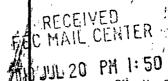
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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee



											OfAce U	se Only	
1.	NAME C	OF TEE (in full)	TY	PE OR	PRINT ▼		xample: If ver the line		type	12FE4M	5		4
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AD	· — ·	number and street)	[.			thia		·					
1	Che	ck if different	5	5_4_e	19	B		· · - —					
	thar	previously orted. (ACC)	Ņ	1 a 1	T. 5. C.	s		 -		P.L	375	96	-[
2.	FEC IDI	ENTIFICATION N	IUMI	BER ▼	, _	CITY ▲			STATE ▲ ZIP CO		DDE A		
	Co	05224	5	8		3. IS THIS REPOR		NEV (N)	w OR	AN (A)	MENDED)		
4.	TYPE (OF REPORT			port	Feb 20 (M	2)	May	y 20 (M5)	Aug	20 (M8)		Nov 20 (M11) (Non-Election Year Only)
	(a) Qua	rterly Reports:		i Du	e On:	Mar 20 (M	3)	Jun	20 (M6)	Sep	20 (M9)		Dec 20 (M12 (Non-Election Year Only)
		April 15		i		Apr 20 (M	4)	Jul	20 (M7)	Oct	20 (M10)		Jan 31 (YE)
		Quarterly Report	(Q1)	(c)	12-Day		Primary	(12P)		General	(12G)		Runoff (12R)
	×	Quarterly Report (Q2) October 15 Quarterly Report (Q3)		(Q2) Repo		E-Election port for the: Conv		nvention (12C)		Special (Special (12S)		
		January 31 Year-End Report		-		Election on	•					in the State of	of
		July 31 Mid-Year Report (Non-elect Year Only) (MY)	ion	(d)	30-Day POST-Ele Report fo		General	(30G)		Runoff (30R)		Special (30S)
		Termination Repo (TER)	rt		·	Election on						in the State of	of
5.	Covering	Period 0	4	0	1 2	018	throu	gh	06	3 o	20	18	
	-	I have examined Name of Treasur			and to the	. 1 -	nowledge a	ind beli	ief it is tru	e, correct an	d comple	ete.	
Siç	nature of	Treasurer	_	U	0				D	ate O	Ž Ĭ	ž	2018
NO		ission of false, erro	neou	s, or inc	complete in	formation may	subject the	person	signing th	is Report to t	he penalt	ies of 52	U.S.C. § 3010
ŀ	U	Àce se nly										C FOF Rev. 05/2	RM 3X

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

W	rite or Type Committee Name Together We Throve							·	
Re		H 01	Žo i {	Š	То:	06	ž °	Ž o j	8
			COLUMN A This Period				COLUMN B dar Year-to		
6.	(a) Cash on Hand January 1, ZOIB					3	,		D
	(b) Cash on Hand at Beginning of Reporting Period	,	,	. 0					
	(c) Total Receipts (from Line 19)	1	24,75	5.00		,	33,8	75.8	6
•	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	3	24,75	5.00		,	33,8	75.8	6
7.	Total Disbursements (from Line 31)	,	24,75	5.00		,	33,8	75.8	3 6
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)	,	,	. 6					
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	,		. 0					
	This committee has qualiÂed as a multi	candidate comm	nittee. (see FEC I	ORM 1M)					
		For further	information c	ontact:				<u> </u>	
		999	lection Commi E Street, NW ngton, DC 2040						
			ee 800-424-953 I 202-694-1100	1					

DETAILED SUMMARY PAGE

of Receipts Page 3 FEC Form 3X (Rev. 05/2016) Write or Type Committee Name Together We Thrive 3 0 öŸ Ď 201 Report Covering the Period: To: 06 201 From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 17500

	(i) Itemized (use Schedule A)	,	10,11	5.0		,	12,32	5.00
	(ii) Unitemized	•	14,58	0.0	0	_	21.50	50.86
	(iii) TOTAL (add	•				. ,		•
	Lines 11(a)(i) and (ii)▶	,	24,7	55.0	0	,	33,8	75.86
	(b) Political Party Committees	,	, ,		0	,	,	. Ò
	(c) Other Political Committees				۵			0
	(such as PACs)	,	7	-	ð	,	,	. 0
	(d) Total Contributions (add Lines							
	11(a)(iii), (b), and (c)) (Carry		91 20		_		22 m =	n n .
	Totals to Line 33, page 5)	,	24,75	5.0	0	,	53,8	15.86
12.	Transfers From Affiliated/Other							
	Party Committees	,	. 7	•	0	,	. ,	. 0
13.	All Loans Received	,	,		0	,	,	. 6
							·	
14.	Loan Repayments Received	3	,	_	0	,	_	. 0
15.	Offsets To Operating Expenditures	,	,			,	7	-
	(Refunds, Rebates, etc.)							
	(Carry Totals to Line 37, page 5)	,	,	_	0	,	,	- 6
16.	Refunds of Contributions Made	,	,			,	,	Ü
	to Federal Candidates and Other							
	Political Committees	5	,		0		. ,	. 0
17.	Other Federal Receipts	÷	,			,	. ,	- 0
	(Dividends, Interest, etc.)				Ó			б
18.	Transfers from Non-Federal and Levin Funds	?	7	•		5	,	•
	(a) Non-Federal Account							
	(from Schedule H3)	,	,	_	\mathcal{O}	,	3	. 0
		,	,	•		,	,	•
	(b) Levin Funds (from Schedule H5)	,	,	•	Ь	,	,	. <i>D</i>
	(c) Total Transfers (add 18(a) and 18(b))	э	7	•	6	<u>a</u> e	ž	. 0
19.	Total Receipts (add Lines 11(d),							
	12, 13, 14, 15, 16, 17, and 18(c))▶	,	24,75	55.0	O	,	35,8	15.86
20	Total Federal Receipts							

20. Total Federal Receipts , 33,875.86 24,755.00 (subtract Line 18(c) from Line 19)▶

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		
 Operating (a) Alloc: 	Expenditures: ——ated Federal/Non-Federal								
	ity (from Schedule H4)								
(i) l	Federal Share	7		,	•	0	,	,	. 0
(ii) 1	Non-Federal Share	y		,		\wedge	7	,	. 6
(b) Other	r Federal Operating	,		,		U	,	,	•
•	nditures	,		7	•	0	,	,	· C
	Operating Expenditures 21(a)(i), (a)(ii), and (b))▶					0			. 6
	to Affiliated/Other Party	,		,	٠	0	,	,	. 0
Committee	es	,		,		0	,	,	. 2
	andidates/Committees	,		,		0	,	ŕ	U
	r Political Committees	7		7	•	0	5	5	
(use Sche	ent Expenditures edule E)		24	7.	55.0	٨		33,8	75.86
 Coordinate (52 U.S.C) 	ed Party Expenditures	,	, (, / _	٠.٠	U	5	J , 0	1 3.00
(use Sche	c. § 30116(d)) edule F)	,		,		B	. ;	,	. 6
S Loan Don	ayments Made	-				0			C
. Luan nep	ayments made	,		5	•	U	1	,	
	de			_		0		_	. 6
	of Contributions To: duals/Persons Other	y		,	•	U	1	,	_
Than	Political Committees	3		,	•	O	. ,	,	. 0
(b) Politi	cal Party Committees					0			0
• •	r Political Committees	3		3	•	0	,	5	. •
(such	as PACs)					6			. 1
(d) Total	Contribution Refunds	,		,	•	0	1	,	·
(add	Lines 28(a), (b), and (c))	5		,		6	,	,	. 0
Other Dis	bursements (Including	•				Ť			
	eral Donations)					Ь			. (
		7		;	•	U	7	,	. 0
	Election Activity (52 U.S.C. § 30101(20)) ated Federal Election Activity								
	Schedule H6)								
	ederal Share					0		_	. 0
		,	:	7	•	Ü	5	,	. 0
	_evin" Share	,	,	,		•	3	,	. 0
	eral Election Activity Paid ely With Federal Funds					D			O
	Federal Election Activity (add	,	:	y	٠		5	3	. 0
Lines	s 30(a)(i), 30(a)(ii) and 30(b))▶	,		,		D	,	. ,	. 0
4 Takal Diak		,	•	•			•		
	oursements (add Lines 21(c), 22, 5, 26, 27, 28(d), 29 and 30(c))		Λd	7 ~	ر حر س ہ	α		220-	7-0,
20, 24, 2	o, 20, 21, 20(0), 20 and 00(0))	,	24	, 1 >	, 5.0		,	، ۵, در	75.86
	eral Disbursements								
	Line 21(a)(ii) and Line 30(a)(ii)			_	_			_	
trom Line	≥ 31)▶	_	24	75	5 0	0	_	33.8	75.86

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))	, ,	δ.,
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	, 24,755.00	, 33,875.86
	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	, , . 0	, , , , , , ,
	Offsets to Operating Expenditures (from Line 15, page 3)	, ,	, ,
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	, , , ,	, , δ

Primary

Other (specify)

General

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

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

SCHEDULE A	(FEC	Form	3X)
ITEMIZED REC	EIPTS	}	

FOR LINE NUMBER: PAGE OF Use separate schedule(s) (check only one) for each category of the 🕅 11a 11b 11c 12 Detailed Summary Page 13 14 15 16 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) logether We Thrive Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Christopher Zullo Date of Receipt Mailing Address 9920 Mountain Lake Drise State Zip Code Orlando 32832 FI Amount of Each Receipt this Period FEC ID number of contributing C 4,750.00 federal political committee. Name of Employer (for Individual) Occupation (for Individual) Memo Item Self-Enployed OWNER 6/29 \$4000 Receipt For: Aggregate Year-to-Date ▼ Primary ★ General 6.250,00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Michael Date of Receipt Mailing Address 1654 Zip Code 33406 State FL City Amount of Each Receipt this Period FEC ID number of contributing 75.00 C federal political committee. ✓ Memo Item Occupation (for Individual) Name of Employer (for Individual) 411 \$75 Land Surveying Paramount Engineering Receipt For: Aggregate Year-to-Date ▼ 5/20 \$25 Primary ✓ General .275.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Theodore Boxtrous Date of Receipt Mailing Address ື້2 8ື່ [′] 12243 City Zip Code State 90049 CA Amount of Each Receipt this Period FEC ID number of contributing C 1,000,00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) GIDSON Lawyer Receipt For: Aggregate Year-to-Date ▼

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE Z OF (check only one) 11a
Any information copied from such Reports and Statements mor for commercial purposes, other than using the name and a		
NAME OF COMMITTEE (In Full) Together We Thrive		
Full Name of Individual (Last, First, Middle Initial) or Full C	Organization Name	Date of Receipt
Mailing Address 1207 Dunlauy Street City State	Zip Code	06'06'zoi8

/ .	10gether We 11	neve	
Α.	Full Name of Individual (Last, First, Middle Ini	tial) or Full Organization Name	Date of Receipt
	Mailing Address 1207 Dun lauy St	State Zip Code	06 06 Zoi8
_	COMMON Houston	000300 77019	Amount of Each Receipt this Period
	FEC ID number of confributing ederal political committee.	C .	, ,50000
Ĩ	Name of Employer (for Individual) Sawyer & Associates	Occupation (for Individual) Designes	, Memo Item
F	Receipt For: Primary Other (specify) ▼	Aggregate Year-to-Date ▼ , ,5 0 0 0	•
в	Full Name of Individual (Last, First, Middle Ini Robert Darns Mailing Address	tial) or Full Organization Name	Date of Receipt
_	14252 Colver Dr.	State Zip Code CA 92780	Amount of Each Receipt this Period
	FEC ID number of contributing rederal political committee.	С	, , , 400.00
	Name of Employer (for Individual)	Occupation (for Individual) Sw Engineer	\cancel{C} Memo Item \cancel{C} 250
,	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ , ,4 00.00	6/25 100 6/27 50
C. ī	Full Name of Individual (Last, First, Middle Ini Fleen Lindbury Mailing Address 1205 Foster Street City 1205 Foster Street	tial) or Full Organization Name State Zip Code	Date of Receipt
	1205 Foster Street	IN 46617	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	, ,350.00
	Name of Employer (for Individual)	Occupation (for Individual)	X Memo Item 614 250
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	5/18 100
SI	JBTOTAL of Receipts This Page (optional)	>	5 5
TC	OTAL This Period (last nage this line number	only)	

SCHEDULE A (FEC Form 3X)		FOR LINE NUMBER:	PAGE 3 OF
ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)	11c 12

IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	Y 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and State for commercial purposes, other than using the na			
	NAME OF COMMITTEE (In Full)			
\angle	Together We Thrive			
Α.	Full Name o'Individual (Last, First, Middle Initial) Teresa Lewis - Hutson		ganization Name	Date of Receipt
Α.	Mailing Address	<u>` </u>		M M / D D / Y Y Y
	9 Creekshire CT	State	Zip Code	
	Wentzuille	Mo	63385	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		, ,325.00
	Name of Employer (for Individual)	Occu	pation (for Individual)	→ Memo Item
	Receipt For:	Annrenate \	Year-to-Date ▼	4/3 100 4/18 25
	Primary General	iggregate '		5/8/00 5/2 25 6/450 6/1 25
	Other (specify) ▼		, ,325.00	6/450 6/1 25
	Full Name of Individual (Last, First, Middle Initial)	or Full Or	ganization Name	
В.	Karen Thomas Mailing Address			Date of Receipt
	121 Perazul Circle	la		
	Sacramento	State CA	Zip Code 95835 - 2140	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		, ,300.00
	Name of Employer (for Individual)	Occu	pation (for Individual)	✓ Memo Item
	Receipt For:	Aggregate `	Year-to-Date ▼	- 5/20 100 5/20 100
	Primary General Other (specify) ▼		, ,300.00	(() ()
			<u> </u>	6/28 100
c.	Full Name of Individual (Last, First, Middle Initial) Stephanie Fleck	or Full Or	ganization Name	Date of Receipt
	Mailing Address 39 Whike Oak Road			M M / D D / Y Y Y
	City Waran	State MA	Zip Code	Amount of Each Receipt this Period
	EEC ID number of contributing	<u> </u>	102140	Amount of Each Receipt this Period
	federal political committee.	С		, ,300.00
	Name of Employer (for Individual)		pation (for Individual)	X Memo Item
	Not employed Receipt For:		Nove Year-to-Date ▼	4/28 100
	Primary General	iggregate		5/28 100
	Other (specify)		, ,300.00	6/28 100
	SUBTOTAL of Receipts This Page (optional)			3 7
1	OTAL This Period (last page this line number only	y)	•	· · · · · · · · · · · · · · · · · · ·

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SCHEDULE A (FEC FORM 3X)	1	Jse separate schedule(s)	FOR LINE NUMBER: PAGE U OF O	
ITEMIZED RECEIPTS		for each category of the	(check only one)	
		Detailed Summary Page	7 11a 11b 11c 12 13 14 15 16 17	
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or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
/ Together We Thrive				
Full Name of Individual (Last, First, Middle Initial) or	r Full Organ	nization Name	T	
A. John Large			Date of Receipt	
Mailing Address] 06/15/2018	
City 2	tate	Zip Code	106 15 2018	
	CA	95003	Amount of Each Receipt this Period	
FEC ID number of contributing	<u> </u>			
federal political committee.	•		, ,300.00	
Name of Employer (for Individual)	1 .	ion (for Individual)	Memo Item	
Self-Employed Receipt For:	<u>ු</u> gregate Yea	r-to-Date ▼	-	
Primary General	yreyale tedi	_		
Other (specify) ▼	,	,30 0.0 0		
Full Name of Individual (Last, First, Middle Initial) of	r Full Organ	nization Name	Date of Receipt	
B. James Dunn Mailing Address			Date of Receipt	
218 W King St.			05 01 2018	
	tate	Zip Code 25401		
Martinsberg	UV	25701	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	;	- w	, ,250.00	
Name of Employer (for Individual)	Occupat	tion (for Individual)	Memo Item	
GUS America	Sal			
	gregate Yea	r-to-Date ▼		
Primary General Other (specify) ▼		,250.00		
	,	, 7-3 0.00		
Full Name of Individual (Last, First, Middle Initial) of	r Full Organ	nization Name	Date of Receipt	
C. Nauid Jans Mailing Address			Date of Receipt	
7311 Galveston] ÖŸ'ŹŸ'Žòľ8	
7311 Galveston Rd. Suite710	tate TX	Zip Code 77034	Amount of Each Receipt this Period	
FEC ID number of contributing	EC ID number of contributing		· · · · · · · · · · · · · · · · · · ·	
federal political committee.	,		, ,250,00	
Name of Employer (for Individual)	Occupat	ion (for Individual)	Memo Item	
		ır-to-Date ▼	7	
Primary General		_		
Other (specify)	?	52000		
				
SUBTOTAL of Receipts This Page (optional)		•	· · ·	
TOTAL This Period (last page this line number only).			· •	

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SCHEDULE A (FEC Form 3X)

SC	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE OF
T	EMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)
•	LIVIIZED MEDELI 13		Detailed Summary Page	11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any puddress of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
<u>/</u>	Together We Thrive			
Α.	Full Name of Individual (Last, First, Middle Initi	al) or Full O	Irganization Name	Date of Receipt
٦.	Mailing Address			
	8160 Glenfinan Circl	P		
	City	State	Zip Code	
	Fort Myers	FL	33917	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		, .250.00
	Name of Employer (for Individual)	lõcc	upation (for Individual)	Memo Item
	None		None	Memo Nem
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	1. 1 - man (-pre-2), 1		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Full Name of Individual (Last, First, Middle Initi	al) or Full C	Organization Name	Data of Bossist
5.	Rossell Williams			Date of Receipt
Mailing Address PO Boy 339				06 03 2018
	City	State	Zip Code	7 0 03 20 1.0
	Hanovor	PA	17331	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		, ,250.00
	Name of Employer (for Individual)		cupation (for Individual)	Memo Item
	Hanover Shoe Farms M.C.		lice President	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		, ,250.00	
	Cities (speedily) V		, , , , 50.00	
_	Full Name of Individual (Last, First, Middle Init	ial) or Full C	Organization Name	
C.	Teresa Chen			Date of Receipt
	Mailing Address 9820 Welsh Drive			M M / D D / Y Y Y
	City	State	Zip Code	
	Pasco	State	9930/	Amount of Each Receipt this Period
	FEC ID number of contributing	С		20000
	federal political committee.	Ū		, , ,
	Name of Employer (for Individual)	Occ	upation (for Individual)	✓ Memo Item
	Receipt For:		Lawyer	6/30 100
	Primary General	Aggregate	Year-to-Date ▼	'
	Other (specify)		, 200.00	3 6/30 100
s	SUBTOTAL of Receipts This Page (optional)			<u>*</u> * *
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 OF 0 (check only one) 11a
William E. Goldberg M.D. PC. Receipt For: Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full of Starle Mailing Address 2 Gus Siku Road City Faugh keepsile State FEC ID number of contributing federal political committee. Name of Employer (for Individual) October 1900 Not Employed October 2001 Not Employed October 3 M.D. PC. Aggregate Aggregate	address of any political committee to the political committee to political political committee to political p	Date of Receipt Amount of Each Receipt this Period Memo Item Date of Receipt Amount of Each Receipt this Period Amount of Each Receipt this Period Amount of Each Receipt this Period Date of Receipt Amount of Each Receipt this Period Amount of Each Receipt this Period X Memo Item SIR 100 S/1 25
Primary General Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full C. Kathy John Son Mailing Address 617 F. 3/st St Unit B City State	Organization Name	5/20 50 5/7 25 Date of Receipt M M / D D / Y Y Y Y
FEC ID number of contributing	60526	Amount of Each Receipt this Period

