

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

Mind the Gap

ADDRESS (number and street)

Post Office Box 60936

Check if different than previously reported. (ACC)

Palto Alto

CA

94306

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00683649

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

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

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on

MM / DD / YYYY

in the State of

XX

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

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

MM / DD / YYYY

in the State of

XX

5. Covering Period

MM / DD / YYYY 04 / 01 / 2019

through

MM / DD / YYYY 06 / 30 / 2019

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

Gottlieb, Graham, D., ,

Type or Print Name of Treasurer

Signature of Treasurer

Gottlieb, Graham, D., ,

[Electronically Filed]

Date

MM / DD / YYYY 07 / 15 / 2019

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

Mind the Gap

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2019"/>	<input type="text" value="51229.23"/>	<input type="text" value="51229.23"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="46795.27"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="172745.00"/>	<input type="text" value="224186.79"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="219540.27"/>	<input type="text" value="275416.02"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="75108.71"/>	<input type="text" value="130984.46"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="144431.56"/>	<input type="text" value="144431.56"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

Write or Type Committee Name

Mind the Gap

Report Covering the Period: From: M M / D D / Y Y Y Y Y
04 / 01 / 2019 To: M M / D D / Y Y Y Y Y
06 / 30 / 2019

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).....	172500.00	223941.79
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	172500.00	223941.79
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	172500.00	223941.79
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	245.00	245.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	172745.00	224186.79
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	172745.00	224186.79

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	75108.71	130984.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	75108.71	130984.46
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	75108.71	130984.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	75108.71	130984.46

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	172500.00	223941.79
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	172500.00	223941.79
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	75108.71	130984.46
37. Offsets to Operating Expenditures (from Line 15, page 3).....	245.00	245.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	74863.71	130739.46

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Mind the Gap

A. Cox, Simone, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1401 Emerson Street

City Palo Alto	State CA	Zip Code 94301
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CalMatters	Occupation (for Individual) Executive
-------------------------------------------------	------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
20000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		19		2019

Transaction ID : SA11AI.4244

Amount of Each Receipt this Period
20000.00

Memo Item

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

Mailing Address 1209 Orange Street

City Wilmington	State DE	Zip Code 19801
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2019

Transaction ID : SA11AI.4434

Amount of Each Receipt this Period
25000.00

Memo Item

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

Mailing Address 1209 Orange Street

City Wilmington	State DE	Zip Code 19801
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
50000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2019

Transaction ID : SA11AI.4436

Amount of Each Receipt this Period
25000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	70000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 31
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Mind the Gap

A. Parker, Geoffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 450 Mountain Home Road
 City Woodshire State CA Zip Code 94062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tricida, Inc. Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 06 / 21 / 2019
Transaction ID : SA11AI.4252
 Amount of Each Receipt this Period 25000.00
 Memo Item

B. Parker, Jill, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 450 Mountain Home Road
 City Woodshire State CA Zip Code 94062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Planned Parenthood Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 25000.00

Date of Receipt 06 / 21 / 2019
Transaction ID : SA11AI.4250
 Amount of Each Receipt this Period 25000.00
 Memo Item

C. Sadler, Tom, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 Phillip Road
 City Woodside State CA Zip Code 94062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 06 / 20 / 2019
Transaction ID : SA11AI.4246
 Amount of Each Receipt this Period 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	52500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Mind the Gap

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Walsh, Diana, , ,

Mailing Address 1701 Bryant Street

City Palo Alto	State CA	Zip Code 94301
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Writing & Philanthropy
----------------------------------------------------	-------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50000.00

Date of Receipt
MM / DD / YYYY
06 / 10 / 2019

Transaction ID : SA11AI.4248

Amount of Each Receipt this Period
50000.00

Memo Item

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

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	50000.00
TOTAL This Period (last page this line number only).....▶	172500.00

**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 9 OF 31
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Mind the Gap

A. ADP Inc.

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

Mailing Address 111 West Rio Salado Parkway

City Tempe	State AZ	Zip Code 85282
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2019

Transaction ID : SA15.4298

Amount of Each Receipt this Period
200.00

Memo Item
Business credit.

