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## **FEC** FORM 3X

# **REPORT OF RECEIPTS AND DISBURSEMENTS**

TORW OX	For Other Than An Au	thorized Committee	Office Use Only						
NAME OF     COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5						
COMMUNITY HEALT	H COUNCIL PAC DE	BA BREAST CANCER	HEALTH COUNCIL PAC						
ADDRESS (number and street)	1627 K STREET NW								
▼ Check if different	STE 500								
than previously reported. (ACC)	WASHINGTON	WASHINGTON   DC   20006   -							
2. FEC IDENTIFICATION N	UMBER ▼ C	TY▲	STATE ▲ ZIP CODE ▲						
C C00652685		IS THIS REPORT (N) C	OR AMENDED (A)						
4. TYPE OF REPORT (Choose One)	Report Due On:	b 20 (M2) May 20 ( ar 20 (M3) Jun 20 (I	(Non-Election Year Only)						
(a) Quarterly Reports:			(Non-Election Year Only)						
April 15 Quarterly Report (0		r 20 (M4) Jul 20 (M	17) Oct 20 (M10) Jan 31 (YE)						
July 15	(c) 12-Day	Primary (12P)	General (12G) Runoff (12R)						
Quarterly Report (0	Report for the:	Convention (12C)	Special (12S)						
Quarterly Report (0		ion on	in the State of						
Year-End Report (\ July 31 Mid-Year Report (Non-electic	(d) 30-Day								
Year Only) (MY)	POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)						
Termination Report (TER)		ion on	in the State of						
5. Covering Period 07	7 01 2019	through 12	2 31 2019						
I certify that I have examined the	nis Report and to the best of	of my knowledge and belief it i	s true, correct and complete.						
Type or Print Name of Treasure	Bass, Zachary, , , er								
Signature of Treasurer	, Zachary, , ,	[Electronically Filed]	Date 01 / 29 / 2020						
NOTE: Submission of false, erron	neous, or incomplete informati	on may subject the person signi	ng this Report to the penalties of 52 U.S.C. § 3010						
Office			FEC FORM 3X						
Use Only			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 07 01 2019 12 31 2019 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 9546.32 January 1. 2019 (b) Cash on Hand at 7612.85 Beginning of Reporting Period..... 1660297.94 3507100.28 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 3516646.60 1667910.79 6(a) and 6(c) for Column B)..... 1659488.58 3508224.39 7. Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 8422.21 8422.21 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 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)

Write or Type Committee Name

#### COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC

R	eport Covering the Period: From:		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	Individuals/Persons Other Than Political Committees							
	(i) Itemized (use Schedule A)	13936.00	27013.00						
	(ii) Unitemized(iii) TOTAL (add	1646361.94	3480087.28						
	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)(d) Total Contributions (add Lines	0.00	0.00						
	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						
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00						
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00						
	to Federal Candidates and Other Political Committees	0.00	0.00						
	Other Federal Receipts (Dividends, Interest, etc.)  Transfers from Non-Federal and Levin Funds	0.00	0.00						
10.	(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						
	T								
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		
Operating Expenditures:     (a) Allocated Federal/Non-Federal	10001 11101 01104	Outondar Tour to Date		
Activity (from Schedule H4)	0.00	0.00		
(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	1000 100100	7 7 7		
(add 21(a)(i), (a)(ii), and (b))▶	1659488.58	3427524.39		
2. Transfers to Affiliated/Other Party Committees	0.00	0.00		
Contributions to Federal Candidates/Committees		4 4		
and Other Political Committees	0.00	0.00		
. Independent Expenditures (use Schedule E)	0.00	80700.00		
<ol> <li>Coordinated Party Expenditures (52 U.S.C. § 30116(d))</li> </ol>				
(use Schedule F)	0.00	0.00		
. Loan Repayments Made	0.00	0.00		
Loans Made		0.00		
Refunds of Contributions To:     (a) Individuals/Persons Other	0.00	0.00		
Than Political Committees	0.00	0.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	0.00	0.00		
(such as PACs)	0.00	0.00		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00		
(333 255 25(3), (5), and (5),	0.00	0.00		
Other Disbursements (Including		222		
Non-Federal Donations)	0.00	0.00		
Federal Election Activity (52 U.S.C. § 30101(2	0))			
(a) Allocated Federal Election Activity (from Schedule H6)				
(i) Federal Share	0.00	0.00		
	3.00	4		
(ii) "Levin" Share(b) Federal Election Activity Paid	0.00	0.00		
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		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1659488.58	3508224.39		
. 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