Any information copied from such Reports an or for commercial purposes, other than using				
NAME OF COMMITTEE (In Full)				
) Together We Thri	Je			
Full Name of Individual (Last, First, Middle	ame of Individual (Last, First, Middle Initial) or Full Organization Name			
1. Margaret Goldburg		Date of Rec	ceipt	
Mailing Address	M M /	D D / Y / Y Y		
172 Chestnut St.				
City	State Zip Code	<u> </u>		
Cambridge	NM 0213	7 Amount of E	Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		, ,200.00	
Name of Employer (for Individual)	Occupation (for Inc	ividual) × Memo	Item	
William E. 6 Gold berg M			No.	
Receipt For:	5/91	00		
Primary General	Aggregate Year-to-Date	20000 6/9/	οŌ	
Other (specify) ▼	,	200.00 6/9		
[] Other (specify) \(\psi \)	, ,			
Full Name of Individual (Last, First, Middle	Initial) or Full Organization Na	me .		
3. Theresa Stark	initially of Full Organization 140	Date of Rec	ceipt	
Mailing Address			0 0 7 Y Y Y Y	
2 Gus Siku Road				
City	Pough keepsie State V Zip Gode 12601			
Pouch Keepsie	State Zip Gode	Amount of E	Each Receipt this Period	
FEC ID number of contributing				
federal political committee.	С	ł	, ,200.00	
·			•	
Name of Employer (for Individual)	Occupation (for In		Item	
Not Employed	Not Imp	oyed	- 6/1 25	
Receipt For:	Aggregate Year-to-Date	5/8/10	0 3/1 23	
Primary General		5170 C	0 5/1 25 50 5/7 25	
Other (specify) ▼	, ,	200.00		
				
Full Name of Individual (Last, First, Middle	Initial) or Full Organization Na	1		
: Kathy Johnson		Date of Rec	ceipt	
Mailing Address	LB	M M /	D D / Y Y Y Y	
617 F. 3st St Un	State Zip Code			
La furance Park		ZC Amount of I	Forb Descindable Desired	
	112 (003	Amount of t	Each Receipt this Period	
FEC ID number of contributing	С	·	, ,175.00	
federal political committee.	•		, ,, ,, , ,	
Name of Employer (for Individual)	Occupation (for In	ividual) X Memo	Item	
		, , , , ,	5/29 25 6/7 25	
Receipt For:	Aggregate Year-to-Date	, 4/9 25	5/20 21- 1/2-	
Primary General		191925	4/27 65 1663	
Other (specify)		y Memo 4/9 25 4/9 25 200.00 4/21 25	5/29 25	
		712125		
SUBTOTAL of Receipts This Page (optional)	>	, , .	
			•	
TOTAL This Period (last page this line num	ber only)			

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-03-002238	Ž
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3841	- 002 2
	3841

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE of SUse separate schedule(s) (check only one) for each category of the 11a 11b 11c 12 Detailed Summary Page 13 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 This Je
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address 5959 L City Zip Code State (stendale 85308 Amount of Each Receipt this Period FEC ID number of contributing 200,00 C federal political committee. ✓ Memo Item Name of Employer (for Individual) Occupation (for Individual) Gilead Sciences/ Medicis Executive 3/24 100 Receipt For: Aggregate Year-to-Date Primary General 4/22 100 20000 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

TENNIZED INDEPENDENT EXPENDITORES				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
<u></u>		•		[
Together We Thrive			<u>-</u>	C00522458
Check if 24-hour report 48-hour report	New repo	rt Amends repo	rt filed on	
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
Jaalin Harvey : PPWS		•		04 01 2018
Mailing Address	· · · · · · · · · · · · · · · · · · ·		`	7.9 01 2019
7179 Lake Carlisle Blud			Amou	ınt
City	State	Zip Code		, ,100.00
Orlando	FL	32829	Date	of Disbursement or Obligation
Purpose of Expenditure		Category/	<u> </u>	36 36 2018
DM Awareness Campaign		Туре		
Name of Federal Candidate: Tammy Baldwin		Support Oppose		ht: House District: House State:
Calendar Year-To-Date		~.·-		nt For: Primary X General
Per Election for Office Sought	, ., ., ., .,	50.00		Other (specify)
Full Name of Payee			Item Date	of Public Distribution/Dissemination
. Katie Barnes : PPWS	•			04 01 2018
Mailing Address 7179 Lake Carlisle Blue)		Amou	·
City	State	Zip Code		213.00
orlando	FL	32829	Date	of Disbursement or Obligation
Purpose of Expenditure		Category/	1	66 30 2018
DM Awareness Campaign		Type	'	66 30 2010
Name of Federal Candidate:		X Support	Office Soug	
. Tanny Baldwin		Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	, , , , , ,	50.00	Disburseme	nt For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	······································		▶	343,00
(b) SUBTOTAL of Unitemized Independent Expenditur	es		▶	; ; »
(c) TOTAL Independent Expenditures		· · · · · · · · · · · · · · · · · · ·	•	24,755.00
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Company		. Date	07	14 ZO18
Signature $ u$				•

PAGE 2	OF 68
FOR LINE 24	OF FORM 3X

NA	ME OF COMMITTEE (In Full)		'' 		FEC IDENTIFICATION NUMBER ▼		
	Together We Thrive				C00522458		
Ch	eck if24-hour report48-hour report	X New repo	ort Amends repo	ort filed	on		
	Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination		
	PinPoint WebSolutions	S		1	04 01 20 18		
	Mailing Address				9		
	7179 Lake Cartisle Blud				Amount		
	City	State	Zip Code		, ,6000		
	Orlando	FL	32829		Date of Disbursement or Obligation		
	Purpose of Expenditure		Category/ Type	į	06/36/2018		
	Awareness Campaign	·		اــــا			
	Name of Federal Candidate:		Support	1	e Sought: House District:		
	Tanny Baldwin		Oppose		President X Senate State:		
	Calendar Year-To-Date Per Election for Office Sought	6	150.00	Disbu	ursement For: ; Primary ; ≭ ; General		
		7 7		L	Other (specify) ▶		
٠.	Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination		
	Face book Inc.	ddress			04 01 2018		
	Mailing Address				Amount		
	1 Hacker Way	State	Zip Code		7.00		
	Menlo Park	CA			:		
	Purpose of Expenditure	CH	94025		Date of Disbursement or Obligation		
	Awarness Campaign	Category/ Type			06 30 2018		
	Name of Federal Candidate:		Support	Office	e Sought: House District:		
	Tanny Baldwin		Oppose	1.	President X Senate State:		
	Calendar Year-To-Date				ursement For: Primary X General		
	Per Election for Office Sought	, <i>(</i>	150.00)	Other (specify)		
	<u> </u>	· · · · · · · · · · · · · · · · · · ·		<u> </u>	Color (cpossiy)		
	(a) SUBTOTAL of Itemized Independent Expenditures			. •	607.00		
	•	•		·	, ,00, ,,,=0		
	(b) SUBTOTAL of Unitemized Independent Expenditu	res		. •	5 5 °		
					, , ,		
	(c) TOTAL Independent Expenditures	•••••••••••		▶	24,755.000		
							
	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.						
	$\rho_{\star} \sim$				•		
	Signature		Date	e <i>Ö</i>	7 14 2018		

1 –	WIZED INDEPENDENT EXPENDITORES		•		FOR LINE 24 OF FORM 3X
NAI	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
			•		1
	Together We Thrive				C00522458
Che	eck if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	\$ Property of the second of t
	Full Name of Payee		Memo	Item Dai	te of Public Distribution/Dissemination
	Jaalin Harvey : PPWS				04 01 2018
-	Mailing Address				04 61 2018
	7179 Lake Carlisle Bluc	}		Am	ount .
1	City	State	Zip Code		, 100 00
	Orlando.	FL	32829	Day	te of Disbursement or Obligation
	Purpose of Expenditure		Category/		
	DM Awareness Campaign		Type		00 30 2018
f	Name of Federal Candidate:		X Support	Office So	ught: House District:
	Sherrod Brown		Oppose	i Pre	sident Senate State OH
	Calendar Year-To-Date	0	1	Disbursen	nent For: Primary X General
	Per Election for Office Sought	,	150.00		Other (specify) ▶
	Full Name of Payee		; Memo	Item Da	te of Public Distribution/Dissemination
-	. Katie Barnes : PPWS			•	04 01 2018
Ī	Mailing Address				
	7179 Lake Carlisle Blue	,y		Am	2 36 . 00
ſ	City	State	Zip Code		2 30 - 0
	Orlando	FL	32829	Da	te of Disbursement or Obligation
	Purpose of Expenditure		Category/		06 30 2018
	DM Awareness Campaign		Туре		06 30 20 10
	Name of Federal Candidate:		\sum Support	Office So	ught: House District:
	Sherrod Brown		C Oppose	Pre	sident X Senate State OH
}	Calendar Year-To-Date		95000	Disburser	ment For: Primary 🗴 General
	Per Election for Office Sought	3 ,	150,00		Other (specify) ▶
				•	77/ 60
1	(a) SUBTOTAL of Itemized Independent Expenditures	· · · · · · · · · · · · · · · · · · ·		• •	336.00
	(b) SUBTOTAL of Unitemized Independent Expenditure	res			
	,			•	;
	(c) TOTAL Independent Expenditures			•	24,755.00
_					
	Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	reported herein were committee or agent	not made of either, or	in cooperation, consultation, or concert (if the reporting entity is not a political
	PIM			12 21	
	Signature		Date	07	14 ZO18

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PAGE	4	OF	68
FOR LIN	JF 24	OF F	ORM 3X

FOR LINE 24 OF FORM 3X							
NA	ME OF COMMITTEE (In Full)			•	FEC IDENTIF	ICATION NUMBER *	
	Together We Thrive C00522458						
Ch	eck if24-hour report48-hour report	✓ New report	ort Amends repo	rt filed on			
	Full Name of Payee		Memo	Item Da	te of Public Distril	oution/Dissemination	
	PinPoint WebSolution	S		·	04 0	1 2018	
- {	Mailing Address					. 20.0	
	7179 Lake Carlisle Blud	·		Am	nount	(00.00)	
	City	State	Zip Code		3	,600,00	
	Orlando	FL	32829	Da	te of Disbursemer	nt or Obligation	
	Purpose of Expenditure		Category/		76 2	5 2018	
	Awareness Campaign		Type		υψ <u>5</u> (0 2018	
	Name of Federal Candidate:		Support	Office So	· /	, 1	
	Sherrad Brown	<u>۸</u>	Oppose	Pre	sident VSen	ate State SH	
	Calendar Year-To-Date	0		Disburser	ment For: F	Primary Y General	
	Per Election for Office Sought	, , , , , , ,	50.00		Other (specify)	<u> </u>	
	Full Name of Payee Memo Item			item Da	ite of Public Distri	bution/Dissemination	
į	Face book Inc.				74 4	1 2018	
	Mailing Address						
	1 Hacker Way				nount	14.00	
	City	State	Zip Code				
	Menlo Park	CA	94025		Date of Disbursement or Obligation		
	Purpose of Expenditure		Category/		* / 5	0 2018	
	Awarness Campaign		Туре		00 5	0 20 1 0	
	Name of Federal Candidate:		Support	Office Sc	ought: Hou	se District:	
	Sherrod Brown		Oppose	Pre	esident 🎖 Sen	ate State: 2 H	
	Calendar Year-To-Date	0		Disburse	ment For: F	Primary X General	
	Per Election for Office Sought	* , ,	50.00		Other (specify)	>	
	(a) SUBTOTAL of Itemized Independent Expenditures	·		. ▶	†	614.00	
	<u> </u>						
	(b) SUBTOTAL of Unitemized Independent Expenditu	res	••••••	. •	ĩ	3	
	(c) TOTAL Independent Expenditures	_					
	(0)			•	. 2 -	1,755.000	
	Under penalty of perjury I certify that the independe	ent evnenditures	reported berein were	not made	in cooperation or	angultation or concert	
	with, or at the request or suggestion of, any candida	ate or authorized					
	party committee) any political party committee or its	agent.					
	We M		•				
ı			Date	e 10 7	14 7	2018	

PAGE	5	OF	68	_
FOR L	NF 24	OF F	ORM 3X	

NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Together We T	hrive			C00522458
Check if 24-hour report 48-ho	ur report X New repo	rt Amends repor	t filed on	
Full Name of Payee		: Memo I	tem Date	e of Public Distribution/Dissemination
Jaalin Harvey	PPWS			04 01 2018
Mailing Address				
7179 Lake Carlis	le Blud		Amo	100.00
Orlando	State FL	Zip Code 32829		
Purpose of Expenditure			Date	e of Disbursement or Obligation
DM Awareness C	ampaign	Category/ Type		56 30 2018
Name of Federal Candidate:		Š Support	Office Sou	
Jacky Rose	√	Oppose	Pres	sident State: NV
Calendar Year-To-Date	d	1000	Disbursem	ent For: Primary X General
Per Election for Office Sought	, , ,	50.00		Other (specify) ▶
Full Name of Payee		[]; Memo	Item Dat	e of Public Distribution/Dissemination
. Katie Barnes!	12PWS			04 01 2018
Mailing Address 7179 Lake Carli	sle Blud		Am	ount 243.00
City	State	Zip Code		2.5
orlando	FL	32829	Dat	e of Disbursement or Obligation
Purpose of Expenditure		Category/	— Dai	
DM Awareness Campa	ign	Type		66 30 2018
Name of Federal Candidate:		Support	Office Sou	ught: House District:
Jacky 120se	^	Oppose	Pres	sident Senate State: NV
Calendar Year-To-Date Per Election for Office Sought	, ,	50.00	, President	nent For: Primary X General Other (specify) ▶
				
(a) SUBTOTAL of Itemized Independen	nt Expenditures		▶	. 343.00
	, .		-	, , , , , ,
(b) SUBTOTAL of Uniternized Independent	dent Expenditures	·	>	,
/a) TOTAL Independent Funerality was				,
(c) TOTAL Independent Expenditures .			•	24,755.00
Under penalty of perjury I certify that with, or at the request or suggestion party committee) any political party committee.	of, any candidate or authorized	reported herein were committee or agent of	not made in the state of either, or	n cooperation, consultation, or concert (if the reporting entity is not a political
Can	~	. Date		14 Zo 18
Signature		. Date	0 1	17 2010

PAGE 6 OF 68

					FOR LINE 24 OF TORNI 3X
NA	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
	Together We Thrive				C00522458
Ch	eck if24-hour report48-hour report	X New repo	ort Amends repo	rt filed on	
	Full Name of Payee		Memo	Item Dat	e of Public Distribution/Dissemination
	PinPoint WebSolutions	S		Ì	04 01 2018
Ì	Mailing Address				
Ì	7179 Lake Carlisle Blud			Am	ount
	City	State	Zip Code		, 600.00
	Orlando	FL	32829	Dai	te of Disbursement or Obligation
	Purpose of Expenditure		Category/		00 36 2018
	Awareness Campaign		Туре		00 30 2016
	Name of Federal Candidate:		× Support	Office So	- ''
	Jacky Bosen		Oppose		sident Senate State: 6 H
	Calendar Year-To-Date	c	16	l	nent For: Primary X General
	Per Election for Office Sought	, ,	150.00		Other (specify) ▶
	Full Name of Payee		Memo	Item Da	te of Public Distribution/Dissemination
. 1	Face book Inc.		04 01 2018		
	Mailing Address			۸,,	nount
	1 Hacker Way				7.00
	Menlo Park	State	Zip Code		
		CA	94025	Da	te of Disbursement or Obligation
	Purpose of Expenditure		Category/ Type		06 30 2018
	Awarness Campaign		Туре		
İ	Name of Federal Candidate: Jacky Posen		Support	Office So	· · · · · · · · · · · · · · · · · · ·
	Jacky 12037		Oppose	Pre	
	Calendar Year-To-Date Per Election for Office Sought	, ,	150.00		nent For: Primary X General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	S			607.00
				•	, , , , 00 1.00
	(b) SUBTOTAL of Unitemized Independent Expenditu	res		. •	
					7
	(c) TOTAL Independent Expenditures			•	2 4,755.00
	Under penalty of perjury I certify that the independed with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized			
	Ω , Ω				
	Signature		. Date	e 0 7	14 2018

۱ ۲	INIZED INDEFENDENT EXPENDITURES				FOR LINE 24 OF FORM 3X
NA	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
	il.				
	Together We Thrive				C00522458
Ch	neck if 24-hour report 48-hour report	X New repo	ort Amends repo	rt filed on	
Ţ	Full Name of Payee		Memo	Item Da	ate of Public Distribution/Dissemination
	Jaalin Harvey : PPWS				04 01 2018
1	Mailing Address	1			· I
-	7179 Lake Carlisle Bluc	J		Аг	mount
Ì	City .	State	Zip Code		, , 100.00
	Orlando	FL	32829	D	ate of Disbursement or Obligation
	Purpose of Expenditure		Category/		0 0 30 2018
	DM Awareness Campaign		Туре		00 30 2010
	Name of Federal Candidate:		X Support	Office So	ought: House District:
	Phil Bredesen		Oppose	Pre	esident Senate State: 10
	Calendar Year-To-Date	C	1-2 40		ement For: Primary × General
	Per Election for Office Sought	,	50.00		Other (specify) ▶
	Full Name of Payee		Memo	Item D	ate of Public Distribution/Dissemination
	. Katie Barnes : PPWS				04 01 2018
	Mailing Address	A			
	7179 Lake Carlisle Blue		·		mount 200 . 00
	City	State	Zip Code		= = -
	orlando	FL	32829	D.	ate of Disbursement or Obligation
	Purpose of Expenditure		Category/ Type		66 30 2018
. !	DM Awareness Campaign				
	Name of Federal Candidate: Phil Bredesen		Support Oppose	r	resident Senate State: 1
	Calendar Year-To-Date				ement For: Primary \(\sum_{\text{General}}\) General
	Per Election for Office Sought	· · · · · ·	750.00	Discussion	Other (specify)
		· · · · · · · · · · · · · · · · · · ·		<u>1</u>	· Calci (opcony)
	(a) SUBTOTAL of Itemized Independent Expenditures	\$. b	300,00
		•			
	(b) SUBTOTAL of Unitemized Independent Expenditu	res		. •	; ; ·
	(c) TOTAL Independent Expenditures			· •	24,755.00
	Under penalty of perjury I certify that the independed with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
	an		Date	e 07	' 14 Zó18
	Signature		Date		19 2010

PAGE	8	OF	69	3
FOR LI	NE 24	OF F	ORN	// 3X

	•		FOR LINE 24 OF FORM 3X					
NA	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼			
	Together We Thrive				C 00522458			
Ch	eck if 24-hour report 48-hour report	✓ New rep	ort Amends repo	rt filed on				
	Full Name of Payee		Memo	Item C	Date of Public Distribution/Dissemination			
j	PinPoint WebSolution	S			04 01 2018			
	Mailing Address		09 01 28 18					
	7179 Lake Carlisle Blud	Α Α	Amount					
	City	State	Zip Code		, 125.00			
	Orlando	FL	32829		Date of Disbursement or Obligation			
	Purpose of Expenditure	L <u>.</u> ,	Category/		~			
	Awareness Campaign		Туре		00/36/2018			
	Name of Federal Candidate:		Support	Office S	Sought: House District:			
	Phil Bredsen		Oppose	ПР	resident State: TN			
	Calendar Year-To-Date		2 –	Disburs	ement For: Primary X General			
	Per Election for Office Sought	1 1	150.00		Other (specify) ▶			
	Full Name of Payee		Memo	item [Date of Public Distribution/Dissemination			
	Facebook Inc				04 01 2018			
	Mailing Address	·			•			
	1 Hacker Way			'	Amount 2.5.00			
		State	Zip Code		25.00			
	Menlo Park	CA	94025	c	Date of Disbursement or Obligation			
	Purpose of Expenditure		Category/		06 30 2018			
	Awarness Campaign		Туре					
	Name of Federal Candidate:		Support		Sought: House District:			
	Phil Bredsen		Oppose	, P	President Senate State: 1			
	Calendar Year-To-Date	(9 = 0 00		ement For: Primary K General			
	Per Election for Office Sought	?	950.00		Other (specify) ▶			
	(a) SUBTOTAL of Itemized Independent Expenditures)		. ▶	, 150.00			
	(b) SUBTOTAL of Uniternized Independent Expenditu	rae .						
	(b) 000101AE of Officeringes independent Experient		••••••	. •	j ,			
	(c) TOTAL Independent Expenditures			· •	24,755.000			
					2 1, 793,000			
	Under penalty of perjury I certify that the independe	ent expenditures	s reported herein were	not mad	le in cooperation, consultation, or concert			
	with, or at the request or suggestion of, any candida	ate or authorize						
	party committee) any political party committee or its	ayent.						
	101 - 1 h		·	· <u>:</u>				
	Signature		Date	9 0 7	1 14 2018			