B. ADP Inc.

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

Mailing Address 111 West Rio Salado Parkway

City Tempe	State AZ	Zip Code 85282
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
245.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		07		2019

Transaction ID : SA15.4283

Amount of Each Receipt this Period
15.00

Memo Item
Monthly 'Business Adv. Rel Rwds Payroll Refund'

C.

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

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	215.00
TOTAL This Period (last page this line number only).....	215.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Mind the Gap

Full Name (Last, First, Middle Initial)

A. 99 Designs

Mailing Address 2201 Broadway No. 815

City Oakland State CA Zip Code 94612

Purpose of Disbursement
Logo design.

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
04 / 30 / 2019

FEC Identification Number

Transaction ID : SB21B.4285
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. 99 Designs

Mailing Address 2201 Broadway No. 815

City Oakland State CA Zip Code 94612

Purpose of Disbursement
Graphic design

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
06 / 24 / 2019

FEC Identification Number

Transaction ID : SB21B.4362
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. ADP Inc.

Mailing Address 111 West Rio Salado Parkway

City Tempe State AZ Zip Code 85282

Purpose of Disbursement
Payroll service fees.

Category/
Type

Candidate Name

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

Date of Disbursement
MM / DD / YYYY
04 / 19 / 2019

FEC Identification Number

Transaction ID : SB21B.4270
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Mind the Gap

Full Name (Last, First, Middle Initial)

A. ADP Inc.

Mailing Address 111 West Rio Salado Parkway

City Tempe State AZ Zip Code 85282

Purpose of Disbursement
Payroll administration fees.

001

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2019

FEC Identification Number

C
Transaction ID : **SB21B.4400**
Amount of Each Disbursement this Period
117.95

Memo Item

Full Name (Last, First, Middle Initial)

B. Alaska Air

Mailing Address PO Box 68900

City Seattle State WA Zip Code 98168

Purpose of Disbursement
Airfare -- San Francisco to New York

002

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 11 / 2019

FEC Identification Number

C
Transaction ID : **SB21B.4262**
Amount of Each Disbursement this Period
469.61

Memo Item

Full Name (Last, First, Middle Initial)

C. Alaska Air

Mailing Address PO Box 68900

City Seattle State WA Zip Code 98168

Purpose of Disbursement
Airfare -- San Francisco to NY

002

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 12 / 2019

FEC Identification Number

C
Transaction ID : **SB21B.4263**
Amount of Each Disbursement this Period
361.30

Memo Item

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

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

948.86

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Mind the Gap

Full Name (Last, First, Middle Initial)

A. Alaska Air

Mailing Address PO Box 68900

City
Seattle

State
WA

Zip Code
98168

Purpose of Disbursement
In flight WiFi and baggage expenses.

002

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4264

Amount of Each Disbursement this Period

[REDACTED]	48.48
------------	-------

Memo Item

Full Name (Last, First, Middle Initial)

B. Alaska Air

Mailing Address PO Box 68900

City
Seattle

State
WA

Zip Code
98168

Purpose of Disbursement
Airfare -- NY to SF

002

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	2		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4275

Amount of Each Disbursement this Period

[REDACTED]	471.30
------------	--------

Memo Item

Full Name (Last, First, Middle Initial)

C. Alaska Air

Mailing Address PO Box 68900

City
Seattle

State
WA

Zip Code
98168

Purpose of Disbursement
In-flight WiFi.

002

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4296

Amount of Each Disbursement this Period

[REDACTED]	39.95
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Memo Item

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

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

[REDACTED]	559.73
------------	--------

[REDACTED]	
------------	--

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Mind the Gap

Full Name (Last, First, Middle Initial)

A. Alaska Air

Mailing Address PO Box 68900

City
Seattle

State
WA

Zip Code
98168

Purpose of Disbursement
In-flight WiFi.

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 13 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4297

Amount of Each Disbursement this Period

[REDACTED] 20.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Alaska Air

Mailing Address PO Box 68900

City
Seattle

State
WA

Zip Code
98168

Purpose of Disbursement
Airfare -- SF to NY.

