

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

Mind The Gap

ADDRESS (number and street) PO Box 60936

Check if different than previously reported. (ACC) Palo Alto CA 94306

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00683649

3. IS THIS REPORT NEW OR AMENDED (N) (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

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

- (c) 12-Day PRE-Election Report for the:
Primary (12P)
General (12G)
Runoff (12R)
Convention (12C)
Special (12S)

Election on M M / D D / Y Y Y Y Y Y in the State of

- (d) 30-Day POST-Election Report for the:
General (30G)
Runoff (30R)
Special (30S)

Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 02 01 2020 through 02 29 2020

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

Gotlieb, Graham, D., ,

Type or Print Name of Treasurer

Signature of Treasurer Gotlieb, Graham, D., , [Electronically Filed] Date 04 21 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Table with 10 columns for Office Use Only

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Mind The Gap

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2020"/>	<input type="text" value="858735.03"/>	<input type="text" value="858735.03"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="889498.77"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="11967.50"/>	<input type="text" value="125899.05"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="901466.27"/>	<input type="text" value="984634.08"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="61288.67"/>	<input type="text" value="144456.48"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="840177.60"/>	<input type="text" value="840177.60"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Mind The Gap

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		
(i) Itemized (use Schedule A).....	11736.04	124986.04
(ii) Unitemized	100.00	300.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	11836.04	125286.04
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	11836.04	125286.04
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	46.86	528.41
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	84.60	84.60
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	11967.50	125899.05
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	11967.50	125899.05

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	61288.67	144456.48
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	61288.67	144456.48
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	61288.67	144456.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	61288.67	144456.48

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)	11836.04	125286.04
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11836.04	125286.04
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	61288.67	144456.48
37. Offsets to Operating Expenditures (from Line 15, page 3).....	46.86	528.41
38. Net Operating Expenditures (subtract Line 37 from Line 36)	61241.81	143928.07

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

Form/Schedule: F3XA
Transaction ID :

Amending to disclose the purpose of the in-kind contribution.

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 20
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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)
Mind The Gap

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Stanton, Patrick, , ,		Date of Receipt MM / DD / YYYY 02 / 05 / 2020 Transaction ID : 3950070
Mailing Address 328 Bryant St		Amount of Each Receipt this Period 5000.00
City Mountain View	State CA	Zip Code 94041-1213
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Clean Economy LLC	Occupation (for Individual) Developer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. DigiDems LLC		Date of Receipt MM / DD / YYYY 02 / 29 / 2020 Transaction ID : 4025655
Mailing Address 8391 Beverly Blvd		Amount of Each Receipt this Period 1736.04
City Los Angeles	State CA	Zip Code 90048-2633
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual)	Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1736.04	Technology Services

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Blue, Allen, , ,		Date of Receipt MM / DD / YYYY 02 / 29 / 2020 Transaction ID : 4025654
Mailing Address 8391 Beverly Blvd		Amount of Each Receipt this Period 1736.04
City Los Angeles	State CA	Zip Code 90048-2633
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item
Name of Employer (for Individual) DigiDems LLC	Occupation (for Individual) Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1736.04	

SUBTOTAL of Receipts This Page (optional).....▶	6736.04
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Mind The Gap

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Barker, Brandee, , ,

Mailing Address 720 Hobart St

City Menlo Park	State CA	Zip Code 94025-5706
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Communications Consultant
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 15 / 2020

Transaction ID : 3971929

Amount of Each Receipt this Period
5000.00

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5000.00
TOTAL This Period (last page this line number only).....	11736.04

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

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

FOR LINE NUMBER: PAGE 9 OF 20
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Mind The Gap

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ADP Inc.

Mailing Address 1 ADP Blvd

City Roseland State NJ Zip Code 07068-1728

FEC ID number of contributing federal political committee.