	FOR LINE 24 OF FORM 3X		
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
Together We Thrive	C00522458		
Check if 24-hour report 48-hour report 7 New report Amends report filed	on		
Full Name of Payee Memo Item	Date of Public Distribution/Dissemination		
Jaalin Harvey: PPWS	04 01 2018		
Mailing Address			
7179 Lake Carlisle Blud	Amount		
City State Zip Code	, ,100-,00		
Orlando FL 32829	Date of Disbursement or Obligation		
Purpose of Expenditure Category/	1		
DM Awareness Campaign Type	0 6 30 2018		
Name of Federal Candidate: Y Support Office	e Sought: House District:		
Joe Donnelly Oppose	President Senate State: 1N		
Calendar Year-To-Date Disb	ursement For: Primary X General		
Per Election for Office Sought , 950 00	☐ Other (specify) ►		
Full Name of Payee , Memo Item	Date of Public Distribution/Dissemination		
. Katie Barnes! PPWS	04 01 2018		
Mailing Address			
7179 Lake Carlisle Blud	Amount		
City State Zip Code	200.00		
Orlando FL 32829	Date of Disbursement or Obligation		
Purpose of Expenditure Category/			
DM Awareness Campaign Type	06 30 2018		
	ce Sought: House District:		
Joe Donnelly Doppose	President State: 1N		
Calendar Year-To-Date Disb	oursement For: Primary K General		
Per Election for Office Sought , 950.00	Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures	300,00		
	, , , , , , , , , , , , , , , , , , , ,		
(b) SUBTOTAL of Unitemized Independent Expenditures	5 . 3		
(c) TOTAL Independent Expenditures	24,755.00		
Under penalty of perjury I certify that the independent expenditures reported herein were not n			
with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	er, or the neporting entity is not a political		
$Q \downarrow Q \downarrow$			
Date (7 14 ZO18		
Signature			

PAGE 10 OF 68
FOR LINE 24 OF FORM 3X

NΑ	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
	Together We Thrive				000522458	
Ch	neck if24-hour report48-hour report	× New repo	ort Amends repo	rt filed	on	
	Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination	
	PinPoint WebSolutions	S			04 01 2018	
	Mailing Address				09 01 28 18	
	7179 Lake Carlisle Blud				Amount	
	City	State	Zip Code		, 125.00	
	Orlando	FL	32829		Date of Disbursement or Obligation	
	Purpose of Expenditure		Category/			
	Awareness Campaign		Туре		00/36/2018	
	Name of Federal Candidate:		X Support	Office	Sought: House District:	
	Joe Donnelly		Oppose		President X Senate State: 1	
	Calendar Year-To-Date		2 -		rsement For: Primary General	
٠.	Per Election for Office Sought	, ,	950,00		Other (specify) ▶	
	Full Name of Payee Memo Item				Date of Public Distribution/Dissemination	
	Face book Inc.					
	Mailing Address				04 01 2018	
	1 Hacker Way			İ	Amount	
	1 Hacker Way	State	Zip Code		25.00	
	Menlo Park	CA	94025			
	Purpose of Expenditure		Category/		Date of Disbursement or Obligation	
	Awarness Campaign		Type		06 30 2018	
	Name of Federal Candidate:		 ∴ Support	Office	e Sought: House District:	
	Joe Donnelly		Oppose	·	President State: 10	
		.		-	ursement For: Primary General.	
	Calendar Year-To-Date Per Election for Office Sought	, ,	750.00	Disbo	Other (specify) >	
_					· · · Other (specify)	
	(a) SUBTOTAL of Itemized Independent Expenditures	***************************************			150.00	
		•			, , , ,	
	(b) SUBTOTAL of Unitemized Independent Expenditure	res		. •		
7 9 " .						
	(c) TOTAL Independent Expenditures		······································	· •	24,755.00	
_		· · · · · · · · · · · · · · · · · · ·				
	Under penalty of perjury I certify that the independe	ent expenditures	reported herein were	not m	ade in cooperation, consultation, or concert	
	with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized				
	party committee of its	agent.				
	101 - M		·	•		
	Signature		_ Date	e <i>O</i>	7 14 2018	

Signature

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES	•	
TEMIZED INDEPENDENT EXPENDITORES		PAGE 11 OF 68 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Together We Thrive		C00522458
logether we I have		772130
Check if 24-hour report 48-hour report X New	report Amends report	t filed on
Full Name of Payee Laglin Harvey: PPWS	Memo II	
Mailing Address		04 01 2018
7179 Lake Carlisle Blud	•	Amount
City . State	Zip Code	, 100.00
Orlando FL	32829	Date of Disbursement or Obligation
Purpose of Expenditure	Category/	06/30/2018
DM Awareness Campaign	Туре	00 30 2018
Name of Federal Candidate:	Support	Office Sought: House District:
Claire McCaskill	Oppose	President State: MO
Calendar Year-To-Date Per Election for Office Sought	.950. 60	Disbursement For: Primary ➤ General Other (specify) ➤
Full Name of Payee	, Memo I	Item Date of Public Distribution/Dissemination
Katie Barnes: PPWS		04 01 2018
Mailing Address		
7179 Lake Carlisle Blud	·	Amount
City	Zip Code	200.00
Orlando FL	32829	Date of Disbursement or Obligation
Purpose of Expenditure	Category/	06 30 2018
DM Awareness Campaign	Туре	00 30 00.0
Name of Federal Candidate: Claire McCaskill	Support Oppose	Office Sought: House District: President Senate State:
Calendar Year-To-Date	0 -	Disbursement For: Primary General
Per Election for Office Sought	,950.00	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		. , 300 . 00
(b) SUBTOTAL of Uniternized Independent Expenditures		_
		5 3
(c) TOTAL Independent Expenditures		24,755.00
Under penalty of perjury I certify that the independent expendit with, or at the request or suggestion of, any candidate or autho party committee) any political party committee or its agent.	ures reported herein were rized committee or agent o	not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Signature	Date	07 14 2018

PAGE 12 OF 68 FOR LINE 24 OF FORM 3X

NA	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
Together We Thrive C00522458						
Ch	eck if24-hour report48-hour report	X New repo	rt Amends repo	ort filed o	on .	
	Full Name of Payee		:: Memo	Item	Date of Public Distribution/Dissemination	
	PinPoint WebSolutions	Š		1	04 01 2018	
	Mailing Address				09 01 2018	
	7179 Lake Carlisle Blud				Amount	
	City	State	Zip Code		, 125.00	
	Orlando	FL	32829		Date of Disbursement or Obligation	
	Purpose of Expenditure		Category/		·	
	Awareness Campaign		Туре		00/30/2018	
	Name of Federal Candidate:		Support	Office	Sought: House District:	
	Claire Mc Caskill		Oppose		President Senate State: Mo	
	Calendar Year-To-Date		***	Disbu	rsement For: Primary Ceneral	
	Per Election for Office Sought	, ,	v		Other (specify) ▶	
	Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination	
. :	Facebook Inc				04 01 2018	
	Mailing Address				09 01 2018	
	1 Hacker Way				Amount	
	i City	State	Zip Code		25.00	
	Menlo Park	CA	94025		Date of Disbursement or Obligation	
	Purpose of Expenditure	<u></u>	Category/		06 30 2018	
	Awarness Campaign		Type		06 30 2018	
	Name of Federal Candidate:		; X Support	Office	Sought: House District:	
	Claire Mc Caskill		Oppose	 	President XSenate State: MO	
	Calendar Year-To-Date	,		Disbu	rsement For: Primary 🔀 General	
	Per Election for Office Sought	ş •	s		Other (specify) ▶	
	(a) SUBTOTAL of Itemized Independent Expenditures			. •	. ,150,00	
					, , , , , , , , , , , , , , , , , , ,	
	(b) SUBTOTAL of Unitemized Independent Expenditur	es	•••••••••••	. •		
(c) TOTAL Independent Expenditures 2 4 , 755.0 C						
-					· · · · · · · · · · · · · · · · · · ·	
	Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida					
	party committee) any political party committee or its		committee or agent	or onne	, or the reporting entity to not a political	
	Ω					
			•			
ļ	(de/p		Date	 e 🗥	7 14 2018	

TEMIZED INDEPENDENT EXPENDITURES				PAGE 13 OF 68 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ♥
Treather W. This				C00522458
Together We Thrive				
Check if 24-hour report 48-hour report	✓ New report	ort Amends repo	rt filed on	
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
Jaalin Harvey : PPWS	···			04 01 2018
Mailing Address			Amou	_ , _
7179 Lake Carlisle Blue		Zia Cada		75.00
City Orlando	State FL	Zip Code		, , , , , , , , , , , , , , , , , , , ,
Purpose of Expenditure	, —	32829	Date	of Disbursement or Obligation
DM Awareness Campaign		Category/ Type		5 6 3 6 20 18
Name of Federal Candidate:	<u> </u>	X Support	Office Soug	ht: House District:
Kyrgten Sinena		Oppose	-	dent Senate State: 47
Calendar Year-To-Date	_	7.3.4.5	Disburseme	nt For: Primary 🔀 General
Per Election for Office Sought	,	700,00		Other (specify) ▶
Full Name of Payee		. ; Memo	Item Date	of Public Distribution/Dissemination
. Katie Barnes! PPWS	· · · · · · · · · · · · · · · · · · ·			04 01 2018
Mailing Address 7179 Lake Carlisle Blue	§		Amor	•
	,	7:- 0-4-		75.00
City	State	Zip Code 32829		
Purpose of Expenditure	1 -			of Disbursement or Obligation
DM Awareness Campaign		Category/ Type		66 30 2018
Name of Federal Candidate:	· 	Support اعرا	Office Soug	·
		Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	, , 7	00,00		ont For: Primary ★ General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		••••••	· •	,150.00
(b) CURTOTAL of Unitarying Industry Company				
(b) SUBTOTAL of Unitemized Independent Expenditur	es	•••••••••••••••••••••••••••••••••••••••	· >	₹
(c) TOTAL Independent Expenditures			• •	24,755.00
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized	reported herein were committee or agent	not made in of either, or (i	if the reporting entity is not a political
Signature		Date	· 07	14 2018

PAGE	14	OF	68	_
FOR L	NF 24	OF F	ORM 3X	

N/	AME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
	Together We Thrive				C00522458
Cŀ	neck if24-hour report48-hour report	★ New report	ort Amends repo	ort filed	on ::
	Full Name of Payee		: Memo	Item	Date of Public Distribution/Dissemination
	PinPoint WebSolutions	S			04 01 2018
	Mailing Address				9
	7179 Lake Carlisle Blud				Amount
	City	State	Zip Code		, 500,00
	Orlando	FL.	32829		Date of Disbursement or Obligation
	Purpose of Expenditure Awareness Campaign		Category/ Type		00 36 ZOV8
	Name of Federal Candidate:		> Support	Office	Sought: House District:
	Kyrsten Sinema		Oppose		President State: 4Z
	Calendar Year-To-Date			Disbu	rsement For: Primary X General
٠.	Per Election for Office Sought	, ,	00:00		Other (specify) ▶
	Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination
•	Facebook Inc				04 01 2018
	Mailing Address				Amount
	1 Hacker Way				Amount
	City	State	Zip Code	_	50,∞
	Menlo Park	CA	94025		Date of Disbursement or Obligation
	Purpose of Expenditure		Category/		06 30 2018
	Awarness Campaign		Туре		06 30 2010
	Name of Federal Candidate:		> Support	Office	Sought: House District:
	Kyrsten Sinema		Oppose		President State: AZ
	Calendar Year-To-Date	_	7	Disbu	ursement For: Primary 🔀 General
_	Per Election for Office Sought		700.00		Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures			· •	, 550.00
-	(b) SUBTOTAL of Unitemized Independent Expenditu	res		. •	. 7 5 2
	(c) TOTAL Independent Expenditures			. •	24,755.000
	Under penalty of perjury I certify that the independed with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized	reported herein were committee or agent	not m	ade in cooperation, consultation, or concert er, or (if the reporting entity is not a political
	Signature		Date	e Ø	7 14 2018

PAGE	15	OF	68	3
FOR I	INE 24	OF F	ORM	зх

· · · · · · · · · · · · · · · · · · ·				FOR LINE 24 OF FUNIVI 3X			
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼			
Together We Thrive				C00522458			
Check if 24-hour report 48-hour report	7 New repo	ort Amends repo	rt filed on	. So that the expression of the second section is the second second section of the second second section is $(x,y) \in \mathbb{R}^{n\times n}$			
Full Name of Payee		Memo	Item Da	te of Public Distribution/Dissemination			
Jaalin Harvey : PPWS				04 01 2018			
Mailing Address 7179 Lake Carlisle Blud			Am	nount			
		Zin Code		1700			
City Orlando	State FL	Zip Code 32829		, ,125 ∞			
Purpose of Expenditure			Da	te of Disbursement or Obligation			
DM Awareness Campaign		Category/ Type		06 30 2018			
Name of Federal Candidate:	 	Y Support	Office So	ught: House District:			
Bill Nelson		Oppose		sident Senate State: FL			
Calendar Year-To-Date	a		Disburser	ment For: Primary X General			
Per Election for Office Sought	<u>, .9</u>	50.00		Other (specify) ▶			
Full Name of Payee		, Memo	Item Da	te of Public Distribution/Dissemination			
. Katie Barnes: PPWS				04 01 2018			
Mailing Address				,			
7179 Lake Carlisle Blud			An	nount			
City	State	Zip Code		125.00			
Orlando	FL	32829	Da	ate of Disbursement or Obligation			
Purpose of Expenditure		Category/		66 30 2018			
DM Awareness Campaign		Туре		06 30 20 10			
Name of Federal Candidate:		🔀 Support	Office Sc				
Bill Nelson		Oppose	Pre	esident Senate State: +L			
Calendar Year-To-Date	(3 - 4 00	Disbursei	ment For: Primary Keneral			
Per Election for Office Sought	3 5	150.00		Other (specify)			
(a) SUBTOTAL of Itemized Independent Expenditures			. ▶	, 250.00			
(b) CURTOTAL of University of Indiana, and a financial			•	•			
(b) SUBTOTAL of Unitemized Independent Expenditure	es	••••••	· •	7 g v			
(c) TOTAL Independent Expenditures				3 1 7 F F			
.'				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.							
1 /1/ /M		D-4		14 2018			
Signature		. Date	* <i>U </i>	19 2018			

PAGE 16 OF 68
FOR LINE 24 OF FORM 3X

	WE OF COMMITTEE " 5 "	<u> </u>			TON EINE 24 OF TOTAL OX
NA NA	AME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
	Together We Thrive				C00522458
Cr	neck if24-hour report48-hour report	γ New repo	ort Amends repo	rt filed o	on
!	Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination
	PinPoint WebSolutions	2			04 01 2018
	Mailing Address				
	7179 Lake Carlisle Blud				Amount
	City	State	Zip Code		, , 175.00
	Orlando	FL	32829		Date of Disbursement or Obligation
	Purpose of Expenditure		Category/	İ	00/30/2018
	Awareness Campaign		Туре		<u> </u>
	Name of Federal Candidate:		Support		Sought: House District:
	Bill Nelson		Oppose		President Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought			ļ	sement For: Primary 🗡 General
•		7 7		'	Other (specify) ▶
	Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination
	Face book Inc.				04 01 2018
	Mailing Address				Amount
	1 Hacker Way	State	Zip Code		25.00
	Menlo Park	CA	94025		
	Purpose of Expenditure		Càtegory/		Date of Disbursement or Obligation
	Awarness Campaign		Type	}	06 30 2018
	Name of Federal Candidate:		✓ Support	Office	Sought: House District:
	Bill Nelson		Oppose	,	President X Senate State: EC
	Calendar Year-To-Date			Disbur	rsement For: Primary X General
_	Per Election for Office Sought	5	6		Other (specify) ▶
					_
	(a) SUBTOTAL of Itemized Independent Expenditures	······································		• ▶ ,	, , , , , 200,00
	(b) SUBTOTAL of Unitemized Independent Expenditu	res			
'	(2, 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				5 <u>5</u> .
	(c) TOTAL Independent Expenditures			· •	24,755.00
_					2 (, , , , , , , , , , , , , , , , , , ,
	Under penalty of perjury I certify that the independent				
	with, or at the request or suggestion of, any candidaparty committee) any political party committee or its		d committee or agent	of either	, or (if the reporting entity is not a political
ĺ		.			
1	100 / N		_ Date	 • 🗥	7 14 2018
	Signature		_ Date	e O	1 17 2010

Together We Thrive

48-hour report

NAME OF COMMITTEE (In Full)

Check if 24-hour report

Signature

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	FEC	IDEN	TIFIC	ATIO	וטא א	MBEI	3 ₹
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Date							1
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Sougi	nt:		House	C	District:	-	
Presid rsemer	ent	X	Senate	e	State	W	<u> </u>
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					Dissem	inatio	on.
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Date	of Dis				bligatio		
	56	,	3 <i>ö</i>		ZŎ	Ť	8
Soug	ht:		House	. [District	:	
Presid	ent	×	Senate	e	State		<u>ν</u> _
rseme				nary	X	Ger	neral
	Other	(spec	ify) ▶				 -

Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination
Jaalin Harvey : PPWS	•			04 01 2018
Mailing Address				09 01 2018
7179 Lake Carlisle Blue	d			Amount
City	State	Zip Code		, , 5.00
Orlando	FL	32829		Date of Disbursement or Obligation
Purpose of Expenditure	<u>. </u>	Category/		
DM Awareness Campaign		Туре		0030 2018
Name of Federal Candidate:		⋉ Support	Offic	e Sought: House District:
Joe Manchin		Oppose		President X Senate State: WV
Calendar Year-To-Date		?! .	Disb	ursement For: Primary X General
Per Election for Office Sought	, .	150.00		Other (specify)
Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination
. Katie Barnes! PPWS				04 01 2018
Mailing Address	1			
7179 Lake Carlisle Blue	්	•		Amount
City .	State	Zip Code		170.00
orlando	FL	32829		Date of Disbursement or Obligation
Purpose of Expenditure		Category/]
DM Awareness Campaign	•	Туре		06 30 2018
Name of Federal Candidate:		Support	Offic	e Sought: House District:
Joe Manchin		Oppose	r=	President X Senate State: WV
Calendar Year-To-Date			Disb	ursement For: Primary Z General
Per Election for Office Sought	, ,	150.00		Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	s		. •	, 125.00
				, ,, - ,
(b) SUBTOTAL of Unitemized Independent Expenditu	Jres		. ▶	3 5
(c) TOTAL Independent Expenditures				
(c) 101AE muependent Expenditures			▶	24,755.00
Under penalty of perjury I certify that the independ	ent expenditures	reported herein were	not in	nade in conneration, consultation, or concert
with, or at the request or suggestion of, any candid	late or authorized			