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

#### : 97 A = G7 9 @ 5 B9 CI G'H9 LHF9 @ 5 H98 'HC' 5 F9 DCFHz G7 < 98 I @ 'CF' ≠ H9 A = N5 H= CB

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:

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

FOR LINE NUMBER: PAGE (check only one)						PAGE	7	OF	51
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	the name and address of any political committee				
NAME OF COMMITTEE (IN Full) COMMUNITY HEALTH COU	NCIL PAC DBA BREAST CANCER	R HEALTH COUNCIL PAC			
Full Name of Individual (Last, First, Middle A. ADAMS, LLOYD, , ,	Initial) or Full Organization Name	Date of Receipt			
Mailing Address 3005 WARREN LN		11 22 2019			
City	State Zip Code	Transaction ID : SA11AI.5438			
EL DORADO HILLS	CA 95762	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	500.00			
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item			
BEST EFFORTS	BEST EFFORTS	_			
Receipt For:	Aggregate Year-to-Date ▼				
Primary General					
Other (specify) ▼	500.00				
Full Name of Individual (Last, First, Middle ADAMS, THOMAS, , ,	Initial) or Full Organization Name	Date of Receipt			
Mailing Address 6790 65TH AVE NE		09 03 2019			
City	State Zip Code	Transaction ID : SA11AI.5216			
SAUK RAPIDS	MN 56379	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	100.00				
Name of Employer (for Individual) BEST EFFORTS	Occupation (for Individual) BEST EFFORTS	Memo Item			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 215.00				
Full Name of Individual (Last, First, Middle	Initial) or Full Organization Name				
C. ANDERSON, DANA, , ,		Date of Receipt			
Mailing Address 337 MOUNT LEBANON C		07 12 7 2019			
City GREER	State Zip Code SC 29651	Transaction ID : SA11AI.4999  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	500.00			
Name of Employer (for Individual) STUDENT	Occupation (for Individual) STUDENT	Memo Item			
Receipt For:	Aggregate Year-to-Date ▼				
Primary General					
Other (specify)	500.00				
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1100.00			
TOTAL This Period (last page this line numb	per only)				

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

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or	for commercial purposes, other than using the na					
$\rangle$	NAME OF COMMITTEE (In Full)  COMMUNITY HEALTH COUNCI	L PA	C DE	BA BREAST	CANCER I	HEALTH COUNCIL PAC
Α.	Full Name of Individual (Last, First, Middle Initial ATHERTON, BARBARA, , ,	) or Fu	ıll Orga	anization Name		Date of Receipt
	Mailing Address 5289 DAWSON LN		11 30 2019			
	City	State	!	Zip Code		Transaction ID : SA11AI.5451
	HARRISBURG	AR		72432		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С				100.00
	Name of Employer (for Individual)	(	Occupa	ation (for Individua	al)	Memo Item
	BEST EFFORTS		BEST	EFFORTS	,	
	Receipt For:	Aggreg	iate Ve	ar-to-Date ▼		
	Primary General	Aggreg	jaic 10	ar to bate +		
	Other (specify) ▼	L.	1 7	7	230.00	
В.	Full Name of Individual (Last, First, Middle Initial BERNSTEIN, MARK, , ,	) or Fu	ıll Orga	anization Name		Date of Receipt
	Mailing Address 36 FEATHER LN					11 22 2019
	City	State	!	Zip Code		Transaction ID : SA11AI.5435
	OLD TAPPAN	NJ		07675		Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С				115.00
	Name of Employer (for Individual) BEST EFFORTS			ation (for Individua EFFORTS	al)	Memo Item
	Receipt For:  Primary General  Other (specify) ▼	Aggreg	ate Ye	ar-to-Date ▼	215.00	
C.	Full Name of Individual (Last, First, Middle Initial BLACK, LEE, , ,	) or Fu	ıll Orga	anization Name		Date of Receipt
	Mailing Address 1550 N STATE PKWY APT 302	To: .		17: 0 1		11 17 2019
	CHICAGO	State IL	!	Zip Code 60610		Transaction ID : SA11AI.5419  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С				250.00
	Name of Employer (for Individual) BEST EFFORTS			ation (for Individua EFFORTS	al)	Memo Item
	Receipt For: Primary General Other (specify)	Aggreg	jate Ye	ar-to-Date ▼	250.00	
S	UBTOTAL of Receipts This Page (optional)					465.00
т	OTAL This Period (last page this line number on	lv)			·	