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

002
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 03 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4325

Amount of Each Disbursement this Period

[REDACTED] 752.60

Memo Item

Full Name (Last, First, Middle Initial)

C. Alaska Air

Mailing Address PO Box 68900

City
Seattle

State
WA

Zip Code
98168

Purpose of Disbursement
In flight WiFi

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

002
Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 03 / 2019

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4331

Amount of Each Disbursement this Period

[REDACTED] 27.95

Memo Item

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

[REDACTED] 800.55

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mind the Gap

A. Alaska Air

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 68900

City Seattle State WA Zip Code 98168

Purpose of Disbursement In flight WiFi. 002 Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
06 / 03 / 2019

FEC Identification Number: C
Transaction ID : SB21B.4336
Amount of Each Disbursement this Period: 20.00

Memo Item

B. Alaska Air

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 68900

City Seattle State WA Zip Code 98168

Purpose of Disbursement Airfare -- SF to NY. 002 Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
06 / 04 / 2019

FEC Identification Number: C
Transaction ID : SB21B.4342
Amount of Each Disbursement this Period: 457.30

Memo Item

C. Alaska Air

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 68900

City Seattle State WA Zip Code 98168

Purpose of Disbursement In flight WiFi. 002 Category/Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
06 / 10 / 2019

FEC Identification Number: C
Transaction ID : SB21B.4397
Amount of Each Disbursement this Period: 20.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 497.30

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Mind the Gap

Full Name (Last, First, Middle Initial)

A. American Airlines

Mailing Address 4255 Amon Carter Blvd

City Ft. Worth

State TX

Zip Code 76155

Purpose of Disbursement
Airfare -- NY to SF.

002

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 05 / 2019

FEC Identification Number

C
Transaction ID : SB21B.4366
Amount of Each Disbursement this Period
596.60

Memo Item

Full Name (Last, First, Middle Initial)

B. Amtrak

Mailing Address 60 Massachusetts Ave. NE

City Washington

State DC

Zip Code 20002

Purpose of Disbursement
Train tickets.

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 05 / 2019

FEC Identification Number

C
Transaction ID : SB21B.4368
Amount of Each Disbursement this Period
430.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Analyst Institute LLC

Mailing Address 815 16th Street NW
7th Floor

City Washington

State DC

Zip Code 20006

Purpose of Disbursement
Consulting services concerning persuadable voter data.

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 06 / 2019

FEC Identification Number

C
Transaction ID : SB21B.4292
Amount of Each Disbursement this Period
1650.00

Memo Item

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

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

2676.60

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Mind the Gap

Full Name (Last, First, Middle Initial)

A. Analyst Institute LLC

Mailing Address 815 16th Street NW
7th Floor

City Washington State DC Zip Code 20006

Purpose of Disbursement Consulting services concerning voter file analysis and persuadability research

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2019

FEC Identification Number

C
Transaction ID : SB21B.4361
Amount of Each Disbursement this Period
9675.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Best Buy

Mailing Address 1717 Harrison Street

City San Francisco State CA Zip Code 94103

Purpose of Disbursement Office supplies

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
05 / 13 / 2019

FEC Identification Number

C
Transaction ID : SB21B.4418
Amount of Each Disbursement this Period
162.73

Memo Item

Full Name (Last, First, Middle Initial)

C. Delta Airlines

Mailing Address 1030 Delta Blvd.

City Atlanta State GA Zip Code 30354

Purpose of Disbursement Airfare -- NY to SF

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
06 / 10 / 2019

FEC Identification Number

C
Transaction ID : SB21B.4382
Amount of Each Disbursement this Period
568.30

Memo Item

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

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

10406.03

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Mind the Gap

Full Name (Last, First, Middle Initial)

A. Fried, Barbara, , ,

Mailing Address 743 Cooksey Lane

City
Stanford

State
CA

Zip Code
94305

Purpose of Disbursement
Travel expense reimbursement.

002

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	1	9

FEC Identification Number

C
Transaction ID : SB21B.4277

Amount of Each Disbursement this Period

389.70

Memo Item

Full Name (Last, First, Middle Initial)

B. Google

Mailing Address 1600 Ampitheatre Parkway

City
Mountain View

State
CA

Zip Code
94043

Purpose of Disbursement
Email and software suite.

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	9

FEC Identification Number

C
Transaction ID : SB21B.4334

Amount of Each Disbursement this Period

72.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Gottlieb, Graham, D., ,

Mailing Address P.O. Pox 60936

City
Palo Alto

State
CA

Zip Code
94306

Purpose of Disbursement
Payroll.

