

**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

COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC

ADDRESS (number and street)

1627 K STREET NW

STE 500

Check if different  
than previously  
reported. (ACC)

WASHINGTON

DC

20006

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00652685

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

(b) Monthly  
Report  
Due On:

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

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

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

Election on

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

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
07 01 2019

through

M M M / D D D / Y Y Y Y Y Y  
12 31 2019

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

Bass, Zachary, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Bass, Zachary, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
01 29 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.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
07 / 01 / 2019 To: M M / D D / Y Y Y Y Y Y  
12 / 31 / 2019

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2019</span>		<span style="border: 1px solid black; padding: 2px;">9546.32</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">7612.85</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">1660297.94</span>	<span style="border: 1px solid black; padding: 2px;">3507100.28</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">1667910.79</span>	<span style="border: 1px solid black; padding: 2px;">3516646.60</span>
7. Total Disbursements (from Line 31).....	<span style="border: 1px solid black; padding: 2px;">1659488.58</span>	<span style="border: 1px solid black; padding: 2px;">3508224.39</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<span style="border: 1px solid black; padding: 2px;">8422.21</span>	<span style="border: 1px solid black; padding: 2px;">8422.21</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



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

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y Y  
07 01 2019

To:

M M / D D / Y Y Y Y Y Y  
12 31 2019

**I. Receipts**

**COLUMN A**  
**Total This Period**

**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

13936.00

27013.00

(ii) Unitemized .....

1646361.94

3480087.28

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

1660297.94

3507100.28

(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) .....

1660297.94

3507100.28

## 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).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) .....

1660297.94

3507100.28

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

1660297.94

3507100.28

**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 .....	1659488.58	3427524.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1659488.58	3427524.39
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	80700.00
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)) ..	1659488.58	3508224.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1659488.58	3508224.39

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	1660297.94	3507100.28
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1660297.94	3507100.28
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	1659488.58	3427524.39
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	1659488.58	3427524.39

: 97 'A-G79 @G B9CI G'H9LH'F9 @G H98 'HC'5 'F9DCFHŽG7 <98I @'CF' +H9A-N5HCB  
.

Form/Schedule: F3XN

Transaction ID :

Our PAC makes its best efforts to collect required record keeping information for individuals who have contributed more than \$200 in a calendar year. All original solicitation contain a clear and conspicuous request for the required contributor information on reply materials with the required explanatory statement. If the information is not provided to the Committee, then we will follow up by sending a letter to the donor within 30 days of the donation requesting the missing information. This letter is sent by itself with no solicitation. It clearly requests the missing information, informs the donor that federal law requires that we report this information and includes a return envelope. We then make sure to update the records and report any additional information to the Commission prior to our next reporting date, or as memo entries in the next regularly scheduled report. For reporting purposes we have used the term 'Donor Outreach' on our Schedule B supporting line 21(b). We have contracted multiple companies to provide 'Donor Outreach' services for us. 'Donor Outreach' services include but are not limited to FUNDRAISING ACTIVITIES, DONOR DATABASE MANAGEMENT, CAGING AND ESROW, DIRECT MAIL SERVICES, Letterhead/Envelopes/Stationary and List Acquisition

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: PAGE 7 OF 51

(check only one)

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

**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

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

**A. ADAMS, LLOYD, , ,**

Mailing Address 3005 WARREN LN

City  
EL DORADO HILLS

State  
CA

Zip Code  
95762

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BEST EFFORTS

Occupation (for Individual)  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 22 / 2019

Transaction ID : SA11AI.5438

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**B. ADAMS, THOMAS, , ,**

Mailing Address 6790 65TH AVE NE

City  
SAUK RAPIDS

State  
MN

Zip Code  
56379

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BEST EFFORTS

Occupation (for Individual)  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 03 / 2019

Transaction ID : SA11AI.5216

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. ANDERSON, DANA, , ,**

Mailing Address 337 MOUNT LEBANON CHURCH RD

City  
GREER

State  
SC

Zip Code  
29651

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
STUDENT

Occupation (for Individual)  
STUDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 12 / 2019

Transaction ID : SA11AI.4999

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1100.00

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

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

 FOR LINE NUMBER: PAGE 8 OF 51  
 (check only one)

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

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NAME OF COMMITTEE (In Full)

**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

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

**A. ATHERTON, BARBARA, , ,**

Mailing Address 5289 DAWSON LN

 City  
 HARRISBURG

 State  
 AR

 Zip Code  
 72432

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 BEST EFFORTS

 Occupation (for Individual)  
 BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2019

Transaction ID : SA11AI.5451

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. BERNSTEIN, MARK, , ,**

Mailing Address 36 FEATHER LN

 City  
 OLD TAPPAN

 State  
 NJ

 Zip Code  
 07675

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 BEST EFFORTS

 Occupation (for Individual)  
 BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 11 / 22 / 2019

Transaction ID : SA11AI.5435

Amount of Each Receipt this Period

115.00

☐ Memo Item

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

**C. BLACK, LEE, , ,**

Mailing Address 1550 N STATE PKWY APT 302

 City  
 CHICAGO

 State  
 IL

 Zip Code  
 60610

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 BEST EFFORTS

 Occupation (for Individual)  
 BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M M / D D D / Y Y Y Y Y Y  
 11 / 17 / 2019

Transaction ID : SA11AI.5419

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

465.00

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

465.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 51  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

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

**A. BONAVIDA, EJ, , ,**

Mailing Address 11 WASHINGTON BLVD

City  
PITTSBURGHState  
PAZip Code  
15206FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BEST EFFORTSOccupation (for Individual)  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
08	05	2019

Transaction ID : SA11AI.5077

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**B. BROBECK, KATHERINE, , ,**

Mailing Address 26A OLD CONCORD RD

City  
LINCOLNState  
MAZip Code  
01773FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BEST EFFORTSOccupation (for Individual)  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
07	09	2019