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

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or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political committee	to solicit contributions from such committee.
Full Name of Individual (Last, First, Middle BONAVITA, EJ, , , Mailing Address 11 WASHINGTON BLVD	Date of Receipt  08  05  2019	
City	State Zip Code	Transaction ID : SA11AI.5077
PITTSBURGH  FEC ID number of contributing fodoral political committee	PA 15206	Amount of Each Receipt this Period 250.00
Name of Employer (for Individual) BEST EFFORTS	Occupation (for Individual) BEST EFFORTS	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name of Individual (Last, First, Middle BROBECK, KATHERINE, , , Mailing Address 26A OLD CONCORD RD	e Initial) or Full Organization Name	Date of Receipt
City LINCOLN  FEC ID number of contributing federal political committee.	State Zip Code 01773	7 09 2019 Transaction ID : SA11AI.4979 Amount of Each Receipt this Period
Name of Employer (for Individual) BEST EFFORTS  Receipt For:  ☐ Primary ☐ General  Other (specify) ▼	Occupation (for Individual) BEST EFFORTS  Aggregate Year-to-Date ▼  250.00	Memo Item
Full Name of Individual (Last, First, Middle BROOKS, TEDDY, , , Mailing Address PO BOX 12654	e Initial) or Full Organization Name    State   Zip Code	Date of Receipt  M M / 27 / 2019  Transaction ID: SA11AI.5192
LAKE CHARLES  FEC ID number of contributing federal political committee.	LA 70612	Amount of Each Receipt this Period
Name of Employer (for Individual)  SELFEMPLOYED  Receipt For:  Primary  Other (specify)	Occupation (for Individual) SELFEMPLOYED  Aggregate Year-to-Date ▼  300.00	Memo Item
SUBTOTAL of Receipts This Page (optional	)	800.00
TOTAL This Period (last page this line num)	<u>_</u>	

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

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	the name and address of any political committee				
NAME OF COMMITTEE (In Full) COMMUNITY HEALTH COUN	NCIL PAC DBA BREAST CANCER	R HEALTH COUNCIL PAC			
Full Name of Individual (Last, First, Middle CARPENTER, CAROL, , ,	Initial) or Full Organization Name	Date of Receipt			
Mailing Address 22518 SE HIGHLAND CIR		07 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
City ISSAQUAH	State Zip Code WA 98029	Transaction ID : SA11AI.4951  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С	50.00			
Name of Employer (for Individual) BEST EFFORTS	Occupation (for Individual) BEST EFFORTS	Memo Item			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  275.00				
Full Name of Individual (Last, First, Middle CARPENTER, CAROL, , , Mailing Address 22518 SE HIGHLAND CIR	Initial) or Full Organization Name	Date of Receipt			
City ISSAQUAH FEC ID number of contributing	State Zip Code WA 98029	Transaction ID : SA11AI.5285  Amount of Each Receipt this Period			
federal political committee.  Name of Employer (for Individual) BEST EFFORTS	Occupation (for Individual) BEST EFFORTS	35.00 Memo Item			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  310.00				
Full Name of Individual (Last, First, Middle CAVE, KENNETH, , ,  Mailing Address 24751 PINE ST	Initial) or Full Organization Name	Date of Receipt			
City FORT BRAGG  FEC ID number of contributing federal political committee.	State Zip Code CA 95437	Transaction ID : SA11AI.5458  Amount of Each Receipt this Period  50.00			
Name of Employer (for Individual) BEST EFFORTS Receipt For:	Occupation (for Individual)  BEST EFFORTS  Aggregate Year-to-Date ▼	Memo Item			
Primary General Other (specify)	250.00				
SUBTOTAL of Receipts This Page (optional).	• • • • • • • • • • • • • • • • • • •	135.00			
TOTAL This Period (last page this line number	er only)				

