	
Name of Federal Candidate: Gwen Graham			<input type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought 500.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			

Full Name of Payee PinPoint WebSolutions			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 15 / 2018	
Mailing Address 7179 Lake Carlisle Blvd						Amount 250.00
City Orlando	State FL	Zip Code 32829		Date of Disbursement or Obligation MM / DD / YYYY 03 / 31 / 2018		
Purpose of Expenditure Awareness Campaign			Category/Type 		<input checked="" type="checkbox"/> Governor	
Name of Federal Candidate: Gwen Graham			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought 500.00			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures	500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	9,120.86

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.


Signature _____ Date MM / DD / YYYY **04 / 11 / 2018**

2018-04-10 PM 00:00:00

PAGE 8 OF 18
FOR LINE 24 OF FORM 3X

2018-04-16 00:20:13

PAGE 4 OF 18
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <i>Together We Thrive</i>		FEC IDENTIFICATION NUMBER ▼ <i>C00522458</i>								
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on <table border="1"><tr><td>M</td><td>M</td></tr></table> / <table border="1"><tr><td>D</td><td>D</td></tr></table> / <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	M	M	D	D	Y	Y	Y	Y
M	M									
D	D									
Y	Y	Y	Y							

Full Name of Payee Justin Harvey : PPWS		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 01 / 2018	
Mailing Address 7179 Lake Carlisle Blvd				Amount \$	
City Orlando		State FL	Zip Code 32829	Date of Disbursement or Obligation MM / DD / YYYY 03 / 31 / 2018	
Purpose of Expenditure DM Awareness Campaign			Category/ Type		
Name of Federal Candidate: Dean Heller			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: NV	
Calendar Year-To-Date Per Election for Office Sought			500.00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee PinPointWeb Solutions		<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 01 / 2018	
Mailing Address 7179 Lake Carlisle Blvd		City Orlando		Amount 2500.00	
State FL		Zip Code 32829		Date of Disbursement or Obligation MM / DD / YYYY 03 / 31 / 2018	
Purpose of Expenditure Awareness Campaign		Category/Type			
Name of Federal Candidate: Dean Heller		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: President <input type="checkbox"/> State: NV	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	5,000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	9,120.86

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.

Signature

Date _____

MM ' DD ' YYYY
04 11 2018

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 10 OF 18
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Together We Thrive		FEC IDENTIFICATION NUMBER ▼ C00522958	
Check if <input type="checkbox"/> 24-hour report	<input type="checkbox"/> 48-hour report	New report	Amends report filed on MM / DD / YYYY

Full Name of Payee Isaiah Harvey: PWS		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 01 / 2018	
Mailing Address 7179 Lake Carlisle Blvd			Amount \$	
City Orlando	State FL	Zip Code 32829	Date of Disbursement or Obligation MM / DD / YYYY 03 / 31 / 2018	
Purpose of Expenditure DM Awareness Campaign		Category/Type 	Name of Federal Candidate: Krysten Sinema	
Calendar Year-To-Date Per Election for Office Sought \$ 250.00		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: AZ <input type="checkbox"/> President	
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee PinPoint webSolutions		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 01 / 2018	
Mailing Address 7179 Lake Carlisle Blvd			Amount \$	
City Orlando	State FL	Zip Code 32829	Date of Disbursement or Obligation MM / DD / YYYY 03 / 31 / 2018	
Purpose of Expenditure Awareness Campaign		Category/Type 	Name of Federal Candidate: Krysten Sinema	
Calendar Year-To-Date Per Election for Office Sought \$ 250.00		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: AZ <input type="checkbox"/> President	
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures	\$ 500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	\$
(c) TOTAL Independent Expenditures	\$ 9,120.86

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.

Signature

Date MM / DD / YYYY
04 / 11 / 2018

2018-04-19 PM 00:00:00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 11 OF 18
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Together We Thrive</u>		FEC IDENTIFICATION NUMBER ▼ <u>C00522458</u>	
Check if <input type="checkbox"/> 24-hour report	<input type="checkbox"/> 48-hour report	New report	Amends report filed on <u>MM/DD/YYYY</u>

