

FEC  
FORM 3X

REPORT OF RECEIPTS  
AND DISBURSEMENTS  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER  
JUL 20 PM 1:50  
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)

13433 Lithia Pinecrest Rd

Check if different  
than previously  
reported. (ACC)

Ste 198

Valrico

FL

33596

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00522458

3. IS THIS  
REPORT

X

NEW  
(N)

OR

AMENDED  
(A)

4. TYPE OF REPORT  
(Choose One)

(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)

(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)

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

Primary (12P)

Convention (12C)

General (12G)

Special (12S)

Runoff (12R)

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

04 01 2018

through

06 30 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

Chris Zullo

Signature of Treasurer



Date

07 13 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

Together We Thrive

Report Covering the Period:

From:

04 01 2018

To:

06 30 2018

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2018		0
(b) Cash on Hand at Beginning of Reporting Period	0	
(c) Total Receipts (from Line 19)	24,755.00	33,875.86
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	24,755.00	33,875.86
7. Total Disbursements (from Line 31)	24,755.00	33,875.86
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

Together We Thrive

Report Covering the Period:

From:

04 01 2018

To:

06 30 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).....	, 10,175.00	, 12,325.00
(ii) Unitemized .....	, 14,580.60	, 21,550.86
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	, 24,755.00	, 33,875.86
(b) Political Party Committees .....	, , . 0	, , . 0
(c) Other Political Committees (such as PACs).....	, , . 0	, , . 0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	, 24,755.00	, 33,875.86
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)).....▶	, 24,755.00	, 33,875.86
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	, 24,755.00	, 33,875.86

2018-07-10 10:00:00

# **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 .....	0	0
(ii) Non-Federal Share .....	0	0
(b) Other Federal Operating Expenditures .....	0	0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0	0
22. Transfers to Affiliated/Other Party Committees .....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	0	0
24. Independent Expenditures (use Schedule E) .....	24,755.00	33,875.86
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F) .....	0	0
26. Loan Repayments Made .....	0	0
27. Loans Made .....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs) .....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0	0
29. Other Disbursements (Including Non-Federal Donations) .....	0	0
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0	0
(ii) "Levin" Share .....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0	0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	24,755.00	33,875.86
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	24,755.00	33,875.86

NOT FOR FILING IN CONGRESSIONAL RECORDS

**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) .....	, 24,155.00	, 33,875.86
34. Total Contribution Refunds (from Line 28(d)) .....	, , . 0	, , . 0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	, 24,155.00	, 33,875.86
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	, , . 0	, , . 0
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	, , . 0	, , . 0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	, , . 0	, , . 0

NOTICE: ON, NO, EN, OON, NONT, ONT

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

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

FOR LINE NUMBER:		PAGE 1 OF 8	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)

*Together We Thrive*

<b>A. Christopher Zullo</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name		Date of Receipt M M / D D / Y Y Y Y <del>00</del> / <del>00</del> / <del>2000</del>	
Mailing Address <i>9920 Mountain Lake Drive</i>		Amount of Each Receipt this Period <i>4,750.00</i>	
City <i>Orlando</i>	State <i>FL</i>	Zip Code <i>32832</i>	
FEC ID number of contributing federal political committee. <i>C</i>		X Memo Item <i>6/29 \$4000</i> <i>4/1 \$750</i>	
Name of Employer (for Individual) <i>Self-Employed</i>		Occupation (for Individual) <i>Owner</i>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <i>6,250.00</i>	
<b>B. Michael Sperr</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name		Date of Receipt M M / D D / Y Y Y Y <del>00</del> / <del>00</del> / <del>2000</del>	
Mailing Address <i>1654 Woods Bend Rd.</i>		Amount of Each Receipt this Period <i>75.00</i>	
City <i>West Palm Beach</i>	State <i>FL</i>	Zip Code <i>33406</i>	
FEC ID number of contributing federal political committee. <i>C</i>		X Memo Item <i>4/1 \$75</i> <i>5/20 \$25</i>	
Name of Employer (for Individual) <i>Paramount Engineering</i>		Occupation (for Individual) <i>Land Surveying</i>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <i>275.00</i>	
<b>C. Theodore Boutsos</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name		Date of Receipt M M / D D / Y Y Y Y <i>05</i> / <i>28</i> / <i>2018</i>	
Mailing Address <i>12243 Canina Road</i>		Amount of Each Receipt this Period <i>1,000.00</i>	
City <i>Los Angeles</i>	State <i>CA</i>	Zip Code <i>90049</i>	
FEC ID number of contributing federal political committee. <i>C</i>		Memo Item	
Name of Employer (for Individual) <i>Gibson Dunn</i>		Occupation (for Individual) <i>Lawyer</i>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <i>1000.00</i>	

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

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 3 OF 9

☒ 11a ☐ 11b ☐ 11c ☐ 12  
13 14 15 16 17

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NAME OF COMMITTEE (In Full)

Together We Thrive

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

A. Teresa Lewis-Hutson

Mailing Address

9 Creekshire Ct

City

Wentzville

State

MO

Zip Code

63385

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 ▼

, 325.00

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

, 325.00

X Memo Item

4/3 100 4/18 25  
5/8 100 5/2 25  
6/4 50 6/1 25

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

B. Karen Thomas

Mailing Address

121 Perazul Circle

City

Sacramento

State

CA

Zip Code

95835-2140

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 ▼

, 300.00

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

, 300.00

X Memo Item

5/20 100  
5/20 100  
6/28 100

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

C. Stephanie Fleck

Mailing Address

39 White Oak Road

City

Waban

State

MA

Zip Code

02468

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

not employed

None

Receipt For:

☐ Primary  
☐ Other (specify)

General

Aggregate Year-to-Date ▼

, 300.00

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

, 300.00

X Memo Item

4/28 100  
5/28 100  
6/28 100

SUBTOTAL of Receipts This Page (optional) ▶

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



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: (check only one)		PAGE <u>4</u> OF <u>8</u>	
<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)

Together We Thrive

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

A. John Larse

Mailing Address

24 Seascape

City

Aptos

State

CA

Zip Code

95003

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Sales

Receipt For:

☐ Primary  
☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

, 300.00

Date of Receipt

06 / 15 / 2018

Amount of Each Receipt this Period

, 300.00

Memo Item

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

B. James Dunn

Mailing Address

218 W King St.

City

Martinsburg

State

WV

Zip Code

25401

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)

GVS America

Occupation (for Individual)

Sales

Receipt For:

☐ Primary  
☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

, 250.00

Date of Receipt

05 / 01 / 2018

Amount of Each Receipt this Period

, 250.00

Memo Item

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

C. David Sans

Mailing Address

7311 Galveston

City

7311 Galveston Rd. Suite 710

State

TX

Zip Code

77034

FEC ID number of contributing federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Sales

Receipt For:

☐ Primary  
☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

, 250.00

Date of Receipt

04 / 17 / 2018

Amount of Each Receipt this Period

, 250.00

Memo Item

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

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 5 OF 8	
<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)  
 Together We Thrive

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Vivian Voyias		Date of Receipt MM / DD / YYYY 06 / 11 / 2018	
Mailing Address 8160 Glenfman Circle			
City Fort Myers	State FL	Zip Code 33912	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer (for Individual) None		Occupation (for Individual) None	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	
		Memo Item	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Russell Williams		Date of Receipt MM / DD / YYYY 06 / 03 / 2018	
Mailing Address PO Box 339			
City Hanover	State PA	Zip Code 17331	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer (for Individual) Hanover Shoe Farms LLC.		Occupation (for Individual) Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	
		Memo Item	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Teresa Chen		Date of Receipt MM / DD / YYYY 6/30 100	
Mailing Address 9820 Welsh Drive			
City Pasco	State WA	Zip Code 99301	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00	
Name of Employer (for Individual) Franklin County WA		Occupation (for Individual) Lawyer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.00	
		Memo Item 6/30 100	

SUBTOTAL of Receipts This Page (optional).....▶	
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 6 OF 8	
<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)

Together We Thrive

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name		Date of Receipt	
A. Margaret Goldberg		M M / D D / Y Y Y Y	
Mailing Address			
172 Chestnut St.			
City	State	Zip Code	
Cambridge	NM	02139	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		, 200.00	
Name of Employer (for Individual)		X Memo Item	
William E. Goldberg M.P. PC.		5/9 100	
Occupation (for Individual)		6/9 100	
Office Manager			
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼		, 200.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name		Date of Receipt	
B. Theresa Stark		M M / D D / Y Y Y Y	
Mailing Address			
2 Gus Siko Road			
City	State	Zip Code	
Poughkeepsie	NY	12601	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		, 200.00	
Name of Employer (for Individual)		X Memo Item	
Not Employed		5/8 100 5/1 25	
Occupation (for Individual)		5/20 50 5/7 25	
Not Employed			
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼		, 200.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name		Date of Receipt	
C. Kathy Johnson		M M / D D / Y Y Y Y	
Mailing Address			
617 E. 3rd St Unit B			
City	State	Zip Code	
La Grange Park	IL	60526	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		, 175.00	
Name of Employer (for Individual)		X Memo Item	
		4/9 25 5/29 25 6/7 25	
Occupation (for Individual)		4/9 25 5/29 25 3625	
		4/21 25 5/29 25	
Receipt For:		Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼		, 200.00	

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

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:		PAGE <b>7</b> OF <b>8</b>	
<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)

*Together We Thrive*

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <i>Thomas Miller</i>			Date of Receipt M M / D D / Y Y Y Y
Mailing Address <i>5959 Lone Cactus</i>			Amount of Each Receipt this Period  <i>200.00</i>
City <i>Glendale</i>	State <i>AZ</i>	Zip Code <i>85308</i>	
FEC ID number of contributing federal political committee. <i>C</i>			
Name of Employer (for Individual) <i>Gilead Sciences/Medicis</i>		Occupation (for Individual) <i>Executive</i>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼  <i>200.00</i>	
			<input checked="" type="checkbox"/> Memo Item <i>3/24 100</i> <i>4/22 100</i>

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name			Date of Receipt M M / D D / Y Y Y Y
Mailing Address			Amount of Each Receipt this Period  .
City	State	Zip Code	
FEC ID number of contributing federal political committee. <i>C</i>			
Name of Employer (for Individual)		Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼  .	
			Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name			Date of Receipt M M / D D / Y Y Y Y
Mailing Address			Amount of Each Receipt this Period  .
City	State	Zip Code	
FEC ID number of contributing federal political committee. <i>C</i>			
Name of Employer (for Individual)		Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼  .	
			Memo Item

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

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

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 1 OF 68  
 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 \_\_\_\_\_

Full Name of Payee <u>Jacelin Harvey : PPWS</u>			Memo Item	Date of Public Distribution/Dissemination <u>04 01 2018</u>
Mailing Address <u>7179 Lake Carlisle Blvd</u>				Amount <u>100.00</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation <u>06 30 2018</u>
Purpose of Expenditure <u>DM Awareness Campaign</u>		Category/Type		
Name of Federal Candidate: <u>Tammy Baldwin</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <u>WI</u>
Calendar Year-To-Date Per Election for Office Sought <u>950.00</u>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

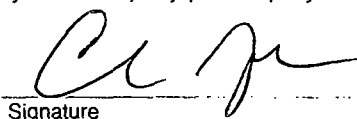
Full Name of Payee <u>Katie Barnes : PPWS</u>			Memo Item	Date of Public Distribution/Dissemination <u>04 01 2018</u>
Mailing Address <u>7179 Lake Carlisle Blvd</u>				Amount <u>243.00</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation <u>06 30 2018</u>
Purpose of Expenditure <u>DM Awareness Campaign</u>		Category/Type		
Name of Federal Candidate: <u>Tammy Baldwin</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <u>WI</u>
Calendar Year-To-Date Per Election for Office Sought <u>950.00</u>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures ..... ▶ 343.00

(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶ \_\_\_\_\_

(c) TOTAL Independent Expenditures ..... ▶ 24,755.00

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 07 14 2018

2018-07-20 PM 00:22:42

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 2 OF 68  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Together We Thrive</u>	FEC IDENTIFICATION NUMBER ▼ <u>C 00522458</u>
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Check if ☐ 24-hour report ☐ 48-hour report ☒ New report Amends report filed on \_\_\_\_\_

Full Name of Payee <u>PinPoint WebSolutions</u>			Memo Item <input type="checkbox"/>		Date of Public Distribution/Dissemination <u>04 01 2018</u>	
Mailing Address <u>7179 Lake Carlisle Blvd</u>					Amount <u>600.00</u>	
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>	Date of Disbursement or Obligation <u>06 30 2018</u>			
Purpose of Expenditure <u>Awareness Campaign</u>			Category/Type			
Name of Federal Candidate: <u>Tammy Baldwin</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <u>WI</u>	
Calendar Year-To-Date Per Election for Office Sought			<u>950.00</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <u>Facebook Inc.</u>			Memo Item <input type="checkbox"/>		Date of Public Distribution/Dissemination <u>04 01 2018</u>	
Mailing Address <u>1 Hacker Way</u>					Amount <u>7.00</u>	
City <u>Menlo Park</u>	State <u>CA</u>	Zip Code <u>94025</u>	Date of Disbursement or Obligation <u>06 30 2018</u>			
Purpose of Expenditure <u>Awareness Campaign</u>			Category/Type			
Name of Federal Candidate: <u>Tammy Baldwin</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: <u>WI</u>	
Calendar Year-To-Date Per Election for Office Sought			<u>950.00</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures ..... ▶ 607.00