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /
Transaction ID : 3950082

Amount of Each Receipt this Period

Memo Item

Refund from Vendor

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="20.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="20.00"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Mind The Gap

Full Name (Last, First, Middle Initial)

A. Lyft

Mailing Address 185 Berry St
Ste 5000

City San Francisco State CA Zip Code 94107-2503

Purpose of Disbursement
Travel

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2020

FEC Identification Number

C

Transaction ID : 500087950

Amount of Each Disbursement this Period

35.99

Memo Item

Full Name (Last, First, Middle Initial)

B. Amazon

Mailing Address 410 Terry Ave N

City Seattle State WA Zip Code 98109-5210

Purpose of Disbursement
Office Supplies

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
02 / 11 / 2020

FEC Identification Number

C

Transaction ID : 500087960

Amount of Each Disbursement this Period

14.16

Memo Item

Full Name (Last, First, Middle Initial)

C. MBA Consulting Group

Mailing Address 611 Pennsylvania Ave SE
Ste 143

City Washington State DC Zip Code 20003-4303

Purpose of Disbursement
Compliance Consulting

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
02 / 20 / 2020

FEC Identification Number

C

Transaction ID : 500098641

Amount of Each Disbursement this Period

1925.00

Memo Item

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

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

1975.15

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Mind The Gap

Full Name (Last, First, Middle Initial)

A. Lyft

Mailing Address 185 Berry St
Ste 5000

City San Francisco State CA Zip Code 94107-2503

Purpose of Disbursement
Travel

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2020

FEC Identification Number

C
Transaction ID : 500087951
Amount of Each Disbursement this Period
23.09

Memo Item

Full Name (Last, First, Middle Initial)

B. T3 Advisors

Mailing Address 1 Marina Park Dr
Ste 315

City Boston State MA Zip Code 02210-1873

Purpose of Disbursement
Rent

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
02 / 27 / 2020

FEC Identification Number

C
Transaction ID : 500098822
Amount of Each Disbursement this Period
1250.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Lyft

Mailing Address 185 Berry St
Ste 5000

City San Francisco State CA Zip Code 94107-2503

Purpose of Disbursement
Travel

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2020

FEC Identification Number

C
Transaction ID : 500087952
Amount of Each Disbursement this Period
15.68

Memo Item

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

1288.77

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

21b 22 23 26 27
 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
Mind The Gap

Full Name (Last, First, Middle Initial)
A. ADP Inc.

Mailing Address 1 ADP Blvd

City Roseland State NJ Zip Code 07068-1728

Purpose of Disbursement Payroll Fees

Candidate Name

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

State: District:

Date of Disbursement 02 / 13 / 2020

FEC Identification Number C
Transaction ID : 500098653
 Amount of Each Disbursement this Period 130.77

Memo Item

Full Name (Last, First, Middle Initial)
B. Lyft

Mailing Address 185 Berry St Ste 5000

City San Francisco State CA Zip Code 94107-2503

Purpose of Disbursement Travel

Candidate Name

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

State: District:

Date of Disbursement 02 / 06 / 2020

FEC Identification Number C
Transaction ID : 500087953
 Amount of Each Disbursement this Period 50.05

Memo Item

Full Name (Last, First, Middle Initial)
C. Digify

Mailing Address 350 Townsend St Ste 746

City San Francisco State CA Zip Code 94107-1693

Purpose of Disbursement Software Subscription

Candidate Name

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

State: District:

Date of Disbursement 02 / 18 / 2020

FEC Identification Number C
Transaction ID : 500098654
 Amount of Each Disbursement this Period 280.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 460.82

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Mind The Gap

Full Name (Last, First, Middle Initial)

A. Paragon Solutions

Mailing Address 25 Commerce Dr

City
Cranford

State
NJ

Zip Code
07016-3605

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 04 / 2020

FEC Identification Number

C [REDACTED]

Transaction ID : 500087955

Amount of Each Disbursement this Period

[REDACTED] 1877.16

Memo Item

Full Name (Last, First, Middle Initial)

B. DigiDems LLC

Mailing Address 8391 Beverly Blvd

City
Los Angeles

State
CA

Zip Code
90048-2633

Purpose of Disbursement
Technology Services

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 29 / 2020

FEC Identification Number

C [REDACTED]

Transaction ID : 40256551

Amount of Each Disbursement this Period

[REDACTED] 1736.04

* In-Kind Received

Memo Item

Full Name (Last, First, Middle Initial)