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	1	9

FEC Identification Number

C
Transaction ID : SB21B.4424

Amount of Each Disbursement this Period

9438.39

Memo Item

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

9900.09

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.4424

Paid through ADP.

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mind the Gap

Full Name (Last, First, Middle Initial) A. Gottlieb, Graham, D., ,		Date of Disbursement MM / DD / YYYY 04 / 09 / 2019	
Mailing Address P.O. Pox 60936		FEC Identification Number C [] Transaction ID : SB21B.4425 Amount of Each Disbursement this Period [] 6709.11	
City Palo Alto	State CA	Zip Code 94306	Category/ Type []
Purpose of Disbursement Payroll tax and benefits withholding.			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Gottlieb, Graham, D., ,		Date of Disbursement MM / DD / YYYY 05 / 09 / 2019	
Mailing Address P.O. Pox 60936		FEC Identification Number C [] Transaction ID : SB21B.4302 Amount of Each Disbursement this Period [] 9438.39	
City Palo Alto	State CA	Zip Code 94306	Category/ Type 001
Purpose of Disbursement Payroll			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Gottlieb, Graham, D., ,		Date of Disbursement MM / DD / YYYY 05 / 09 / 2019	
Mailing Address P.O. Pox 60936		FEC Identification Number C [] Transaction ID : SB21B.4303 Amount of Each Disbursement this Period [] 6709.11	
City Palo Alto	State CA	Zip Code 94306	Category/ Type 001
Purpose of Disbursement Tax withholdings			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 22856.61
TOTAL This Period (last page this line number only).....▶	[]

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.4302

Through ADP

Form/Schedule: SB21B

Transaction ID: SB21B.4303

Through ADP

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mind the Gap

Full Name (Last, First, Middle Initial) A. Gottlieb, Graham, D., ,		Date of Disbursement MM / DD / YYYY 06 / 07 / 2019	
Mailing Address P.O. Pox 60936		FEC Identification Number C [] Transaction ID : SB21B.4426 Amount of Each Disbursement this Period [] 9438.39	
City Palo Alto	State CA	Zip Code 94306	Category/ Type []
Purpose of Disbursement Payroll.			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Gottlieb, Graham, D., ,		Date of Disbursement MM / DD / YYYY 06 / 07 / 2019	
Mailing Address P.O. Pox 60936		FEC Identification Number C [] Transaction ID : SB21B.4427 Amount of Each Disbursement this Period [] 6709.11	
City Palo Alto	State CA	Zip Code 94306	Category/ Type []
Purpose of Disbursement Payroll taxes and benefits withholding.			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Gottlieb, Graham, D., ,		Date of Disbursement MM / DD / YYYY 06 / 25 / 2019	
Mailing Address P.O. Pox 60936		FEC Identification Number C [] Transaction ID : SB21B.4357 Amount of Each Disbursement this Period [] 500.00	
City Palo Alto	State CA	Zip Code 94306	Category/ Type 002
Purpose of Disbursement Travel reimbursement			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 16647.50
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mind the Gap

Full Name (Last, First, Middle Initial) A. Gottlieb, Graham, D., ,		Date of Disbursement MM / DD / YYYY 06 / 25 / 2019	
Mailing Address P.O. Pox 60936		FEC Identification Number C [] Transaction ID : SB21B.4429 Amount of Each Disbursement this Period [] 2234.05	
City Palo Alto	State CA	Zip Code 94306	Category/ Type []
Purpose of Disbursement Supplies and overhead cost reimbursement.			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Gottlieb, Graham, D., ,		Date of Disbursement MM / DD / YYYY 06 / 26 / 2019	
Mailing Address P.O. Pox 60936		FEC Identification Number C [] Transaction ID : SB21B.4358 Amount of Each Disbursement this Period [] 500.00	
City Palo Alto	State CA	Zip Code 94306	Category/ Type []
Purpose of Disbursement Travel reimbursement.			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Gottlieb, Graham, D., ,		Date of Disbursement MM / DD / YYYY 06 / 27 / 2019	
Mailing Address P.O. Pox 60936		FEC Identification Number C [] Transaction ID : SB21B.4359 Amount of Each Disbursement this Period [] 441.79	
City Palo Alto	State CA	Zip Code 94306	Category/ Type 002
Purpose of Disbursement Travel reimbursement.			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 3175.84
TOTAL This Period (last page this line number only).....▶	[]