Full Name of Payee <u>Jaclyn Harvey : DPWS</u>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <u>MM/DD/YYYY</u> <u>02/01/2018</u>	
Mailing Address <u>7179 Lake Carlisle Blvd</u>			Amount <u>250.00</u>	
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>	Date of Disbursement or Obligation <u>MM/DD/YYYY</u> <u>03/31/2018</u>	
Purpose of Expenditure <u>DM Awareness Campaign</u>		Category/Type		
Name of Federal Candidate: <u>Beto O' Rourke</u>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>TX</u> <input type="checkbox"/> President State: <u>TX</u>	
Calendar Year-To-Date Per Election for Office Sought		<u>500.00</u>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <u>PmPoint WebSolutions</u>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <u>MM/DD/YYYY</u> <u>02/01/2018</u>	
Mailing Address <u>7179 Lake Carlisle Blvd</u>			Amount <u>250.00</u>	
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>	Date of Disbursement or Obligation <u>MM/DD/YYYY</u> <u>03/31/2018</u>	
Purpose of Expenditure <u>Awareness Campaign</u>		Category/Type		
Name of Federal Candidate: <u>Beto O' Rourke</u>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		<u>500.00</u>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<u>500.00</u>
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	<u>912.86</u>

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.

Signature [Signature]

Date MM/DD/YYYY
04/11/2018

2018-04-10 PM 00:00:00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 12 OF 18
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <i>Together We Thrive</i>	FEC IDENTIFICATION NUMBER <i>000522458</i>
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Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <i>Jaalin Harvey : PPWS</i>			<input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination MM / DD / YYYY <i>01 / 28 / 2018</i>		
Mailing Address <i>7179 Lake Carlisle Blvd</i>						Amount 250.00		
City <i>Orlando</i>	State <i>FL</i>	Zip Code <i>32829</i>	Purpose of Expenditure <i>DM Awareness Campaign</i>			Date of Disbursement or Obligation MM / DD / YYYY <i>03 / 31 / 2018</i>		
Name of Federal Candidate: <i>Gretchen Whitmer</i>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Governor <input type="checkbox"/> State: <i>MI</i>		
Calendar Year-To-Date Per Election for Office Sought 500.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____					

Full Name of Payee <i>PinPoint WebSolutions</i>			<input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination MM / DD / YYYY <i>01 / 28 / 2018</i>		
Mailing Address <i>7179 Lake Carlisle Blvd</i>						Amount 250.00		
City <i>Orlando</i>	State <i>FL</i>	Zip Code <i>32829</i>	Purpose of Expenditure <i>Awareness Campaign</i>			Date of Disbursement or Obligation MM / DD / YYYY <i>03 / 31 / 2018</i>		
Name of Federal Candidate: <i>Gretchen Whitmer</i>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Governor <input type="checkbox"/> State: <i>MI</i>		
Calendar Year-To-Date Per Election for Office Sought 500.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____					

(a) SUBTOTAL of Itemized Independent Expenditures	500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	9,120.86

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.

Signature

Date MM / DD / YYYY
04 / 11 / 2018

NOTED BY: 10:01 AM: 0000000000

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 13 OF 18
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <i>Together We Thrive</i>		FEC IDENTIFICATION NUMBER ▼ <i>C00522458</i>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report	New report	Amends report filed on	<i>MM/DD/YYYY</i>

Full Name of Payee <i>Jaalm Harvey / PPWS</i>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <i>MM/DD/YYYY</i> <i>01/28/2018</i>
Mailing Address <i>7179 Lake Carlisle Blvd</i>			Amount <i>250.00</i>
City <i>Orlando</i>	State <i>FL</i>	Zip Code <i>32829</i>	Date of Disbursement or Obligation <i>MM/DD/YYYY</i> <i>03/31/2018</i>
Purpose of Expenditure <i>PM Awareness Campaign</i>		Category/Type	
Name of Federal Candidate: <i>Joe Manchin</i>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <i>WV</i> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <i>500.00</i>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <i>Pin Point Web Solutions</i>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <i>MM/DD/YYYY</i> <i>01/28/2018</i>
Mailing Address <i>7179 Lake Carlisle Blvd</i>			Amount <i>250.00</i>
City <i>Orlando</i>	State	Zip Code	Date of Disbursement or Obligation <i>MM/DD/YYYY</i> <i>03/31/2018</i>
Purpose of Expenditure <i>Awareness Campaign</i>		Category/Type	
Name of Federal Candidate: <i>Joe Manchin</i>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <i>WV</i> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <i>500.00</i>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<i>500.00</i>
(b) SUBTOTAL of Unitemized Independent Expenditures	<i>0.00</i>
(c) TOTAL Independent Expenditures	<i>9,120.86</i>

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.