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

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or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	g the name and address of any political committee	to solicit contributions from such committee.
	UNCIL PAC DBA BREAST CANCEI	R HEALTH COUNCIL PAC
Full Name of Individual (Last, First, Midd CAVO, RICHARD, , ,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 32 WOODFORD HILLS	DR	07 30 2019
City	State Zip Code	Transaction ID : SA11AI.5056
AVON	CT 06001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer (for Individual) BEST EFFORTS	Occupation (for Individual) BEST EFFORTS	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  300.00	
Full Name of Individual (Last, First, Midd CAVO, RICHARD, , ,		Date of Receipt
Mailing Address 32 WOODFORD HILLS I	DR	10 01 2019
City	State Zip Code	Transaction ID : SA11AI.5298
AVON	CT 06001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer (for Individual) BEST EFFORTS	Occupation (for Individual) BEST EFFORTS	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  800.00	
Full Name of Individual (Last, First, Midd, CAVO, RICHARD, , ,	lle Initial) or Full Organization Name	Date of Receipt
Mailing Address 32 WOODFORD HILLS	DR	12 21 2019
City	State Zip Code	Transaction ID : SA11AI.5472
AVON	CT 06001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) BEST EFFORTS	Occupation (for Individual) BEST EFFORTS	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General Other (specify)	900.00	
SUBTOTAL of Receipts This Page (options	al)	900.00
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Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using t	he name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) COMMUNITY HEALTH COUN	NCIL PAC DBA BREAST CANCER	HEALTH COUNCIL PAC
Full Name of Individual (Last, First, Middle I CHAFFIN JR, ROBERT D, , , Mailing Address 2706 LAGONDA AVE	Initial) or Full Organization Name	Date of Receipt
		10 11 2019
City SPRINGFIELD	State Zip Code 45503	Transaction ID : SA11AI.5357  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	40.00
Name of Employer (for Individual) BEST EFFORTS	Occupation (for Individual) BEST EFFORTS	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  205.00	
Full Name of Individual (Last, First, Middle I CHAFFIN JR, ROBERT D, , , Mailing Address 2706 LAGONDA AVE	Initial) or Full Organization Name	Date of Receipt
City SPRINGFIELD	State Zip Code OH 45503	Transaction ID : SA11AL5365  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer (for Individual) BEST EFFORTS	Occupation (for Individual) BEST EFFORTS	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  235.00	
Full Name of Individual (Last, First, Middle I	Initial) or Full Organization Name	Date of Receipt
Mailing Address 375 RAMONA EXPY		11 18 2019
City PERRIS	State Zip Code CA 92571	Transaction ID : SA11AI.5423  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer (for Individual) BEST EFFORTS	Occupation (for Individual) BEST EFFORTS	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 400.00	
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	270.00
TOTAL This Period (last page this line number	er only)	