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: **SB21B**

Transaction ID : **SB21B.4429**

All vendors for which reimbursements totaled more than \$200 are catalogued here: Digify, Inc., 162 S. Park Street, San Francisco, CA (\$600, for secure email and document sharing services); Upwork, 2625 Augustine Dr., Suite 601, Santa Clara, CA (\$411 for data collection and analysis); Active Campaign, 1 N. Dearborn Street, Chicago, IL 60602 (\$350, email services); Fiverr, 38 Greene Street, New York, NY (\$247 for graphic design); and Zoom, Inc., 55 Almaden Blvd., 6th Fl., San Jose, CA 95113 (for videoconferencing).

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Mind the Gap

Full Name (Last, First, Middle Initial)

A. Hotwire

Mailing Address 655 Montgomery Street, Suite 600

City
San Francisco

State
CA

Zip Code
94111

Purpose of Disbursement
Hotel expenses.

002

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 09 / 2019

FEC Identification Number

C

Transaction ID : SB21B.4431

Amount of Each Disbursement this Period

1176.69

Memo Item

Full Name (Last, First, Middle Initial)

B. Lyft, Inc.

Mailing Address 2300 26th Street

City
San Francisco

State
CA

Zip Code
94107

Purpose of Disbursement
Lyft rides.

002

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 10 / 2019

FEC Identification Number

C

Transaction ID : SB21B.4324

Amount of Each Disbursement this Period

233.38

Memo Item

Full Name (Last, First, Middle Initial)

C. Lyft, Inc.

Mailing Address 2300 26th Street

City
San Francisco

State
CA

Zip Code
94107

Purpose of Disbursement
Lyft rides.

002

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 10 / 2019

FEC Identification Number

C

Transaction ID : SB21B.4398

Amount of Each Disbursement this Period

127.84

Memo Item

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

1537.91

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.4431

Hotel paid through Hotwire was Beacon Hotel, 1615 Rhode Island Avenue NW, Washington, DC 20036. Amount paid to the hotel versus amount retained by Hotwire not disclosed to the purchaser.

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mind the Gap

A. Lyft, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 2300 26th Street

City San Francisco State CA Zip Code 94107

Purpose of Disbursement Lyft Ride

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 11 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4401

Amount of Each Disbursement this Period: 10.01

Memo Item

B. Lyft, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 2300 26th Street

City San Francisco State CA Zip Code 94107

Purpose of Disbursement Lyft ride.

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 11 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4404

Amount of Each Disbursement this Period: 40.46

Memo Item

C. Lyft, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 2300 26th Street

City San Francisco State CA Zip Code 94107

Purpose of Disbursement Lyft ride.

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 12 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4402

Amount of Each Disbursement this Period: 9.83

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 60.30

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Mind the Gap

Full Name (Last, First, Middle Initial)

A. Lyft, Inc.

Mailing Address 2300 26th Street

City
San Francisco

State
CA

Zip Code
94107

Purpose of Disbursement
Lyft ride.

002

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4403

Amount of Each Disbursement this Period

[REDACTED]	8.20
------------	------

Memo Item

Full Name (Last, First, Middle Initial)

B. Lyft, Inc.

Mailing Address 2300 26th Street

City
San Francisco

State
CA

Zip Code
94107

Purpose of Disbursement
Lyft rides.

002

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4323

Amount of Each Disbursement this Period

[REDACTED]	128.04
------------	--------

Memo Item

Full Name (Last, First, Middle Initial)

C. Lyft, Inc.

Mailing Address 2300 26th Street

City
San Francisco

State
CA

Zip Code
94107

Purpose of Disbursement
Lyft rides.

002

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4322

Amount of Each Disbursement this Period

[REDACTED]	27.52
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Memo Item

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

[REDACTED]	163.76
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TOTAL This Period (last page this line number only)..... ▶

[REDACTED]	
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Mind the Gap

Full Name (Last, First, Middle Initial)

A. NGP VAN Inc.

Mailing Address 48 Grove Street

City
Somerville

State
MA

Zip Code
02144

Purpose of Disbursement
Data access and storage.