C. ADP Inc.

Mailing Address 1 ADP Blvd

City
Roseland

State
NJ

Zip Code
07068-1728

Purpose of Disbursement
Payroll Fees

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 28 / 2020

FEC Identification Number

C [REDACTED]

Transaction ID : 500098817

Amount of Each Disbursement this Period

[REDACTED] 7.00

Memo Item

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

[REDACTED] 3620.20

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Mind The Gap

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address N Tryon St

City
Charlotte

State
NC

Zip Code
28255-0001

Purpose of Disbursement
Credit Card Payment - See Below If Itemized

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	1		2	0	2	0

FEC Identification Number

C [REDACTED]

Transaction ID : 500098797

Amount of Each Disbursement this Period

[REDACTED] 1173.70

Memo Item

Full Name (Last, First, Middle Initial)

B. Amazon

Mailing Address 410 Terry Ave N

City
Seattle

State
WA

Zip Code
98109-5210

Purpose of Disbursement
Software Subscription

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	1		2	0	2	0

FEC Identification Number

C [REDACTED]

Transaction ID : 500098830

Amount of Each Disbursement this Period

[REDACTED] 12.99

Memo Item

Full Name (Last, First, Middle Initial)

C. Dashlane USA

Mailing Address 44 W 18th St

City
New York

State
NY

Zip Code
10011-4611

Purpose of Disbursement
Software Subscription

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	1		2	0	2	0

FEC Identification Number

C [REDACTED]

Transaction ID : 500098831

Amount of Each Disbursement this Period

[REDACTED] 288.00

Memo Item

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

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

[REDACTED] 1173.70

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Mind The Gap

Full Name (Last, First, Middle Initial)

A. Amazon

Mailing Address 410 Terry Ave N

City
Seattle

State
WA

Zip Code
98109-5210

Purpose of Disbursement
Software Subscription

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	1		2	0	2	0

FEC Identification Number

C []

Transaction ID : 500098833

Amount of Each Disbursement this Period

[] 4.99

Memo Item

Full Name (Last, First, Middle Initial)

B. Hotels.com

Mailing Address 5400 Lbj Fwy
Ste 500

City
Dallas

State
TX

Zip Code
75240-1019

Purpose of Disbursement
Travel

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	1		2	0	2	0

FEC Identification Number

C []

Transaction ID : 500098836

Amount of Each Disbursement this Period

[] 1188.43

Memo Item

Full Name (Last, First, Middle Initial)

C. Yubico Inc.

Mailing Address 530 Lytton Ave
Ste 301

City
Palo Alto

State
CA

Zip Code
94301-1541

Purpose of Disbursement
Refund From Vendor - Software Subscription

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	1		2	0	2	0

FEC Identification Number

C []

Transaction ID : 500098827

Amount of Each Disbursement this Period

[] - 154.13

Memo Item

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

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

[] 0.00

[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Mind The Gap

Full Name (Last, First, Middle Initial)

A. Amazon

Mailing Address 410 Terry Ave N

City
Seattle

State
WA

Zip Code
98109-5210

Purpose of Disbursement
Refund From Vendor - Office Supplies

Candidate Name

Office Sought:
 House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	1		2	0	2	0

FEC Identification Number

C []

Transaction ID : 500098828

Amount of Each Disbursement this Period

[] - 110.10

Memo Item

Full Name (Last, First, Middle Initial)

B. Amazon

Mailing Address 410 Terry Ave N

City
Seattle

State
WA

Zip Code
98109-5210

Purpose of Disbursement
Software Subscription

Candidate Name

Office Sought:
 House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	1		2	0	2	0

FEC Identification Number

C []

Transaction ID : 500098829

Amount of Each Disbursement this Period

[] 5.99

Memo Item

Full Name (Last, First, Middle Initial)

C. Bank of America

Mailing Address N Tryon St

City
Charlotte

State
NC

Zip Code
28255-0001

Purpose of Disbursement
Rebate

Candidate Name

Office Sought:
 House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	1		2	0	2	0

FEC Identification Number

C []

Transaction ID : 500098839

Amount of Each Disbursement this Period

[] - 300.00

Memo Item

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

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

[] 0.00

[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Mind The Gap

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address N Tryon St

City
Charlotte

State
NC

Zip Code
28255-0001

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	2	0

FEC Identification Number

C []

Transaction ID : 500098818

Amount of Each Disbursement this Period

[] 1.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ADP Inc.