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

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or for commercial purposes, other than using th	ne name and addre	ess of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) COMMUNITY HEALTH COUN	ICIL PAC DB	A BREAST CANCER	HEALTH COUNCIL PAC
Full Name of Individual (Last, First, Middle In CRITZER, GEORGE, , ,	nitial) or Full Orgar	nization Name	Date of Receipt
Mailing Address 619 E MCKINLEY ST			12 18 2019
City RIALTO	State CA	Zip Code 92376	Transaction ID : SA11AI.5464  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		80.00
Name of Employer (for Individual) BEST EFFORTS		tion (for Individual) FFORTS	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle In DALBERT, MARGARET, , , , Mailing Address 700 JOHN RINGLING BLVD		nization Name	Date of Receipt
City SARASOTA	State FL	Zip Code 34236	Transaction ID : SA11AI.5430 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer (for Individual) Retired	Occupat Retired	tion (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 400.00	
Full Name of Individual (Last, First, Middle In DIMMITT, PAULA, , ,	nitial) or Full Orgar	nization Name	Date of Receipt
Mailing Address 26818 VIRGO LN			08 08 2019
City SAN ANTONIO	State TX	Zip Code 78260	Transaction ID : SA11AI.5095  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer (for Individual) RETIRED	Occupat RETIRE	tion (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Yea	ar-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	430.00
TOTAL This Period (last page this line number	r only)		

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

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		13		14		15	16	;	17

or for commercial purposes, other than using the						
NAME OF COMMITTEE (In Full) COMMUNITY HEALTH COUN	CIL PAC DBA BREAST CANCEI	R HEALTH COUNCIL PAC				
Full Name of Individual (Last, First, Middle In DUNLAP, ANGELICA, , ,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 6762 BUCKINGHAM CT		12 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State Zip Code	Transaction ID : SA11AI.5479				
NAPLES	FL 34104	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	ů l					
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
BEST EFFORTS	BEST EFFORTS	_				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General						
Other (specify) ▼	300.00					
Full Name of Individual (Last, First, Middle In FRANK, WILLIAM, , ,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 3700 GULLY TAVERN RD		08 16 2019				
City	State Zip Code	Transaction ID : SA11AI.5131				
RICE	VA 23966	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.						
Name of Employer (for Individual) SELF-EMPLOYED	Occupation (for Individual) UNDERGROUND DIRECTIONAL DR	Memo Item				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	300.00					
Full Name of Individual (Last, First, Middle In	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 3121 PINELAND AVE		07 09 2019				
City	State Zip Code	Transaction ID : SA11AI.4973				
SOUTH CHESTERFIELD	VA 23834	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	10.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
BEST EFFORTS Receipt For:	BEST EFFORTS	_				
Primary General	Aggregate Year-to-Date ▼					
Other (specify)	230.00					
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	610.00				
TOTAL This Period (last page this line number	only)					

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or for commercial purposes, other than using	the name and address of any political committee	
NAME OF COMMITTEE (In Full) COMMUNITY HEALTH COL	JNCIL PAC DBA BREAST CANCER	R HEALTH COUNCIL PAC
Full Name of Individual (Last, First, Middle GARCIA, DORIS, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 3121 PINELAND AVE		07 18 2019
City	State Zip Code	Transaction ID : SA11AI.5009
SOUTH CHESTERFIELD	VA 23834	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
BEST EFFORTS	BEST EFFORTS	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	240.00	
Full Name of Individual (Last, First, Middle	o Initial) or Full Organization Name	
B. GARCIA, DORIS, , ,	e iiiiiai) or ruli Organization Name	Date of Receipt
Mailing Address 3121 PINELAND AVE		M M / D D / Y Y Y Y
5 SIZITINELANDAVE		08 09 2019
City	State Zip Code	Transaction ID : SA11AI.5096
SOUTH CHESTERFIELD	VA 23834	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer (for Individual) BEST EFFORTS	Occupation (for Individual) BEST EFFORTS	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name of Individual (Last, First, Middle GARCIA, DORIS, , ,	e Initial) or Full Organization Name	Date of Receipt
Mailing Address 3121 PINELAND AVE		M = M / D = D / Y = Y = Y
City	Ctata Zin Code	08 20 2019
City SOUTH CHESTERFIELD	State Zip Code 23834	Transaction ID : SA11AI.5134
	23034	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
BEST EFFORTS	BEST EFFORTS	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	260.00	
Other (specify)	200.00	
SUBTOTAL of Receipts This Page (optional	ıl) <b>&gt;</b>	30.00
TOTAL This Period (last page this line num	nher only)	