Transaction ID : SA11AI.4979

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**C. BROOKS, TEDDY, , ,**

Mailing Address PO BOX 12654

City  
LAKE CHARLESState  
LAZip Code  
70612FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELFEMPLOYEDOccupation (for Individual)  
SELFEMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
08	27	2019

Transaction ID : SA11AI.5192

Amount of Each Receipt this Period

300.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

800.00

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

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

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

FOR LINE NUMBER: PAGE 10 OF 51

(check only one)

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

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NAME OF COMMITTEE (In Full)

**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

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

**A. CARPENTER, CAROL, , ,**

Mailing Address 22518 SE HIGHLAND CIR

City  
ISSAQUAH

State  
WA

Zip Code  
98029

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BEST EFFORTS

Occupation (for Individual)  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 03 / 2019

Transaction ID : SA11AI.4951

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. CARPENTER, CAROL, , ,**

Mailing Address 22518 SE HIGHLAND CIR

City  
ISSAQUAH

State  
WA

Zip Code  
98029

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BEST EFFORTS

Occupation (for Individual)  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 01 / 2019

Transaction ID : SA11AI.5285

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

**C. CAVE, KENNETH, , ,**

Mailing Address 24751 PINE ST

City  
FORT BRAGG

State  
CA

Zip Code  
95437

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BEST EFFORTS

Occupation (for Individual)  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 06 / 2019

Transaction ID : SA11AI.5458

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

135.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

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

**A. CAVO, RICHARD, , ,**

Mailing Address 32 WOODFORD HILLS DR

City  
AVON

State  
CT

Zip Code  
06001

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BEST EFFORTS

Occupation (for Individual)  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 30 / 2019

Transaction ID : SA11AI.5056

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

**B. CAVO, RICHARD, , ,**

Mailing Address 32 WOODFORD HILLS DR

City  
AVON

State  
CT

Zip Code  
06001

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BEST EFFORTS

Occupation (for Individual)  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 01 / 2019

Transaction ID : SA11AI.5298

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**C. CAVO, RICHARD, , ,**

Mailing Address 32 WOODFORD HILLS DR

City  
AVON

State  
CT

Zip Code  
06001

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BEST EFFORTS

Occupation (for Individual)  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2019

Transaction ID : SA11AI.5472

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

900.00

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

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

 FOR LINE NUMBER:  
 (check only one)

PAGE 12 OF 51

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

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

**A. CHAFFIN JR, ROBERT D, , ,**

Mailing Address 2706 LAGONDA AVE

 City  
 SPRINGFIELD

 State  
 OH

 Zip Code  
 45503

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 BEST EFFORTS

 Occupation (for Individual)  
 BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2019

**Transaction ID : SA11AI.5357**

Amount of Each Receipt this Period

40.00

☐ Memo Item

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

**B. CHAFFIN JR, ROBERT D, , ,**

Mailing Address 2706 LAGONDA AVE

 City  
 SPRINGFIELD

 State  
 OH

 Zip Code  
 45503

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 BEST EFFORTS

 Occupation (for Individual)  
 BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2019

**Transaction ID : SA11AI.5365**

Amount of Each Receipt this Period

30.00

☐ Memo Item

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

**C. CLINE, CLAUDIA, , ,**

Mailing Address 375 RAMONA EXPY

 City  
 PERRIS

 State  
 CA

 Zip Code  
 92571

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 BEST EFFORTS

 Occupation (for Individual)  
 BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		18		2019

**Transaction ID : SA11AI.5423**

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

270.00

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

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 13 OF 51  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

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

**A. CRITZER, GEORGE, , ,**

Mailing Address 619 E MCKINLEY ST

City  
RIALTOState  
CAZip Code  
92376FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BEST EFFORTSOccupation (for Individual)  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
12	18	2019

Transaction ID : SA11AI.5464

Amount of Each Receipt this Period

80.00

☐ Memo Item

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

**B. DALBERT, MARGARET, , ,**

Mailing Address 700 JOHN RINGLING BLVD APT N210

City  
SARASOTAState  
FLZip Code  
34236FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RetiredOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
11	21	2019

Transaction ID : SA11AI.5430

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. DIMMITT, PAULA, , ,**

Mailing Address 26818 VIRGO LN

City  
SAN ANTONIOState  
TXZip Code  
78260FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
08	08	2019

Transaction ID : SA11AI.5095

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

430.00

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

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 OF 51

(check only one)

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

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NAME OF COMMITTEE (In Full)

COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC

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

A. DUNLAP, ANGELICA, , ,

Mailing Address 6762 BUCKINGHAM CT

City  
NAPLESState  
FLZip Code  
34104FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BEST EFFORTSOccupation (for Individual)  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 24 / 2019

Transaction ID : SA11AI.5479

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

B. FRANK, WILLIAM, , ,

Mailing Address 3700 GULLY TAVERN RD

City  
RICEState  
VAZip Code  
23966FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
SELF-EMPLOYEDOccupation (for Individual)  
UNDERGROUND DIRECTIONAL DRILL

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 16 / 2019

Transaction ID : SA11AI.5131

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

C. GARCIA, DORIS, , ,

Mailing Address 3121 PINELAND AVE

City  
SOUTH CHESTERFIELDState  
VAZip Code  
23834FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BEST EFFORTSOccupation (for Individual)  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 09 / 2019

Transaction ID : SA11AI.4973

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

610.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 51

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

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NAME OF COMMITTEE (In Full)

**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

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

**A. GARCIA, DORIS, , ,**

Mailing Address 3121 PINELAND AVE

City  
SOUTH CHESTERFIELD

State  
VA

Zip Code  
23834

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BEST EFFORTS

Occupation (for Individual)  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 18 / 2019

Transaction ID : SA11AI.5009

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. GARCIA, DORIS, , ,**

Mailing Address 3121 PINELAND AVE

City  
SOUTH CHESTERFIELD

State  
VA

Zip Code  
23834

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BEST EFFORTS

Occupation (for Individual)  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 09 / 2019