Mailing Address 1 ADP Blvd

City
Roseland

State
NJ

Zip Code
07068-1728

Purpose of Disbursement
Payroll Taxes

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	7		2	0	2	0

FEC Identification Number

C []

Transaction ID : 500087958

Amount of Each Disbursement this Period

[] 18833.37

Memo Item

Full Name (Last, First, Middle Initial)

C. ADP Inc.

Mailing Address 1 ADP Blvd

City
Roseland

State
NJ

Zip Code
07068-1728

Purpose of Disbursement
Payroll Fees

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	1		2	0	2	0

FEC Identification Number

C []

Transaction ID : 500098798

Amount of Each Disbursement this Period

[] 10.00

Memo Item

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

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

[] 18844.37

[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Mind The Gap

Full Name (Last, First, Middle Initial)

A. NGP VAN

Mailing Address 1445 New York Ave NW
Ste 200

City
Washington

State
DC

Zip Code
20005-2158

Purpose of Disbursement
Software Subscription

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	3		2	0	2	0

FEC Identification Number

C []

Transaction ID : 500087949

Amount of Each Disbursement this Period

[] 259.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ADP Inc.

Mailing Address 1 ADP Blvd

City
Roseland

State
NJ

Zip Code
07068-1728

Purpose of Disbursement
Payroll - See Below If Itemized

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	7		2	0	2	0

FEC Identification Number

C []

Transaction ID : 500087959

Amount of Each Disbursement this Period

[] 33379.19

Memo Item

Full Name (Last, First, Middle Initial)

C. Benjamin, Beth, , ,

Mailing Address PO Box 60936

City
Palo Alto

State
CA

Zip Code
94306-0936

Purpose of Disbursement
Salary

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	7		2	0	2	0

FEC Identification Number

C []

Transaction ID : 500098823

Amount of Each Disbursement this Period

[] 9593.43

Memo Item

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

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

[] 33638.19

[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Mind The Gap

Full Name (Last, First, Middle Initial) A. Gottlieb, Graham, , ,			Date of Disbursement MM / DD / YYYY 02 / 07 / 2020		
Mailing Address PO Box 60936					
City Palo Alto		State CA	Zip Code 94306-0936		
Purpose of Disbursement Salary				<input type="text"/>	
Candidate Name				Category/ Type	
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="checkbox"/> Other (specify) ▼	
FEC Identification Number C <input type="text"/>				Transaction ID : 500098824	
Amount of Each Disbursement this Period				<input type="text"/> 9475.47	
				<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Sachs, Hadar, , ,			Date of Disbursement MM / DD / YYYY 02 / 07 / 2020		
Mailing Address PO Box 60936					
City Palo Alto		State CA	Zip Code 94306-0936		
Purpose of Disbursement Salary				<input type="text"/>	
Candidate Name				Category/ Type	
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="checkbox"/> Other (specify) ▼	
FEC Identification Number C <input type="text"/>				Transaction ID : 500098825	
Amount of Each Disbursement this Period				<input type="text"/> 5807.18	
				<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Slates, Erica, , ,			Date of Disbursement MM / DD / YYYY 02 / 07 / 2020		
Mailing Address PO Box 60936					
City Palo Alto		State CA	Zip Code 94306-0936		
Purpose of Disbursement Salary				<input type="text"/>	
Candidate Name				Category/ Type	
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State:	District:	<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="checkbox"/> Other (specify) ▼	
FEC Identification Number C <input type="text"/>				Transaction ID : 500098826	
Amount of Each Disbursement this Period				<input type="text"/> 8503.11	
				<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional)..... ▶	<input type="text"/> 0.00
TOTAL This Period (last page this line number only)..... ▶	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Mind The Gap

A. ADP Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 1 ADP Blvd

City Roseland State NJ Zip Code 07068-1728

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 26 / 2020

FEC Identification Number: C

Transaction ID : 500098799

Amount of Each Disbursement this Period: 88.13

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	88.13
TOTAL This Period (last page this line number only).....▶	61089.33