

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

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FOR LINE 24 OF FORM 3X

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

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

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

(a) SUBTOTAL of Itemized Independent Expenditures	<i>650.00</i>
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	<i>24,755.00</i>

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

Signature *[Signature]*

Date *07 14 2018*

NOTATION: NO INDEPENDENT EXPENDITURES