Transaction ID : SA11AI.5096

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. GARCIA, DORIS, , ,**

Mailing Address 3121 PINELAND AVE

City  
SOUTH CHESTERFIELD

State  
VA

Zip Code  
23834

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BEST EFFORTS

Occupation (for Individual)  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 20 / 2019

Transaction ID : SA11AI.5134

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00

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

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

FOR LINE NUMBER: PAGE 16 OF 51  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

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

**A. GARCIA, DORIS, , ,**

Mailing Address 3121 PINELAND AVE

City  
SOUTH CHESTERFIELD

State  
VA

Zip Code  
23834

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BEST EFFORTS

Occupation (for Individual)  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2019

Transaction ID : SA11AI.5342

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. GARCIA, DORIS, , ,**

Mailing Address 3121 PINELAND AVE

City  
SOUTH CHESTERFIELD

State  
VA

Zip Code  
23834

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BEST EFFORTS

Occupation (for Individual)  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 19 / 2019

Transaction ID : SA11AI.5369

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. GARCIA, DORIS, , ,**

Mailing Address 3121 PINELAND AVE

City  
SOUTH CHESTERFIELD

State  
VA

Zip Code  
23834

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BEST EFFORTS

Occupation (for Individual)  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 20 / 2019

Transaction ID : SA11AI.5425

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

30.00



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

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

FOR LINE NUMBER: PAGE 17 OF 51  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

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

**A. GRIEVE, WANDA, , ,**

Mailing Address 11976 EFFEN ST

City  
RANCHO CUCAMONGA

State  
CA

Zip Code  
91739

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BEST EFFORTS

Occupation (for Individual)  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 08 / 28 / 2019

Transaction ID : SA11AI.5194

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. GRIEVE, WANDA, , ,**

Mailing Address 11976 EFFEN ST

City  
RANCHO CUCAMONGA

State  
CA

Zip Code  
91739

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BEST EFFORTS

Occupation (for Individual)  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2019

Transaction ID : SA11AI.5262

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. GRIEVE, WANDA, , ,**

Mailing Address 11976 EFFEN ST

City  
RANCHO CUCAMONGA

State  
CA

Zip Code  
91739

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BEST EFFORTS

Occupation (for Individual)  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 10 / 01 / 2019

Transaction ID : SA11AI.5294

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

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

225.00

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

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

FOR LINE NUMBER: PAGE 18 OF 51

(check only one)

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

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NAME OF COMMITTEE (In Full)

**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

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

**A. GUSTAFSON, ROBERTA, , ,**

Mailing Address 4640 W 17TH ST

City  
GREELEY

State  
CO

Zip Code  
80634

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BEST EFFORTS

Occupation (for Individual)  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 03 / 2019

Transaction ID : SA11AI.4950

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. GUSTAFSON, ROBERTA, , ,**

Mailing Address 4640 W 17TH ST

City  
GREELEY

State  
CO

Zip Code  
80634

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BEST EFFORTS

Occupation (for Individual)  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 08 / 2019

Transaction ID : SA11AI.5226

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

**C. GUSTAFSON, ROBERTA, , ,**

Mailing Address 4640 W 17TH ST

City  
GREELEY

State  
CO

Zip Code  
80634

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BEST EFFORTS

Occupation (for Individual)  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 14 / 2019

Transaction ID : SA11AI.5414

Amount of Each Receipt this Period

55.00

☐ Memo Item

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

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

140.00

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

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

FOR LINE NUMBER: PAGE 19 OF 51

(check only one)

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

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NAME OF COMMITTEE (In Full)

**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

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

**A. HAMBRICK, JOSEPHINE, , ,**

Mailing Address 529 6TH ST NW

 City  
 HICKORY

 State  
 NC

 Zip Code  
 28601

 FEC ID number of contributing  
 federal political committee.

 Name of Employer (for Individual)  
 BEST EFFORTS

 Occupation (for Individual)  
 BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 

Transaction ID : SA11AI.5471

Amount of Each Receipt this Period

☐ Memo Item

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

**B. HAPP, DONALD, , ,**

Mailing Address 4895 BAY ST NE APT 206

 City  
 SAINT PETERSBURG

 State  
 FL

 Zip Code  
 33703

 FEC ID number of contributing  
 federal political committee.

 Name of Employer (for Individual)  
 retired

 Occupation (for Individual)  
 retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 

Transaction ID : SA11AI.5066

Amount of Each Receipt this Period

☐ Memo Item

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

**C. KOHR, CHRISTINE, , ,**

Mailing Address 789 FAIRWOOD FOREST DR

 City  
 CLEARWATER

 State  
 FL

 Zip Code  
 33759

 FEC ID number of contributing  
 federal political committee.

 Name of Employer (for Individual)  
 RETIRED

 Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

 /  / 

Transaction ID : SA11AI.4953

Amount of Each Receipt this Period

☐ Memo Item

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

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

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

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

FOR LINE NUMBER: PAGE 20 OF 51

(check only one)

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

**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

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

**A. KOHR, CHRISTINE, , ,**

Mailing Address 789 FAIRWOOD FOREST DR

City  
CLEARWATER

State  
FL

Zip Code  
33759

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 01 / 2019

Transaction ID : SA11AI.5297

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

**B. KOKOSKA, BETTE, , ,**

Mailing Address 917 NH ROUTE 49

City  
THORNTON

State  
NH

Zip Code  
03285

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 22 / 2019

Transaction ID : SA11AI.5436

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

**C. LAMBERT, JONATHAN, , ,**

Mailing Address 09244 DOERING RD

City  
WAPAKONETA

State  
OH

Zip Code  
45895

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BEST EFFORTS

Occupation (for Individual)  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 29 / 2019

Transaction ID : SA11AI.5201

Amount of Each Receipt this Period

210.00

☐ Memo Item

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

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

710.00

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

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

FOR LINE NUMBER: PAGE 21 OF 51  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