X New report

Amends report filed on

Date 07

PAGE 18 OF 68
FOR LINE 24 OF FORM 3X

NA	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
	Together We Thrive				000522458	
Ch	neck if24-hour report48-hour report	★ New report	ort Amends repo	ort filed	on	
	Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination	
	PinPoint WebSolutions	S		}	04 01 2018	
	Mailing Address				9	
	7179 Lake Carlisle Blud				Amount	
	City	State	Zip Code		,300.00	
	Orlando	FL	32829		Date of Disbursement or Obligation	
	Purpose of Expenditure		Category/		00/30/2018	
	Awareness Campaign		Туре		06 36 2018	
	Name of Federal Candidate:		Support	Office	Sought: House District:	
	Joe Manchin		Oppose		President State: WV	
	Calendar Year-To-Date				bursement For: Primary X General	
	Per Election for Office Sought	, ,	50.00		Other (specify) ▶	
	Full Name of Payee		_ Memo	Item	Date of Public Distribution/Dissemination	
	Facebook Inc.				04 01 2018	
	Mailing Address		,	•	9	
	1 Hacker Way				Amount	
	City	State	Zip Code		25.00	
	Menlo Park	CA	94025		Date of Disbursement or Obligation	
	Purpose of Expenditure		Category/		06 30 2018	
	Awarness Campaign		Type		06 30 2019	
	Name of Federal Candidate:		[Support	Office	Sought: House District:	
	Joe Manchin		Oppose	-	President State: WV	
	Calendar Year-To-Date			Disbu	ursement For: Primary General	
	Per Election for Office Sought	, , , ,	150.00		Other (specify) ▶	
	(a) SUBTOTAL of Itemized Independent Expenditures			▶	. 325.00	
	w [*]					
	(b) SUBTOTAL of Unitemized Independent Expenditure	res		·· •	. 7 3	
	(c) TOTAL Independent Expenditures					
	(b) TOTAL independent Expenditures	•••••		·· >	24,755.00	
-						
	Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida	ent expenditures ate or authorized	reported herein were I committee or agent	of eithe	ade in cooperation, consultation, or concert er, or (if the reporting entity is not a political	
	party committee) any political party committee or its		•			
	(A) (A)			-		
	Signature	. ,,,	Date	e <i>O</i>	7 14 2018	

PAGE	19	OF	- 6	8
FOR L	INE 2	24 OF	FOR	м зх

				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Together We Thrive				C00522458
Check if 24-hour report 48-hour report	X New repo	ort Amends repo	ort filed on	
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
Jaalin Harvey : PPWS		04 01 2018		
Mailing Address 7179 Lake Carlisle Blue	Amo	unt		
City	State	Zip Code		, ,150.00
Orlando	FL	32829	Date	of Disbursement or Obligation
Purpose of Expenditure DM Awareness Campaign		Category/ Type		0 6 30 2018
Name of Federal Candidate:		Support	Office Sour	ght: House District:
Heid: Heitkamp		Oppose	i	dent Senate State: MD
Calendar Year-To-Date), <u></u>	Disburseme	ent For: Primary X General
Per Election for Office Sought	, ,	150.00		Other (specify) ▶
Full Name of Payee		🧦 Memo	Item Date	of Public Distribution/Dissemination
Katie Barnes! PAWS		04 01 2018		
Mailing Address 7179 Lake Carlisle Blvd				ount .
City	State	Zip Code		225.00
orlando	FL	32829	Date	e of Disbursement or Obligation
Purpose of Expenditure DM Awareness Campaign		Category/ Type		06 30 2018
Name of Federal Candidate:		× Support	Office Sou	
Heidi Heitkamp		C ' Oppose	Presi	ident Y Senate State: 10
Calendar Year-To-Date Per Election for Office Sought		950.00	p. =y	ent For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	S		•	375.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		· •	3 3 ' *'
(c) TOTAL Independent Expenditures			• •	24,755.00
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Signature		Date	e 07	14 ZO18

					FOR LINE 24 OF FORM 3X
NA	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
	Together We Thrive				C00522458
Çh	eck if 24-hour report 48-hour report	X New repo	ort Amends repo	ort filed on	
	Full Name of Payee		Memo	Item Da	te of Public Distribution/Dissemination
	PinPoint WebSolutions	S			04 01 2018
	Mailing Address				9
Ì	7179 Lake Carlisle Blud			Am	ount
	City	State	Zip Code		, , , loo .oo
	Orlando	FL	32829	Da	te of Disbursement or Obligation
	Purpose of Expenditure		Category/		00 30 2018
	Awareness Campaign		Type		00 30 2018
	Name of Federal Candidate:		Support	Office So	
	Heidi Heitkamp		Oppose	Pre	sident Senate State ND
	Calendar Year-To-Date	a	50.00	i	nent For: Primary General
	Per Election for Office Sought	, , , , ,	50,00		Other (specify) ▶
	Full Name of Payee		Memo	Item Da	te of Public Distribution/Dissemination
.]	Face book Inc				04 01 2018
	Mailing Address				•
	1 Hacker Way	- Way			nount
	City	State	Zip Code	-	10.00
	Menlo Park	CA	94025	Da	te of Disbursement or Obligation
	Purpose of Expenditure		Category/ Type	j	06 30 2018
	Awarness Campaign		Туре		
	Name of Federal Candidate:		Support	Office So	
	Heidi Heitkamp		Oppose	Pre	
	Calendar Year-To-Date Per Election for Office Sought	0	150.00	!	ment For: Primary General
	Fel Election for Office Sought	,		<u> </u>	Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures	i		·· •	60.011
	(b) SUBTOTAL of Uniternized Independent Expenditu	roc .		_	
	(b) 555 15 TAL OI GIMEIMZEG INGEPENDENT EXPENDITOR	163	***************************************	·· Þ	7 7
	(c) TOTAL Independent Expenditures			•	2 H 765 60/
					24,755.00
	Under penalty of perjury I certify that the independe	ent expenditures	reported herein were	not made	in cooperation, consultation, or concert
	with, or at the request or suggestion of, any candida	ate or authorized			
	party committee) any political party committee or its	agent.			•
	101 / W		·	· <u>.</u> a	
	Signature		Date	e 07	14 2018

PAGE 21 OF 68 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ♥
Together We Thrive				C00522458
Check if 24-hour report 48-hour report	✓ New report	ort Amends repo	rt filed on	
Full Name of Payee Laglin Harvey: PPWS		Memo	Item Dat	te of Public Distribution/Dissemination
Mailing Address				04 01 2018
7179 Lake Carlisle Bluc	}		Am	ount
City	State	Zip Code		,100.00
Orlando	FL	32829	Dai	te of Disbursement or Obligation
Purpose of Expenditure DM Awareness Campaign		Category/ Type		ÖÖ' 3° ZÖİĞ
Name of Federal Candidate:		Support	Office So	ught: House District:
Beto O'Rourke		Oppose	Pre	sident Y Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	,	750.00		nent For: Primary X General Other (specify)
Full Name of Payee	 -	: Memo		te of Public Distribution/Dissemination
. Katie Barnes : PPWS				04 01 2018
Mailing Address 7179 Lake Carlisle Blue	J		Am	nount
City .	State	Zip Code		775,00
Orlando	FL	32829	Da	te of Disbursement or Obligation
Purpose of Expenditure		Category/		
DM Awareness Campaign		Type		06 30 2018
Name of Federal Candidate: Beto 0' Rourke		Support Oppose	Office So	
Calendar Year-To-Date			Disburser	ment For: Primary > General
Per Election for Office Sought	, ,	150.00	,	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures			. ▶	, 325.00
(b) SUBTOTAL of Unitemized Independent Expenditure	res		. ▶	7
(c) TOTAL Independent Expenditures			• •	24,755.00
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized		of either, or	

PAGE 7.2 OF 68
FOR LINE 24 OF FORM 3X

	FOR LINE 24 OF FORM 3X					
NA	NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼					
	Together We Thrive C00522458					
Check if24-hour report48-hour report New report Amends report filed on						
	Full Name of Payee Memo Item			Item Da	Date of Public Distribution/Dissemination	
	PinPoint WebSolutions		04 01 2	7018		
	Mailing Address					
	7179 Lake Cadisle Blud	Am	ount			
	City	State	Zip Code		., , , , , , , , , , , ,	00.00
	Orlando	FL	32829	Da	te of Disbursement or Obli	gation
	Purpose of Expenditure		Category/ Type		00 36 2	
į	Awareness Campaign Name of Federal Candidate:		1			
	Beto O'Rourke		Support Oppose	Office So	ught: House Dis sident X Senate S	State: 1
	Calendar Year-To-Date				nent For: Primary	
	Per Election for Office Sought	, ,	,950.00		Other (specify) ▶	
	Full Name of Payee	Full Name of Payee Memo Item			te of Public Distribution/Dis	ssemination
. 1	Face book Inc				04 01	2018
	Mailing Address				nount	
	1 Hacker Way				lount	
	City	State	Zip Code		:	25.00
	Menlo Park	CA	94025	Da	Date of Disbursement or Obligation	
	Purpose of Expenditure		Category/		06 30 2018	
	Awarness Campaign		Туре		30 30 3	
	Name of Federal Candidate:		Support Oppose	Office So	ught: 📋 House Di	strict:
	Beto O'Rarke	Oppose			sident Senate S	State: TX
	Calendar Year-To-Date Per Election for Office Sought	ş •	950.00	·	ment For: Primary	★ General
_	<u> </u>	*			Other (specify) ▶	
	(a) SUBTOTAL of Itemized Independent Expenditures				. 17	~ ^d
]	(a) SOUTOTAL OF REMIZED INDEPENDENT EXPENDITURES		·· •	, , , , , , , , , , , , , , , , , , , ,	5.00	
	(b) SUBTOTAL of Unitemized Independent Expenditur	'es		🌭		
					5 5	• .
	(c) TOTAL Independent Expenditures		·····	·· •	24,79	55.00
						
	Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida					
	party committee) any political party committee or its	are reperang entity to t	a political			
	$\rho_{\star} \sim$					
	CC / Y		Date	e 07	14 201	8
1	Signature / I				, - '	_

	CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITURES		•		PAGE 23 OF 68		
	MILES MOLI LINGENT EX ENDITORIES				FOR LINE 24 OF FORM 3X		
NΑ	NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ♥		
	Tradition West 10				C00522458		
	logether We Thrive	<u>-</u> -					
Ch	neck if 24-hour report 48-hour report	χ New repo	ort Amends repo	rt filed	on St. St. St. St. St. St. St. St. St. St.		
	Ill Name of Payee Memo Item			Date of Public Distribution/Dissemination			
	Jaalin Harvey : PPWS			04.01 2018			
	Mailing Address						
	7179 Lake Carlisle Blud				Amount		
	City	State	Zip Code	1	, 100,00		
	Orlando	FL	32829		Date of Disbursement or Obligation		
	Purpose of Expenditure		Category/		0 0 30 2018		
	DM Awareness Campaigu	\	Туре		0 0 30 20 10		
	Name of Federal Candidate:		Support		Sought: House District:		
	Jon Tester		Oppose	i i	President Senate State: MT		
	Calendar Year-To-Date	6	250	Disbu	rsement For: Primary General		
	Per Election for Office Sought	,	150.00	<u> </u>	Other (specify) ▶		
	Full Name of Payee , Memo Item			Date of Public Distribution/Dissemination			
	Katie Barnes: PPWS				04 01 2018		
	Mailing Address				Amount		
	7179 Lake Carlisle Blud				25.00		
	City	State	Zip Code		23 33		
	Orlando	FL	32829		Date of Disbursement or Obligation		
	Purpose of Expenditure		Category/		86 30 2018		
•	DM Awareness Campaign	·	Туре	,			
	Name of Federal Candidate:		X Support	Office	e Sought: House District:		
	Jon Tester		Oppose		President Senate State:		
	Calendar Year-To-Date	. (Disbu	ursement For: Primary General		
_	Per Election for Office Sought	3 5	150.00		Other (specify) ▶		
					•		
	(a) SUBTOTAL of Itemized Independent Expenditure	s		. ▶	, 125.00		
	(b) SUBTOTAL of Unitermized Independent Expendit	ures	••••••	· >	\$ \$		
	(c) TOTAL Independent Expenditures				7 - 7		
	(,, -				24,755.00		
	Under people of position I position that the independent	lant avanaditura					
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	e <i>0</i>	7 14 2018		

PAGE 24 OF 68 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼							
	Together We Thrive C.00522458						
Ch	eck if24-hour report48-hour report	₹ New repo	rt Amends repo	rt filed o	on .		
	Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination		
	PinPoint WebSolutions						
}	Mailing Address		04 01 2018				
	7179 Lake Cartisle Blud		Amount				
}	City	State Zip Code			300,00		
	Orlando	FL	32829		Date of Disbursement or Obligation		
ŀ	Purpose of Expenditure		Category/		_		
	Awareness Campaign		Type		00 36 2018		
	Name of Federal Candidate:		> Support	Office	e Sought: House District:		
	Jon Tester		Oppose		President X Senate State: MT		
Ī	Calendar Year-To-Date			Disbur	sbursement For: Primary Ceneral		
	Per Election for Office Sought	, , ,	1.50.00		Other (specify)		
	Full Name of Payee Memo Item			Item	Date of Public Distribution/Dissemination		
	Face book Inc.				04 01 2018		
	Mailing Address	Amount					
	1 Hacker Way		25.00				
	· · · · · · · · · · · · · · · · · · ·	State	Zip Code 94025		20.00		
	Menlo Park	CA			Date of Disbursement or Obligation		
	Purpose of Expenditure Category/				06 30 2018		
	Awaress Campaign Type				00 30 20 2		
	Name of Federal Candidate:		Support	Office	ce Sought: House District:		
	Jon Tester Doppose			[President Senate State:		
	Calendar Year-To-Date			Disbui	isbursement For: Primary K General		
	Per Election for Office Sought	, , , 9	50.00		Other (specify) ▶		
					,		
(a) SUBTOTAL of Itemized Independent Expenditures							
(b) SUBTOTAL of Unitemized Independent Expenditures							
	(0) 002.0 0	. •	7 3				
	(c) TOTAL Independent Expenditures			. •	24,755.000		
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	e 0	7 14 2018		

PAGE 7.5 OF 68
FOR LINE 24 OF FORM 3X

			FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ♥
Together We Thrive			C00522458
Check if 24-hour report 48-hour report	∠ New report	ort Amends repo	ort filed on
Full Name of Payee		Memo	Item Date of Public Distribution/Dissemination
Jaalin Harvey : PPWS			04 01 2018
Mailing Address			Amount
7179 Lake Carlisle Blud			
City	State FL	Zip Code	, , , , , , , , , , , , , , , , , , , ,
Orlando Burness et Expanditura	1 L	32829	Date of Disbursement or Obligation
Purpose of Expenditure DM Awareness Campaign	_	Category/ Type	00'30'20'8
Name of Federal Candidate: Steve Sisolal		Support Oppose	Office Sought: House District: President Senate State:
Calendar Year-To-Date Per Election for Office Sought	, ,	150.00	Disbursement For: Primary ➤ General Other (specify) ▶
Full Name of Payee	*	; Memo	·
Katie Barnes : PPWS			04 01 2018
Mailing Address 7179 Lake Carlisle Blud)		Amount
City	State	Zip Code	150.00
orlando	FL	32829	Date of Disbursement or Obligation
Purpose of Expenditure DM Awareness Campaign		Category/ Type	66 30 2018
Name of Federal Candidate:		Support	Office Sought: House District:
Steve Sisolak		Oppose	Office Sought: House District: 15 President Senate State: 15
Calendar Year-To-Date Per Election for Office Sought		950.00	Disbursement For: Primary ★ General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			
			, , , , , , , , , , , , , , , , , , , ,
(b) SUBTOTAL of Unitemized Independent Expenditure	es		
(c) TOTAL Independent Expenditures			24,755.00
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidate party committee) any political party committee or its	te or authorized		
Signature		Date	07 14 ZO18

PAGE 2 G OF 68 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Together We Thrive				C005ZZ458
Check if 24-hour report 48-hour report	∠ New repo	rt Amends repo	rt filed or)
Full Name of Payee		· Memo	Item C	Date of Public Distribution/Dissemination
PinPoint WebSolutions				04 01 2018
Mailing Address				Amount
7179 Lake Carlisle Blud				
Orlando	State	Zip Code		, ,200.00
Purpose of Expenditure	FL	32829		Date of Disbursement or Obligation
Awareness Campaign		Category/ Type		06 30 \$018
Name of Federal Candidate:	, <u>,,,,,,,,</u>	Support	Office S	Sought: House District:
Steve Sisolala		Oppose)[resident Senate State: NV
Calendar Year-To-Date	G		Disburs	ement For: Primary X General
Per Election for Office Sought	, ,)	5000		Other (specify) ▶
Full Name of Payee		; Memo	Item [Date of Public Distribution/Dissemination
·				a a rug rran
Mailing Address				Amount
				Amount
City	State	Zip Code		-
				Date of Disbursement or Obligation
Purpose of Expenditure		Category/ Type		the proof of Solar Control of the Solar Control of
Name of Federal Candidate:		Support	Office S	Sought: House District:
		Oppose	P	President Senate State:
Calendar Year-To-Date		i	Disburs	ement For: Primary General
Per Election for Office Sought	7	-	ſ	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			>	, 200,00
(b) SUBTOTAL of Unitemized Independent Expenditure	s		•	7 9
(c) TOTAL Independent Expenditures			•	24,755.00
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized	reported herein were committee or agent	not mad of either,	le in cooperation, consultation, or concert or (if the reporting entity is not a political
Pen		_ Date	. 77	1 14 2018
Signature	· - · ·	_ Date	. 0	11 2010

Together We Thrive

Jaalin Harvey : PPWS

7179 Lake Carlisle Blud

DM Awareness Campaign

Brendan Kelly

. Katie Barnes! PPWS

7179 Lake Carlisle Blud

Per Election for Office Sought

DM Awareness Campaign

Brendan Kelli

Per Election for Office Sought

Calendar Year-To-Date

: 48-hour report

∠ New report

State

State

(a) SUBTOTAL of Itemized Independent Expenditures

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

(c) TOTAL Independent Expenditures

FL

FL

Amends report filed on

Memo Item

Zip Code

Category/

.905.86

Zip Code

Category/

,905.86

32829

Туре

Support

Oppose

Type

32829

Support

Oppose

; Memo Item

Office Sought:

President Disbursement 8

Office Sought:

Disbursement

NAME OF COMMITTEE (In Full)

Check if 24-hour report

Full Name of Pavee

Orlando

Purpose of Expenditure

Full Name of Payee

Orlando

Name of Federal Candidate:

Purpose of Expenditure

Mailing Address

Name of Federal Candidate:

Calendar Year-To-Date

Mailing Address

City

	PAGE 27 OF 68 FOR LINE 24 OF FORM 3X
	FEC IDENTIFICATION NUMBER ♥
	C00522458
led o	ta as a ta ta ta ta ta ta ta ta ta ta ta ta t
n I	Date of Public Distribution/Dissemination
	04 01 2018
	Amount
	, 75.00
_ '	Date of Disbursement or Obligation
	Ö 0 3° 20° 18
ffice	Sought: House District: LZ President Senate State: 1L
isburs	sement For: Primary Ceneral
	Other (specify) ▶
	Date of Public Distribution/Dissemination
	04 01 2018
	Amount
	100.00
\dashv	Date of Disbursement or Obligation
	06 30 2018
	Sought: Kouse District:
F	President Senate State: 14
	sement For: Primary ➤ General Other (specify) ►
	· Other (specify)
>	, 175.00
•	\$ 1 1 1 E
•	24,755.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concertwith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date 07 14 2018

PAGE 28 OF 68
FOR LINE 24 OF FORM 3X
DENTIFICATION NUMBER \$

00522458

NA	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
	Together We Thrive				C00522458
Ch	neck if 24-hour report 48-hour report	X New repo	ort Amends repo	rt filed o	on
	Full Name of Payee		·· Memo	Item	Date of Public Distribution/Dissemination
	PinPoint WebSolutions	S			04 01 2018
	Mailing Address				9
Ì	7179 Lake Carlisle Blud				Amount
Ī	City	State	Zip Code		, , , 200.00
	Orlando	FL	32829		Date of Disbursement or Obligation
İ	Purpose of Expenditure		Category/		06/36/2018
	Awareness Campaign	1	Туре		06 36 2018
	Name of Federal Candidate:		X Support	Office	Sought: E House District: 12
	Brendan Kelly		Oppose		President Senate State:
	Calendar Year-To-Date		2	Disbur	rsement For: Primary 🔀 General
	Per Election for Office Sought	, ,	70586		☐ Other (specify) ▶
	Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination
1	Facebook Inc.				04 01 2018
	Mailing Address				09 01 2010
	1 Hacker Way				Amount
	City	State	Zip Code		25.00
	Menlo Park	CA	94025		Date of Disbursement or Obligation
	Purpose of Expenditure	<u></u>	Category/		
	Awaroness Campaign		Туре		06 30 2018
	Name of Federal Candidate:		Support	Office	Sought: House District: 17
	Brendan Kelly		Oppose	1	President Senate State:
	Calendar Year-To-Date				rsement For: Primary \succeq General
	Per Election for Office Sought	. ,	905.86		Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	i		•	, 225.00
	(b) SUBTOTAL of Unitemized Independent Expenditure				
	(b) 300 10 IAE OF OFINE PRIZED INDEPENDENT EXPENDICAL	165		. •	3 5 b
	(c) TOTAL Independent Expenditures			🔈	2 11 755 60/
				v	2 4,755.000
	Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	reported herein were I committee or agent	not ma of either	r, or (if the reporting entity is not a political
	Signature		Date	e ()	7 14 2018