(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶ \_\_\_\_\_

(c) TOTAL Independent Expenditures ..... ▶ 24,755.00

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 07 14 2018

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE **3** OF **68**  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Together We Thrive</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00522458</b>
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Check if ☐ 24-hour report ☐ 48-hour report ☒ New report Amends report filed on \_\_\_\_\_

Full Name of Payee <b>Jaglin Harvey : PPWS</b>			Memo Item	Date of Public Distribution/Dissemination <b>04 01 2018</b>	
Mailing Address <b>7179 Lake Carlisle Blvd</b>			Amount <b>100.00</b>		
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>	Date of Disbursement or Obligation <b>06 30 2018</b>		
Purpose of Expenditure <b>DM Awareness Campaign</b>			Category/Type		
Name of Federal Candidate: <b>Sherrod Brown</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: <b>04</b> State: <b>OH</b>
Calendar Year-To-Date Per Election for Office Sought <b>950.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

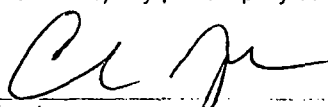
Full Name of Payee <b>Katie Barnes : PPWS</b>			Memo Item	Date of Public Distribution/Dissemination <b>04 01 2018</b>	
Mailing Address <b>7179 Lake Carlisle Blvd</b>			Amount <b>236.00</b>		
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>	Date of Disbursement or Obligation <b>06 30 2018</b>		
Purpose of Expenditure <b>DM Awareness Campaign</b>			Category/Type		
Name of Federal Candidate: <b>Sherrod Brown</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: <b>04</b> State: <b>OH</b>
Calendar Year-To-Date Per Election for Office Sought <b>950.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures ..... ▶ **336.00**

(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶

(c) TOTAL Independent Expenditures ..... ▶ **24,755.00**

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 **07 14 2018**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 4 OF 68  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Together We Thrive</u>	FEC IDENTIFICATION NUMBER ▼ <u>C 00522458</u>
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Check if ☐ 24-hour report ☐ 48-hour report ☒ New report Amends report filed on \_\_\_\_\_

Full Name of Payee <u>PinPoint WebSolutions</u>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <u>04 01 2018</u>
Mailing Address <u>7179 Lake Carlisle Blvd</u>				Amount <u>600.00</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation <u>06 30 2018</u>
Purpose of Expenditure <u>Awareness Campaign</u>		Category/Type		
Name of Federal Candidate: <u>Sherrod Brown</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>04</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <u>950.00</u>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <u>Facebook Inc.</u>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <u>04 01 2018</u>
Mailing Address <u>1 Hacker Way</u>				Amount <u>14.00</u>
City <u>Menlo Park</u>	State <u>CA</u>	Zip Code <u>94025</u>		Date of Disbursement or Obligation <u>06 30 2018</u>
Purpose of Expenditure <u>Awareness Campaign</u>		Category/Type		
Name of Federal Candidate: <u>Sherrod Brown</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>04</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <u>950.00</u>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures .....	614.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	0.00
(c) TOTAL Independent Expenditures .....	24,755.00

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 07 14 2018



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 5 OF 68  
 FOR LINE 24 OF FORM 3X

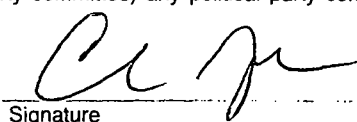
NAME OF COMMITTEE (In Full) <u>Together We Thrive</u>	FEC IDENTIFICATION NUMBER ▼ <u>C00522458</u>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report Amends report filed on _____	

Full Name of Payee <u>Jaglin Harvey : PPWS</u>			Memo Item <input type="checkbox"/>		Date of Public Distribution/Dissemination <u>04 / 01 / 2018</u>
Mailing Address <u>7179 Lake Carlisle Blvd</u>					Amount <u>100.00</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>			
Purpose of Expenditure <u>DM Awareness Campaign</u>			Category/Type		Date of Disbursement or Obligation <u>06 / 30 / 2018</u>
Name of Federal Candidate: <u>Jacky Rosen</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	District: _____ State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought			<u>950.00</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <u>Katie Barnes : PPWS</u>			Memo Item <input type="checkbox"/>		Date of Public Distribution/Dissemination <u>04 / 01 / 2018</u>
Mailing Address <u>7179 Lake Carlisle Blvd</u>					Amount <u>243.00</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>			
Purpose of Expenditure <u>DM Awareness Campaign</u>			Category/Type		Date of Disbursement or Obligation <u>06 / 30 / 2018</u>
Name of Federal Candidate: <u>Jacky Rosen</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	District: _____ State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought			<u>950.00</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures .....	<u>343.00</u>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	<u>24,755.00</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

Date 07 / 14 / 2018

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 6 OF 68  
 FOR LINE 24 OF FORM 3X

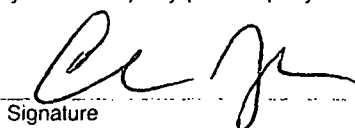
NAME OF COMMITTEE (In Full) <u>Together We Thrive</u>	FEC IDENTIFICATION NUMBER ▼ <u>C00522458</u>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report Amends report filed on _____	

Full Name of Payee <u>PinPoint WebSolutions</u>			Memo Item <input type="checkbox"/>		Date of Public Distribution/Dissemination <u>04 01 2018</u>
Mailing Address <u>7179 Lake Carlisle Blvd</u>					Amount <u>600.00</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation <u>06 30 2018</u>	
Purpose of Expenditure <u>Awareness Campaign</u>			Category/Type		
Name of Federal Candidate: <u>Jacky Rosen</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought			<u>950.00</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <u>Facebook Inc.</u>			Memo Item <input type="checkbox"/>		Date of Public Distribution/Dissemination <u>04 01 2018</u>
Mailing Address <u>1 Hacker Way</u>					Amount <u>7.00</u>
City <u>Menlo Park</u>	State <u>CA</u>	Zip Code <u>94025</u>		Date of Disbursement or Obligation <u>06 30 2018</u>	
Purpose of Expenditure <u>Awareness Campaign</u>			Category/Type		
Name of Federal Candidate: <u>Jacky Rosen</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought			<u>950.00</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures .....	<u>607.00</u>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	<u>24,755.00</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

Date 07 14 2018

2018-07-20 PM 00:22:37

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 7 OF 68  
 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 \_\_\_\_\_

Full Name of Payee <u>Jaclyn Harvey : PPWS</u>			Memo Item <input type="checkbox"/>		Date of Public Distribution/Dissemination <u>04 01 2018</u>
Mailing Address <u>7179 Lake Carlisle Blvd</u>					Amount <u>100.00</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation <u>06 30 2018</u>	
Purpose of Expenditure <u>DM Awareness Campaign</u>			Category/Type		
Name of Federal Candidate: <u>Phil Bredesen</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>TN</u>
Calendar Year-To-Date Per Election for Office Sought			<u>950.00</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

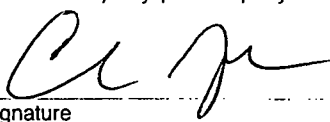
Full Name of Payee <u>Katie Barnes : PPWS</u>			Memo Item <input type="checkbox"/>		Date of Public Distribution/Dissemination <u>04 01 2018</u>
Mailing Address <u>7179 Lake Carlisle Blvd</u>					Amount <u>200.00</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation <u>06 30 2018</u>	
Purpose of Expenditure <u>DM Awareness Campaign</u>			Category/Type		
Name of Federal Candidate: <u>Phil Bredesen</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <u>TN</u>
Calendar Year-To-Date Per Election for Office Sought			<u>950.00</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ..... ▶ 300.00

(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶ \_\_\_\_\_

(c) TOTAL Independent Expenditures ..... ▶ 24,755.00

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 07 14 2018

2018-07-20 PM 08:24:48

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 8 OF 68  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Together We Thrive</u>	FEC IDENTIFICATION NUMBER ▼ <u>C 00522458</u>
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Check if ☐ 24-hour report ☐ 48-hour report ☒ New report Amends report filed on \_\_\_\_\_

Full Name of Payee <u>PinPoint WebSolutions</u>			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <u>04 01 2018</u>
Mailing Address <u>7179 Lake Carlisle Blvd</u>					Amount <u>125.00</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation <u>06 30 2018</u>	
Purpose of Expenditure <u>Awareness Campaign</u>			Category/Type		
Name of Federal Candidate: <u>Phil Bredsen</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>TN</u>
Calendar Year-To-Date Per Election for Office Sought			<u>950.00</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <u>Facebook Inc.</u>			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <u>04 01 2018</u>
Mailing Address <u>1 Hacker Way</u>					Amount <u>25.00</u>
City <u>Menlo Park</u>	State <u>CA</u>	Zip Code <u>94025</u>		Date of Disbursement or Obligation <u>06 30 2018</u>	
Purpose of Expenditure <u>Awareness Campaign</u>			Category/Type		
Name of Federal Candidate: <u>Phil Bredsen</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>TN</u>
Calendar Year-To-Date Per Election for Office Sought			<u>950.00</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures .....	<u>150.00</u>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	<u>24,755.00</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

Date 07 14 2018

2018-07-20 00:00:00

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 9 OF 68  
 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 \_\_\_\_\_

Full Name of Payee <u>Jaglin Harvey : PPWS</u>			Memo Item	Date of Public Distribution/Dissemination <u>04 01 2018</u>
Mailing Address <u>7179 Lake Carlisle Blvd</u>				Amount <u>100.00</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation <u>06 30 2018</u>
Purpose of Expenditure <u>DM 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 District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IN</u>
Calendar Year-To-Date Per Election for Office Sought <u>950.00</u>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <u>Katie Barnes : PPWS</u>			Memo Item	Date of Public Distribution/Dissemination <u>04 01 2018</u>
Mailing Address <u>7179 Lake Carlisle Blvd</u>				Amount <u>200.00</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation <u>06 30 2018</u>
Purpose of Expenditure <u>DM 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 District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>IN</u>
Calendar Year-To-Date Per Election for Office Sought <u>950.00</u>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures ..... ▶ 300.00

(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶ \_\_\_\_\_

(c) TOTAL Independent Expenditures ..... ▶ 24,755.00

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 07 14 2018

2018-07-20 PM 08:24:10

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 10 OF 68  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Together We Thrive</b>	FEC IDENTIFICATION NUMBER ▼ <b>C 00522458</b>
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Check if ☐ 24-hour report ☐ 48-hour report ☒ New report Amends report filed on \_\_\_\_\_

Full Name of Payee <b>PinPoint WebSolutions</b>			Memo Item <input type="checkbox"/>	Date of Public Distribution/Dissemination <b>04 01 2018</b>	
Mailing Address <b>7179 Lake Carlisle Blvd</b>				Amount <b>125.00</b>	
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>	Date of Disbursement or Obligation <b>06 30 2018</b>		
Purpose of Expenditure <b>Awareness Campaign</b>			Category/Type		

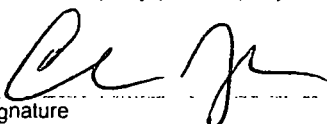
Name of Federal Candidate: <b>Joe Donnelly</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate	District: _____ State: <b>IN</b>
Calendar Year-To-Date Per Election for Office Sought		<b>950.00</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Facebook Inc.</b>			Memo Item <input type="checkbox"/>	Date of Public Distribution/Dissemination <b>04 01 2018</b>	
Mailing Address <b>1 Hacker Way</b>				Amount <b>25.00</b>	
City <b>Menlo Park</b>	State <b>CA</b>	Zip Code <b>94025</b>	Date of Disbursement or Obligation <b>06 30 2018</b>		
Purpose of Expenditure <b>Awareness Campaign</b>			Category/Type		

Name of Federal Candidate: <b>Joe Donnelly</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate	District: _____ State: <b>IN</b>
Calendar Year-To-Date Per Election for Office Sought		<b>950.00</b>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures .....	<b>150.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	<b>24,755.00</b>

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 **07 14 2018**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 11 OF 68  
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee <b>Jaslin Harvey : PPWS</b>			Memo Item	Date of Public Distribution/Dissemination <b>04 01 2018</b>
Mailing Address <b>7179 Lake Carlisle Blvd</b>				Amount <b>100.00</b>
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>		Date of Disbursement or Obligation <b>06 30 2018</b>
Purpose of Expenditure <b>DM Awareness Campaign</b>		Category/Type		
Name of Federal Candidate: <b>Claire McCaskill</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: State: <b>MO</b>
Calendar Year-To-Date Per Election for Office Sought		<b>950.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

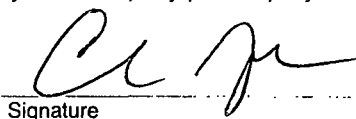
Full Name of Payee <b>Katie Barnes : PPWS</b>			Memo Item	Date of Public Distribution/Dissemination <b>04 01 2018</b>
Mailing Address <b>7179 Lake Carlisle Blvd</b>				Amount <b>200.00</b>
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>		Date of Disbursement or Obligation <b>06 30 2018</b>
Purpose of Expenditure <b>DM Awareness Campaign</b>		Category/Type		
Name of Federal Candidate: <b>Claire McCaskill</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: State: <b>MO</b>
Calendar Year-To-Date Per Election for Office Sought		<b>950.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures ..... ▶ **300.00**