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

**A. LORENTZ, PAUL, , ,**

Mailing Address 9189 SW 193RD CIR

City  
DUNNELLON

State  
FL

Zip Code  
34432

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BEST EFFORTS

Occupation (for Individual)  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 07 / 2019

Transaction ID : SA11AI.5083

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

**B. LORENTZ, PAUL, , ,**

Mailing Address 9189 SW 193RD CIR

City  
DUNNELLON

State  
FL

Zip Code  
34432

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BEST EFFORTS

Occupation (for Individual)  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 28 / 2019

Transaction ID : SA11AI.5276

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

**C. LORENTZ, PAUL, , ,**

Mailing Address 9189 SW 193RD CIR

City  
DUNNELLON

State  
FL

Zip Code  
34432

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BEST EFFORTS

Occupation (for Individual)  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2019

Transaction ID : SA11AI.5314

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

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

95.00

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

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

FOR LINE NUMBER: PAGE 22 OF 51  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

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

**A. LORENTZ, PAUL, , ,**

Mailing Address 9189 SW 193RD CIR

City  
DUNNELLON

State  
FL

Zip Code  
34432

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BEST EFFORTS

Occupation (for Individual)  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 03 / 2019

Transaction ID : SA11AI.5316

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

**B. LOUIS, ROBERT, , ,**

Mailing Address 402 GREEN BRIAR ST APT 51

City  
DERIDDER

State  
LA

Zip Code  
70634

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BEST EFFORTS

Occupation (for Individual)  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 14 / 2019

Transaction ID : SA11AI.5362

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. LYLES, ANTHONY, , ,**

Mailing Address 9258 WOODGREEN WAY

City  
JONESBORO

State  
GA

Zip Code  
30238

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
ELECTRICAL CONTRACTOR

Occupation (for Individual)  
SELF EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2019

Transaction ID : SA11AI.5280

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

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

435.00

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

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

FOR LINE NUMBER: PAGE 23 OF 51

(check only one)

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

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NAME OF COMMITTEE (In Full)

**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

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

**A. Marlin, Patricia, , ,**

Mailing Address 1050 KEPLEY RD

City  
SALISBURY

State  
NC

Zip Code  
28147

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BEST EFFORTS

Occupation (for Individual)  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 18 / 2019

Transaction ID : SA11AI.5463

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. MILLER-WARREN, CAROL, , ,**

Mailing Address 715 14TH ST NW

City  
LARGO

State  
FL

Zip Code  
33770

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BEST EFFORTS

Occupation (for Individual)  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 15 / 2019

Transaction ID : SA11AI.5000

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**C. MILLER-WARREN, CAROL, , ,**

Mailing Address 715 14TH ST NW

City  
LARGO

State  
FL

Zip Code  
33770

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BEST EFFORTS

Occupation (for Individual)  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2019

Transaction ID : SA11AI.5124

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

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

70.00

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

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

**A. MILLER-WARREN, CAROL, , ,**

Mailing Address 715 14TH ST NW

City  
LARGO

State  
FL

Zip Code  
33770

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BEST EFFORTS

Occupation (for Individual)  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 19 / 2019

Transaction ID : SA11AI.5424

Amount of Each Receipt this Period

11.00

☐ Memo Item

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

**B. OLDRIGHT, DAVID W, , ,**

Mailing Address 1449 MONICA LN

City  
MESQUITE

State  
TX

Zip Code  
75149

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BEST EFFORTS

Occupation (for Individual)  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 12 / 2019

Transaction ID : SA11AI.4997

Amount of Each Receipt this Period

350.00

☐ Memo Item

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

**C. Parton, Jerrel, , ,**

Mailing Address 159 INDEPENDENCE DR

City  
ROEBUCK

State  
SC

Zip Code  
29376

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 03 / 2019

Transaction ID : SA11AI.5319

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

461.00



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

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

 FOR LINE NUMBER: PAGE 25 OF 51  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

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

**A. PAXSON, TERRIAN, , ,**

Mailing Address 12629 MARNE RD

 City  
 NEWARK

 State  
 OH

 Zip Code  
 43055

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 BEST EFFORTS

 Occupation (for Individual)  
 BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 07 / 08 / 2019

Transaction ID : SA11AI.4972

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

**B. PETROCELLI, KYLE, , ,**

Mailing Address 157 N PROSPECT AVE

 City  
 BERGENFIELD

 State  
 NJ

 Zip Code  
 07621

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 BEST EFFORTS

 Occupation (for Individual)  
 BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 09 / 14 / 2019

Transaction ID : SA11AI.5240

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

**C. PETROCELLI, KYLE, , ,**

Mailing Address 157 N PROSPECT AVE

 City  
 BERGENFIELD

 State  
 NJ

 Zip Code  
 07621

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 BEST EFFORTS

 Occupation (for Individual)  
 BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1325.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2019

Transaction ID : SA11AI.5470

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 26 OF 51

(check only one)

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

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NAME OF COMMITTEE (In Full)

**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

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

**A. PLACIDE, HOWARD, , ,**

Mailing Address 1133 HUMMINGBIRD LN

 City  
 GLEN ROSE

 State  
 TX

 Zip Code  
 76043

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 CONSULTANT

 Occupation (for Individual)  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 08 / 02 / 2019

Transaction ID : SA11AI.5071

Amount of Each Receipt this Period

255.00

☐ Memo Item

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

**B. PLEASANT, ELLIOTT, , ,**

Mailing Address 2512 24TH STREET ENSLEY

 City  
 BIRMINGHAM

 State  
 AL

 Zip Code  
 35208

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 BEST EFFORTS

 Occupation (for Individual)  
 BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 10 / 22 / 2019

Transaction ID : SA11AI.5381

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**C. POLASKI, MICHAEL, , ,**

Mailing Address 321 E OAKWOOD ST

 City  
 MILWAUKEE

 State  
 WI

 Zip Code  
 53201

 FEC ID number of contributing  
 federal political committee.