Signature

PAGE29	OF	6	S.
FOR LINE 24	OF F	ORI	VI 3X

			FOR LINE 24 OF FORM 3X
NA	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ♥
	Together We Thrive		C00522458
Ch	neck if 24-hour report 48-hour report New report Amends report	filed on	rode do Monte do Company
	Full Name of Payee Memo Ite Memo Ite Memo Ite		of Public Distribution/Dissemination
	Mailing Address	4	04 01 2018
	7179 Lake Carlisle Blud	Amou	unt
	City State Zip Code		, ,100.00
	Orlando FL 32829	Date	of Disbursement or Obligation
	Purpose of Expenditure DM Awareness Campaign Category/ Type		30 2018
		Office Soug	ht: KHouse District: 6
		Disburseme	nt For: Primary X General Other (specify) ▶
	Full Name of Payee		of Public Distribution/Dissemination
	Katie Barnes: PPWS	- 1	04 01 2018
	Mailing Address 7179 Lake Carlisle Blud	Amou	•
	City State Zip Code		140.00
	Orlando FL 32829	Date	of Disbursement or Obligation
	Purpose of Expenditure DM Awareness Campaign Category/ Type		06 30 2018
		Office Soug	nht: 🔀 House District: 6
	Sean Caster	Presid	dent Senate State: 1
	Calendar Year-To-Date Per Election for Office Sought , 950.00	Disburseme	ent For: Primary ∑ General Other (specify) ▶
	·	 -	
İ	(a) SUBTOTAL of Itemized Independent Expenditures	>	, 240.00
	(b) SUBTOTAL of Uniternized Independent Expenditures	•	ş ş .
	(c) TOTAL Independent Expenditures	•	24,755.00
	Under penalty of perjury I certify that the independent expenditures reported herein were now with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	not made in either, or (i	cooperation, consultation, or concert if the reporting entity is not a political
ı	Signature	\cup ,	1 1 2010

PAGE 36 OF 68

					FOR LINE 24 OF FORM 3X	
NA	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
	Together We Thrive			**	C00522458	_
Ch	neck if24-hour report48-hour report	χ New rep	port Amends repo	ort filed on	A SECTION OF THE SECTION	
	Full Name of Payee	-	Memo	Item Da	ate of Public Distribution/Dissemination	_
	PinPoint WebSolution	S			04 01 2018	
	Mailing Address				•	
	7179 Lake Carlisle Blud			Ar	mount	
	City .	State	Zip Code		, , Zoo.oo	
	Orlando	FL	32829	Da	ate of Disbursement or Obligation	
	Purpose of Expenditure		Category/ Type		06/36/2018	
	Awareness Campaign			1		_
	Name of Federal Candidate:		X Support	1	ought: House District: 6	
	Sean Caster		Oppose		esident Senate State: 1L	_
	Calendar Year-To-Date		Q = -	Disburse	ement For: Primary K General	
	Per Election for Office Sought	y *`	950,00		Other (specify) ▶	<u>-</u> .
	Full Name of Payee		: Memo	Item D	ate of Public Distribution/Dissemination	
	Facebook Inc.				04 01 2018	
	Mailing Address				•	
	1 Hacker Way			A	mount	
	City	State	Zip Code		10.00	
	Menlo Park	CA	94025	D	ate of Disbursement or Obligation	
	Purpose of Expenditure		Category/		06 30 2018	
	Awareness Campaign		Туре		06 30 2018	
	Name of Federal Candidate:		⋉ Support	Office S	ought: XHouse District:	_
	Sean Casten		Oppose	1.	resident Senate State: 1L	_
	Calendar Year-To-Date			Disburse	ement For: Primary 🗴 General	_
	Per Election for Office Sought	3 , 3	950.00		Other (specify) ▶	=
	(a) CURTOTAL (the send of the	_				
	(a) SUBTOTAL of Itemized Independent Expenditures	S		▶	, ,210.00	
-	(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		▶	, , , ,	
					,	
	(c) TOTAL Independent Expenditures			▶	24,755.00	(
	Under penalty of perjury I certify that the independ	ent expenditure	s reported herein were	e not made	e in cooperation, consultation, or concert	_
	with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorize				
	Ω_{\star} Ω_{\star}		•			
	Signature		Dat	e 07	14 2018	
•	U U					

TEMIZED INDEPENDENT EXPENDITURES	•			PAGE 3 1 OF 68 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
logether We Thrive				C00522458
Check if 24-hour report48-hour report	X New repo	ort Amends repo	rt filed on	eraeraeraeraeraeraeraeraeraeraeraeraerae
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
Jaalin Harvey : PPWS				94 01 2018
Mailing Address				
7179 Lake Carlisle Bluc)		Amou	
City	State	Zip Code		,100.00
Orlando	FL	32829	Date	of Disbursement or Obligation
Purpose of Expenditure		Category/ Type		30 2018
DM Awareness Campaign	<u> </u>			
Name of Federal Candidate: Richard Cordray		Support Oppose	Office Soug Presid	ht: House District: Hent Senate State:
Calendar Year-To-Date Per Election for Office Sought	, .	750,00		nt For: Primary ← General Other (specify) ▶
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
Katie Barnes : PPWS		-		04 01 2018
Mailing Address 7179 Lake Carlisle Blue			Amoı	•
City	State	Zip Code		150.00
orlando	FL	32829	Data	
Purpose of Expenditure	J	Category/		of Disbursement or Obligation
DM Awareness Campaign		Туре		66 30 2018
Name of Federal Candidate: Richard Cordray		Support Oppose	Office Soug	
Calendar Year-To-Date Per Election for Office Sought	, ,9	50.00		nt For: Primary ◯ General Other (specify) ▶
			<u> </u>	
(a) SUBTOTAL of Itemized Independent Expenditures	·		· •	, 250.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	. 4 5 7 .
(c) TOTAL Independent Expenditures			•	24,755.00
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized	reported herein were committee or agent	not made in of either, or (i	cooperation, consultation, or concert f the reporting entity is not a political
Cin		D-4	· 0 7	111 7016
Signature	<u></u>	Date	; U /	14 ZO18

TEMIZED INDEPENDENT EXPENDITURES			PAGE 32 OF (
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUM	
<u> </u>			C0052245	5 6
loyether We Thrive			0863224	70
Check if 24-hour report 48-hour report	✓ New report	ort Amends repo	t filed on	k y
Full Name of Payee		Memo	tem Date of Public Distribution/Dissemin	ation
PinPoint WebSolutions			04 01 20	1 0
Mailing Address			•	10
7179 Lake Carlisle Blue	ļ		Amount	
City	State	Zip Code	, , 200	∞
Orlando	FL	32829	Date of Disbursement or Obligation	
Awareness Campaign		Category/ Type	06 36 36	18
Name of Federal Candidate:		Support	Office Sought: House District:	
Richard Cordray		Oppose	President Senate State:	_
Calendar Year-To-Date			Disbursement For: Primary 0	General
Per Election for Office Sought	, 0	50.00	Other (specify) ▶	
Full Name of Payee	· · · · · · · · · · · · · · · · · · ·	Memo		ation
			iii , U U / , , ,	i v
Mailing Address				
			Amount	
City	State	Zip Code		
			Date of Disbursement or Obligation	
Purpose of Expenditure		Category/	o a la sa sa sa sa sa sa sa sa sa sa sa sa sa	
		Туре		.
Name of Federal Candidate:		Support	Office Sought: House District:	
	٠	Oppose	President Senate State:	
Calendar Year-To-Date			Disbursement For: Primary	General
Per Election for Office Sought		•	Other (specify) ▶	
				- '
(a) SUBTOTAL of Itemized Independent Expenditures	3		· Zoo.	00
			, , -	
(b) SUBTOTAL of Uniternized Independent Expenditu	ires		>	
·			·	
(c) TOTAL Independent Expenditures	······································	·····	24,755.	00
Under penalty of perjury I certify that the independ- with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized	reported herein were committee or agent	not made in cooperation, consultation, or of either, or (if the reporting entity is not a p	concert colitical
Signature		Date	07 14 2018	

ITEMIZED INDEPENDENT EXPENDITURES			PAGE 33 OF 68 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		· · · · · · · · · · · · · · · · · · ·	FEC IDENTIFICATION NUMBER ¥
			C00522458
Together We Thrive			000322458
Check if 24-hour report 48-hour report	X New repo	ort Amends repo	ort filed on
Full Name of Payee Laglin Harvey: PPWS		: : Memo	Item Date of Public Distribution/Dissemination
Mailing Address			04 01 2018
7179 Lake Carlisle Bluc)		Amount
City	State	Zip Code	, , 106.00
Orlando	FL	32829	Date of Disbursement or Obligation
Purpose of Expenditure		Category/	06 30 2018
DM Awareness Campaign	,	Type	00 30 2010
Name of Federal Candidate: Gretchen Whitmer		Support Oppose	Office Sought: House District: President Senate State:
Calendar Year-To-Date Per Election for Office Sought	,	150.00	Disbursement For: Primary ★ General Other (specify) ▶
Full Name of Payee		Memo	Item Date of Public Distribution/Dissemination
Katie Barnes: PPWS			04 01 2018
Mailing Address 7179 Lake Carlisle Blue	J		Amount
City	State	Zip Code	1570.00
orlando	FL	32829	Date of Disbursement or Obligation
Purpose of Expenditure		Category/	
DM Awareness Campaign		Type	06 30 2018
Name of Federal Candidate: Gretchen Whitmes		Support Oppose	Office Sought: House District: President Senate State:
Calendar Year-To-Date Per Election for Office Sought	, ,	750.00	Disbursement For: Primary X General Other (specify) ▶
			
(a) SUBTOTAL of Itemized Independent Expenditures			250.00
(b) SUBTOTAL of Unitermized Independent Expenditu	res	·······	y 5 2
(c) TOTAL Independent Expenditures			24,755.00
Under penalty of perjury I certify that the independed with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized	reported herein were committee or agent	e not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Signature	· 	Date	e 07 14 Z018

SCHEDULE E (FEC Form 3X) TEMIZED INDEPENDENT EXPENDITURES				PAGE 34 OF 68
				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		- · · · ·		FEC IDENTIFICATION NUMBER ▼
Together We Thrive				C00522458
Check if 24-hour report 48-hour report	⊀ New repo	ort Amends repo	rt filed on	1. 4 (1. 9) 1. 9 N
Full Name of Payee		· Memo	Item Date	of Public Distribution/Dissemination
PinPoint WebSolutions				04 01 2018
Mailing Address	1		Amo	
7179 Lake Carlisle Blud	! 		Aino	
City	State	Zip Code	•	, , 2∞,∞
Orlando	FL	32829	Date	of Disbursement or Obligation
Purpose of Expenditure Awareness Campaign	·	Category/ Type		06 30 2018
Name of Federal Candidate:		X Support	Office Soug	nt: House District:
Gretchen Whitmer		Oppose	Presi	dent Senate State: M
Calendar Year-To-Date		i	Disburseme	ent For: Primary $oldsymbol{\chi}$ General
Per Election for Office Sought	· · ·	50,00		Other (specify) ▶
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
				M m r v v r r r r r
Mailing Address				
			Amo	unt COOO
City	State	Zip Code		,
			Date	of Disbursement or Obligation
Purpose of Expenditure		Category/ Type		9 H 7 D 2 9 9 9
Name of Federal Candidate:	 	Support	Office Sou	ght: (House District:
		Oppose	Presi	7,,,,,,
Calendar Year-To-Date			Disburseme	ent For: Primary General
Per Election for Office Sought	\$.	÷		Other (specify) ▶
				
(a) SUBTOTAL of Itemized Independent Expenditures	·,		. •	2∞.∞
				,
(b) SUBTOTAL of Uniternized Independent Expenditu	res		· •	7
(c) TOTAL Independent Expenditures			•	
(c) TOTAL independent Expenditures			>	24,755,00
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized	reported herein were committee or agent	not made in of either, or (cooperation, consultation, or concert if the reporting entity is not a political
$\Omega \sim \Omega$				
Signal	and the same of th	_ Date	07	14 2018
Signat ure				•

SCHEDULE	E (FEC	Form	3X)
ITEMIZED IND	EPEN	IDENT	EXPE	NDITURES

				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
<u></u>				
Together We Thrive			. 	C00522458
Check if 24-hour report48-hour report	√ New repo	ort Amends repo	rt filed on	
Full Name of Payee		· : Memo	item Date	e of Public Distribution/Dissemination
Laglin Hurvey : PPWS				
Mailing Address				04 01 2018
7179 Lake Carlisle Blvd			Am	ount .
City	State	Zip Code		, 100.00
Orlando	FL	32829	Dat	e of Disbursement or Obligation
Purpose of Expenditure		Category/	Dan	-
DM Awareness Campaign		Туре		00 30 2018
Name of Federal Candidate:		Y Support	Office Sou	ight: House District:
Gwen Graham		Oppose	Pres	sident Senate State: FL
Calendar Year-To-Date	(Disbursem	nent For: Primary 🗴 General
Per Election for Office Sought	, ,	150.00		Other (specify) ▶
Full Name of Payee		Memo	Item Dat	e of Public Distribution/Dissemination
Katie Barnes! PPWS				04 01 2018
Mailing Address				04 07 2010
7179 Lake Carlisle Blue	9		Am	ount
City	State	Zip Code		150.00
Orlando	FL	32829	Dat	e of Disbursement or Obligation
Purpose of Expenditure	<u>. </u>	Category/		
DM Awareness Campaign		Type		06 30 2018
Name of Federal Candidate:		Support	Office Soi	ught: House District:
Gwen Graham		Oppose	Pres	sident Senate State: H
Calendar Year-To-Date		3-		nent For: Primary X General
Per Election for Office Sought	• •	150.00		Other (specify) ▶
				_
(a) SUBTOTAL of Itemized Independent Expenditures			. ▶	250.00
(b) SUBTOTAL of Unitermized Independent Expenditure	es		. ▶	. ,
(c) TOTAL Independent Expenditures				
(b) 10 1AE independent Expenditures		•	· •	24,755.00
Hoder profits of prince I partie, that the independent				
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida	rii expenditures ite or authorized	reported herein were I committee or agent	not made i of either, or	in cooperation, consultation, or concert (if the reporting entity is not a political
party committee) any political party committee or its				
11/ M-				
		Date	07	14 ZO18
Signature $ u$,

PAGE 36 OF 68
FOR LINE 24 OF FORM 3X

				TOTALINE ET OF TOTALION
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Together We Thrive				C00522458
Check if 24-hour report 48-hour report	✓ New report	ort Amends repo	rt filed on	
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
PinPoint WebSolutions				04 01 2018
Mailing Address	,		1	
7179 Lake Castisle Blud	· · · · · · · · · · · · · · · · · · ·		Amo	
City	State	Zip Code		, , Zos., o s
Orlando	FL	32829	Date	of Disbursement or Obligation
Purpose of Expenditure Awareness Canpaign	.	Category/ Type		06/36/2018
Name of Federal Candidate:		X Support	Office Soug	ht: House District:
Gwen Graham		Oppose	Presi	dent Senate State:
Calendar Year-To-Date			Disburseme	ent For: Primary XGeneral
Per Election for Office Sought	, ,	150 ,100		Other (specify) ▶
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
Mailing Address			Amo	·
	·		Allo	uit
City	State	Zip Code		· ·
	<u> </u>		Date	of Disbursement or Obligation
Purpose of Expenditure		Category/ Type		Market Art St. St. St. Art Art Art Art
Name of Federal Candidate:		Support	Office Sou	ght: House District:
*	•	Oppose	Presi	dent Senate State:
Calendar Year-To-Date			Disburseme	ent For: Primary General
Per Election for Office Sought	2 7	= 		Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			. ▶	,Z00.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		•	3 • · · · ·
(c) TOTAL Independent Expenditures			•	24,755.00
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	reported herein were committee or agent	not made in of either, or (cooperation, consultation, or concert if the reporting entity is not a political
Signature		Date	07	14 2018
J				

TEMIZED INDEPENDENT EXPENDITURES				PAGE 37 OF 68 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ♥
				·
logether We Thrive				C00522458
Check if 24-hour report 48-hour report	√ New report	ort Amends repo	rt filed on	and the second of the second o
Full Name of Payee		: Memo	Item Date	of Public Distribution/Dissemination
Jaalin Harvey : PPWS				14 01 2018
Mailing Address			_	79 01 2018
7179 Lake Carlisle Bluc			Amou	nt
City	State	Zip Code		90.00
Orlando	FL	32829	Date	of Disbursement or Obligation
Purpose of Expenditure		Category/		
DM Awareness Campaign		Type		30 2018
Name of Federal Candidate:		X Support	Office Sough	ht. House District:
Tony Evers		Oppose	Presid	ent Senate State: WI
Calendar Year-To-Date) — —	Disburseme	nt For: Primary 🗴 General
Per Election for Office Sought	, ,	170.63		Other (specify) ▶
Full Name of Payee		, Memo	T -	of Public Distribution/Dissemination
Katie Barnes : PPWS				04 01 2018
Mailing Address	`			04 01 2018
7179 Lake Carlisle Blue	9		Amou	ınt
City	State	Zip Code		230.63
Orlando	FL	32829	Date	of Disbursement or Obligation
Purpose of Expenditure		Category/		
DM Awareness Campaign		Туре	(66 30 2018
Name of Federal Candidate:	i 	Support	Office Soug	ht: House District:
Tony Evers		Oppose	Presid	
Calendar Year-To-Date		•	Disburseme	nt For: Primary X General
Per Election for Office Sought	, , (770,63		Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		•••••	•	320,63
	-			
(b) SUBTOTAL of Uniternized Independent Expenditure	res		•	. y 3
				•
(c) TOTAL Independent Expenditures	•••••••••••••		• ▶	24,755.00
	· · · · · · · · · · · · · · · · · · ·			
Under penalty of perjury 1 certify that the independent	ent expenditures	reported herein were	not made in	cooperation, consultation, or concert
with, or at the request or suggestion of, any candidate party committee) any political party committee or its		commutee or agent (or enner, or (i	i the reporting entity is not a political
$Q : \Omega_{\bullet}$				
CAP		_ Date	07	14 ZO18
Signature				, 1 50,0

TEMIZED INDEPENDENT EXPENDITURES				PAGE 38 OF 68
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ▼
Together We Thrive	···			C005ZZ458
Check if 24-hour report 48-hour report	√ New rep	oort Amends repo	ort filed on	
Full Name of Payee		Memo	Item C	Pate of Public Distribution/Dissemination
PinPoint WebSolutions				04 01 2018
Mailing Address				, i
7179 Lake Carlisle Blue)		Α	Amount
City	State	Zip Code .		, ,650.00
Orlando	FL	32829	_	Date of Disbursement or Obligation
Purpose of Expenditure Awareness Campaisn		Category/ Type		06 30 2018
Name of Federal Candidate: Tony Eves S		Support	O P	resident Senate State:
Calendar Year-To-Date Per Election for Office Sought	, , (978.63	l _	ement For: Primary ★ General Other (specify) ▶
Full Name of Payee		: Memo	Item C	Date of Public Distribution/Dissemination
				aca o borrer re
Mailing Address				·
				Amount
City	State	Zip Code		,
			c	Date of Disbursement or Obligation
Purpose of Expenditure		Category/ Type		
Name of Federal Candidate:		Support	Office S	Sought: House District:
		Oppose	! P	resident Senate State:
Calendar Year-To-Date			Disburs	ement For: Primary General
Per Election for Office Sought	*. t	·		Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditure	S		. •	650.00
(b) 010TOTAL - (1)-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-				
(b) SUBTOTAL of Uniternized Independent Expendite			. •	
•	ures	,	•	
(c) TOTAL Independent Expenditures		,	•	24,755.00
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candic party committee) any political party committee or its	lent expenditures	s reported herein were	·· ▶	e in cooperation, consultation, or concert