(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶

(c) TOTAL Independent Expenditures ..... ▶ **24,755.00**

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 **07 14 2018**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 12 OF 68  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Together We Thrive</b>	FEC IDENTIFICATION NUMBER <b>C 00522458</b>
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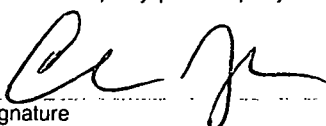
Check if ☐ 24-hour report ☐ 48-hour report ☒ New report Amends report filed on

Full Name of Payee <b>PinPoint WebSolutions</b>			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <b>04 01 2018</b>
Mailing Address <b>7179 Lake Carlisle Blvd</b>					Amount <b>125.00</b>
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>		Date of Disbursement or Obligation <b>06 30 2018</b>	
Purpose of Expenditure <b>Awareness Campaign</b>		Category/Type			
Name of Federal Candidate: <b>Claire McCaskill</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	District: _____ State: <b>MO</b>
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Facebook Inc.</b>			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <b>04 01 2018</b>
Mailing Address <b>1 Hacker Way</b>					Amount <b>25.00</b>
City <b>Menlo Park</b>	State <b>CA</b>	Zip Code <b>94025</b>		Date of Disbursement or Obligation <b>06 30 2018</b>	
Purpose of Expenditure <b>Awareness Campaign</b>		Category/Type			
Name of Federal Candidate: <b>Claire McCaskill</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	District: _____ State: <b>MO</b>
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures .....	<b>150.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	<b>24,755.00</b>

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 **07 14 2018**



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 13 OF 68  
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee <b>Jaclyn Harvey : PPWS</b>			Memo Item	Date of Public Distribution/Dissemination <b>04 01 2018</b>
Mailing Address <b>7179 Lake Carlisle Blvd</b>				Amount <b>75.00</b>
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>		Date of Disbursement or Obligation <b>06 30 2018</b>
Purpose of Expenditure <b>DM Awareness Campaign</b>		Category/Type		
Name of Federal Candidate: <b>Kyrgsten Sinema</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <b>AZ</b> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>700.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	


Full Name of Payee <b>Katie Barnes : PPWS</b>			Memo Item	Date of Public Distribution/Dissemination <b>04 01 2018</b>
Mailing Address <b>7179 Lake Carlisle Blvd</b>				Amount <b>75.00</b>
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>		Date of Disbursement or Obligation <b>06 30 2018</b>
Purpose of Expenditure <b>DM Awareness Campaign</b>		Category/Type		
Name of Federal Candidate: <b>Kyrgsten Sinema</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <b>AZ</b> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <b>700.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures ..... ▶ **150.00**

(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶

(c) TOTAL Independent Expenditures ..... ▶ **24,755.00**

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 **07 14 2018**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 14 OF 68  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Together We Thrive</b>	FEC IDENTIFICATION NUMBER ▼ <b>C 00522458</b>
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Check if ☐ 24-hour report ☐ 48-hour report ☒ New report Amends report filed on

Full Name of Payee <b>PinPoint WebSolutions</b>			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <b>04 01 2018</b>
Mailing Address <b>7179 Lake Carlisle Blvd</b>					Amount <b>500.00</b>
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>		Date of Disbursement or Obligation <b>06 30 2018</b>	
Purpose of Expenditure <b>Awareness Campaign</b>			Category/Type		
Name of Federal Candidate: <b>Kyrsten Sinema</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: State: <b>AZ</b>
Calendar Year-To-Date Per Election for Office Sought			<b>700.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Facebook Inc.</b>			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <b>04 01 2018</b>
Mailing Address <b>1 Hacker Way</b>					Amount <b>50.00</b>
City <b>Menlo Park</b>	State <b>CA</b>	Zip Code <b>94025</b>		Date of Disbursement or Obligation <b>06 30 2018</b>	
Purpose of Expenditure <b>Awareness Campaign</b>			Category/Type		
Name of Federal Candidate: <b>Kyrsten Sinema</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: State: <b>AZ</b>
Calendar Year-To-Date Per Election for Office Sought			<b>700.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures .....	<b>550.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	<b>24,755.00</b>

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 **07 14 2018**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 15 OF 68  
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee <b>Jaglin Harvey : PPWS</b>		Memo Item	Date of Public Distribution/Dissemination <b>04 01 2018</b>	
Mailing Address <b>7179 Lake Carlisle Blvd</b>			Amount <b>125.00</b>	
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>	Date of Disbursement or Obligation <b>06 30 2018</b>	
Purpose of Expenditure <b>DM Awareness Campaign</b>		Category/Type		
Name of Federal Candidate: <b>Bill Nelson</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <b>FL</b>	
Calendar Year-To-Date Per Election for Office Sought <b>950.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

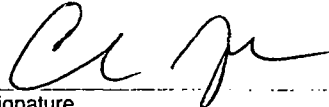
Full Name of Payee <b>Katie Barnes : PPWS</b>		Memo Item	Date of Public Distribution/Dissemination <b>04 01 2018</b>	
Mailing Address <b>7179 Lake Carlisle Blvd</b>			Amount <b>125.00</b>	
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>	Date of Disbursement or Obligation <b>06 30 2018</b>	
Purpose of Expenditure <b>DM Awareness Campaign</b>		Category/Type		
Name of Federal Candidate: <b>Bill Nelson</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <b>FL</b>	
Calendar Year-To-Date Per Election for Office Sought <b>950.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures ..... ▶ **250.00**

(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶

(c) TOTAL Independent Expenditures ..... ▶ **24,755.00**

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 **07 14 2018**

2018-07-20 10:00 AM

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 16 OF 68  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Together We Thrive</b>	FEC IDENTIFICATION NUMBER ▼ <b>C 00522458</b>
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Check if ☐ 24-hour report ☐ 48-hour report ☒ New report Amends report filed on

Full Name of Payee <b>PinPoint WebSolutions</b>			Memo Item	Date of Public Distribution/Dissemination <b>04 01 2018</b>
Mailing Address <b>7179 Lake Carlisle Blvd</b>				Amount <b>175.00</b>
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>		Date of Disbursement or Obligation <b>06 30 2018</b>
Purpose of Expenditure <b>Awareness Campaign</b>		Category/Type		
Name of Federal Candidate: <b>Bill Nelson</b>			<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: <b>FL</b>
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

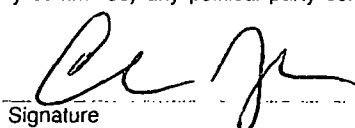
Full Name of Payee <b>Facebook Inc.</b>			Memo Item	Date of Public Distribution/Dissemination <b>04 01 2018</b>
Mailing Address <b>1 Hacker Way</b>				Amount <b>25.00</b>
City <b>Menlo Park</b>	State <b>CA</b>	Zip Code <b>94025</b>		Date of Disbursement or Obligation <b>06 30 2018</b>
Purpose of Expenditure <b>Awareness Campaign</b>		Category/Type		
Name of Federal Candidate: <b>Bill Nelson</b>			<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: <b>FL</b>
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures ..... ▶ **200.00**

(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶

(c) TOTAL Independent Expenditures ..... ▶ **24,755.00**

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 **07 14 2018**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 17 OF 68  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Together We Thrive</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00522458</b>
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Check if ☐ 24-hour report ☐ 48-hour report ☒ New report Amends report filed on \_\_\_\_\_

Full Name of Payee <b>Jaglin Harvey : PPWS</b>			Memo Item		Date of Public Distribution/Dissemination <b>04 01 2018</b>	
Mailing Address <b>7179 Lake Carlisle Blvd</b>						Amount <b>5.00</b>
City <b>Orlando</b>		State <b>FL</b>		Zip Code <b>32829</b>		
Purpose of Expenditure <b>DM Awareness Campaign</b>				Category/Type		Date of Disbursement or Obligation <b>06 30 2018</b>
Name of Federal Candidate: <b>Joe Manchin</b>				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <b>WV</b>
Calendar Year-To-Date Per Election for Office Sought <b>950.00</b>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

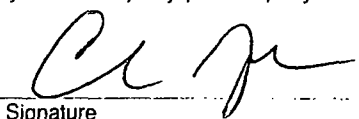
Full Name of Payee <b>Katie Barnes : PPWS</b>			Memo Item		Date of Public Distribution/Dissemination <b>04 01 2018</b>	
Mailing Address <b>7179 Lake Carlisle Blvd</b>						Amount <b>120.00</b>
City <b>Orlando</b>		State <b>FL</b>		Zip Code <b>32829</b>		
Purpose of Expenditure <b>DM Awareness Campaign</b>				Category/Type		Date of Disbursement or Obligation <b>06 30 2018</b>
Name of Federal Candidate: <b>Joe Manchin</b>				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: <b>WV</b>
Calendar Year-To-Date Per Election for Office Sought <b>950.00</b>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures ..... ▶ **125.00**

(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶

(c) TOTAL Independent Expenditures ..... ▶ **24,755.00**

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 **07 14 2018**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 18 OF 68  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Together We Thrive</b>	FEC IDENTIFICATION NUMBER ▼ <b>C 00522458</b>
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Check if ☐ 24-hour report ☐ 48-hour report ☒ New report Amends report filed on \_\_\_\_\_

Full Name of Payee <b>PinPoint WebSolutions</b>			Memo Item		Date of Public Distribution/Dissemination <b>04 01 2018</b>
Mailing Address <b>7179 Lake Carlisle Blvd</b>					Amount <b>300.00</b>
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>			
Purpose of Expenditure <b>Awareness Campaign</b>			Category/Type		Date of Disbursement or Obligation <b>06 30 2018</b>
Name of Federal Candidate: <b>Joe Manchin</b>			<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: <b>WV</b>	
Calendar Year-To-Date Per Election for Office Sought			<b>950.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Facebook Inc.</b>			Memo Item		Date of Public Distribution/Dissemination <b>04 01 2018</b>
Mailing Address <b>1 Hacker Way</b>					Amount <b>25.00</b>
City <b>Menlo Park</b>	State <b>CA</b>	Zip Code <b>94025</b>			
Purpose of Expenditure <b>Awareness Campaign</b>			Category/Type		Date of Disbursement or Obligation <b>06 30 2018</b>
Name of Federal Candidate: <b>Joe Manchin</b>			<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: <b>WV</b>	
Calendar Year-To-Date Per Election for Office Sought			<b>950.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures .....	<b>325.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	<b>24,755.00</b>

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 **07 14 2018**

2018-07-20 10:00 AM

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 19 OF 68  
 FOR LINE 24 OF FORM 3X

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

Check if ☐ 24-hour report ☐ 48-hour report ☒ New report Amends report filed on \_\_\_\_\_

Full Name of Payee <b>Jaglin Harvey : PPWS</b>			Memo Item	Date of Public Distribution/Dissemination <b>04 01 2018</b>
Mailing Address <b>7179 Lake Carlisle Blvd</b>				Amount <b>150.00</b>
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>		Date of Disbursement or Obligation <b>06 30 2018</b>
Purpose of Expenditure <b>DM Awareness Campaign</b>		Category/Type		
Name of Federal Candidate: <b>Heidi Heitkamp</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: <b>ND</b>
Calendar Year-To-Date Per Election for Office Sought <b>950.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

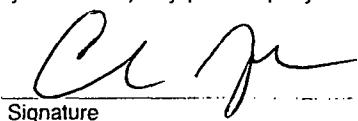
Full Name of Payee <b>Katie Barnes : PPWS</b>			Memo Item	Date of Public Distribution/Dissemination <b>04 01 2018</b>
Mailing Address <b>7179 Lake Carlisle Blvd</b>				Amount <b>225.00</b>
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>		Date of Disbursement or Obligation <b>06 30 2018</b>
Purpose of Expenditure <b>DM Awareness Campaign</b>		Category/Type		
Name of Federal Candidate: <b>Heidi Heitkamp</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate	District: <b>ND</b>
Calendar Year-To-Date Per Election for Office Sought <b>950.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures ..... ▶ **375.00**

(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶

(c) TOTAL Independent Expenditures ..... ▶ **24,755.00**

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 **07 14 2018**

2018-07-20 PM 00:00:00

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 20 OF 68  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Together We Thrive</b>	FEC IDENTIFICATION NUMBER ▼ <b>C 00522458</b>
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Check if ☐ 24-hour report ☐ 48-hour report ☒ New report Amends report filed on \_\_\_\_\_

Full Name of Payee <b>PinPoint WebSolutions</b>			Memo Item <input type="checkbox"/>		Date of Public Distribution/Dissemination <b>04 01 2018</b>	
Mailing Address <b>7179 Lake Carlisle Blvd</b>					Amount <b>100.00</b>	
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>	Date of Disbursement or Obligation <b>06 30 2018</b>			
Purpose of Expenditure <b>Awareness Campaign</b>			Category/Type			
Name of Federal Candidate: <b>Heidi Hestkamp</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <b>ND</b> <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought <b>950.00</b>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			

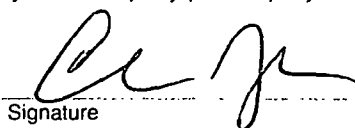
Full Name of Payee <b>Facebook Inc.</b>			Memo Item <input type="checkbox"/>		Date of Public Distribution/Dissemination <b>04 01 2018</b>	
Mailing Address <b>1 Hacker Way</b>					Amount <b>10.00</b>	
City <b>Menlo Park</b>	State <b>CA</b>	Zip Code <b>94025</b>	Date of Disbursement or Obligation <b>06 30 2018</b>			
Purpose of Expenditure <b>Awareness Campaign</b>			Category/Type			
Name of Federal Candidate: <b>Heidi Hestkamp</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <b>ND</b> <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought <b>950.00</b>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures ..... **110.00**