[Signature]
 Signature

Date *MM/DD/YYYY*
04/11/2018

2018-04-10 AM 00:00:00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 14 OF 18
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Together We Thrive</u>	FEC IDENTIFICATION NUMBER ▼ <u>C00522458</u>
----------------------------------------------------------	-------------------------------------------------

Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee <u>Jaatin Harvey : PPWS</u>			<input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y <u>01 / 28 / 2018</u>		
Mailing Address <u>7179 Lake Carlisle Blvd</u>						Amount 250.00		
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>				Date of Disbursement or Obligation M M / D D / Y Y Y Y <u>03 / 31 / 2018</u>		
Purpose of Expenditure <u>DM Awareness Campaign</u>			Category/Type 			<input checked="" type="checkbox"/> Governor Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) 		
Name of Federal Candidate: <u>Steve Sisolak</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			District: <u>NV</u> State: <u>NV</u>		
Calendar Year-To-Date Per Election for Office Sought 500.00			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 					

Full Name of Payee <u>PinPoint WebSolutions</u>			<input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y <u>01 / 28 / 2018</u>		
Mailing Address <u>7179 Lake Carlisle Blvd</u>						Amount 250.00		
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>				Date of Disbursement or Obligation M M / D D / Y Y Y Y <u>03 / 31 / 2018</u>		
Purpose of Expenditure <u>Awareness Campaign</u>			Category/Type 			<input checked="" type="checkbox"/> Governor Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) 		
Name of Federal Candidate: <u>Steve Sisolak</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			District: <u>NV</u> State: <u>NV</u>		
Calendar Year-To-Date Per Election for Office Sought 500.00			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 					

(a) SUBTOTAL of Itemized Independent Expenditures	500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	9,120.86

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.

Signature [Signature] Date M M / D D / Y Y Y Y
04 / 11 / 2018

20180410 10:01:00 AM

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 13 OF 18
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Together We Thrive</u>	FEC IDENTIFICATION NUMBER ▼ <u>C00828458</u>
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Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee <u>Jaalyn Harvey</u>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y <u>03 / 15 / 2018</u>	
Mailing Address <u>7179 Lake Carlisle Blvd</u>			Amount 250.00		
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>	Date of Disbursement or Obligation M M / D D / Y Y Y Y <u>03 / 31 / 2018</u>		
Purpose of Expenditure <u>DM Awareness Campaign</u>			Category/Type 		
Name of Federal Candidate: <u>Sean Casten</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>6</u> State: <u>IL</u>
Calendar Year-To-Date Per Election for Office Sought 500.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <u>PinPoint Web Solutions</u>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y <u>03 / 15 / 2018</u>	
Mailing Address <u>7179 Lake Carlisle Blvd</u>			Amount 250.00		
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>	Date of Disbursement or Obligation M M / D D / Y Y Y Y <u>03 / 31 / 2018</u>		
Purpose of Expenditure <u>Awareness Campaign</u>			Category/Type 		
Name of Federal Candidate: <u>Sean Casten</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>6</u> State: <u>IL</u>
Calendar Year-To-Date Per Election for Office Sought 500.00			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures	500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	9120.86

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.

Signature  Date M M / D D / Y Y Y Y 04 / 11 / 2018

20180410 01:00:00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 16 OF 18
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Together We Thrive</u>	FEC IDENTIFICATION NUMBER ▼ <u>C00522458</u>
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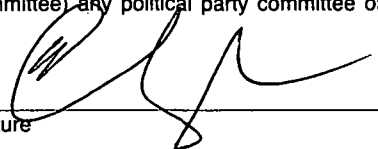
Check if ☐ 24-hour report ☐ 48-hour report ➤ New report Amends report filed on M M / D D / Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item <u>Saalin Harvey: PPWS</u>			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y <u>03 / 15 / 2018</u>	
Mailing Address <u>7179 Lake Carlisle Blvd</u>			Amount 255.86	
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>	Date of Disbursement or Obligation M M / D D / Y Y Y Y	
Purpose of Expenditure <u>DM Awareness Campaign</u>			Category/Type 	
Name of Federal Candidate: <u>Brendan Kelly</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: <u>12</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>	
Calendar Year-To-Date Per Election for Office Sought 505.86			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item <u>PinPoint WebSolutions</u>			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y <u>03 / 15 / 2018</u>	
Mailing Address <u>7179 Lake Carlisle Blvd</u>			Amount 250.00	
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>	Date of Disbursement or Obligation M M / D D / Y Y Y Y <u>03 / 31 / 2018</u>	
Purpose of Expenditure <u>Awareness Campaign</u>			Category/Type 	
Name of Federal Candidate: <u>Brendan Kelly</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: <u>12</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>	
Calendar Year-To-Date Per Election for Office Sought 505.86			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	505.86
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	9120.86

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.