FEMIZED INDEPENDENT EXPENDITURES			·	PAGE 39 OF 68 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ♥
Together We Thrive				C00522458
10901110 100 1111110				
Check if 24-hour report 48-hour report	✓ New report ———————————————————————————————————	ort Amends repo	rt filed on	··· ·· · · · · · · · · · · · · · · · ·
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
Jaalin Harvey : PPWS				04 01 2018
Mailing Address			1	
7179 Lake Carlisle Bluc	} 		Amo	
City	State	Zip Code		, 90.00
Orlando	FL	32829	Date	of Disbursement or Obligation
Purpose of Expenditure		Category/ Type		0 6 30 2018
DM Awareness Campaign	·	L		
Name of Federal Candidate: Josh Hordes		Support Oppose	Office Sou	dent Senate State:
Calendar Year-To-Date		7	Disburseme	ent For: Primary X General
Per Election for Office Sought	<u>, </u>	145.00		Other (specify) ▶
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
Katie Barnes: PPWS				04 01 2018
Mailing Address				
7179 Lake Carlisle Blue	, 		Amo	_
City	State	Zip Code		205.00
orlando	FL	32829	Date	of Disbursement or Obligation
Purpose of Expenditure		Category/		66 30 2018
DM Awareness Campaign	· ·	Туре		00 30 20 10
Name of Federal Candidate:		Support	Office Sou	- Samuel
Josh Hardes	· · · · · · · · · · · · · · · · · · ·	Oppose	Presi	
Calendar Year-To-Date Per Election for Office Sought	(2145 00		ent For: Primary X General
Tel Election for Office Sought	3	195.00		Other (specify) >
(a) SUBTOTAL of Itemized Independent Expenditures	•••••••••••••••••••••••••••••••••••••••		▶	, 295.00
(b) SUBTOTAL of Unitemized Independent Expenditure	rec	•	_	
(b) 300101A2 of Officeringed independent Expenditure		***************************************	•	5 7 .
(c) TOTAL Independent Expenditures		***************************************		7.1 755.0
				24,755.00
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candidates and committees are to suggestion of the committees are to suggestions.	ate or authorized	reported herein were committee or agent	not made in of either, or (n cooperation, consultation, or concert (if the reporting entity is not a political
party committee) any political party committee or its	agent.			
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Signature	·····	Date	0 1	14 ZO18

PAGE 40 OF 68 FOR LINE 24 OF FORM 3X

NA	AME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
	Together We Thrive				C00522458
Ct	neck if 24-hour report 48-hour report	X New repo	ort Amends repo	rt filed o	no. ; , , , , , , , , , , , , , , , , , ,
	Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination
	PinPoint WebSolutions				1
	Mailing Address				04 01 2018
	7179 Lake Carlisle Blue	J			Amount
	City	State	Zip Code .		, ,650.00
	Orlando	FL	32829		Date of Disbursement or Obligation
	Purpose of Expenditure Awareness Campaign		Category/ Type		06 30 2018
	Name of Federal Candidate:		X Support	Office	Sought: K House District: 10
	Josh Hardes		Oppose		President Senate State: CA
	Calendar Year-To-Date	,	.	Disbu	rsement For: Primary 🗶 General
	Per Election for Office Sought	· · · · ·	145,00		Other (specify) ▶
	Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination
	Mailing Address				
	indining / indices				Amount .
	City	State	Zip Code		
		<u> </u>			Date of Disbursement or Obligation
	Purpose of Expenditure		Category/ Type		
	Name of Federal Candidate:		Support	1	Sought: House District: President Senate State:
	Calendar Year-To-Date Per Election for Office Sought		,	Disbu	rsement For: Primary General Other (specify) ▶
Г					
	(a) SUBTOTAL of Itemized Independent Expenditures	s		. •	, 65000
	(b) SUBTOTAL of Unitemized Independent Expenditu	Jres		. •	
	•		•		
1	(c) TOTAL Independent Expenditures			. ▶	24,755.00
	Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorized			
	Signature		_ Date	e Ö	7 14 2018
L	<u> </u>				

TE	EMIZED INDEPENDENT EXPENDITURES				PAGE 41 OF 68 FOR LINE 24 OF FORM 3X
ÑΑ	AME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
					C00522458
	Together We Thrive				000 72 7 4 2 8
Ch	neck if 24-hour report 48-hour report	√ New report	ort Amends repo	rt filed on	
	Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
İ	Jaalin Harvey : PPWS				04 01 2018
	Mailing Address				. •
	7179 Lake Carlisle Bluc	}		Amou	_
	City .	State	Zip Code		, , 90,00
	Orlando	FL	32829	Date	of Disbursement or Obligation
	Purpose of Expenditure		Category/	1	30 2018
	DM Awareness Campaign	`	Туре		50 2010
	Name of Federal Candidate:		X Support	Office Soug	
	TJ Cox		Oppose	Presid	dent Senate State:
	Calendar Year-To-Date		200	Disburseme	nt For: Primary X General
	Per Election for Office Sought	, ,	145.00		Other (specify) ▶
	Full Name of Payee		, Memo	Item Date	of Public Distribution/Dissemination
	Katie Barnes: PPWS				04 01 2018
	Mailing Address	Å			
	7179 Lake Carlisle Blue	·) 		Amo	_
	City	State	Zip Code		205.00
	orlando	FL	32829	Date	of Disbursement or Obligation
	Purpose of Expenditure		Category/		66 30 2018
	DM Awareness Campaign		Туре		00 30 00
	Name of Federal Candidate:		X Support	Office Soug	£/
	TJ Cox		Oppose	Presi	dent Senate State: CA
	Calendar Year-To-Date		745.00	Disburseme	ent For: Primary 🔀 General
_	Per Election for Office Sought	3 3			Other (specify) ▶
	•				
	(a) SUBTOTAL of Itemized Independent Expenditures			. ▶	. 295.00
	(b) SUBTOTAL of Unitemized Independent Expenditure	rac		_	
	(b) 30b 10 TAE OF OFMERINZED INDEPENDENT EXPENDITION			· •	. y .
	(c) TOTAL Independent Expenditures	,			ついコにちゃっ
					24,755.00
	Under penalty of perjury I certify that the independent	ent evnenditures	reported herein wore	not made in	connection consultation or concert
	with, or at the request or suggestion of, any candida	ate 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.			
	/// /h			e ue	
	Signature		Date	07	14 ZO18

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TEMIZED INDEPENDENT EXPENDITURES				PAGE 42 OF 68 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	·			FEC IDENTIFICATION NUMBER ▼
Together We Thrive				C00522458
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	
Full Name of Payee		Memo	Item Date	e of Public Distribution/Dissemination
PinPoint WebSolutions				04 01 2018
Mailing Address				•
7179 Lake Carlisle Blud			Amo	ount
City	State	Zip Code .		, , 650,00
Orlando	FL	32829	Date	e of Disbursement or Obligation
Purpose of Expenditure Auxeness Campaign		Category/ Type		06 30 4018
Name of Federal Candidate:		X Support	Office Sou	ight: X House District: 21
TJ Cox		Oppose	Pres	sident Senate State: CA
Calendar Year-To-Date			Disbursem	nent For: Primary X General
Per Election for Office Sought	, ,	er .		Other (specify) ▶
Full Name of Payee		Memo	Item Dat	e of Public Distribution/Dissemination
				$G = M = I = \mathbf{U} - \mathbf{U} - \mathbf{U} = I = I = I = I = V$
Mailing Address			Am	ount
City	State	Zip Code		
				of Distance and a Obligation
Purpose of Expenditure		Category/	Dat	e of Disbursement or Obligation
		Туре		
Name of Federal Candidate:		Support	Office Sou	ught: House District:
		Oppose	Pres	
Calendar Year-To-Date			Disbursem	nent For: Primary General
Per Election for Office Sought	ž. <u>7</u>			Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			· •	5 4 6
				•
(b) SUBTOTAL of Uniternized Independent Expenditure	res	•••••••••••••••••••••••••••••••••••••••	. ▶	\$ # =
(c) TOTAL independent Expenditures			•	
(c) TOTAL independent Expenditures	••••••		·· Þ	24,755.00
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candidate.	ate or authorized	reported herein were committee or agent	e not made i of either, or	in cooperation, consultation, or concert (if the reporting entity is not a political
party committee) any political party committee or its	agent.			
θ , \wedge			4 t	
Signature		_ Date	e 07	14 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 43 OF 68 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Together We Thrive				C00522458
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	rt filed on	and the second second
Full Name of Payee Laglin Harvey: PPWS		: : Memo	ŀ	of Public Distribution/Dissemination
Mailing Address 7179 Lake Carlisle Blvc)		Amoi	,
City	State	Zip Code		90.00
Orlando	FL	32829	Date	of Disbursement or Obligation
Purpose of Expenditure DM Awareness Campaign		Category/ Type		50 30 2018
Name of Federal Candidate: Katie Hill		X Support Oppose	Office Soug	tht: House District: 25 dent Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	, .	945.00	Disburseme	nt For:: Primary General Other (specify) ▶
Full Name of Payee Katie Barnes! PPWS	·	: Memo	Item Date	of Public Distribution/Dissemination
Mailing Address 7179 Lake Carlisle Blue)		Amo	
City	State	Zip Code 32829		205.00
Purpose of Expenditure DM Awareness Campaign		Category/ Type		of Disbursement or Obligation
Name of Federal Candidate: Katie Hill		Support Oppose	Office Soug	
Calendar Year-To-Date Per Election for Office Sought	3 3	945.00		ent For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			. ▶	, 295.00
(b) SUBTOTAL of Uniternized Independent Expenditure	res		•	. y
(c) TOTAL Independent Expenditures		······································	. •	24,755.00
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorize	reported herein were d committee or agent	not made in of either, or (cooperation, consultation, or concert if the reporting entity is not a political
Signature		Date	07	14 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 44 OF 68
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Together We Thrive				C005Z2458
Check if 24-hour report 48-hour report	K New repo	ort Amends repo	rt filed or	1
Full Name of Payee		Memo	Item [Date of Public Distribution/Dissemination
PinPoint WebSolutions				04 01 2018
Mailing Address				•
7179 Lake Cartisle Blud				Amount
City	State	Zip Code	İ	, , (50.00)
Orlando	FL	32829	(Date of Disbursement or Obligation
Purpose of Expenditure Awereness Campaign	1	Category/ Type		06 30 4018
Name of Federal Candidate:		Support Oppose	Office	Sought: House District: ZS
Calendar Year-To-Date		 _		ement For: Primary ×General
Per Election for Office Sought	, .	945.00		Other (specify)
Full Name of Payee	 .	: Memo		Date of Public Distribution/Dissemination
				Marks of the transfer of
Mailing Address				
			,	Amount
City	State	Zip Code		*
	<u> </u>			Date of Disbursement or Obligation
Purpose of Expenditure		Category/ Type		1 2 2 2 1 4 4 4 7 7 8 7 9 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9
Name of Federal Candidate:		Support	Office	Sought: House District:
		Oppose	F	President Senate State:
Calendar Year-To-Date			Disburs	sement For: Primary General
Per Election for Office Sought	ž	÷		Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			. •	650.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res		. •	
				*
(c) TOTAL Independent Expenditures			· •	24,755.00
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized	reported herein were I committee or agent	not mad of either,	de in cooperation, consultation, or concert or (if the reporting entity is not a political
			· <u> </u>	
Signature		Date	e 07	1 14 2018

Signature

				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
منعضيت				· i
logether We Thrive		 .		C00522458
Check if 24-hour report48-hour report	New repo	ort Amends repo	rt filed on	
Full Name of Payee		Memo	Item Date	e of Public Distribution/Dissemination
Jaalin Harvey : PPWS				04 01 2018
Mailing Address	· · · · · · · · · · · · · · · · ·			
7179 Lake Carlisle Bluc) 		Amo	ount O A
City	State	Zip Code		, 90.00
Orlando	FL	32829	Date	e of Disbursement or Obligation
Purpose of Expenditure		Category/		06 30 2018
DM Awareness Campaign		Туре	<u> </u>	0 0 20 10
Name of Federal Candidate:		☆ Support	Office Sou	ight: House District: 34
Gil Cisneros		Oppose	Pres	sident Senate State: CA
Calendar Year-To-Date	а	111	Disbursem	nent For: Primary KGeneral
Per Election for Office Sought	, , , , ,	45.00		Other (specify) ▶
Full Name of Payee		. Memo	Item Dat	e of Public Distribution/Dissemination
Katie Barnes: PPWS				04 01 2018
Mailing Address	Å			,
7179 Lake Carlisle Blue	····		AIII	ount
City	State	Zip Code		205.00
Orlando	FL	32829	Dat	e of Disbursement or Obligation
Purpose of Expenditure		Category/		06 30 2018
DM Awareness Campaign		Туре		06 30 30 10
Name of Federal Candidate:		Support	Office Sou	ught: House District: 35
Gil Cisneros		Oppose	Pres	sident Senate State: CA
Calendar Year-To-Date		7 -	Disbursem	nent For: Primary K General
Per Election for Office Sought	: ;	745 .00		Other (specify) ▶
·				
(a) SUBTOTAL of Itemized Independent Expenditures				,295.00
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(b) SUBTOTAL of Unitemized Independent Expenditure	res		. ▶	5 5 .
(c) TOTAL Independent Expenditures	••••			2.1755
		_		24,755.00
Under penalty of perjury I certify that the independe	ent expenditures	reported herein were	not made i	in conneration, consultation, or concert
with, or at the request or suggestion of, any candida	ate or authorized			
party committee) any political party committee or its	ayeni.			
/// /h				·
Signatura		_ Date	07	14 2018

ITEMIZED INDEPENDENT EXPENDITURES				PAGE 46 OF 68
NAME OF COMMITTEE (In Full)	<u>·</u>			FEC IDENTIFICATION NUMBER ♥
T. il a lala Thair 10				C005ZZ458
logether We Thrive			 -	3332130
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	
Full Name of Payee		Memo	Item Dat	e of Public Distribution/Dissemination
MinPoint WebSolutions				04 01 2018
Mailing Address	1		Ame	ount
7179 Lake Carlisle Blud	State	Zip Code		650.00
Orlando	FL	<u> </u>		, , 6,0.00
Purpose of Expenditure	<u> </u>	32829	Dat	e of Disbursement or Obligation
Awareness Campaign	-	Category/ Type		06 30 2018
Name of Federal Candidate:		X Support	Office Sou	
Gil Cisneros		Oppose	Pres	sident Senate State: <u>CA</u>
Calendar Year-To-Date Per Election for Office Sought	, , ,	745.00		nent For: Primary ➤ General Other (specify) ▶
Full Name of Payee		Memo		e of Public Distribution/Dissemination
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Mailing Address				A
		,	Am	ount .
City	State	Zip Code		•
Purpose of Expenditure			Dat	e of Disbursement or Obligation
Tarpose of Experiancie		Category/ Type		т <i>г. 1</i> . 5 . д
Name of Federal Candidate:		Support	Office Sou	ught: House District:
		Oppose	Pres	
Calendar Year-To-Date			1 .	nent For: Primary General
Per Election for Office Sought	<u> </u>	•		Other (specify) ▶
				,
(a) SUBTOTAL of Itemized Independent Expenditures			. ▶	وه . وي مي
(b) SUBTOTAL of Uniternized Independent Expenditu	res		. ▶	
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(c) TOTAL Independent Expenditures			· •	24,755,00
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized			
\mathcal{A}		•		
Signature		Date	07	14 2018

TE	EMIZED INDEPENDENT EXPENDITURES		,		PAGE 47 OF 68 FOR LINE 24 OF FORM 3X
N/	AME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
	Together We Thrive				C00522458
CH	neck if 24-hour report 48-hour report	✓ New report	ort Amends repo	ort filed on	
	Full Name of Payee Laglin Harvey: PPWS		: Memo	1	of Public Distribution/Dissemination
	Mailing Address 7179 Lake Carlisle Blva	J		Amou	·-
	City	State	Zip Code		90 .00
	Orlando	FL	32829	Date	of Disbursement or Obligation
	Purpose of Expenditure	<u> </u>	Category/		56/30/2018
	DM Awareness Campaign	<u> </u>	Туре	, ,	
	Name of Federal Candidate: Katie Porter		Support	Office Soug	ht: House District: 45 dent Senate State: CA
	Calendar Year-To-Date Per Election for Office Sought	, .	145.00	1	nt For: Primary ★General Other (specify) ▶
	Full Name of Payee Katie Barnes! PPWS		, . Memo	Item Date	of Public Distribution/Dissemination
	Mailing Address 7179 Lake Carlisle Blue	.J		Amou	,
	City	State	Zip Code		205,00
	orlando	FL	32829	Date	of Disbursement or Obligation
	Purpose of Expenditure		Category/		66 30 2018
	DM Awareness Campaign	<u></u>	Туре		06 30 20 10
	Name of Federal Candidate:		Support Oppose	Office Soug	thit: House District: 45 dent Senate State:
	Calendar Year-To-Date Per Election for Office Sought	· , (945.00		ont For: Primary <u>X</u> General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	3			295,00
	(b) SUBTOTAL of Unitemized Independent Expenditu	res		·· •	. y 5 .
	(c) TOTAL Independent Expenditures			·· •	24,755.00
	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidaparty committee) any political party committee or its	ate or authorized	reported herein were I committee or agent	not made in of either, or (i	cooperation, consultation, or concert f the reporting entity is not a political
	Signature		Date	e 07	14 ZO18

TEMIZED INDEPENDENT EXPENDITURES		•		PAGE 48 OF 68
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
T :: 10 Th :: (0				C00522458
loyether We Thrive				100322130
Check if 24-hour report 48-hour report	√ New representation ✓ New representation ✓ Ne	ort Amends repo	rt filed on	
Full Name of Payee		· Memo	Item Date	of Public Distribution/Dissemination
PinPoint WebSolutions				04 01 2018
Mailing Address	î		Amo	- •
7179 Lake Cartisle Bluc		Zip Code		650:00
Orlando	State			$, , \varphi_{30} : \omega$
Purpose of Expenditure		32829		of Disbursement or Obligation
Awareness Campais	n .	Category/ Type		06 30 2018
Name of Federal Candidate:		Support	Office Sou	· · · · · · · · · · · · · · · · · · ·
Katic Portes		Oppose	Presi	ident Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		94500		ent For: Primary General Other (specify) ▶
Full Name of Payee		` Memo	Item Date	e of Public Distribution/Dissemination
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Mailing Address				
			Amo	ount
City	State	Zip Code		
Durana of Everaditure	<u> </u>		Date	e of Disbursement or Obligation
Purpose of Expenditure		Category/ Type		M N 1 5 E . , 1 7 Y
Name of Federal Candidate:		Support	Office Sou	ght: House District:
		Oppose	Presi	
Calendar Year-To-Date			Disburseme	ent For: Primary General
Per Election for Office Sought	\$.	·		Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	s		•	, 650,00
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		. •	; 9 ¥
(c) TOTAL Independent Expenditures			•	24,755.00
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorized	reported herein were d committee or agent	not made in of either, or (n cooperation, consultation, or concert (if the reporting entity is not a political
Signature		Date	• 07	14 2018