C

 Name of Employer (for Individual)  
 BEST EFFORTS

 Occupation (for Individual)  
 BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 08 / 02 / 2019

Transaction ID : SA11AI.5073

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1005.00

<b>X</b>	11a		11b		11c		12		
	13		14		15		16		17

COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC

[illegible]

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

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

FOR LINE NUMBER: PAGE 28 OF 51

(check only one)

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

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NAME OF COMMITTEE (In Full)

**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

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

**A. RUCK, ALAN, , ,**

Mailing Address PO BOX 890

City  
LOS ANGELES

State  
CA

Zip Code  
90078

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BEST EFFORTS

Occupation (for Individual)  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2019

Transaction ID : SA11AI.5211

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**B. RUCK, ALAN, , ,**

Mailing Address PO BOX 890

City  
LOS ANGELES

State  
CA

Zip Code  
90078

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BEST EFFORTS

Occupation (for Individual)  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

565.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 05 / 2019

Transaction ID : SA11AI.5457

Amount of Each Receipt this Period

315.00

☐ Memo Item

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

**C. SAMS, DONNA, , ,**

Mailing Address 48 MCCLELLAN ST

City  
PROVIDENCE

State  
RI

Zip Code  
02909

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CONSULTANT COMPANY

Occupation (for Individual)  
PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 02 / 2019

Transaction ID : SA11AI.5069

Amount of Each Receipt this Period

210.00

☐ Memo Item

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

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

775.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 29 OF 51  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

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

**A. SCHULER, BETH ANN, , ,**

Mailing Address 1004 PEBBLE BRK

City  
NASHVILLEState  
TNZip Code  
37221FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BEST EFFORTSOccupation (for Individual)  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2019

Transaction ID : SA11AI.5259

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

**B. Shannon, Edward J, , ,**

Mailing Address 2538 JUNGWIRTH CT

City  
SISTER BAYState  
WIZip Code  
54234FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BEST EFFORTSOccupation (for Individual)  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	30	/	2019

Transaction ID : SA11AI.5052

Amount of Each Receipt this Period

180.00

☐ Memo Item

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

**C. SHAW, ROBERT, G, ,**

Mailing Address 126 LANGDON ST

City  
NEWTONState  
MAZip Code  
02458FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIREDOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

790.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	12	/	2019

Transaction ID : SA11AI.4995

Amount of Each Receipt this Period

155.00

☐ Memo Item

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

635.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

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

**A. SMITH, KATHLEEN, , ,**

Mailing Address 3736 N ARMSTRONG AVE

City  
FRESNO

State  
CA

Zip Code  
93727

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BEST EFFORTS

Occupation (for Individual)  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 23 / 2019

Transaction ID : SA11AI.5475

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**B. SNELL, ALICE, , ,**

Mailing Address 4515 N DROMEDARY RD

City  
PHOENIX

State  
AZ

Zip Code  
85018

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BEST EFFORTS

Occupation (for Individual)  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 22 / 2019

Transaction ID : SA11AI.5158

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. SOTTOSANTO, MARGARET, , ,**

Mailing Address 17930 SE 117TH TER

City  
SUMMERFIELD

State  
FL

Zip Code  
34491

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BEST EFFORTS

Occupation (for Individual)  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2019

Transaction ID : SA11AI.5402

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

700.00

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

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

FOR LINE NUMBER: PAGE 31 OF 51  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

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

**A. STILLWELL, JACKIE, , ,**

Mailing Address 113 KENNER AVE

City  
NASHVILLE

State  
TN

Zip Code  
37205

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BEST EFFORTS

Occupation (for Individual)  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 21 / 2019

Transaction ID : SA11AI.5375

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**B. TATUM, STEPHEN, , ,**

Mailing Address 600 W 6TH ST

City  
FORT WORTH

State  
TX

Zip Code  
76102

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BEST EFFORTS

Occupation (for Individual)  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 21 / 2019

Transaction ID : SA11AI.5474

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**C. VEENSTRA, GAIL, , ,**

Mailing Address 3037 HAZELTON ST

City  
FALLS CHURCH

State  
VA

Zip Code  
22044

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BEST EFFORTS

Occupation (for Individual)  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

407.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 07 / 2019

Transaction ID : SA11AI.5084

Amount of Each Receipt this Period

35.00

☐ Memo Item

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

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

785.00

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

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

FOR LINE NUMBER: PAGE 32 OF 51

(check only one)

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

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NAME OF COMMITTEE (In Full)

**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

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

**A. WOYAHN, MICHAEL, , ,**

Mailing Address 620 GREEN VALLEY RD

City  
GREENSBORO

State  
NC

Zip Code  
27408

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BEST EFFORTS

Occupation (for Individual)  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 09 / 2019

Transaction ID : SA11AI.5352

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

**B. YOUNG, MAUREEN, , ,**

Mailing Address 7035 SHADOW LN

City  
CUMMING

State  
GA

Zip Code  
30041

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BEST EFFORTS

Occupation (for Individual)  
BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 17 / 2019

Transaction ID : SA11AI.5417

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

**C.**

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)..... ►

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

450.00

13936.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 51

<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)

**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

Full Name (Last, First, Middle Initial)

**A. ACTION COMMITTEE MARKETING, LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2019

Mailing Address 698 Oldfield Commons Dr.

City  
GreenwoodState  
INZip Code  
46142Purpose of Disbursement  
Donor Outreach

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : SB21B.5482**

Amount of Each Disbursement this Period

99130.68

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ACTION COMMITTEE MARKETING, LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		31		2019

Mailing Address 698 Oldfield Commons Dr.

City  
GreenwoodState  
INZip Code  
46142Purpose of Disbursement  
Donor Outreach

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : SB21B.5492**

Amount of Each Disbursement this Period

51957.38

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ACTION COMMITTEE MARKETING, LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2019

Mailing Address 698 Oldfield Commons Dr.