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures ..... **24,755.00**

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 **07 14 2018**



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 21 OF 68  
 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 <input checked="" type="checkbox"/> New report Amends report filed on _____	

Full Name of Payee <u>Jaglin Harvey : PPWS</u>			Memo Item <input type="checkbox"/>		Date of Public Distribution/Dissemination <u>04 01 2018</u>	
Mailing Address <u>7179 Lake Carlisle Blvd</u>					Amount <u>100.00</u>	
City <u>Orlando</u>		State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation <u>06 30 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 District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>TX</u>	
Calendar Year-To-Date Per Election for Office Sought			<u>950.00</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

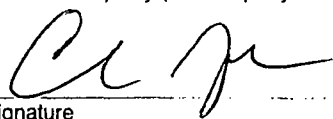
Full Name of Payee <u>Katie Barnes : PPWS</u>			Memo Item <input type="checkbox"/>		Date of Public Distribution/Dissemination <u>04 01 2018</u>	
Mailing Address <u>7179 Lake Carlisle Blvd</u>					Amount <u>225.00</u>	
City <u>Orlando</u>		State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation <u>06 30 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 District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>TX</u>	
Calendar Year-To-Date Per Election for Office Sought			<u>950.00</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures ..... ▶ 325.00

(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶ \_\_\_\_\_

(c) TOTAL Independent Expenditures ..... ▶ 24,755.00

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 07 14 2018

NOTED ON NOV 10 2018

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 22 OF 68  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Together We Thrive</b>	FEC IDENTIFICATION NUMBER ▼ <b>C 00522458</b>
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Check if ☐ 24-hour report ☐ 48-hour report ☒ New report Amends report filed on

Full Name of Payee <b>PinPoint WebSolutions</b>			Date of Public Distribution/Dissemination <b>04 01 2018</b>
Mailing Address <b>7179 Lake Carlisle Blvd</b>			
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>	
Purpose of Expenditure <b>Awareness Campaign</b>		Category/Type	Amount <b>100.00</b>
Name of Federal Candidate: <b>Beto O'Rourke</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Date of Disbursement or Obligation <b>06 30 2018</b>
Calendar Year-To-Date Per Election for Office Sought		<b>950.00</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <b>TX</b> <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

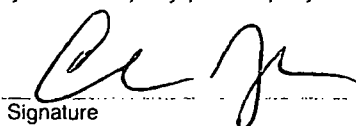
Full Name of Payee <b>Facebook Inc.</b>			Date of Public Distribution/Dissemination <b>04 01 2018</b>
Mailing Address <b>1 Hacker Way</b>			
City <b>Menlo Park</b>	State <b>CA</b>	Zip Code <b>94025</b>	
Purpose of Expenditure <b>Awareness Campaign</b>		Category/Type	Amount <b>25.00</b>
Name of Federal Candidate: <b>Beto O'Rourke</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Date of Disbursement or Obligation <b>06 30 2018</b>
Calendar Year-To-Date Per Election for Office Sought		<b>950.00</b>	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <b>TX</b> <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures ..... ▶ **125.00**

(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶

(c) TOTAL Independent Expenditures ..... ▶ **24,755.00**

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 **07 14 2018**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 23 OF 68  
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee <b>Jaclyn Harvey : PPWS</b>			Memo Item		Date of Public Distribution/Dissemination <b>04 . 01 2018</b>
Mailing Address <b>7179 Lake Carlisle Blvd</b>					Amount <b>100.00</b>
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>	Date of Disbursement or Obligation <b>06 . 30 2018</b>		
Purpose of Expenditure <b>DM Awareness Campaign</b>			Category/Type		
Name of Federal Candidate: <b>Jon Tester</b>			<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: <b>MT</b>
Calendar Year-To-Date Per Election for Office Sought <b>.950.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

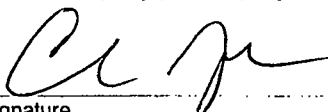
Full Name of Payee <b>Katie Barnes : PPWS</b>			Memo Item		Date of Public Distribution/Dissemination <b>04 . 01 2018</b>
Mailing Address <b>7179 Lake Carlisle Blvd</b>					Amount <b>25.00</b>
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>	Date of Disbursement or Obligation <b>06 . 30 2018</b>		
Purpose of Expenditure <b>DM Awareness Campaign</b>			Category/Type		
Name of Federal Candidate: <b>Jon Tester</b>			<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: <b>MT</b>
Calendar Year-To-Date Per Election for Office Sought <b>.950.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures ..... ▶ **125.00**

(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶

(c) TOTAL Independent Expenditures ..... ▶ **24,755.00**

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 **07 14 2018**

2018-07-20 PM 00:00:00

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 24 OF 68  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Together We Thrive</b>	FEC IDENTIFICATION NUMBER ▼ <b>C 00522458</b>
--	--

Check if ☐ 24-hour report ☐ 48-hour report ☒ New report Amends report filed on

Full Name of Payee <b>PinPoint WebSolutions</b>			Memo Item <input type="checkbox"/>		Date of Public Distribution/Dissemination <b>04 01 2018</b>
Mailing Address <b>7179 Lake Carlisle Blvd</b>					Amount <b>300.00</b>
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>		Date of Disbursement or Obligation <b>06 30 2018</b>	
Purpose of Expenditure <b>Awareness Campaign</b>		Category/Type			
Name of Federal Candidate: <b>Jon Tester</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	District: _____ State: <b>MT</b>
Calendar Year-To-Date Per Election for Office Sought			<b>950.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Facebook Inc.</b>			Memo Item <input type="checkbox"/>		Date of Public Distribution/Dissemination <b>04 01 2018</b>
Mailing Address <b>1 Hacker Way</b>					Amount <b>25.00</b>
City <b>Menlo Park</b>	State <b>CA</b>	Zip Code <b>94025</b>		Date of Disbursement or Obligation <b>06 30 2018</b>	
Purpose of Expenditure <b>Awareness Campaign</b>		Category/Type			
Name of Federal Candidate: <b>Jon Tester</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	District: _____ State: <b>MT</b>
Calendar Year-To-Date Per Election for Office Sought			<b>950.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures ..... ▶ **325.00**

(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶ **~~000.00~~**

(c) TOTAL Independent Expenditures ..... ▶ **24,755.00**

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 **07 14 2018**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 25 OF 68  
 FOR LINE 24 OF FORM 3X

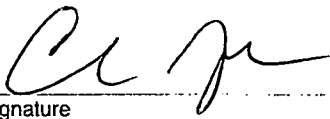
NAME OF COMMITTEE (In Full) <u>Together We Thrive</u>	FEC IDENTIFICATION NUMBER ▼ <u>C00522458</u>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report Amends report filed on _____	

Full Name of Payee <u>Jaelin Harvey : PPWS</u>			Memo Item <input type="checkbox"/>		Date of Public Distribution/Dissemination <u>04 01 2018</u>	
Mailing Address <u>7179 Lake Carlisle Blvd</u>					Amount <u>100.00</u>	
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>	Date of Disbursement or Obligation <u>06 30 2018</u>			
Purpose of Expenditure <u>DM Awareness Campaign</u>			Category/Type			
Name of Federal Candidate: <u>Steve Sisolak</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> Gov <input type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: <u>NV</u>	
Calendar Year-To-Date Per Election for Office Sought <u>950.00</u>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			

Full Name of Payee <u>Katie Barnes : PPWS</u>			Memo Item <input type="checkbox"/>		Date of Public Distribution/Dissemination <u>04 01 2018</u>	
Mailing Address <u>7179 Lake Carlisle Blvd</u>					Amount <u>150.00</u>	
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>	Date of Disbursement or Obligation <u>06 30 2018</u>			
Purpose of Expenditure <u>DM Awareness Campaign</u>			Category/Type			
Name of Federal Candidate: <u>Steve Sisolak</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> Gov <input type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ State: <u>NV</u>	
Calendar Year-To-Date Per Election for Office Sought <u>950.00</u>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			

(a) SUBTOTAL of Itemized Independent Expenditures .....	250.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	<del>24,755.00</del>
(c) TOTAL Independent Expenditures .....	24,755.00

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 07 14 2018

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 26 OF 68  
 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

Full Name of Payee PinPoint WebSolutions			Memo Item		Date of Public Distribution/Dissemination 04 01 2018
Mailing Address 7179 Lake Carlisle Blvd					Amount 200.00
City Orlando	State FL	Zip Code 32829			
Purpose of Expenditure Awareness Campaign			Category/ Type	Date of Disbursement or Obligation 06 30 2018	
Name of Federal Candidate: Steve Sisolak			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: Gov	House <input type="checkbox"/> Senate <input type="checkbox"/> District: NV
Calendar Year-To-Date Per Election for Office Sought			950.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

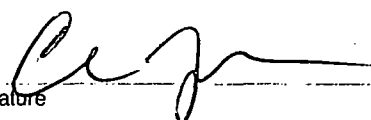
Full Name of Payee			Memo Item		Date of Public Distribution/Dissemination
Mailing Address					Amount
City	State	Zip Code			
Purpose of Expenditure			Category/ Type	Date of Disbursement or Obligation	
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> District: 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 ..... 200.00

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures ..... 24,755.00

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 07 14 2018

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 27 OF 68  
 FOR LINE 24 OF FORM 3X

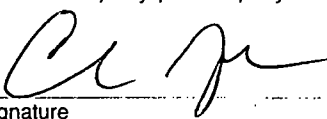
NAME OF COMMITTEE (In Full) <b>Together We Thrive</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00522458</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report Amends report filed on _____	

Full Name of Payee <b>Jacklin Harvey : PPWS</b>			Memo Item <input type="checkbox"/>		Date of Public Distribution/Dissemination <b>04 01 2018</b>
Mailing Address <b>7179 Lake Carlisle Blvd</b>					Amount <b>75.00</b>
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>		Date of Disbursement or Obligation <b>06 30 2018</b>	
Purpose of Expenditure <b>DM Awareness Campaign</b>			Category/Type		
Name of Federal Candidate: <b>Brendan Kelly</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <b>12</b> State: <b>1L</b>
Calendar Year-To-Date Per Election for Office Sought <b>905.86</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Katie Barnes : PPWS</b>			Memo Item <input type="checkbox"/>		Date of Public Distribution/Dissemination <b>04 01 2018</b>
Mailing Address <b>7179 Lake Carlisle Blvd</b>					Amount <b>100.00</b>
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>		Date of Disbursement or Obligation <b>06 30 2018</b>	
Purpose of Expenditure <b>DM Awareness Campaign</b>			Category/Type		
Name of Federal Candidate: <b>Brendan Kelly</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <b>12</b> State: <b>1L</b>
Calendar Year-To-Date Per Election for Office Sought <b>905.86</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures .....	<b>175.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	<b>24,755.00</b>

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 **07 14 2018**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 28 OF 68  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Together We Thrive</u>	FEC IDENTIFICATION NUMBER ▼ <u>C 00522458</u>
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Check if ☐ 24-hour report ☐ 48-hour report ☒ New report Amends report filed on \_\_\_\_\_

Full Name of Payee <u>PinPoint WebSolutions</u>			Memo Item <input type="checkbox"/>		Date of Public Distribution/Dissemination <u>04 01 2018</u>
Mailing Address <u>7179 Lake Carlisle Blvd</u>					Amount <u>200.00</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation <u>06 30 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 checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>12</u> State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought			<u>905.86</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <u>Facebook Inc.</u>			Memo Item <input type="checkbox"/>		Date of Public Distribution/Dissemination <u>04 01 2018</u>
Mailing Address <u>1 Hacker Way</u>					Amount <u>25.00</u>
City <u>Menlo Park</u>	State <u>CA</u>	Zip Code <u>94025</u>		Date of Disbursement or Obligation <u>06 30 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> State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought			<u>905.86</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures .....	225.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	24,755.00

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 07 14 2018

2018-07-20 00:00:00



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 29 OF 68  
 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 \_\_\_\_\_

Full Name of Payee <u>Jaglin Harvey : PPWS</u>			Memo Item		Date of Public Distribution/Dissemination <u>04 01 2018</u>	
Mailing Address <u>7179 Lake Carlisle Blvd</u>						Amount <u>, 100.00</u>
City <u>Orlando</u>		State <u>FL</u>		Zip Code <u>32829</u>		
Purpose of Expenditure <u>DM Awareness Campaign</u>				Category/Type		Date of Disbursement or Obligation <u>06 30 2018</u>
Name of Federal Candidate: <u>Sean Casten</u>				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House <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 <u>, 950.00</u>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

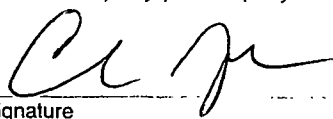
Full Name of Payee <u>Katie Barnes : PPWS</u>			Memo Item		Date of Public Distribution/Dissemination <u>04 01 2018</u>	
Mailing Address <u>7179 Lake Carlisle Blvd</u>						Amount <u>140.00</u>
City <u>Orlando</u>		State <u>FL</u>		Zip Code <u>32829</u>		
Purpose of Expenditure <u>DM Awareness Campaign</u>				Category/Type		Date of Disbursement or Obligation <u>06 30 2018</u>
Name of Federal Candidate: <u>Sean Casten</u>				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House <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 <u>, 950.00</u>				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures ..... ▶ 240.00