ITEMIZED INDEPENDENT EXPENDITURES				PAGE 49 OF 68
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
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Together We Thrive				C00522458
Check if 24-hour report48-hour report	Y New repo	ort Amends repo	rt filed on	produce do la companya del companya de la companya del companya de la companya de
Full Name of Payee		Memo	Item Date	e of Public Distribution/Dissemination
Jaalin Harvey : PPWS				04 01 2018
Mailing Address				•
7179 Lake Carlisle Bluc)		Amo	_
City	State	Zip Code		, , 90,00
Orlando	FL	32829	Date	e of Disbursement or Obligation
Purpose of Expenditure		Category/ Type	1	06 30 2018
DM Awareness Campaign Name of Federal Candidate:				
Hurley Roudy		Support Oppose	Office Sou	ght: Y House District: 48 ident Senate State: 4
Calendar Year-To-Date Per Election for Office Sought	,	978.01	l .	ent For: Primary ➤ General Other (specify) ▶
Full Name of Payee	*	Memo	<u> </u>	of Public Distribution/Dissemination
Katie Barnes: PPWS				04 01 2018
Mailing Address	Mailing Address			04 01 2010
7179 Lake Carlisle Blue	الا		Amo	Dunt
City	State	Zip Code		205.00
Orlando	FL	32829	Date	e of Disbursement or Obligation
Purpose of Expenditure		. Category/		66 30 2018
DM Awareness Campaign		Туре		06 30 20 10
Name of Federal Candidate: Harley Rouda		Support Oppose	Office Sou	- H
Calendar Year-To-Date Per Election for Office Sought	s ;	978.01	l	ent For: Primary ★ General Other (specify) ▶
				<u> </u>
(a) SUBTOTAL of Itemized Independent Expenditures			· >	295.00
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(c) TOTAL Independent Expenditures	······································		· •	24,755.00
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	reported herein were d committee or agent	not made in of either, or	n cooperation, consultation, or concert (if the reporting entity is not a political
Can		Date	• 0 7	14 Zo18
Signature		Jan	- 0 1	11 2010

TEMIZED INDEPENDENT EXPENDITURES				PAGE 50 OF
NAME OF COMMITTEE (In Full)	. 			FOR LINE 24 OF FORM 3X
Trume or oommiriee (mirely)				FEC IDENTIFICATION NUMBER ▼
Together We Thrive				C00522458
Check if 24-hour report 48-hour report	Y New repo	ort Amends repo	rt filed on	
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
PinPoint WebSolutions				04 01 2018
Mailing Address				07 01 2018
7179 Lake Carlisle Blud			Amo	
City	State	Zip Code		, 683,01
Orlando	FL	32829	Date	of Disbursement or Obligation
Purpose of Expenditure	L	Category/		
Awareness Campaign		Туре		06 30 3018
Name of Federal Candidate:		Support	Office Sou	ght: House District: 48
Herley Roada		Oppose	Presi	dent Senate State: <u>CA</u>
Calendar Year-To-Date		a – .	Disburseme	ent For: Primary K General
Per Election for Office Sought	, t	978.01		Other (specify) ▶
Full Name of Payee	,	Memo	Item Date	of Public Distribution/Dissemination
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Mailing Address				
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City	State	Zip Code		
			Date	e of Disbursement or Obligation
Purpose of Expenditure		Category/		The second of th
		Туре		
Name of Federal Candidate:		Support	Office Sou	ght: House District:
		Oppose	Presi	ident Senate State:
Calendar Year-To-Date			Disbursem	ent For: Primary General
Per Election for Office Sought	\$.	÷		Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures			. •	683,01
(b) SUBTOTAL of Uniternized Independent Expenditu	res	•••••••••••••••••••••••••••••••••••••••	. •	3 3 ±
(c) TOTAL Independent Expenditures			•	
(с) ТОТАЕ інференденіі Ехрендіцігез	••••••		· >	24,755.00
Under people of perion, I costify that the independ	ant overeditures			· · · · · · · · · · · · · · · · · · ·
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidates.	ate 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

TEMIZED INDEPENDENT EXPENDITURES				PAGE 57 OF 68
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
				FEC IDENTIFICATION NUMBER ♥
Together We Thrive				C00522458
Check if 24-hour report48-hour report	K New repo	rt Amends repo	rt filed on	and the second
Full Name of Payee		: Memo	Item Date	of Public Distribution/Dissemination
Jaalin Harvey : PPWS				14 01 2018
Mailing Address			1	
7179 Lake Carlisle Bluc)		Amou	_
City	State	Zip Code		, 90.00
Orlando	FL	32829	Date	of Disbursement or Obligation
Purpose of Expenditure		Category/	ŕ	30 2018
DM Awareness Campaign		Туре		
Name of Federal Candidate: Mike Levin		Support Oppose	Office Sough	ht: Senate State: A
		, , , , ,		nt For: Primary K General
Calendar Year-To-Date Per Election for Office Sought	,	178.00		Other (specify) ▶
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
Katie Barnes: PPWS				04 01 2018
Mailing Address 7179 Lake Carlisle Bluc)		Amou	
City	State	Zip Code		205.00
orlando	FL	32829	0-4-	
Purpose of Expenditure	<u> </u>	Category/		of Disbursement or Obligation
DM Awareness Campaign		Туре		66 30 2018
Name of Federal Candidate:		∑ Support	Office Soug	ht: 12 House District: 49
Mike Levin		Oppose	Presid	lent Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		978.00		nt For: Primary General Other (specify) ▶
	<u> </u>		1	Julier (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	***************************************		.	700-00
	•		•	295.00
(b) SUBTOTAL of Uniternized Independent Expenditure	es		•	. ,
٠.				
(c) TOTAL Independent Expenditures			•	24,755,00
Under penalty of perjury I certify that the independe	ent expenditures	reported herein were	not made in	cooperation, consultation, or concert
with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ite or authorized	committee or agent	of either, or (if	f the reporting entity is not a political
1 / M =		. •		
Signature		_ Date	07	14 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE CZ OF 60
NAME OF COMMITTEE (In Full)	· · · · · · · · · · · · · · · · · · ·			FEC IDENTIFICATION NUMBER ▼
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Together We Thrive			<u> </u>	C00522458
Check if 24-hour report 48-hour report	∑ New repo	nt Amends repo	rt filed	on
Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination
PinPoint WebSolutions				04 01 2018
Mailing Address				Amount
7179 Lake Carlisle Blud				
City	State	Zip Code .	į	, ,683,∞
Orlando	FL	32829		Date of Disbursement or Obligation
Purpose of Expenditure Awareness Campaign		Category/ Type		06 30 2018
Name of Federal Candidate:		Support	Office	Sought: X House District: 49
Mike Levin		Oppose		President Senate State: CA
Calendar Year-To-Date				rsement For: Primary X General
Per Election for Office Sought	, ,	178.00		Other (specify)
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Mailing Address				·
				Amount
City	State	Zip Code		
	}			Date of Disbursement or Obligation
Purpose of Expenditure		Category/ Type		
Name of Federal Candidate:		Support	Office	Sought: House District:
		Oppose	1	President Senate State:
Calendar Year-To-Date			Disbu	rsement For: Primary General
Per Election for Office Sought	÷ •	\$		Other (specify)
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(a) SUBTOTAL of Itemized Independent Expenditures			. •	. 683.00
(b) SUBTOTAL of Unitemized Independent Expenditur	'PS		_	
(-,			. •	\$ \$ T
(c) TOTAL Independent Expenditures			• •	24,755.00
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized	reported herein were committee or agent	not ma	ade in cooperation, consultation, or concert r, or (if the reporting entity is not a political
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Signature		_ Date	e <i>O</i>	7 14 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 53 OF 68 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
<u> </u>				C00522458
Together We Thrive				000 32 2 4 5 8
Check if 24-hour report48-hour report	X New repo	ort Amends repo	rt filed on	to strong with the second of
Full Name of Payee		· Memo	Item Date	of Public Distribution/Dissemination
Jaalin Harvey : PPWS				74 01 2018
Mailing Address	1		Amou	•
7179 Lake Carlisle Blud				
City	State FL	Zip Code	ĺ	, , 90.∞
Orlando Purpose of Expenditure		32829	Date	of Disbursement or Obligation
DM Awareness Campaign		Category/ Type	1 6	30 2018
Name of Federal Candidate:		★ Support	Office Source	ht: Nouse District:
Chrissy Houla han		Support		lent Senate State: \$A
Calendar Year-To-Date Per Election for Office Sought	, .9	45.00		nt For: Primary ➤ General Other (specify) ▶
Full Name of Payee		Memo		of Public Distribution/Dissemination
. Katie Barnes: PPWS	·			04 01 2018
Mailing Address 7179 Lake Carlisle Blue)		Amou	•
City	State	Zip Code	—	205.00
orlando	FL	32829	B.4.	of O'ch and a Chiller to
Purpose of Expenditure	l	Category/		of Disbursement or Obligation
DM Awareness Campaign		Type		66 30 2018
Name of Federal Candidate: Christy Howlanan		Support Oppose	Office Soug	
Calendar Year-To-Date	·		Disburseme	
Per Election for Office Sought		945.00	l	Other (specify) ▶
				_
(a) SUBTOTAL of Itemized Independent Expenditures			• •	,295.00
(b) SUBTOTAL of Uniternized Independent Expenditure	es		• •	y 5
(c) TOTAL Independent Expenditures			. ⊾	7.4755
				24,755.00
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized	reported herein were committee or agent	not made in of either, or (i	cooperation, consultation, or concert f the reporting entity is not a political
Can		Date	• 07	14 ZO18
Signature		Jak	- U /	1 1 20 10

TEMIZED INDEPENDENT EXPENDITURES				AGE 54 OF 68 OR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	<u> </u>			NTIFICATION NUMBER ▼
Together We Thrive		•	Coc	522458
Check if 24-hour report 48-hour report	→ New repo	ort Amends repo	t filed on	
Full Name of Payee		Memo	tem Date of Public D	istribution/Dissemination
MinPoint WebSolutions			04	01 2018
Mailing Address 7179 Lake Carliste Blud	1		Amount	
City	State	Zip Code		650.00
Orlando	FL	32829	Date of Disburse	ement or Obligation
Purpose of Expenditure Awareness Campaign		Category/ Type		30 2018
Name of Federal Candidate: Chrissy Houlahan		Support Oppose		House District: Senate State:
Calendar Year-To-Date Per Election for Office Sought	, .9	145.00	Disbursement For: Other (spec	Primary ★ General
Full Name of Payee		Memo		Distribution/Dissemination
			frit 1 1	U
Mailing Address			Amount	
	la			
City	State	Zip Code	·	
Purpose of Expenditure	L			ement or Obligation
		Category/ Type		Description of the William
Name of Federal Candidate:		Support Oppose		House District: Senate State:
Calendar Year-To-Date Per Election for Office Sought	ž	-	Disbursement For: Other (spec	
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditu			₹	650.∞
(c) TOTAL Independent Expenditures			•	24,755.00
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee or its	ate or authorized	reported herein were committee or agent	not made in cooperation f either, or (if the report	n, consultation, or concert ling entity is not a political
Signature	· · · · · · · · · · · · · · · · · · ·	_ Date	07 14	2018

TEMIZED INDEPENDENT EXPENDITURES PAGE 55 OF 68 FOR LINE 24 OF FORM 3X							
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼			
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Together We Thrive				C00522458			
Check if 24-hour report48-hour report	New repo	ort Amends repo	rt filed on				
Full Name of Payee		: Memo	Item Date	e of Public Distribution/Dissemination			
Jaalin Harvey : PPWS				04 01 2018			
Mailing Address				09 01 2010			
7179 Lake Carlisle Blv	J		Amı	ount			
City .	ty . State Zip Code			90.00			
Orlando	FL	32829	Date	e of Disbursement or Obligation			
Purpose of Expenditure		Category/		0 6 30 20 18			
DM Awareness Campaign	(Туре		00 30 2010			
Name of Federal Candidate:		∑ Support	Office Sou	ight: K House District: 7			
Susan Wild		Oppose	Pres	sident Senate State: PA			
Calendar Year-To-Date		3,,	Disbursem	ent For: Primary X General			
Per Election for Office Sought	, ,	145.00		Other (specify) ▶			
Full Name of Payee	·····	Memo	item Dat	e of Public Distribution/Dissemination			
Katie Barnes! PPWS				04 01 2018			
Mailing Address	1			04 01 2010			
7179 Lake Carlisle Blu	ી		Am	ount			
City	State	Zip Code		205.00			
orlando	FL	32829	Dat	e of Disbursement or Obligation			
Purpose of Expenditure		Category/					
DM Awareness Campaign		Туре		06 30 2018			
Name of Federal Candidate:		Support	Office Sou	ught: X House District: 7			
Susan Wild		Oppose	Pres	sident Senate State: PA			
Calendar Year-To-Date		~	Disbursen	nent For: Primary General			
Per Election for Office Sought	· · · · · · · · · · · · · · · · · · ·	945.00		Other (specify) ▶			
(a) SUBTOTAL of Itemized Independent Expenditures	s		. •	. 295.∞			
	•			. , , , , ,			
(b) SUBTOTAL of Uniternized Independent Expenditu	ıres		. •	. 7 5			
(a) TOTAL Independent Franchistics							
(c) TOTAL Independent Expenditures		•••••	· •	24,755.00			
							
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid	ent expenditures	reported herein were	not made i	in cooperation, consultation, or concert			
party committee) any political party committee or its	agent.	. committee of agent	or entiter, Of	in the reporting entity is not a political			
$O \cap O_1$							
Signature		_ Date	07	14 ZO18			

SCHEDULE E ITEMIZED INDE

ME OF COMMITTEE (In Full)	··			FOR LINE 24 OF FORM 3X
ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ♥
Together We Thrive	<u></u>			C00522458
eck if 24-hour report 48-hour report	★ New re	eport Amends repo	ort filed o	n e e e e e e e e e e e e e e e e e e e
Full Name of Payee		: Memo	Item	Date of Public Distribution/Dissemination
PinPoint WebSolutions			1	04 01 2018
Mailing Address				·
7179 Lake Carliste Blue	.)			Amount
City	State	Zip Code .		, 650.00
Orlando	FL	32829		Date of Disbursement or Obligation
Purpose of Expenditure Awareness Campaia		Category/ Type		06 30 2018
Name of Federal Candidate:		X Support	Office	Sought:
Susan wild		Oppose	1	President Senate State: PA
Calendar Year-To-Date Per Election for Office Sought	, ,	945.00	Į.	rsement For: Primary ★ General Other (specify) ▶
Full Name of Payee		` Memo		Date of Public Distribution/Dissemination
			1	and the both of the
Mailing Address				Amount
		···		·
City	State	Zip Code		
Day of Francisco	1			Date of Disbursement or Obligation
Purpose of Expenditure		Category/ Type		Mark Value of the Walk
Name of Federal Candidate:		Support	Office	Sought: House District:
		Oppose	1	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	\$.	· ·	Disbu	rsement For: Primary General Other (specify)
	· · · · · · · · · · · · · · · · · · ·	*	<u> </u>	i Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	9 s		▶	650.00
			•	650.00
			•	650.00
(a) SUBTOTAL of Itemized Independent Expenditure (b) SUBTOTAL of Unitemized Independent Expendit (c) TOTAL Independent Expenditures	ures		·· •	24,755.00

2018

07 14

Date

SCHEDULE	E	(FEC	Form	3X)
ITEMIZED IND	FPFI	NDENT	FYPE	NOITURES

				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
<u> </u>				C00577450
Together We Thrive				C00522458
Check if 24-hour report48-hour report	X New repo	ort Amends repo	rt filed on	
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
Jaalin Harvey : PPWS				04 01 2018
Mailing Address			i	
7179 Lake Carlisle Blud		_	Amou	ınt
City	State	Zip Code		, , 96 .00
Orlando	FL	32829	Date	of Disbursement or Obligation
Purpose of Expenditure		Category/		30 2018
DM Awareness Campaign		Туре	(
Name of Federal Candidate:		Support	l	ht: と House District: 3 と
Colin Allred		Oppose	Presid	dent Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	,	945.00		nt For: : Primary
Full Name of Payee		Memo		of Public Distribution/Dissemination
Katie Barnes : PPWS				04 01 2018
Mailing Address				
7179 Lake Carlisle Blud	ÿ		Amoi	unt ·
City	State	Zip Code		205.00
orlando	FL	32829	Date	of Disbursement or Obligation
Purpose of Expenditure		Category/		66 30 2018
DM Awareness Campaign	·	Type		06 30 20 10
Name of Federal Candidate:		Support	1	ht: ド House District: 32
Colin Allred		Oppose	Presid	dent Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	s ;	945.00		ont For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditure	•		· •	, 295.00
(c) TOTAL Independent Expenditures			· •	24,755.00
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	reported herein were	not made in of either, or (cooperation, consultation, or concert if the reporting entity is not a political
Signature		Date	07	14 ZO18

TEMIZED INDEPENDENT EXPENDITURES				PAGE 58 OF 68 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
T T				C005ZZ458
Together We Thrive				00000000
Check if 24-hour report 48-hour report	Y New repo	rt Amends repo	rt filed on	
Full Name of Payee		Memo	Item Dat	te of Public Distribution/Dissemination
PinPoint WebSolutions		·		04 01 2018
Mailing Address. 7179 Lake Carliste Blud		÷	Am	ount
City City	State	Zip Code		. , 650,00
Orlando	FL	32829		, ,
Purpose of Expenditure	<u> </u>	Category/	Da	te of Disbursement or Obligation
Awareness Campaign		Type		06 30 2018
Name of Federal Candidate:		Support	Office So	ught: \House District: 32
Colin Allred		Oppose	Pre	sident Senate State: TX
Calendar Year-To-Date	a	45.00	i	nent For: Primary ≭ General
Per Election for Office Sought	• • /	15.,00		Other (specify) ▶
Full Name of Payee		Memo	Item Da	te of Public Distribution/Dissemination
·				44 S. F. G. G. F. F. F. F. F. F. F. F. F. F. F. F. F.
Mailing Address			Arr	nount
	Tours	7. 6.1		
City	State	Zip Code		
Purpose of Expenditure			Da	te of Disbursement or Obligation
T dipose of Experionare		Category/ Type		4 / / 5 U 4 4 4
Name of Federal Candidate:		Support	Office So	ught: House District:
		Oppose	Pre	
Calendar Year-To-Date			Disburser	ment For: Primary General
Per Election for Office Sought	ž	: 		Other (specify)
•				/
(a) SUBTOTAL of Itemized Independent Expenditures			• •	, 650.00
(b) SUBTOTAL of Unitemized Independent Expenditu				
(b) 305101AL of Officernized independent Experional	·es		•	3 9 °
(c) TOTAL Independent Expenditures	•••••		· •	111 756 20
				24,755.00
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	reported herein were committee or agent	not made of either, or	in cooperation, consultation, or concert (if the reporting entity is not a political
\mathcal{A}				
Signature		_ Date	07	14 2018