City  
GreenwoodState  
INZip Code  
46142Purpose of Disbursement  
Donor Outreach

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : SB21B.5497**

Amount of Each Disbursement this Period

36282.31

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

187370.37

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 51

<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)

**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

Full Name (Last, First, Middle Initial)

**A. ACTION COMMITTEE MARKETING, LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2019

Mailing Address 698 Oldfield Commons Dr.

City  
GreenwoodState  
INZip Code  
46142Purpose of Disbursement  
Donor Outreach

Candidate Name

Category/  
Type
 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.5502**

Amount of Each Disbursement this Period

66744.13

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ACTION COMMITTEE MARKETING, LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		30		2019

Mailing Address 698 Oldfield Commons Dr.

City  
GreenwoodState  
INZip Code  
46142Purpose of Disbursement  
Donor Outreach

Candidate Name

Category/  
Type
 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.5507**

Amount of Each Disbursement this Period

44346.87

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ACTION COMMITTEE MARKETING, LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		31		2019

Mailing Address 698 Oldfield Commons Dr.

City  
GreenwoodState  
INZip Code  
46142Purpose of Disbursement  
Donor Outreach

Candidate Name

Category/  
Type
 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.5512**

Amount of Each Disbursement this Period

58745.16

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

169836.16

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 35 OF 51

<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)

**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

Full Name (Last, First, Middle Initial)

**A. AMERICAN PUBLIC RESOURCE, LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2019

Mailing Address 3855 South 500 West, Suite D

City  
South Salt LakeState  
UTZip Code  
84115Purpose of Disbursement  
Donor Outreach

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.5484**

Amount of Each Disbursement this Period

34489.78

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN PUBLIC RESOURCE, LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		31		2019

Mailing Address 3855 South 500 West, Suite D

City  
South Salt LakeState  
UTZip Code  
84115Purpose of Disbursement  
Donor Outreach

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.5493**

Amount of Each Disbursement this Period

18784.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERICAN PUBLIC RESOURCE, LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2019

Mailing Address 3855 South 500 West, Suite D

City  
South Salt LakeState  
UTZip Code  
84115Purpose of Disbursement  
Donor Outreach

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.5498**

Amount of Each Disbursement this Period

20216.56

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

73490.80

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 36 OF 51

<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)

**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

Full Name (Last, First, Middle Initial)

**A. AMERICAN PUBLIC RESOURCE, LLC**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2019			

Mailing Address 3855 South 500 West, Suite D

City  
South Salt LakeState  
UTZip Code  
84115Purpose of Disbursement  
Donor Outreach

Candidate Name

Category/  
Type
 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.5503**

Amount of Each Disbursement this Period

42305.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN PUBLIC RESOURCE, LLC**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2019			

Mailing Address 3855 South 500 West, Suite D

City  
South Salt LakeState  
UTZip Code  
84115Purpose of Disbursement  
Donor Outreach

Candidate Name

Category/  
Type
 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.5508**

Amount of Each Disbursement this Period

13282.39

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERICAN PUBLIC RESOURCE, LLC**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2019			

Mailing Address 3855 South 500 West, Suite D

City  
South Salt LakeState  
UTZip Code  
84115Purpose of Disbursement  
Donor Outreach

Candidate Name

Category/  
Type
 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.5513**

Amount of Each Disbursement this Period

19363.68

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

74951.67

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 37 OF 51

<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)

**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

Full Name (Last, First, Middle Initial)

**A. BRISTOL MARKETING ASSOCIATES, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2019

Mailing Address 8051 North Tamiami Trail, Box 2

City  
SarasotaState  
FLZip Code  
34243Purpose of Disbursement  
Donor Outreach

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : SB21B.5486**

Amount of Each Disbursement this Period

208.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BRISTOL MARKETING ASSOCIATES, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2019

Mailing Address 8051 North Tamiami Trail, Box 2

City  
SarasotaState  
FLZip Code  
34243Purpose of Disbursement  
Donor Outreach

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : SB21B.5499**

Amount of Each Disbursement this Period

32.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BRISTOL MARKETING ASSOCIATES, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2019

Mailing Address 8051 North Tamiami Trail, Box 2

City  
SarasotaState  
FLZip Code  
34243Purpose of Disbursement  
Donor Outreach

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : SB21B.5504**

Amount of Each Disbursement this Period

436.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

676.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 38 OF 51

<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)

**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

Full Name (Last, First, Middle Initial)

**A. BRISTOL MARKETING ASSOCIATES, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		31		2019

Mailing Address 8051 North Tamiami Trail, Box 2

City  
SarasotaState  
FLZip Code  
34243Purpose of Disbursement  
Donor Outreach

Candidate Name

Category/  
Type
 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.5514**

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. GSI, INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		31		2019

Mailing Address 6655 Chicago Road, Suite A

City  
WarrenState  
MIZip Code  
48092Purpose of Disbursement  
Donor Outreach

Candidate Name

Category/  
Type
 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.5488**

Amount of Each Disbursement this Period

19740.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. GSI, INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		31		2019

Mailing Address 6655 Chicago Road, Suite A

City  
WarrenState  
MIZip Code  
48092Purpose of Disbursement  
Donor Outreach

Candidate Name

Category/  
Type
 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.5494**

Amount of Each Disbursement this Period

21311.35

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

41151.55

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 39 OF 51

<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)

**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

Full Name (Last, First, Middle Initial)

**A. GSI, INC**

Date of Disbursement

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

Mailing Address 6655 Chicago Road, Suite A

City  
WarrenState  
MIZip Code  
48092Purpose of Disbursement  
Donor Outreach

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.5500**

Amount of Each Disbursement this Period

24528.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. GSI, INC**

Date of Disbursement

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

Mailing Address 6655 Chicago Road, Suite A

City  
WarrenState  
MIZip Code  
48092Purpose of Disbursement  
Donor Outreach

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.5505**

Amount of Each Disbursement this Period

36822.73

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. GSI, INC**

Date of Disbursement

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

Mailing Address 6655 Chicago Road, Suite A

City  
WarrenState  
MIZip Code  
48092Purpose of Disbursement  
Donor Outreach

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB21B.5509**

Amount of Each Disbursement this Period

27128.17

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

88479.24

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 40 OF 51

<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)