Signature  Date M M / D D / Y Y Y Y
04 / 11 / 2018

2018-04-10 PM 00:00:00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 17 OF 18
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <i>Together We Thrive</i>		FEC IDENTIFICATION NUMBER ▼ <i>C00522458</i>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report	New report	Amends report filed on <i>03/15/2018</i>

Full Name of Payee <i>Susan Harvey: PPWS</i>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <i>03/15/2018</i>
Mailing Address <i>7179 Lake Carlisle Blvd</i>			Amount <i>250.08</i>
City <i>Orlando</i>	State <i>FL</i>	Zip Code <i>32829</i>	Date of Disbursement or Obligation <i>03/31/2018</i>
Purpose of Expenditure <i>DM Awareness Campaign</i>		Category/Type	
Name of Federal Candidate: <i>Jon Tester</i>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: _____ State: <i>MT</i>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <i>PinPoint WebSolutions</i>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <i>03/15/2018</i>
Mailing Address <i>7179 Lake Carlisle Blvd</i>			Amount <i>250.00</i>
City <i>Orlando</i>	State <i>FL</i>	Zip Code <i>32829</i>	Date of Disbursement or Obligation <i>03/31/2018</i>
Purpose of Expenditure <i>Awareness Campaign</i>		Category/Type	
Name of Federal Candidate: <i>Jon Tester</i>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: _____ State: <i>MT</i>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<i>500.00</i>
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	<i>9,120.86</i>

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.

Signature

Date

04/11/2018

20180419 04:04:00 PM

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 18 OF 18
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Together We Thrive</u>		FEC IDENTIFICATION NUMBER ▼ <u>C 00522458</u>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report	New report Amends report Aled on	<u>MM</u> / <u>DD</u> / <u>YYYY</u>

Full Name of Payee <u>Social Rank.com</u>		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <u>MM</u> / <u>DD</u> / <u>YYYY</u> <u>03</u> / <u>31</u> / <u>2018</u>
Mailing Address <u>Unknown</u>			Amount <u>120.00</u>
City <u>Unknown</u>	State <u>N/A</u>	Zip Code <u>N/A</u>	Date of Disbursement or Obligation <u>MM</u> / <u>DD</u> / <u>YYYY</u> <u>03</u> / <u>31</u> / <u>2018</u>
Purpose of Expenditure <u>List Generation</u>		Category/Type	
Name of Federal Candidate: <u>N/A</u>		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination
Mailing Address			Amount
City	State	Zip Code	Date of Disbursement or Obligation
Purpose of Expenditure		Category/Type	
Name of Federal Candidate:		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<u>120.00</u>
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	<u>9,120.86</u>

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.

Signature [Signature] Date MM / DD / YYYY
04 / 11 / 2018

2018-04-19 01:00:00

CHRISTOPHER ZULLO
(407) 491-6671
THE UPS STORE #3452
11705 BOYETTE RD
RIVERVIEW FL 33569-5533

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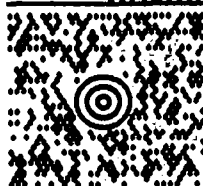
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FEDERAL ELECTION COMMISSION

1050 1ST ST NE

9TH FLOOR WASHINGTON DC 20002-4694

WASHINGTON DC 20002-4694



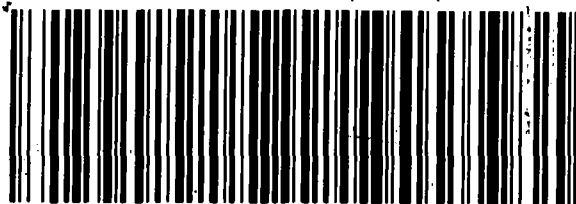
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Federal Election Commission
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The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <u>UPS</u>	Shipping Date <u>4/13/2018</u>
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER (3/2015)	<u>4/19/2018</u> DATE PREPARED

20180419 09:00:00