(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶ \_\_\_\_\_

(c) TOTAL Independent Expenditures ..... ▶ 24,755.00

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 07 14 2018

2018-07-20 PM 00:00:00

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 30 OF 68  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Together We Thrive</b>	FEC IDENTIFICATION NUMBER ▼ <b>C 00522458</b>
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Check if ☐ 24-hour report ☐ 48-hour report ☒ New report Amends report filed on \_\_\_\_\_

Full Name of Payee <b>PinPoint WebSolutions</b>			Date of Public Distribution/Dissemination <b>04 01 2018</b>  Amount <b>200.00</b>  Date of Disbursement or Obligation <b>06 30 2018</b>
Mailing Address <b>7179 Lake Carlisle Blvd</b>			
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>	
Purpose of Expenditure <b>Awareness Campaign</b>		Category/Type	
Name of Federal Candidate: <b>Sean Casten</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <b>6</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IL</b>
Calendar Year-To-Date Per Election for Office Sought <b>950.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

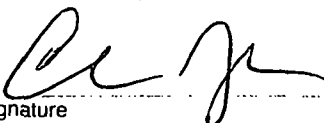
Full Name of Payee <b>Facebook Inc.</b>			Date of Public Distribution/Dissemination <b>04 01 2018</b>  Amount <b>10.00</b>  Date of Disbursement or Obligation <b>06 30 2018</b>
Mailing Address <b>1 Hacker Way</b>			
City <b>Menlo Park</b>	State <b>CA</b>	Zip Code <b>94025</b>	
Purpose of Expenditure <b>Awareness Campaign</b>		Category/Type	
Name of Federal Candidate: <b>Sean Casten</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <b>6</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>IL</b>
Calendar Year-To-Date Per Election for Office Sought <b>950.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures ..... **210.00**

(b) SUBTOTAL of Unitemized Independent Expenditures ..... **0.00**

(c) TOTAL Independent Expenditures ..... **24,755.00**

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 **07 14 2018**

20180720 00223871

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 31 OF 68  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Together We Thrive</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00522458</b>
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Check if ☐ 24-hour report ☐ 48-hour report ☒ New report Amends report filed on \_\_\_\_\_

Full Name of Payee <b>Jaglin Harvey : PPWS</b>			Memo Item	Date of Public Distribution/Dissemination <b>04 01 2018</b>
Mailing Address <b>7179 Lake Carlisle Blvd</b>				Amount <b>100.00</b>
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>		Date of Disbursement or Obligation <b>06 30 2018</b>
Purpose of Expenditure <b>DM Awareness Campaign</b>		Category/Type		
Name of Federal Candidate: <b>Richard Cordray</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate	District: <b>01</b> State: <b>OH</b>
Calendar Year-To-Date Per Election for Office Sought <b>950.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

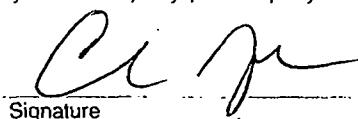
Full Name of Payee <b>Katie Barnes : PPWS</b>			Memo Item	Date of Public Distribution/Dissemination <b>04 01 2018</b>
Mailing Address <b>7179 Lake Carlisle Blvd</b>				Amount <b>150.00</b>
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>		Date of Disbursement or Obligation <b>06 30 2018</b>
Purpose of Expenditure <b>DM Awareness Campaign</b>		Category/Type		
Name of Federal Candidate: <b>Richard Cordray</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> House <input type="checkbox"/> Senate	District: <b>01</b> State: <b>OH</b>
Calendar Year-To-Date Per Election for Office Sought <b>950.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures ..... ▶ **250.00**

(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶

(c) TOTAL Independent Expenditures ..... ▶ **24,755.00**

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 **07 14 2018**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 32 OF 68  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <i>Together We Thrive</i>	FEC IDENTIFICATION NUMBER ▼ <i>C00522458</i>
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Check if ☐ 24-hour report ☐ 48-hour report ☒ New report Amends report filed on \_\_\_\_\_

Full Name of Payee <i>PinPoint WebSolutions</i>			Memo Item	Date of Public Distribution/Dissemination <i>04 01 2018</i>
Mailing Address <i>7179 Lake Carlisle Blvd</i>				Amount <i>200.00</i>
City <i>Orlando</i>	State <i>FL</i>	Zip Code <i>32829</i>		Date of Disbursement or Obligation <i>06 30 2018</i>
Purpose of Expenditure <i>Awareness Campaign</i>		Category/Type		
Name of Federal Candidate: <i>Richard Cordray</i>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President	House District: _____ Senate State: <i>OH</i>
Calendar Year-To-Date Per Election for Office Sought <i>950.00</i>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee			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"/> President	House District: _____ 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 ..... ▶ *200.00*

(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶

(c) TOTAL Independent Expenditures ..... ▶ *24,755.00*

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 *07 14 2018*

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 33 OF 68  
 FOR LINE 24 OF FORM 3X

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

Check if ☐ 24-hour report ☐ 48-hour report ☒ New report Amends report filed on \_\_\_\_\_

Full Name of Payee <b>Jaclyn Harvey : PPWS</b>			Memo Item	Date of Public Distribution/Dissemination <b>04 01 2018</b>
Mailing Address <b>7179 Lake Carlisle Blvd</b>				Amount <b>100.00</b>
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>		Date of Disbursement or Obligation <b>06 30 2018</b>
Purpose of Expenditure <b>DM Awareness Campaign</b>		Category/Type		
Name of Federal Candidate: <b>Gretchen Whitmer</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> Gov <input type="checkbox"/> President	House District: <input type="checkbox"/> Senate State: <b>MI</b>
Calendar Year-To-Date Per Election for Office Sought		<b>950.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

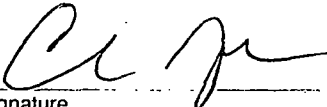
Full Name of Payee <b>Katie Barnes : PPWS</b>			Memo Item	Date of Public Distribution/Dissemination <b>04 01 2018</b>
Mailing Address <b>7179 Lake Carlisle Blvd</b>				Amount <b>150.00</b>
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>		Date of Disbursement or Obligation <b>06 30 2018</b>
Purpose of Expenditure <b>DM Awareness Campaign</b>		Category/Type		
Name of Federal Candidate: <b>Gretchen Whitmer</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> Gov <input type="checkbox"/> President	House District: <input type="checkbox"/> Senate State: <b>MI</b>
Calendar Year-To-Date Per Election for Office Sought		<b>950.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures ..... ▶ **250.00**

(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶

(c) TOTAL Independent Expenditures ..... ▶ **24,755.00**

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 **07 14 2018**

NOTED ON 11/20/2018

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 34 OF 68  
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee <b>PinPoint WebSolutions</b>			Memo Item	Date of Public Distribution/Dissemination <b>04 01 2018</b>
Mailing Address <b>7179 Lake Carlisle Blvd</b>				Amount <b>200.00</b>
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>		Date of Disbursement or Obligation <b>06 30 2018</b>
Purpose of Expenditure <b>Awareness Campaign</b>		Category/Type		
Name of Federal Candidate: <b>Gretchen Whitmer</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <b>ML</b>
Calendar Year-To-Date Per Election for Office Sought <b>950.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

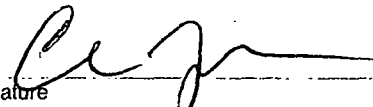
Full Name of Payee			Memo Item	Date of Public Distribution/Dissemination
Mailing Address				Amount <del>200.00</del>
City	State	Zip Code		Date of Disbursement or Obligation
Purpose of Expenditure		Category/Type		
Name of Federal Candidate:		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate	District: 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 ..... ▶ **200.00**

(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶

(c) TOTAL Independent Expenditures ..... ▶ **24,755.00**

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 **07 14 2018**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 35 OF 68  
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee <b>Jaelin Harvey : PPWS</b>			Memo Item		Date of Public Distribution/Dissemination <b>04 01 2018</b>	
Mailing Address <b>7179 Lake Carlisle Blvd</b>					Amount <b>100.00</b>	
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>	Date of Disbursement or Obligation <b>06 30 2018</b>			
Purpose of Expenditure <b>DM Awareness Campaign</b>			Category/Type			
Name of Federal Candidate: <b>Gwen Graham</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President	<input type="checkbox"/> House <input type="checkbox"/> Senate	District: <b>FL</b>
Calendar Year-To-Date Per Election for Office Sought <b>950.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			

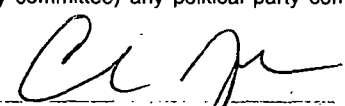
Full Name of Payee <b>Katie Barnes : PPWS</b>			Memo Item		Date of Public Distribution/Dissemination <b>04 01 2018</b>	
Mailing Address <b>7179 Lake Carlisle Blvd</b>					Amount <b>150.00</b>	
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>	Date of Disbursement or Obligation <b>06 30 2018</b>			
Purpose of Expenditure <b>DM Awareness Campaign</b>			Category/Type			
Name of Federal Candidate: <b>Gwen Graham</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President	<input type="checkbox"/> House <input type="checkbox"/> Senate	District: <b>FL</b>
Calendar Year-To-Date Per Election for Office Sought <b>950.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures ..... ▶ **250.00**

(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶

(c) TOTAL Independent Expenditures ..... ▶ **24,755.00**

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 **07 14 2018**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 36 OF 48  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <i>Together We Thrive</i>	FEC IDENTIFICATION NUMBER ▼ <i>C00522458</i>
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Check if ☐ 24-hour report ☐ 48-hour report ☒ New report Amends report filed on \_\_\_\_\_

Full Name of Payee <i>PinPoint WebSolutions</i>			Memo Item	Date of Public Distribution/Dissemination <i>04 01 2018</i>
Mailing Address <i>7179 Lake Carlisle Blvd</i>				Amount <i>200.00</i>
City <i>Orlando</i>	State <i>FL</i>	Zip Code <i>32829</i>		Date of Disbursement or Obligation <i>06 30 2018</i>
Purpose of Expenditure <i>Awareness Campaign</i>		Category/Type		
Name of Federal Candidate: <i>Gwen Graham</i>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> Gov <input type="checkbox"/> President <input type="checkbox"/> Senate State: <i>FL</i>
Calendar Year-To-Date Per Election for Office Sought <i>950.00</i>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee			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 ..... ▶ *200.00*

(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶

(c) TOTAL Independent Expenditures ..... ▶ *24,755.00*

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 *07 14 2018*



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 37 OF 68  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Together We Thrive</b>	FEC IDENTIFICATION NUMBER <b>C00522458</b>
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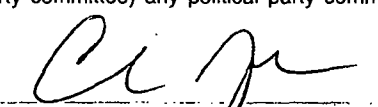
Check if ☐ 24-hour report ☐ 48-hour report ☒ New report Amends report filed on \_\_\_\_\_

Full Name of Payee <b>Jaglin Harvey : PPWS</b>			Memo Item	Date of Public Distribution/Dissemination <b>04 01 2018</b>
Mailing Address <b>7179 Lake Carlisle Blvd</b>				Amount <b>90.00</b>
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>		Date of Disbursement or Obligation <b>06 30 2018</b>
Purpose of Expenditure <b>DM Awareness Campaign</b>		Category/Type		
Name of Federal Candidate: <b>Tony Evers</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> Gov <input type="checkbox"/> President	House District: <input type="checkbox"/> Senate State: <b>WI</b>
Calendar Year-To-Date Per Election for Office Sought <b>970.63</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Katie Barnes : PPWS</b>			Memo Item	Date of Public Distribution/Dissemination <b>04 01 2018</b>
Mailing Address <b>7179 Lake Carlisle Blvd</b>				Amount <b>230.63</b>
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>		Date of Disbursement or Obligation <b>06 30 2018</b>
Purpose of Expenditure <b>DM Awareness Campaign</b>		Category/Type		
Name of Federal Candidate: <b>Tony Evers</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> Gov <input type="checkbox"/> President	House District: <input type="checkbox"/> Senate State: <b>WI</b>
Calendar Year-To-Date Per Election for Office Sought <b>970.63</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures .....	<b>320.63</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	<b>24,755.00</b>

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 **07 14 2018**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 38 OF 68  
 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 \_\_\_\_\_

Full Name of Payee <u>PinPoint WebSolutions</u>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <u>04 01 2018</u>
Mailing Address <u>7179 Lake Carlisle Blvd</u>				Amount <u>650.00</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation <u>06 30 2018</u>
Purpose of Expenditure <u>Awareness Campaign</u>		Category/Type		
Name of Federal Candidate: <u>Tony Evers</u>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <u>US House</u>	District: _____ State: <u>WI</u>
Calendar Year-To-Date Per Election for Office Sought <u>970.63</u>		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	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:	District: _____ 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 ..... ▶ 650.00

(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶ \_\_\_\_\_

(c) TOTAL Independent Expenditures ..... ▶ 24,755.00

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 07 14 2018

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 39 OF 68  
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee <b>Jacelin Harvey : PPWS</b>			Memo Item	Date of Public Distribution/Dissemination <b>04 01 2018</b>
Mailing Address <b>7179 Lake Carlisle Blvd</b>				Amount <b>90.00</b>
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>		Date of Disbursement or Obligation <b>06 30 2018</b>
Purpose of Expenditure <b>DM Awareness Campaign</b>		Category/Type		
Name of Federal Candidate: <b>Josh Harder</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <b>10</b> State: <b>CA</b>
Calendar Year-To-Date Per Election for Office Sought		<b>945.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