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y			
0	6			1	0				2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4399

Amount of Each Disbursement this Period

[REDACTED]	159.00
------------	--------

Memo Item

Full Name (Last, First, Middle Initial)

B. NYC Taxi LPEP Provider

Mailing Address 31-00 47th Ave

City
Long IIsand City

State
NY

Zip Code
11101

Purpose of Disbursement
Taxi

002

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y			
0	6			0	4				2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4347

Amount of Each Disbursement this Period

[REDACTED]	73.70
------------	-------

Memo Item

Full Name (Last, First, Middle Initial)

C. NYC Taxi LPEP Provider

Mailing Address 31-00 47th Ave

City
Long IIsand City

State
NY

Zip Code
11101

Purpose of Disbursement
Taxi

002

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y			
0	6			0	4				2	0	1	9

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4350

Amount of Each Disbursement this Period

[REDACTED]	73.75
------------	-------

Memo Item

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

[REDACTED]	306.45
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TOTAL This Period (last page this line number only)..... ▶

[REDACTED]	
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mind the Gap

A. NYC Taxi LPEP Provider

Full Name (Last, First, Middle Initial)

Mailing Address 31-00 47th Ave

City Long IIsand City State NY Zip Code 11101

Purpose of Disbursement Taxi

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 05 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4348

Amount of Each Disbursement this Period: 22.56

Memo Item

B. NYC Taxi LPEP Provider

Full Name (Last, First, Middle Initial)

Mailing Address 31-00 47th Ave

City Long IIsand City State NY Zip Code 11101

Purpose of Disbursement Taxi

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 05 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4349

Amount of Each Disbursement this Period: 21.62

Memo Item

C. NYC Taxi LPEP Provider

Full Name (Last, First, Middle Initial)

Mailing Address 31-00 47th Ave

City Long IIsand City State NY Zip Code 11101

Purpose of Disbursement Taxi

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 05 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4351

Amount of Each Disbursement this Period: 16.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 60.18

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Mind the Gap

Full Name (Last, First, Middle Initial)

A. NYC Taxi LPEP Provider

Mailing Address 31-00 47th Ave

City
Long IIsand City

State
NY

Zip Code
11101

Purpose of Disbursement
Taxis

002

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			06			2019			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4354

Amount of Each Disbursement this Period

[REDACTED] 108.95

Memo Item

Full Name (Last, First, Middle Initial)

B. NYC Taxi LPEP Provider

Mailing Address 31-00 47th Ave

City
Long IIsand City

State
NY

Zip Code
11101

Purpose of Disbursement
Taxi

002

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			07			2019			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4378

Amount of Each Disbursement this Period

[REDACTED] 9.36

Memo Item

Full Name (Last, First, Middle Initial)

C. NYC Taxi LPEP Provider

Mailing Address 31-00 47th Ave

City
Long IIsand City

State
NY

Zip Code
11101

Purpose of Disbursement
Taxi

002

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			10			2019			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4381

Amount of Each Disbursement this Period

[REDACTED] 23.76

Memo Item

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

[REDACTED] 142.07

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Mind the Gap

Full Name (Last, First, Middle Initial)

A. NYC Taxi LPEP Provider

Mailing Address 31-00 47th Ave

City
Long Island City

State
NY

Zip Code
11101

Purpose of Disbursement
Taxi

002

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	9

FEC Identification Number

C

Transaction ID : SB21B.4389

Amount of Each Disbursement this Period

1	4	7	5
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Memo Item

Full Name (Last, First, Middle Initial)

B. Trip.com

Mailing Address 855 El Camino Real, No. 290

City
Palo Alto

State
CA

Zip Code
94301

Purpose of Disbursement
Airfare -- Round Trip, SF-DC.

002

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	3		2	0	1	9

FEC Identification Number

C

Transaction ID : SB21B.4290

Amount of Each Disbursement this Period

6	3	9	6	7
---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

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Memo Item

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

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

6	5	4	2
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7	3	0	0	7	3	5
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