SCHEDU	LE	E	(FEC	Form	3X)
ITEMIZED	IND	FPF	NDENT	FXPF	NDITURES

PAGE 59 OF 68 FOR LINE 24 OF FORM 3X FEC IDENTIFICATION NUMBER ♥

NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Together We Thrive				C00522458
Check if 24-hour report 48-hour report	✓ New repo	ort Amends repo	rt filed on	
Full Name of Payee		: Memo	Item Date	e of Public Distribution/Dissemination
Jaalin Harvey : PPWS	•	, iveno	į	04 01 2018
Mailing Address				09 01 2010
7179 Lake Carlisle Blv	d		Amo	
City	State	Zip Code	}	, 90.00
Orlando	FL	32829	Date	e of Disbursement or Obligation
Purpose of Expenditure		Category/		56 38 ZOIS
DM Awareness Campaign	\	Туре		06 30 2010
Name of Federal Candidate:		Support	Office Sou	ght: KHouse District: 23
Giva Jones		Oppose	Presi	ident Senate State:
Calendar Year-To-Date		2110-	Disburseme	ent For: Primary 😕 General
Per Election for Office Sought	, ,	74500		Other (specify) ▶
Full Name of Payee		Memo	Item Date	e of Public Distribution/Dissemination
Katie Barnes : PPWS	· .			04 01 2018
Mailing Address	1		^	•
7179 Lake Carlisle Blu	ଫ 		Amo	
City	State	Zip Code		205.00
orlando	FL	32829	Date	e of Disbursement or Obligation
Purpose of Expenditure DM Awareness Campaign		Category/ Type		66 30 2018
Name of Federal Candidate:	·	Support	Office Sou	ght: Nouse District: 23
Gina Jones		Oppose	Pres	<u> </u>
Calendar Year-To-Date				ent For: Primary K General
Per Election for Office Sought	; ;	945.00		Other (specify)
·				
(a) SUBTOTAL of Itemized Independent Expenditure	s		· ▶	295.00
(b) SUBTOTAL of Unitermized Independent Expendite	Jres		. •	5 5 × .
(c) TOTAL Independent Expenditures			· •	24,75500
		·		211.000
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorized	reported herein were d committee or agent	not made in of either, or	n cooperation, consultation, or concert (if the reporting entity is not a political
Rim		•	٠٠ ن.	
			<u> </u>	
Signature <i>U</i>		Date	· 07	14 ZO18

TEMIZED INDEPENDENT EXPENDITURES		•		PAGE 60 OF 68 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	<u>.</u>			FEC IDENTIFICATION NUMBER ▼
T 11 Ma Thair 10				C005ZZ458
Together We Thrive				J
Check if 24-hour report 48-hour report	√ New report	ort Amends repo	rt filed on	
Full Name of Payee		: Memo	Item Date	of Public Distribution/Dissemination
PinPoint WebSolutions				04 01 2018
Mailing Address			Amoi	
7179 Lake Castiste Blud			Amor	\
City	State	Zip Code		, 650.00
Orlando	FL	32829	Date	of Disbursement or Obligation
Purpose of Expenditure Awareness Campaign		Category/ Type		06 30 1018
Name of Federal Candidate:		Support	Office Soug	nt: K House District: 23
Giva Jones		Oppose	Presid	dent Senate State: TX
Calendar Year-To-Date		345 00	Disburseme	ent For: Primary 🗡 General
Per Election for Office Sought	, ,	945.00		Other (specify) ▶
Full Name of Payee		Memo	Item Date	of Public Distribution/Dissemination
				Mare De Present
Mailing Address			Amo	unt
			Amoi	um
City	State	Zip Code		
			Date	of Disbursement or Obligation
Purpose of Expenditure		Category/ Type		
Name of Federal Candidate:		Support	Office Soug	ht: House District:
		Oppose	Presid	
Calendar Year-To-Date			Disburseme	ent For: Primary General
Per Election for Office Sought	ž. <u> </u>	:		Other (specify) ▶
•				
(a) SUBTOTAL of Itemized Independent Expenditures	•••••		•	650,00
(b) SUBTOTAL of Unitemized Independent Expenditur	es		•	\$
(c) TOTAL Independent Expenditures				
(a) No FAL Mospanda M Exponential of Management			•	24,755.00
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized	reported herein were committee or agent of	not made in of either, or (cooperation, consultation, or concert if the reporting entity is not a political
\mathcal{A}				
Signature		Date	07	14 2018

TEMIZED INDEPENDENT EXPENDITURES				PAGE 6 OF 68 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	· · · · · · · · · · · · · · · · · · ·			FEC IDENTIFICATION NUMBER ▼
Together We Thrive				C00522458
	~			11 11 1 5 5 1 8 Y Y Y
Check if 24-hour report 48-hour report	✓ New repo	ort Amends repo	rt filed on	
Full Name of Payee		[] Memo	l	e of Public Distribution/Dissemination
Jaalin Harvey : PPWS				04 61 2018
Mailing Address 7179 Lake Carlisle Bluc	١		Amo	
City	State	Zip Code		, , 90.00
Orlando	FL	32829		, , , , , , , , , , , , , , , , , , , ,
Purpose of Expenditure		<u> </u>		e of Disbursement or Obligation
DM Awareness Campaign		Category/ Type		ÖÖ' 3° ZÖİ Ö
Name of Federal Candidate:	.	Support	Office Sou	ght: X House District: 7
Lizzie Fletcher		Oppose	Pres	ident Senate State: TX
Calendar Year-To-Date		2115	Disbursem	ent For: Primary 🔏 General
Per Election for Office Sought	, ,	145.00		Other (specify) ▶
Full Name of Payee		[] Memo	Item Date	e of Public Distribution/Dissemination
. Katie Barnes! PPWS	· ·			04 01 2018
Mailing Address 7179 Lake Carlisle Blue	J		Amo	ount
City	State	Zip Code		, 205.00
orlando	FL	32829	Date	e of Disbursement or Obligation
Purpose of Expenditure		Category/	Dun	66 33 ZONS
DM Awareness Campaign		Туре		66 30 2018
Name of Federal Candidate:	 -	Support	Office Sou	- ''
Lizzie Fletcher	_	Oppose	Pres	
Calendar Year-To-Date Per Election for Office Sought		945.00	Disbursem	ent For: Primary X General
	, ,	7:0:,00		Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures			_	
(a) about the street was made and a position of the street and the			•	, , , , , , , , , , , , , , , , , , , ,
(b) SUBTOTAL of Unitemized Independent Expenditure	res		. •	, , .
()				
(c) TOTAL Independent Expenditures			• •	, 24,755.00
Under penalty of perjury I certify that the independe	unt expenditures	reported herein were	not made is	a cooperation consultation or concert
with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized			
2 . O	-g01111			
CC/p		_ Date		ĺįų žõiš
Signature		_ Date	0 1	17 2010

Signature

	EMIZED INDEPENDENT EXPENDITURES				PAGE 62 OF 68 FOR LINE 24 OF FORM 3X
NΑ	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
	Together We Thri	J-e			C 06 5 2 2 4 5 8
Ch	neck if24-hour report48-hour report	✓ New report	rt Amends repo	ort filed o	en el (e e (e e e e e e e e e e e e e e
	Full Name of Payee		i i Memo	Item	Date of Public Distribution/Dissemination
i	PinPoint Web Solutions	7			34 61 2018
	Mailing Address	0.1			Amount
	7179 Lake Carliste 1	151UU			
	City	State	Zip Code		, ,650.00
	Orlando	FL	32829		Date of Disbursement or Obligation
	Purpose of Expenditure Awareness Campai	34	Category/ Type		06/36/2018
	Name of Federal Candidate:		X Support	Office	Sought: K House District: 7
	Lizzie Fletcher		Oppose		President Senate State: TX
	Calendar Year-To-Date Per Election for Office Sought	, ;,	145.00	Disbur	sement For: ☐ Primary ☐ General ☐ Other (specify) ▶
	Full Name of Payee		. Memo	Item	Date of Public Distribution/Dissemination
					M - M / D D / Y Y Y
	Mailing Address				Amount
	City	State	Zip Code		, ,
					Date of Disbursement or Obligation
	Purpose of Expenditure		Category/ Type		M M / D / Y Y Y
	Name of Federal Candidate:		Support	Office	Sought: House District:
			Oppose		President Senate State:
	Calendar Year-To-Date		1	1	rsement For: Primary General
	Per Election for Office Sought	, ,		1	Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	S		•	, 650.00
•	(b) SUBTOTAL of Unitemized Independent Expenditu	res		. •	, , , , , , , , , , , , , , , , , , , ,
	(c) TOTAL Independent Expenditures			. •	, 24,755.00
	Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized	reported herein were committee or agent	not ma	de in cooperation, consultation, or concert , or (if the reporting entity is not a political
	acq				5 ' 7 / ' 5 *

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

TEMIZED INDEPENDENT EXPENDITURES				PAGE 63 OF 68 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			, 	FEC IDENTIFICATION NUMBER ♥
Together We Thrive			·····	C00522458
Check if 24-hour report 48-hour report	New repor	t Amends repor		
Full Name of Payee Laglin Harvey: PPWS		Memo I		of Public Distribution/Dissemination
Mailing Address				04 01 2018
7179 Lake Carlisle Blud			Amou	unt
City . Sta	1	Zip Code		, ,135.00
3. [state 5	-L	32829	Date	of Disbursement or Obligation
Purpose of Expenditure DM Awareness Campaign		Category/ Type		56/30/2018
Name of Federal Candidate:	<u>.</u>	Support	Office Soug	ht: K House District: MTAL
Kathleen Williams		Oppose		dent Senate State: MT
Calendar Year-To-Date	0		Disburseme	nt For: Primary 🗡 General
Per Election for Office Sought	٠, ٩	90,00		Other (specify) ▶
Full Name of Payee		Memo	item Date	of Public Distribution/Dissemination
Katie Barnes : PPWS				04 01 2018
Mailing Address 7179 Lake Carlisle Blud			Amo	
City	ate	Zip Code		205.00
Orlando F	=ㄴ	32829	Date	of Disbursement or Obligation
Purpose of Expenditure		Category/	1	66 30 2018
DM Awareness Campaign		Type		06 30 2010
Name of Federal Candidate: Kathleen Williams		Support Oppose	Office Soug	th: Y House District: MTAL dent Senate State: MT
Calendar Year-To-Date Per Election for Office Sought	. (990.00	P*************************************	ent For: Primary
				Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures				340.00
				, , , , , , , , , , , , , , , , , , , ,
(b) SUBTOTAL of Unitermized Independent Expenditures			•	. y 5 *.
,				
(c) TOTAL Independent Expenditures			•	24,755.00
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate o party committee) any political party committee or its age	r authorized	reported herein were committee or agent of	not made in of either, or (i	cooperation, consultation, or concert if the reporting entity is not a political
Rin		· ·		
Signature		Date	07	14 ZO18

PAGE 64 OF 68 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (IN FUII)					FEC IDENTIFICATION NUMBER ▼		
	Together We Thri	J-C		·	C 00 5 2 2 4 5 8		
Ch	Check if 24-hour report 48-hour report New report Amends report filed on						
	Full Name of Payee		Memo	Item D	ate of Public Distribution/Dissemination		
	PinPoint Web Solutions	>			B9 61 2018		
	Mailing Address 7179 Lake Carliste (Zivel		Aı	mount		
	City	State	Zip Code		. 650.00		
	Orlando	FL	32829		•		
	Purpose of Expenditure		Category/	D	ate of Disbursement or Obligation		
	Awareness Campai	311	Туре		06/36/2018		
!	Name of Federal Candidate: Kathleen William		✓ Support		ought: Y House District: MTAL		
	Rathreen William		Oppose		esident Senate State: MT		
	Calendar Year-To-Date Per Election for Office Sought	, ,	¥		ement For: Primary ★General Other (specify) ▶		
	Full Name of Payee		Memo		ate of Public Distribution/Dissemination		
. '					m m / O C / i s f Y		
	Mailing Address				· mount		
		T2".		^	mount		
	City	State	Zip Code		:		
	Purpose of Expenditure			D	ate of Disbursement or Obligation		
	The second of th		Category/ Type		to the engage with the Market Market		
	Name of Federal Candidate:		Support	Office S	ought: House District:		
			Oppose		esident Senate State:		
	Calendar Year-To-Date			1 ~~	ement For: Primary General		
	Per Election for Office Sought	j j .	•		Other (specify) ▶		
	(a) SUBTOTAL of Itemized Independent Expenditures			. ▶	, 650.00		
	(b) SUBTOTAL of Uniternized Independent Expenditure	res		· ▶	· • •		
ļ ļ	(c) TOTAL Independent Expenditures			· •	24,755.00		
	Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized					
	$Q \circ \Lambda$						
	Signature		Date	· 07	14 2018		

PAGE	65	OF	68
FOR I	INF 24	OF F	ORM 3X

	ME OF COMMITTEE (In E.III)				T ON EINE 24 OF TOTAL OX
NA	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
	Together We Thrive				C00522458
Ch	eck if24-hour report48-hour report	New repo	nt Amends repo	rt filed on	
	Full Name of Payee		:· Memo	Item Da	ate of Public Distribution/Dissemination
	PinPoint WebSolutions	S			04 01 2018
	Mailing Address				09 01 20 18
ĺ	7179 Lake Carlisle Blud			A	mount
	City	State	Zip Code		, 150.00
	Orlando	FL	32829		ate of Disbursement or Obligation
ļ	Purpose of Expenditure		Category/		<u>-</u>
	Awareness Campaign	į	Type		04 2018
	Name of Federal Candidate:	·	X Support	Office So	ought: KHouse District: 8
	Hiral Tiprneni	•	Oppose		esident Senate State: AZ
	Calendar Year-To-Date		} <u></u>	Disburse	ement For: Primary & General
	Per Election for Office Sought	, ,	50.00		Other (specify) ▶
•	Full Name of Payee		Memo	Item D	ate of Public Distribution/Dissemination
	Facebook Inc.				04 01 2018
	Mailing Address	,—-,,,			09 01 2018
	1 Hacker Way		•	A	mount
	City	State	Zip Code		200.00
	Menlo Park	CA	94025	D	ate of Disbursement or Obligation
	Purpose of Expenditure		Category/		04 30 2018
	GOT V	Carpaign	Туре		04 20 2018
	Name of Federal Candidate:		Support	Office S	ought: K House District: 8
	Hiral Tipirneni		Oppose	E. Pr	esident Senate State: A2
	Calendar Year-To-Date		200	Disburse	ement For: Primary 🗶 General
	Per Election for Office Sought	5 ,	150,00		Other (specify) >
	(a) SUBTOTAL of Itemized Independent Expenditures				350.00
					, , , , , , , , , , , , , , , , , , , ,
•	(b) SUBTOTAL of Uniternized Independent Expenditure	res		▶	7 9 .
	(c) TOTAL Independent Expenditures			. •	24,755.000
	Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
	Le Je		Date	07	14 2018

PAGE & Y OF & 8 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
				C 0 6 7 7 7 11 5 6
logether We Thrive				C00522458
Check if 24-hour report 48-hour report	→ New report	ort Amends repo	ort filed o	n
Full Name of Payee		: : Memo	Item I	Date of Public Distribution/Dissemination
Jaalin Harvey : PPWS		·		04 01 2018
Mailing Address	i			• •
7179 Lake Carlisle Blue)			Amount
City	State	Zip Code		, , 200.00
Orlando	FL	32829		Date of Disbursement or Obligation
Purpose of Expenditure		Category/		04 30 20 18
DM Awareness Campaign		Туре		04 & 20 10
Name of Federal Candidate:		X Support	ľ	Sought: X House District: 8
Hiral Tipirnen.		Oppose	☐ F	President Senate State: AZ
Calendar Year-To-Date	C		Disburs	sement For: Primary * General
Per Election for Office Sought	,	50.00		Other (specify) ▶
Full Name of Payee		Memo	Item	Date of Public Distribution/Dissemination
. Katie Barnes : PPWS				04 01 2018
Mailing Address	1			
7179 Lake Carlisle Blue	···			Amount
City	State	Zip Code		40.00
orlando	FL	32829	(Date of Disbursement or Obligation
Purpose of Expenditure		Category/		64 20 2018
DM Awareness Campaign		Туре		
Name of Federal Candidate:		Support	Office	Sought: KHouse District: 8
Ifisal Tipishen.		Oppose	F	President Senate State: X
Calendar Year-To-Date	6	2 ~ · · · · · · ·	Disburs	sement For: Primary K General
Per Election for Office Sought	9 у	150.00		Other (specify) ▶
				_
(a) SUBTOTAL of Itemized Independent Expenditures			•	, ,600,00
(b) CURTOTAL of Unitarized Independent Europality				
(b) SUBTOTAL of Unitemized Independent Expenditu	res	••••••	• •	y 3 *
(c) TOTAL Independent Expenditures				~ . 7
, ,				24,755.00
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate.	ate or authorized			
party committee) any political party committee or its	agent.			• •
111 M			, <u>, , , , , , , , , , , , , , , , , , </u>	
Signature		Date	e 0	7 14 2018

TEMIZED INDEPENDENT EXPENDITURES	S			PAGE 67 OF 68 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Together We Thrive				C00522458
Check if 24-hour report 48-hour report	✓ New rep	ort Amends repo	ort filed or	1
Full Name of Payee Laglin Harvey: PPWS				Date of Public Distribution/Dissemination
		04 01 2018		
Mailing Address 7179 Lake Carlisle Blu	1	Amount		
City	State	Zip Code		,
Orlando	FL	32829		Date of Disbursement or Obligation
Purpose of Expenditure DM Awareness Campaign	v.	Category/ Type		00 30 2018
Name of Federal Candidate:		X Support	Office	Sought: と House District: 12
Danny Ol Connor		Oppose	. □ P	resident Senate State: OH
Calendar Year-To-Date Per Election for Office Sought	,	785.00		ement For: Primary General Other (specify) ▶
Full Name of Payee		Memo	T .	Date of Public Distribution/Dissemination
. Katie Barnes : PPWS	·			04 01 2018
Mailing Address 7179 Lake Carlisle Blu	10			Amount
City	State	Zip Code		Z00.00
orlando	FL	32829		Date of Dishumanana or Obligation
Purpose of Expenditure	1	Category/	'	Date of Disbursement or Obligation
DM Awareness Campaign		Туре		06 30 2018
Name of Federal Candidate: Danny O'Connor		Support Oppose	Office S	Sought: House District: 12 President Senate State: 04
10 0000000				sement For: Primary General
Calendar Year-To-Date Per Election for Office Sought	3 3 3	785.00	i .	Other (specify)
() OUDTOTAL ()	•			
(a) SUBTOTAL of Itemized Independent Expenditure	es		· 🕨	400,00
(b) SUBTOTAL of Unitemized Independent Expendi	tures		. •	y 5 4
(c) TOTAL Independent Expenditures			·· •	24,755.00
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candiparty committee) any political party committee or i	idate or authorize	•		or (if the reporting entity is not a political
Signature		Dat	e 07	7 14 2018

SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITURES				PAGE 68 OF 68 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Together We Thrive				C00 522458
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	ort filed on	Y Y Y Y G G 1 D B
Full Name of Payee		Memo	item Date	of Public Distribution/Dissemination
Social Rank, com				04 01 2018
Mailing Address	, , , , , , , , , , , , , , , , , , , ,			01 01 2018
Unknown			Amou	ınt
City	State	Zip Code		, ,120,00
Unknown	NIA	N/A	Date	of Disbursement or Obligation
Purpose of Expenditure	<u> </u>	Category/		56 30 2018
List Generation	•	Туре		06 30 2018
Name of Federal Candidate:	. 10-14-0	Support	Office Soug	ht: House District:
N/A		Oppose	Presid	lent Senate State:
Calendar Year-To-Date				nt For: Primary General
Per Election for Office Sought	, ,	240.00		Other (specify) ▶
Full Name of Payee	Full Name of Payee Memo Item			of Public Distribution/Dissemination
				א א / ט ט / Y Y Y Y
Mailing Address	·	 		
			Amou	unt
City	State	Zip Code		, .
			Date	of Disbursement or Obligation
Purpose of Expenditure	Category/	Bale	א ט ס / א א א א א א א א א א א א א א א א א א	
		Type		
Name of Federal Candidate:		Support	Office Soug	ht: House District:
		Oppose	Presid	dent Senate State:
Calendar Year-To-Date			Disburseme	nt For: Primary General
Per Election for Office Sought	, ,	•		Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			. •	, 120,00
			•	, ,
(b) SUBTOTAL of Unitermized Independent Expenditu	res		. ▶	, ,
(c) TOTAL Independent Expenditures			• •	, 24,755.00
Under penalty of perjury I certify that the independed with, or at the request or suggestion of, any candidately party committee) any political party committee or its	ate or authorize			
CAM		_	351	14' Žŏ / B
Signature		Date	e <i>U</i> /	17 6010

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

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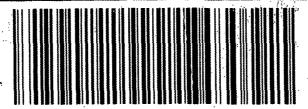
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Received from Electronic Filing Office	Date of Receipt
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ES PREPARER	7/20/8 DATE PREPARED
(3/2015)	