**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

Full Name (Last, First, Middle Initial)

**A. GSI, INC**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2	3		4	5	6		7	8	9	0	1	2
								2019					

Mailing Address 6655 Chicago Road, Suite A

City  
WarrenState  
MIZip Code  
48092Purpose of Disbursement  
Donor Outreach

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : SB21B.5515**

Amount of Each Disbursement this Period

21259.92

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MARKET PROCESS GROUP**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			4	5	6		7	8	9	0	1	2
								2019					

Mailing Address 1250 Connecticut Ave, NW, Suite 20

City  
WashingtonState  
DCZip Code  
20036Purpose of Disbursement  
Donor Outreach

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : SB21B.5491**

Amount of Each Disbursement this Period

171514.11

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MARKET PROCESS GROUP**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			4	5	6		7	8	9	0	1	2
								2019					

Mailing Address 1250 Connecticut Ave, NW, Suite 20

City  
WashingtonState  
DCZip Code  
20036Purpose of Disbursement  
Donor Outreach

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : SB21B.5496**

Amount of Each Disbursement this Period

206259.77

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

399033.80

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 41 OF 51

<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

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)

**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

Full Name (Last, First, Middle Initial)

**A. MARKET PROCESS GROUP**

Mailing Address 1250 Connecticut Ave, NW, Suite 20

City  
WashingtonState  
DCZip Code  
20036Purpose of Disbursement  
Donor Outreach

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB21B.5501**

Amount of Each Disbursement this Period

192901.05

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MARKET PROCESS GROUP**

Mailing Address 1250 Connecticut Ave, NW, Suite 20

City  
WashingtonState  
DCZip Code  
20036Purpose of Disbursement  
Donor Outreach

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB21B.5506**

Amount of Each Disbursement this Period

159565.03

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MARKET PROCESS GROUP**

Mailing Address 1250 Connecticut Ave, NW, Suite 20

City  
WashingtonState  
DCZip Code  
20036Purpose of Disbursement  
Donor Outreach

Candidate Name

 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB21B.5511**

Amount of Each Disbursement this Period

60164.60

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

412630.68

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 42 OF 51

<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)

**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

Full Name (Last, First, Middle Initial)

**A. MARKET PROCESS GROUP**

Mailing Address 1250 Connecticut Ave, NW, Suite 20

City  
WashingtonState  
DCZip Code  
20036Purpose of Disbursement  
Donor Outreach

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
12			31			2019			

FEC Identification Number

**C****Transaction ID : SB21B.5516**

Amount of Each Disbursement this Period

46487.01

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. OSI**

Mailing Address 1629 K ST. N.W.

City  
WashingtonState  
DCZip Code  
20006Purpose of Disbursement  
Rent

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
11			01			2019			

FEC Identification Number

**C****Transaction ID : SB21B.5542**

Amount of Each Disbursement this Period

60.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. OSI**

Mailing Address 1629 K ST. N.W.

City  
WashingtonState  
DCZip Code  
20006Purpose of Disbursement  
Rent

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
11			29			2019			

FEC Identification Number

**C****Transaction ID : SB21B.5546**

Amount of Each Disbursement this Period

60.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

46607.01

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 43 OF 51

<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)

**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

Full Name (Last, First, Middle Initial)

**A. TAMPA MEDIA MARKETING INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		05		2019

Mailing Address 7320 E Fletcher Ave

City  
TampaState  
FLZip Code  
33637Purpose of Disbursement  
Media Consulting

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : SB21B.5518**

Amount of Each Disbursement this Period

7100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. TAMPA MEDIA MARKETING INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		12		2019

Mailing Address 7320 E Fletcher Ave

City  
TampaState  
FLZip Code  
33637Purpose of Disbursement  
Media Consulting

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : SB21B.5519**

Amount of Each Disbursement this Period

7800.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. TAMPA MEDIA MARKETING INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		19		2019

Mailing Address 7320 E Fletcher Ave

City  
TampaState  
FLZip Code  
33637Purpose of Disbursement  
Media Consulting

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : SB21B.5520**

Amount of Each Disbursement this Period

8200.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

23100.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 44 OF 51

<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)

**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

Full Name (Last, First, Middle Initial)

**A. TAMPA MEDIA MARKETING INC**

Mailing Address 7320 E Fletcher Ave

City  
TampaState  
FLZip Code  
33637Purpose of Disbursement  
Media Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		26		2019

FEC Identification Number

**C****Transaction ID : SB21B.5521**

Amount of Each Disbursement this Period

8500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. TAMPA MEDIA MARKETING INC**

Mailing Address 7320 E Fletcher Ave

City  
TampaState  
FLZip Code  
33637Purpose of Disbursement  
Media Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		02		2019

FEC Identification Number

**C****Transaction ID : SB21B.5524**

Amount of Each Disbursement this Period

5600.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. TAMPA MEDIA MARKETING INC**

Mailing Address 7320 E Fletcher Ave

City  
TampaState  
FLZip Code  
33637Purpose of Disbursement  
Media Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		09		2019

FEC Identification Number

**C****Transaction ID : SB21B.5525**

Amount of Each Disbursement this Period

6800.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

20900.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 45 OF 51

<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)

**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

Full Name (Last, First, Middle Initial)

**A. TAMPA MEDIA MARKETING INC**

Mailing Address 7320 E Fletcher Ave

City  
TampaState  
FLZip Code  
33637Purpose of Disbursement  
Media Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	6			2	0	1	9		

FEC Identification Number

**C** **Transaction ID : SB21B.5526**

Amount of Each Disbursement this Period

 6200.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. TAMPA MEDIA MARKETING INC**

Mailing Address 7320 E Fletcher Ave

City  
TampaState  
FLZip Code  
33637Purpose of Disbursement  
Media Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			2	3			2	0	1	9		