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or for commercial purposes, other than using t	he name and address of any political committee	to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) COMMUNITY HEALTH COUN	NCIL PAC DBA BREAST CANCER	R HEALTH COUNCIL PAC				
Full Name of Individual (Last, First, Middle GARCIA, DORIS, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 3121 PINELAND AVE		10 09 2019				
City	State Zip Code	Transaction ID : SA11AI.5342				
SOUTH CHESTERFIELD	VA 23834	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	10.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
BEST EFFORTS	BEST EFFORTS					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General						
Other (specify) ▼	270.00					
Full Name of Individual (Last, First, Middle	 Initial) or Full Organization Name					
GARCIA, DORIS, , ,	, : : <del>]</del>	Date of Receipt				
Mailing Address 3121 PINELAND AVE		M = M / D = D / Y = Y = Y = Y				
City	State Zip Code	10 19 2019				
SOUTH CHESTERFIELD	VA 23834	Transaction ID : SA11AI.5369  Amount of Each Receipt this Period				
FEC ID number of contributing		, another the colpt this i chou				
federal political committee.	C	10.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
BEST EFFORTS	BEST EFFORTS					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General						
Other (specify) ▼	280.00					
Full Name of Individual (Last, First, Middle	lnitial) or Full Organization Name					
c. GARCIA, DORIS, , ,	-	Date of Receipt				
Mailing Address 3121 PINELAND AVE	In. 1	11 20 2019				
City SOUTH CHESTERFIELD	State Zip Code VA 23834	Transaction ID : SA11AI.5425  Amount of Each Receipt this Period				
		Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	10.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
BEST EFFORTS	BEST EFFORTS					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General	00 0					
Other (specify)	290.00					
SUBTOTAL of Receipts This Page (optional).	<b>&gt;</b>	30.00				
TOTAL This Period (last page this line number	or only)					

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	the name and address of any political committee					
NAME OF COMMITTEE (In Full) COMMUNITY HEALTH COUI	NCIL PAC DBA BREAST CANCER	R HEALTH COUNCIL PAC				
Full Name of Individual (Last, First, Middle A. GRIEVE, WANDA, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 11976 EFFEN ST		08 28 2019				
City	State Zip Code	Transaction ID : SA11AI.5194				
RANCHO CUCAMONGA	CA 91739	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	100.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
BEST EFFORTS	BEST EFFORTS					
Receipt For:	Aggregate Year-to-Date ▼	7				
Primary General						
Other (specify) ▼	250.00					
Full Name of Individual (Last, First, Middle GRIEVE, WANDA, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 11976 EFFEN ST		09 23 2019				
City	State Zip Code	Transaction ID : SA11AI.5262				
RANCHO CUCAMONGA	CA 91739	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	50.00				
Name of Employer (for Individual) BEST EFFORTS	Occupation (for Individual) BEST EFFORTS	Memo Item				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General  Other (specify) ▼	300.00					
Full Name of Individual (Last, First, Middle C. GRIEVE, WANDA, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 11976 EFFEN ST		10 01 2019				
City	State Zip Code	Transaction ID : SA11AI.5294				
RANCHO CUCAMONGA	CA 91739	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	75.00				
Name of Employer (for Individual) BEST EFFORTS	Occupation (for Individual) BEST EFFORTS	Memo Item				
Receipt For:	Aggregate Year-to-Date ▼	_				
Primary General						
Other (specify)	375.00					
SUBTOTAL of Receipts This Page (optional).		225.00				
TOTAL This Period (last page this line numb	er only)					