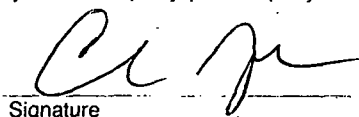
Full Name of Payee <b>Katie Barnes : PPWS</b>			Memo Item	Date of Public Distribution/Dissemination <b>04 01 2018</b>
Mailing Address <b>7179 Lake Carlisle Blvd</b>				Amount <b>205.00</b>
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>		Date of Disbursement or Obligation <b>06 30 2018</b>
Purpose of Expenditure <b>DM Awareness Campaign</b>		Category/Type		
Name of Federal Candidate: <b>Josh Harder</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <b>10</b> State: <b>CA</b>
Calendar Year-To-Date Per Election for Office Sought		<b>945.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures ..... **295.00**

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures ..... **24,755.00**

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 **07 14 2018**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 40 OF 68  
 FOR LINE 24 OF FORM 3X

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

Check if ☐ 24-hour report ☐ 48-hour report ☒ New report Amends report filed on

Full Name of Payee PinPoint WebSolutions			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination 04 01 2018
Mailing Address 7179 Lake Carlisle Blvd				Amount 650.00
City Orlando	State FL	Zip Code 32829		Date of Disbursement or Obligation 06 30 2018
Purpose of Expenditure Awareness Campaign		Category/ Type		
Name of Federal Candidate: Josh Hardes			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought			945.00	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	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 ..... ▶ 650.00

(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶

(c) TOTAL Independent Expenditures ..... ▶ 24,755.00

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 07 14 2018

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 41 OF 68  
FOR LINE 24 OF FORM 3X

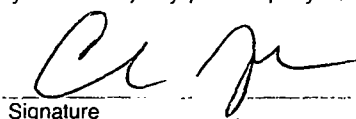
NAME OF COMMITTEE (In Full) <u>Together We Thrive</u>	FEC IDENTIFICATION NUMBER ▼ <u>C00522458</u>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report Amends report filed on _____	

Full Name of Payee <u>Jaglin Harvey : PPWS</u>			Memo Item	Date of Public Distribution/Dissemination <u>04 01 2018</u>
Mailing Address <u>7179 Lake Carlisle Blvd</u>				Amount <u>90.00</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation <u>06 30 2018</u>
Purpose of Expenditure <u>DM Awareness Campaign</u>		Category/ Type		
Name of Federal Candidate: <u>TJ Cox</u>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>21</u> State: <u>CA</u>
Calendar Year-To-Date Per Election for Office Sought		<u>945.00</u>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <u>Katie Barnes : PPWS</u>			Memo Item	Date of Public Distribution/Dissemination <u>04 01 2018</u>
Mailing Address <u>7179 Lake Carlisle Blvd</u>				Amount <u>205.00</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation <u>06 30 2018</u>
Purpose of Expenditure <u>DM Awareness Campaign</u>		Category/ Type		
Name of Federal Candidate: <u>TJ Cox</u>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>21</u> State: <u>CA</u>
Calendar Year-To-Date Per Election for Office Sought		<u>945.00</u>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures .....	295.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	24,755.00

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 07 14 2018

2018-07-20 PM 00:22:00

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 42 OF 68  
 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 <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on _____	

Full Name of Payee <u>PinPoint WebSolutions</u>			Memo Item <input type="checkbox"/>		Date of Public Distribution/Dissemination <u>04 01 2018</u>	
Mailing Address <u>7179 Lake Carlisle Blvd</u>					Amount <u>650.00</u>	
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation <u>06 30 2018</u>		
Purpose of Expenditure <u>Awareness Campaign</u>			Category/Type			
Name of Federal Candidate: <u>TJ Cox</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>21</u> State: <u>CA</u>	
Calendar Year-To-Date Per Election for Office Sought					Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee			Memo Item <input type="checkbox"/>		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 <input type="checkbox"/> President <input type="checkbox"/> Senate District: _____ 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 ..... ▶

(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶

(c) TOTAL Independent Expenditures ..... ▶ 24,755.00

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 07 14 2018

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 43 OF 68  
 FOR LINE 24 OF FORM 3X

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

Check if ☐ 24-hour report ☐ 48-hour report ☒ New report Amends report filed on

Full Name of Payee <b>Jaclyn Harvey : PPWS</b>			Memo Item	Date of Public Distribution/Dissemination <b>04 01 2018</b>
Mailing Address <b>7179 Lake Carlisle Blvd</b>				Amount <b>90.00</b>
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>		Date of Disbursement or Obligation <b>06 30 2018</b>
Purpose of Expenditure <b>DM Awareness Campaign</b>		Category/Type		
Name of Federal Candidate: <b>Katie Hill</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> House	District: <b>25</b> State: <b>CA</b>
Calendar Year-To-Date Per Election for Office Sought <b>945.00</b>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

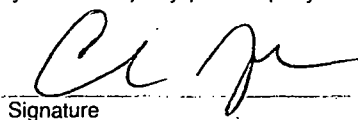
Full Name of Payee <b>Katie Barnes : PPWS</b>			Memo Item	Date of Public Distribution/Dissemination <b>04 01 2018</b>
Mailing Address <b>7179 Lake Carlisle Blvd</b>				Amount <b>205.00</b>
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>		Date of Disbursement or Obligation <b>06 30 2018</b>
Purpose of Expenditure <b>DM Awareness Campaign</b>		Category/Type		
Name of Federal Candidate: <b>Katie Hill</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> House	District: <b>25</b> State: <b>CA</b>
Calendar Year-To-Date Per Election for Office Sought <b>945.00</b>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures ..... ▶ **295.00**

(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶

(c) TOTAL Independent Expenditures ..... ▶ **24,755.00**

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 **07 14 2018**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 44 OF 68  
 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 \_\_\_\_\_

Full Name of Payee <u>PinPoint WebSolutions</u>			Memo Item	Date of Public Distribution/Dissemination <u>04 01 2018</u>
Mailing Address <u>7179 Lake Carlisle Blvd</u>				Amount <u>650.00</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation <u>06 30 2018</u>
Purpose of Expenditure <u>Awareness Campaign</u>		Category/Type		
Name of Federal Candidate: <u>Katie Hill</u>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>25</u> State: <u>CA</u>
Calendar Year-To-Date Per Election for Office Sought <u>945.00</u>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee			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 <input type="checkbox"/> President <input type="checkbox"/> Senate	District: _____ 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 ..... ▶ 650.00

(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶ \_\_\_\_\_

(c) TOTAL Independent Expenditures ..... ▶ 24,755.00

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 07 14 2018



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 45 OF 68  
 FOR LINE 24 OF FORM 3X

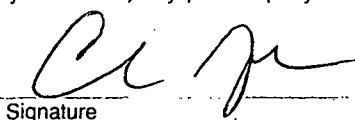
NAME OF COMMITTEE (In Full) <b>Together We Thrive</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00522458</b>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report Amends report filed on _____	

Full Name of Payee <b>Jaelin Harvey : PPWS</b>			Memo Item	Date of Public Distribution/Dissemination <b>04 01 2018</b>
Mailing Address <b>7179 Lake Carlisle Blvd</b>				Amount <b>90.00</b>
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>		Date of Disbursement or Obligation <b>06 30 2018</b>
Purpose of Expenditure <b>DM Awareness Campaign</b>		Category/Type		
Name of Federal Candidate: <b>Gil Cisneros</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <b>39</b> State: <b>CA</b>
Calendar Year-To-Date Per Election for Office Sought		<b>945.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Katie Barnes : PPWS</b>			Memo Item	Date of Public Distribution/Dissemination <b>04 01 2018</b>
Mailing Address <b>7179 Lake Carlisle Blvd</b>				Amount <b>205.00</b>
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>		Date of Disbursement or Obligation <b>06 30 2018</b>
Purpose of Expenditure <b>DM Awareness Campaign</b>		Category/Type		
Name of Federal Candidate: <b>Gil Cisneros</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <b>39</b> State: <b>CA</b>
Calendar Year-To-Date Per Election for Office Sought		<b>945.00</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures .....	<b>295.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	<b>24,755.00</b>

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 **07 14 2018**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 46 OF 68  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <div style="font-size: 1.2em; font-family: cursive;">Together We Thrive</div>			FEC IDENTIFICATION NUMBER ▼ <div style="font-size: 1.2em; font-family: cursive;">C00522458</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report Amends report filed on _____					
Full Name of Payee <div style="font-size: 1.2em; font-family: cursive;">PinPoint WebSolutions</div>			Date of Public Distribution/Dissemination <div style="font-size: 1.2em; font-family: cursive;">04 01 2018</div>		
Mailing Address <div style="font-size: 1.2em; font-family: cursive;">7179 Lake Carlisle Blvd</div>			Amount <div style="font-size: 1.2em; font-family: cursive;">650.00</div>		
City <div style="font-size: 1.2em; font-family: cursive;">Orlando</div>	State <div style="font-size: 1.2em; font-family: cursive;">FL</div>	Zip Code <div style="font-size: 1.2em; font-family: cursive;">32829</div>	Date of Disbursement or Obligation <div style="font-size: 1.2em; font-family: cursive;">06 30 2018</div>		
Purpose of Expenditure <div style="font-size: 1.2em; font-family: cursive;">Awareness Campaign</div>			Category/Type		
Name of Federal Candidate: <div style="font-size: 1.2em; font-family: cursive;">Gil Cisneros</div>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>39</u> State: <u>CA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="font-size: 1.2em; font-family: cursive;">945.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

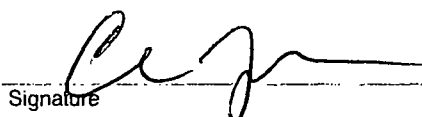
Full Name of Payee			Date of Public Distribution/Dissemination		
Mailing Address			Amount		
City	State	Zip Code	Date of Disbursement or Obligation		
Purpose of Expenditure			Category/Type		
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: _____ 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 ..... 650.00

(b) SUBTOTAL of Unitemized Independent Expenditures .....  

(c) TOTAL Independent Expenditures ..... 24,755.00

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 07 14 2018

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 47 OF 68  
 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 \_\_\_\_\_

Full Name of Payee <u>Jaglin Harvey : PPWS</u>		Memo Item	Date of Public Distribution/Dissemination <u>04 01 2018</u>
Mailing Address <u>7179 Lake Carlisle Blvd</u>			Amount <u>96.00</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>	Date of Disbursement or Obligation <u>06 30 2018</u>
Purpose of Expenditure <u>DM Awareness Campaign</u>		Category/Type	
Name of Federal Candidate: <u>Katie Porter</u>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>45</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>
Calendar Year-To-Date Per Election for Office Sought <u>945.00</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <u>Katie Barnes : PPWS</u>		Memo Item	Date of Public Distribution/Dissemination <u>04 01 2018</u>
Mailing Address <u>7179 Lake Carlisle Blvd</u>			Amount <u>205.00</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>	Date of Disbursement or Obligation <u>06 30 2018</u>
Purpose of Expenditure <u>DM Awareness Campaign</u>		Category/Type	
Name of Federal Candidate: <u>Katie Porter</u>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>45</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>
Calendar Year-To-Date Per Election for Office Sought <u>945.00</u>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures ..... ▶ 295.00

(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶ \_\_\_\_\_

(c) TOTAL Independent Expenditures ..... ▶ 24,755.00

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.

Ci J  
 Signature

Date 07 14 2018

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 48 OF 68  
 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 \_\_\_\_\_

Full Name of Payee <u>PinPoint WebSolutions</u>			Memo Item <input type="checkbox"/>	Date of Public Distribution/Dissemination <u>04 01 2018</u>
Mailing Address <u>7179 Lake Carlisle Blvd</u>				Amount <u>650.00</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation <u>06 30 2018</u>
Purpose of Expenditure <u>Awareness Campaign</u>		Category/Type		
Name of Federal Candidate: <u>Katie Porter</u>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>45</u> State: <u>CA</u>
Calendar Year-To-Date Per Election for Office Sought		<u>945.00</u>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee			Memo Item <input type="checkbox"/>	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 <input type="checkbox"/> President <input type="checkbox"/> Senate	District: _____ 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 ..... ▶ 650.00

(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶ \_\_\_\_\_

(c) TOTAL Independent Expenditures ..... ▶ 24,755.00

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 07 14 2018

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 49 OF 68  
 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 <input checked="" type="checkbox"/> New report Amends report filed on _____	

Full Name of Payee <u>Jaclyn Harvey : PPWS</u>			Memo Item	Date of Public Distribution/Dissemination <u>04 01 2018</u>	
Mailing Address <u>7179 Lake Carlisle Blvd</u>				Amount <u>96.00</u>	
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation <u>06 30 2018</u>	
Purpose of Expenditure <u>DM Awareness Campaign</u>			Category/ Type		
Name of Federal Candidate: <u>Harley Roudy</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>48</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>	
Calendar Year-To-Date Per Election for Office Sought <u>978.01</u>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <u>Katie Barnes : PPWS</u>			Memo Item	Date of Public Distribution/Dissemination <u>04 01 2018</u>	
Mailing Address <u>7179 Lake Carlisle Blvd</u>				Amount <u>205.00</u>	
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation <u>06 30 2018</u>	
Purpose of Expenditure <u>DM Awareness Campaign</u>			Category/ Type		
Name of Federal Candidate: <u>Harley Roudy</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>48</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>	
Calendar Year-To-Date Per Election for Office Sought <u>978.01</u>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures ..... ▶ 295.00

(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶ \_\_\_\_\_

(c) TOTAL Independent Expenditures ..... ▶ 24,755.00

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.