FEC Identification Number

**C** **Transaction ID : SB21B.5527**

Amount of Each Disbursement this Period

 8000.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. TAMPA MEDIA MARKETING INC**

Mailing Address 7320 E Fletcher Ave

City  
TampaState  
FLZip Code  
33637Purpose of Disbursement  
Media Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			3	0			2	0	1	9		

FEC Identification Number

**C** **Transaction ID : SB21B.5528**

Amount of Each Disbursement this Period

 9000.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 23200.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 46 OF 51

<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)

**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

Full Name (Last, First, Middle Initial)

**A. TAMPA MEDIA MARKETING INC**

Mailing Address 7320 E Fletcher Ave

City  
TampaState  
FLZip Code  
33637Purpose of Disbursement  
Media Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		06		2019

FEC Identification Number

**C****Transaction ID : SB21B.5530**

Amount of Each Disbursement this Period

9000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. TAMPA MEDIA MARKETING INC**

Mailing Address 7320 E Fletcher Ave

City  
TampaState  
FLZip Code  
33637Purpose of Disbursement  
Media Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		13		2019

FEC Identification Number

**C****Transaction ID : SB21B.5531**

Amount of Each Disbursement this Period

7100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. TAMPA MEDIA MARKETING INC**

Mailing Address 7320 E Fletcher Ave

City  
TampaState  
FLZip Code  
33637Purpose of Disbursement  
Media Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		20		2019

FEC Identification Number

**C****Transaction ID : SB21B.5532**

Amount of Each Disbursement this Period

9500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

25600.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 47 OF 51

<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

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)

**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

Full Name (Last, First, Middle Initial)

**A. TAMPA MEDIA MARKETING INC**

Mailing Address 7320 E Fletcher Ave

City  
TampaState  
FLZip Code  
33637Purpose of Disbursement  
Media Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		27		2019

FEC Identification Number

**C****Transaction ID : SB21B.5533**

Amount of Each Disbursement this Period

7200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. TAMPA MEDIA MARKETING INC**

Mailing Address 7320 E Fletcher Ave

City  
TampaState  
FLZip Code  
33637Purpose of Disbursement  
Media Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		04		2019

FEC Identification Number

**C****Transaction ID : SB21B.5533**

Amount of Each Disbursement this Period

5400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. TAMPA MEDIA MARKETING INC**

Mailing Address 7320 E Fletcher Ave

City  
TampaState  
FLZip Code  
33637Purpose of Disbursement  
Media Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		11		2019

FEC Identification Number

**C****Transaction ID : SB21B.5538**

Amount of Each Disbursement this Period

6200.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

18800.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 48 OF 51

<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)

**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

Full Name (Last, First, Middle Initial)

**A. TAMPA MEDIA MARKETING INC**

Mailing Address 7320 E Fletcher Ave

City  
TampaState  
FLZip Code  
33637Purpose of Disbursement  
Media Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	8			2	0	1	9		

FEC Identification Number

**C****Transaction ID : SB21B.5539**

Amount of Each Disbursement this Period

9000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. TAMPA MEDIA MARKETING INC**

Mailing Address 7320 E Fletcher Ave

City  
TampaState  
FLZip Code  
33637Purpose of Disbursement  
Media Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB21B.5540**

Amount of Each Disbursement this Period

6300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. TAMPA MEDIA MARKETING INC**

Mailing Address 7320 E Fletcher Ave

City  
TampaState  
FLZip Code  
33637Purpose of Disbursement  
Media Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C****Transaction ID : SB21B.5541**

Amount of Each Disbursement this Period

8000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

23300.00



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 49 OF 51

<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)

**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

Full Name (Last, First, Middle Initial)

**A. TAMPA MEDIA MARKETING INC**

Mailing Address 7320 E Fletcher Ave

City  
TampaState  
FLZip Code  
33637Purpose of Disbursement  
Media Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		08		2019

FEC Identification Number

**C****Transaction ID : SB21B.5543**

Amount of Each Disbursement this Period

5200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. TAMPA MEDIA MARKETING INC**

Mailing Address 7320 E Fletcher Ave

City  
TampaState  
FLZip Code  
33637Purpose of Disbursement  
Media Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		15		2019

FEC Identification Number

**C****Transaction ID : SB21B.5544**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. TAMPA MEDIA MARKETING INC**

Mailing Address 7320 E Fletcher Ave

City  
TampaState  
FLZip Code  
33637Purpose of Disbursement  
Media Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		22		2019

FEC Identification Number

**C****Transaction ID : SB21B.5545**

Amount of Each Disbursement this Period

3900.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

14100.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 50 OF 51

<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)

**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

Full Name (Last, First, Middle Initial)

**A. TAMPA MEDIA MARKETING INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		02		2019

Mailing Address 7320 E Fletcher Ave

City  
TampaState  
FLZip Code  
33637Purpose of Disbursement  
Media Consulting

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : SB21B.5547**

Amount of Each Disbursement this Period

4000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. TAMPA MEDIA MARKETING INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		06		2019

Mailing Address 7320 E Fletcher Ave

City  
TampaState  
FLZip Code  
33637Purpose of Disbursement  
Media Consulting

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : SB21B.5548**

Amount of Each Disbursement this Period

3600.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. TAMPA MEDIA MARKETING INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		13		2019

Mailing Address 7320 E Fletcher Ave

City  
TampaState  
FLZip Code  
33637Purpose of Disbursement  
Media Consulting

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : SB21B.5549**

Amount of Each Disbursement this Period

3600.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

11200.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 51 OF 51

<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)

**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

Full Name (Last, First, Middle Initial)

**A. TAMPA MEDIA MARKETING INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2019

Mailing Address 7320 E Fletcher Ave

City  
TampaState  
FLZip Code  
33637Purpose of Disbursement  
Media Consulting

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C****Transaction ID : SB21B.5550**

Amount of Each Disbursement this Period

4700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

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

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

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

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4700.00

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

1659127.28