Ci J  
 Signature

Date 07 14 2018

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 50 OF 08  
 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 \_\_\_\_\_

Full Name of Payee <u>PinPoint WebSolutions</u>			Memo Item <input type="checkbox"/>	Date of Public Distribution/Dissemination <u>04 01 2018</u>
Mailing Address <u>7179 Lake Carlisle Blvd</u>				Amount <u>683.01</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation <u>06 30 2018</u>
Purpose of Expenditure <u>Awareness Campaign</u>		Category/Type		
Name of Federal Candidate: <u>Herley Rouda</u>			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>48</u> State: <u>CA</u>
Calendar Year-To-Date Per Election for Office Sought <u>978.01</u>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

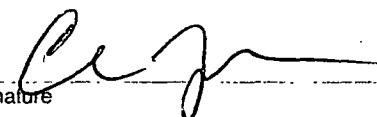
Full Name of Payee			Memo Item <input type="checkbox"/>	Date of Public Distribution/Dissemination
Mailing Address				Amount
City	State	Zip Code		Date of Disbursement or Obligation
Purpose of Expenditure		Category/Type		
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: _____ 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 ..... ▶ 683.01

(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶ \_\_\_\_\_

(c) TOTAL Independent Expenditures ..... ▶ 24,755.00

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 07 14 2018

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 57 OF 68  
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 <input checked="" type="checkbox"/> New report Amends report filed on _____	

Full Name of Payee <u>Jaglin Harvey : PPWS</u>			Memo Item	Date of Public Distribution/Dissemination <u>04 01 2018</u>
Mailing Address <u>7179 Lake Carlisle Blvd</u>				Amount <u>90.00</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation <u>06 30 2018</u>
Purpose of Expenditure <u>DM Awareness Campaign</u>		Category/Type		
Name of Federal Candidate: <u>Mike Levin</u>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>49</u> State: <u>CA</u>
Calendar Year-To-Date Per Election for Office Sought		<u>978.00</u>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

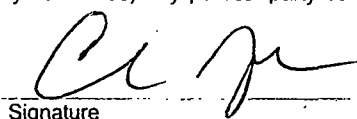
Full Name of Payee <u>Katie Barnes : PPWS</u>			Memo Item	Date of Public Distribution/Dissemination <u>04 01 2018</u>
Mailing Address <u>7179 Lake Carlisle Blvd</u>				Amount <u>205.00</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation <u>06 30 2018</u>
Purpose of Expenditure <u>DM Awareness Campaign</u>		Category/Type		
Name of Federal Candidate: <u>Mike Levin</u>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>49</u> State: <u>CA</u>
Calendar Year-To-Date Per Election for Office Sought		<u>978.00</u>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures ..... ▶ 295.00

(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶

(c) TOTAL Independent Expenditures ..... ▶ 24,755.00

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 07 14 2018

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 52 OF 68  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <div style="font-size: 1.2em; font-family: cursive;">Together We Thrive</div>			FEC IDENTIFICATION NUMBER ▼ <div style="font-size: 1.2em; font-family: cursive;">C00522458</div>	
Check if: <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report    Amends report filed on _____				
Full Name of Payee <div style="font-size: 1.2em; font-family: cursive;">PinPoint WebSolutions</div>			Date of Public Distribution/Dissemination <div style="font-size: 1.2em; font-family: cursive;">04 01 2018</div>	
Mailing Address <div style="font-size: 1.2em; font-family: cursive;">7179 Lake Carlisle Blvd</div>			Amount <div style="font-size: 1.2em; font-family: cursive;">683.00</div>	
City <div style="font-size: 1.2em; font-family: cursive;">Orlando</div>	State <div style="font-size: 1.2em; font-family: cursive;">FL</div>	Zip Code <div style="font-size: 1.2em; font-family: cursive;">32829</div>	Date of Disbursement or Obligation <div style="font-size: 1.2em; font-family: cursive;">06 30 2018</div>	
Purpose of Expenditure <div style="font-size: 1.2em; font-family: cursive;">Awareness Campaign</div>		Category/Type		
Name of Federal Candidate: <div style="font-size: 1.2em; font-family: cursive;">Mike Levin</div>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <u>49</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>CA</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="font-size: 1.2em; font-family: cursive;">978.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee			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 ..... 683.00

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures ..... 24,755.00

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 07 14 2018



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 53 OF 68  
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee <b>Jacelin Harvey : PPWS</b>		Memo Item	Date of Public Distribution/Dissemination <b>04 01 2018</b>
Mailing Address <b>7179 Lake Carlisle Blvd</b>			Amount <b>90.00</b>
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>	Date of Disbursement or Obligation <b>06 30 2018</b>
Purpose of Expenditure <b>DM Awareness Campaign</b>		Category/Type	
Name of Federal Candidate: <b>Chrissy Houlahan</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>6</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>PA</b>
Calendar Year-To-Date Per Election for Office Sought <b>945.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

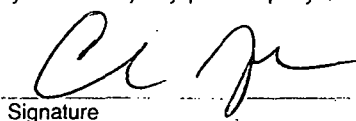
Full Name of Payee <b>Katie Barnes : PPWS</b>		Memo Item	Date of Public Distribution/Dissemination <b>04 01 2018</b>
Mailing Address <b>7179 Lake Carlisle Blvd</b>			Amount <b>205.00</b>
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>	Date of Disbursement or Obligation <b>06 30 2018</b>
Purpose of Expenditure <b>DM Awareness Campaign</b>		Category/Type	
Name of Federal Candidate: <b>Chrissy Houlahan</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>6</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>PA</b>
Calendar Year-To-Date Per Election for Office Sought <b>945.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures ..... ▶ **295.00**

(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶

(c) TOTAL Independent Expenditures ..... ▶ **24,755.00**

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 **07 14 2018**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 54 OF 68  
 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 \_\_\_\_\_

Full Name of Payee <u>PinPoint WebSolutions</u>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <u>04 01 2018</u>
Mailing Address <u>7179 Lake Carlisle Blvd</u>				Amount <u>650.00</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation <u>06 30 2018</u>
Purpose of Expenditure <u>Awareness Campaign</u>		Category/Type		
Name of Federal Candidate: <u>Chrissy Houlahan</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>6</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>PA</u>
Calendar Year-To-Date Per Election for Office Sought <u>945.00</u>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

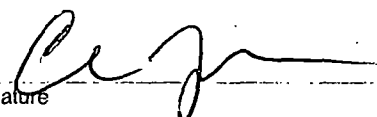
Full Name of Payee			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination
Mailing Address				Amount
City	State	Zip Code		Date of Disbursement or Obligation
Purpose of Expenditure		Category/Type		
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> 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 ..... ▶ 650.00

(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶ \_\_\_\_\_

(c) TOTAL Independent Expenditures ..... ▶ 24,755.00

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 07 14 2018

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 55 OF 68  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Together We Thrive</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00522458</b>
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Check if ☐ 24-hour report ☐ 48-hour report ☒ New report Amends report filed on \_\_\_\_\_

Full Name of Payee <b>Jaqin Harvey : PPWS</b>		Memo Item	Date of Public Distribution/Dissemination <b>04 01 2018</b>
Mailing Address <b>7179 Lake Carlisle Blvd</b>			Amount <b>90.00</b>
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>	Date of Disbursement or Obligation <b>06 30 2018</b>
Purpose of Expenditure <b>DM Awareness Campaign</b>		Category/Type	
Name of Federal Candidate: <b>Susan wild</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>7</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>PA</b>
Calendar Year-To-Date Per Election for Office Sought <b>945.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

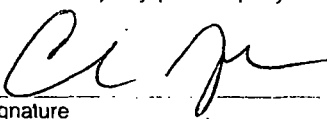
Full Name of Payee <b>Katie Barnes : PPWS</b>		Memo Item	Date of Public Distribution/Dissemination <b>04 01 2018</b>
Mailing Address <b>7179 Lake Carlisle Blvd</b>			Amount <b>205.00</b>
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>	Date of Disbursement or Obligation <b>06 30 2018</b>
Purpose of Expenditure <b>DM Awareness Campaign</b>		Category/Type	
Name of Federal Candidate: <b>Susan wild</b>		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>7</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>PA</b>
Calendar Year-To-Date Per Election for Office Sought <b>945.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures ..... ▶ **295.00**

(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶

(c) TOTAL Independent Expenditures ..... ▶ **24,755.00**

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 **07 14 2018**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 56 OF 68  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <div style="font-size: 1.2em; font-family: cursive;">Together We Thrive</div>			FEC IDENTIFICATION NUMBER ▼ <div style="font-size: 1.2em; font-family: cursive;">C00522458</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report Amends report filed on _____				
Full Name of Payee <div style="font-size: 1.2em; font-family: cursive;">PinPoint WebSolutions</div>			Date of Public Distribution/Dissemination <div style="font-size: 1.2em; font-family: cursive;">04 01 2018</div>	
Mailing Address <div style="font-size: 1.2em; font-family: cursive;">7179 Lake Carlisle Blvd</div>			Amount <div style="font-size: 1.2em; font-family: cursive;">650.00</div>	
City <div style="font-size: 1.2em; font-family: cursive;">Orlando</div>	State <div style="font-size: 1.2em; font-family: cursive;">FL</div>	Zip Code <div style="font-size: 1.2em; font-family: cursive;">32829</div>	Date of Disbursement or Obligation <div style="font-size: 1.2em; font-family: cursive;">06 30 2018</div>	
Purpose of Expenditure <div style="font-size: 1.2em; font-family: cursive;">Awareness Campaign</div>		Category/Type		
Name of Federal Candidate: <div style="font-size: 1.2em; font-family: cursive;">Susan Wild</div>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: <u>2</u> State: <u>PA</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="font-size: 1.2em; font-family: cursive;">945.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee			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 <input type="checkbox"/> Senate <input type="checkbox"/> President District: _____ 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 .....	<div style="font-size: 1.2em; font-family: cursive;">650.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	<div style="font-size: 1.2em; font-family: cursive;">24,755.00</div>

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 

07 14 2018

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 57 OF 68  
 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 <input checked="" type="checkbox"/> New report Amends report filed on _____	

Full Name of Payee <u>Jaglin Harvey : PPWS</u>			Memo Item	Date of Public Distribution/Dissemination <u>04 01 2018</u>
Mailing Address <u>7179 Lake Carlisle Blvd</u>				Amount <u>90.00</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation <u>06 30 2018</u>
Purpose of Expenditure <u>DM Awareness Campaign</u>		Category/Type		
Name of Federal Candidate: <u>Colin Allred</u>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>32</u> State: <u>TX</u>
Calendar Year-To-Date Per Election for Office Sought <u>945.00</u>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

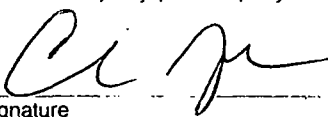
Full Name of Payee <u>Katie Barnes : PPWS</u>			Memo Item	Date of Public Distribution/Dissemination <u>04 01 2018</u>
Mailing Address <u>7179 Lake Carlisle Blvd</u>				Amount <u>205.00</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation <u>06 30 2018</u>
Purpose of Expenditure <u>DM Awareness Campaign</u>		Category/Type		
Name of Federal Candidate: <u>Colin Allred</u>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>32</u> State: <u>TX</u>
Calendar Year-To-Date Per Election for Office Sought <u>945.00</u>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures ..... ▶ 295.00

(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶ \_\_\_\_\_

(c) TOTAL Independent Expenditures ..... ▶ 24,755.00

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 07 14 2018

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 58 OF 68  
 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 \_\_\_\_\_

Full Name of Payee <u>PinPoint WebSolutions</u>			Memo Item <input type="checkbox"/>	Date of Public Distribution/Dissemination <u>04 01 2018</u>	
Mailing Address <u>7179 Lake Carlisle Blvd</u>				Amount <u>650.00</u>	
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation <u>06 30 2018</u>	
Purpose of Expenditure <u>Awareness Campaign</u>			Category/Type		

Name of Federal Candidate: <u>Colin Allred</u>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>32</u> State: <u>TX</u>
Calendar Year-To-Date Per Election for Office Sought <u>945.00</u>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee			Memo Item <input type="checkbox"/>	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 <input type="checkbox"/> President <input type="checkbox"/> Senate	District: _____ 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 ..... ▶ 650.00

(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶ \_\_\_\_\_

(c) TOTAL Independent Expenditures ..... ▶ 24,755.00

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 07 14 2018

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 59 OF 68  
 FOR LINE 24 OF FORM 3X

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

Full Name of Payee <b>Jakin Harvey : PPWS</b>			Memo Item		Date of Public Distribution/Dissemination <b>04 01 2018</b>	
Mailing Address <b>7179 Lake Carlisle Blvd</b>					Amount <b>90.00</b>	
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>	Date of Disbursement or Obligation <b>06 30 2018</b>			
Purpose of Expenditure <b>DM Awareness Campaign</b>			Category/Type			
Name of Federal Candidate: <b>Gina Jones</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <b>23</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>TX</b>	
Calendar Year-To-Date Per Election for Office Sought <b>945.00</b>					Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

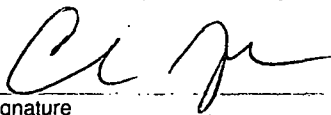
Full Name of Payee <b>Katie Barnes : PPWS</b>			Memo Item		Date of Public Distribution/Dissemination <b>04 01 2018</b>	
Mailing Address <b>7179 Lake Carlisle Blvd</b>					Amount <b>205.00</b>	
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>	Date of Disbursement or Obligation <b>06 30 2018</b>			
Purpose of Expenditure <b>DM Awareness Campaign</b>			Category/Type			
Name of Federal Candidate: <b>Gina Jones</b>			<input type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <b>23</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>TX</b>	
Calendar Year-To-Date Per Election for Office Sought <b>945.00</b>					Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures ..... ▶ **295.00**

(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶

(c) TOTAL Independent Expenditures ..... ▶ **24,755.00**

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 **07 14 2018**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 60 OF 68  
 FOR LINE 24 OF FORM 3X

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

Check if ☐ 24-hour report ☐ 48-hour report ☒ New report Amends report filed on

Full Name of Payee <b>PinPoint WebSolutions</b>			Memo Item	Date of Public Distribution/Dissemination <b>04 01 2018</b>
Mailing Address <b>7179 Lake Carlisle Blvd</b>				Amount <b>650.00</b>
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>		Date of Disbursement or Obligation <b>06 30 2018</b>
Purpose of Expenditure <b>Awareness Campaign</b>			Category/Type	
Name of Federal Candidate: <b>Gina Jones</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>23</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>TX</b>
Calendar Year-To-Date Per Election for Office Sought <b>945.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

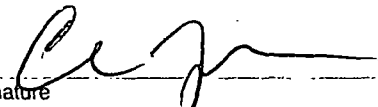
Full Name of Payee			Memo Item	Date of Public Distribution/Dissemination
Mailing Address				Amount
City	State	Zip Code		Date of Disbursement or Obligation
Purpose of Expenditure			Category/Type	
Name of Federal Candidate:			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <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 ..... ▶ **650.00**

(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶

(c) TOTAL Independent Expenditures ..... ▶ **24,755.00**

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 **07 14 2018**

NOTATION: ON BENEFIT



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 61 OF 68  
 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>Jaelin Harvey : PPWS</u>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <u>MM/DD/YYYY</u> <u>04/01/2018</u>	
Mailing Address <u>7179 Lake Carlisle Blvd</u>				Amount <u>90.00</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>06/30/2018</u>	
Purpose of Expenditure <u>DM Awareness Campaign</u>			Category/ Type		
Name of Federal Candidate: <u>Lizzie Fletcher</u>			<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>7</u> State: <u>TX</u>
Calendar Year-To-Date Per Election for Office Sought <u>945.00</u>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <u>Katie Barnes : PPWS</u>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <u>MM/DD/YYYY</u> <u>04/01/2018</u>	
Mailing Address <u>7179 Lake Carlisle Blvd</u>				Amount <u>205.00</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>06/30/2018</u>	
Purpose of Expenditure <u>DM Awareness Campaign</u>			Category/ Type		
Name of Federal Candidate: <u>Lizzie Fletcher</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>7</u> State: <u>TX</u>
Calendar Year-To-Date Per Election for Office Sought <u>945.00</u>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures ..... ▶ 295.00

(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶           

(c) TOTAL Independent Expenditures ..... ▶ 24,755.00

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.

Cc [Signature]  
 Signature

Date MM/DD/YYYY  
07/14/2018

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 62 OF 68  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <u>Together We Thrive</u>	FEC IDENTIFICATION NUMBER ▼ <u>C 00522458</u>
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Check if ☐ 24-hour report ☐ 48-hour report ☒ New report Amends report filed on 06/01/2018

Full Name of Payee <u>PinPoint Web Solutions</u>			Memo Item	Date of Public Distribution/Dissemination <u>06/01/2018</u>	
Mailing Address <u>7179 Lake Carlisle Blvd</u>			Amount <u>,650.00</u>		
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>	Date of Disbursement or Obligation <u>06/30/2018</u>		
Purpose of Expenditure <u>Awareness Campaign</u>			Category/Type		
Name of Federal Candidate: <u>Lizzie Fletcher</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>7</u> State: <u>TX</u>
Calendar Year-To-Date Per Election for Office Sought <u>,945.00</u>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee			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 <input type="checkbox"/> President <input type="checkbox"/> Senate	District: _____ 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 ..... ,650.00

(b) SUBTOTAL of Unitemized Independent Expenditures ..... ,

(c) TOTAL Independent Expenditures ..... 24,755.00

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 07/14/2018

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 63 OF 68  
 FOR LINE 24 OF FORM 3X

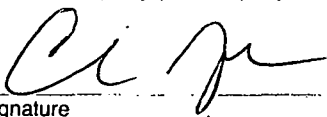
NAME OF COMMITTEE (In Full) <u>Together We Thrive</u>	FEC IDENTIFICATION NUMBER <u>C00522458</u>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report Amends report filed on _____	

Full Name of Payee <u>Jaclyn Harvey : PPWS</u>			Memo Item	Date of Public Distribution/Dissemination <u>04 01 2018</u>
Mailing Address <u>7179 Lake Carlisle Blvd</u>				Amount <u>135.00</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation <u>06 30 2018</u>
Purpose of Expenditure <u>DM Awareness Campaign</u>		Category/Type		
Name of Federal Candidate: <u>Kathleen Williams</u>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>MTAL</u> State: <u>MT</u>
Calendar Year-To-Date Per Election for Office Sought		<u>990.00</u>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <u>Katie Barnes : PPWS</u>			Memo Item	Date of Public Distribution/Dissemination <u>04 01 2018</u>
Mailing Address <u>7179 Lake Carlisle Blvd</u>				Amount <u>205.00</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation <u>06 30 2018</u>
Purpose of Expenditure <u>DM Awareness Campaign</u>		Category/Type		
Name of Federal Candidate: <u>Kathleen Williams</u>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>MTAL</u> State: <u>MT</u>
Calendar Year-To-Date Per Election for Office Sought		<u>990.00</u>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures .....	<u>340.00</u>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	<u>24,755.00</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

Date 07 14 2018

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 64 OF 68  
 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 <input checked="" type="checkbox"/> New report Amends report filed on _____	

Full Name of Payee <u>PinPoint Web Solutions</u>			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <u>09 01 2018</u>
Mailing Address <u>7179 Lake Carlisle Blvd</u>				Amount <u>650.00</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation <u>06 30 2018</u>
Purpose of Expenditure <u>Awareness Campaign</u>		Category/Type		
Name of Federal Candidate: <u>Kathleen Williams</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>MTAL</u> State: <u>MT</u>
Calendar Year-To-Date Per Election for Office Sought				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	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 <input type="checkbox"/> President <input type="checkbox"/> Senate District: _____ 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 .....	650.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	24,755.00

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 07 14 2018

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 65 OF 68  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Together We Thrive</b>	FEC IDENTIFICATION NUMBER ▼ <b>C 00522458</b>
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Check if ☐ 24-hour report ☐ 48-hour report ☒ New report Amends report filed on

Full Name of Payee <b>PinPoint WebSolutions</b>			Memo Item <input type="checkbox"/>		Date of Public Distribution/Dissemination <b>04 01 2018</b>	
Mailing Address <b>7179 Lake Carlisle Blvd</b>					Amount <b>150.00</b>	
City <b>Orlando</b>	State <b>FL</b>	Zip Code <b>32829</b>		Date of Disbursement or Obligation <b>04 20 2018</b>		
Purpose of Expenditure <b>Awareness Campaign</b>			Category/Type			
Name of Federal Candidate: <b>Hiral Tipirneni</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <b>8</b> State: <b>AZ</b>	
Calendar Year-To-Date Per Election for Office Sought <b>950.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			

Full Name of Payee <b>Facebook Inc.</b>			Memo Item <input type="checkbox"/>		Date of Public Distribution/Dissemination <b>04 01 2018</b>	
Mailing Address <b>1 Hacker Way</b>					Amount <b>200.00</b>	
City <b>Menlo Park</b>	State <b>CA</b>	Zip Code <b>94025</b>		Date of Disbursement or Obligation <b>04 20 2018</b>		
Purpose of Expenditure <del>████████████████████</del> <b>GOTV Campaign</b>			Category/Type			
Name of Federal Candidate: <b>Hiral Tipirneni</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <b>8</b> State: <b>AZ</b>	
Calendar Year-To-Date Per Election for Office Sought <b>950.00</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			

(a) SUBTOTAL of Itemized Independent Expenditures .....	<b>350.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	.
(c) TOTAL Independent Expenditures .....	<b>24,755.00</b>

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 **07 14 2018**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 64 OF 68  
 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 \_\_\_\_\_

Full Name of Payee <u>Jaclyn Harvey : PPWS</u>			Memo Item	Date of Public Distribution/Dissemination <u>04 01 2018</u>
Mailing Address <u>7179 Lake Carlisle Blvd</u>				Amount <u>200.00</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation <u>04 20 2018</u>
Purpose of Expenditure <u>DM Awareness Campaign</u>		Category/Type		
Name of Federal Candidate: <u>Hiral Tipirneni</u>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>8</u> State: <u>AZ</u>
Calendar Year-To-Date Per Election for Office Sought		<u>950.00</u>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	


Full Name of Payee <u>Katie Barnes : PPWS</u>			Memo Item	Date of Public Distribution/Dissemination <u>04 01 2018</u>
Mailing Address <u>7179 Lake Carlisle Blvd</u>				Amount <u>400.00</u>
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>		Date of Disbursement or Obligation <u>04 20 2018</u>
Purpose of Expenditure <u>DM Awareness Campaign</u>		Category/Type		
Name of Federal Candidate: <u>Hiral Tipirneni</u>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>8</u> State: <u>AZ</u>
Calendar Year-To-Date Per Election for Office Sought		<u>950.00</u>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures ..... ▶ 600.00

(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶ \_\_\_\_\_

(c) TOTAL Independent Expenditures ..... ▶ 24,755.00

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 07 14 2018

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 67 OF 68  
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 \_\_\_\_\_

Full Name of Payee <u>Jaglin Harvey : PPWS</u>			Memo Item	Date of Public Distribution/Dissemination <u>04 01 2018</u>	
Mailing Address <u>7179 Lake Carlisle Blvd</u>			Amount <u>, 200.00</u>		
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>	Date of Disbursement or Obligation <u>06 30 2018</u>		
Purpose of Expenditure <u>DM Awareness Campaign</u>			Category/ Type		
Name of Federal Candidate: <u>Danny O'Connor</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>12</u> State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought <u>.785.00</u>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <u>Katie Barnes : PPWS</u>			Memo Item	Date of Public Distribution/Dissemination <u>04 01 2018</u>	
Mailing Address <u>7179 Lake Carlisle Blvd</u>			Amount <u>200.00</u>		
City <u>Orlando</u>	State <u>FL</u>	Zip Code <u>32829</u>	Date of Disbursement or Obligation <u>06 30 2018</u>		
Purpose of Expenditure <u>DM Awareness Campaign</u>			Category/ Type		
Name of Federal Candidate: <u>Danny O'Connor</u>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>12</u> State: <u>OH</u>
Calendar Year-To-Date Per Election for Office Sought <u>.785.00</u>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures .....	<u>400.00</u>
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures .....	<u>24,755.00</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.

Ci J  
Signature

Date 07 14 2018

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 68 OF 68  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>Together We Thrive</b>	FEC IDENTIFICATION NUMBER ▼ <b>C00522458</b>
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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 <b>SocialRank.com</b>			Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y <b>04 / 01 / 2018</b>
Mailing Address <b>Unknown</b>			Amount <b>, 120.00</b>	
City <b>Unknown</b>	State <b>N/A</b>	Zip Code <b>N/A</b>	Date of Disbursement or Obligation M M / D D / Y Y Y Y <b>06 / 30 / 2018</b>	
Purpose of Expenditure <b>List Generation</b>		Category/Type		
Name of Federal Candidate: <b>N/A</b>		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate	District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <b>, 240.00</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____		

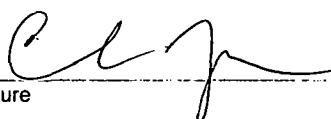
Full Name of Payee			Memo Item	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y
Mailing Address			Amount	
City	State	Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y	
Purpose of Expenditure		Category/Type		
Name of Federal Candidate:		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate	District: _____ 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 ..... ▶ **, 120.00**

(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶ **,**

(c) TOTAL Independent Expenditures ..... ▶ **, 24,755.00**

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 **07 / 14 / 2018**



TOGETHER WE THRIVE  
(407) 491-6671  
THE UPS STORE #4341  
3433 LITHIA PINECREST RD  
VALRICO, FL 33596-6302

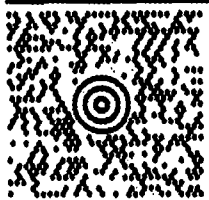
1 LBS 1 OF 1  
SHP WT: 1 LBS  
DATE: 16 JUL 2018

SHIP FEDERAL ELECTION CAMPAIGN COMM

SHIP  
TO:

19/JUL/2018 19:08 2000

**FEDERAL ELECTION COMMISSION**  
**1050 1ST ST NE**  
**FLR 9TH**  
**WASHINGTON DC 20002 4694**



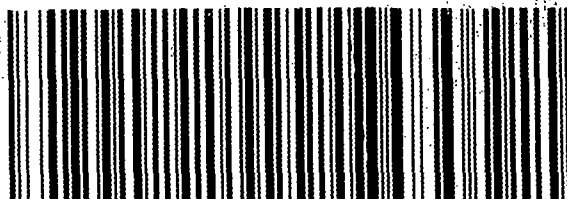
**MD 201 9-58**



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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 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): <i>UPS Ground</i>	Shipping Date <i>7/18/18</i>
	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"/> Other (Specify):	Date of Receipt or Postmarked
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