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or for commercial purposes, other than usin	g the name and address of any political committee	
NAME OF COMMITTEE (In Full) COMMUNITY HEALTH COL	UNCIL PAC DBA BREAST CANCE	R HEALTH COUNCIL PAC
Full Name of Individual (Last, First, Midd GUSTAFSON, ROBERTA, , ,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 4640 W 17TH ST		07 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.4950
GREELEY	CO 80634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
BEST EFFORTS	BEST EFFORTS	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	205.00	
Other (specify) ▼	305.00	
Full Name of Individual (Last, First, Midd 3. GUSTAFSON, ROBERTA, , ,	le Initial) or Full Organization Name	Date of Receipt
Mailing Address 4640 W 17TH ST		09 08 2019
City	State Zip Code	Transaction ID : SA11AI.5226
GREELEY	CO 80634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	35.00
Name of Employer (for Individual) BEST EFFORTS	Occupation (for Individual) BEST EFFORTS	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	340.00	
Full Name of Individual (Last, First, Midd	lle Initial) or Full Organization Name	Date of Receipt
Mailing Address 4640 W 17TH ST		11 14 2019
City	State Zip Code	Transaction ID : SA11AI.5414
GREELEY	CO 80634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	55.00
Name of Employer (for Individual) BEST EFFORTS	Occupation (for Individual) BEST EFFORTS	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	riggregate real to bate ?	
Other (specify)	395.00	
SUBTOTAL of Receipts This Page (optional	al)	140.00
TOTAL This Period (last page this line num	mber only).	

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		any person for the purpose of soliciting contributions in mittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) COMMUNITY HEALTH COUN	ICIL PAC DBA BREAST CAN	NCER HEALTH COUNCIL PAC
Full Name of Individual (Last, First, Middle In HAMBRICK, JOSEPHINE, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 529 6TH ST NW		12 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.5471
HICKORY	NC 28601	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
BEST EFFORTS	BEST EFFORTS	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	237.00	3
Full Name of Individual (Last, First, Middle In HAPP, DONALD, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 4895 BAY ST NE APT 206		08 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.5066
SAINT PETERSBURG	FL 33703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) retired	Occupation (for Individual) retired	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	310.0	0
Full Name of Individual (Last, First, Middle I	nitial) or Full Organization Name	Date of Receipt
Mailing Address 789 FAIRWOOD FOREST I	DR	07 03 2019
City	State Zip Code	Transaction ID : SA11AI.4953
CLEARWATER	FL 33759	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	225.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	-
Other (specify)	225.00	0
SUBTOTAL of Receipts This Page (optional)		375.00
TOTAL This Period (last page this line numbe	r only)	

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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

KOHR, CHRISTINE, , ,  Mailing Address 789 FAIRWOOD FOREST	DR	Date of Receipt  10 01 2019
City	State Zip Code	Transaction ID : SA11AI.5297
CLEARWATER	FL 33759	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	525.00	
Full Name of Individual (Last, First, Middle KOKOSKA, BETTE, , ,	Date of Receipt	
Mailing Address 917 NH ROUTE 49		11 22 2019
City	State Zip Code	Transaction ID : SA11AI.5436
THORNTON	NH 03285	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  260.00	
Full Name of Individual (Last, First, Middle LAMBERT, JONATHAN, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 09244 DOERING RD		08 29 2019
City	State Zip Code	Transaction ID : SA11AI.5201
WAPAKONETA	OH 45895	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	210.00
Name of Employer (for Individual) BEST EFFORTS	Occupation (for Individual) BEST EFFORTS	Memo Item
Receipt For:  Primary General Other (specify)	Aggregate Year-to-Date ▼ 210.00	
	 	710.00

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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 LORENTZ, PAUL, , , Date of Receipt Mailing Address 9189 SW 193RD CIR 2019 City Zip Code State Transaction ID: SA11AI.5083 DUNNELLON FL 34432 Amount of Each Receipt this Period FEC ID number of contributing C 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **BEST EFFORTS BEST EFFORTS** Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. LORENTZ, PAUL, , , Date of Receipt Mailing Address 9189 SW 193RD CIR 2019 City State Zip Code Transaction ID: SA11AI.5276 **DUNNELLON** FL 34432 Amount of Each Receipt this Period FEC ID number of contributing 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) BEST EFFORTS **BEST EFFORTS** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 410.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. LORENTZ, PAUL, , , Date of Receipt Mailing Address 9189 SW 193RD CIR 03 2019 City State Zip Code Transaction ID: SA11AI.5314 FL **DUNNELLON** 34432 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **BEST EFFORTS BEST EFFORTS** Receipt For: Aggregate Year-to-Date ▼ Primary General 435.00 Other (specify) 95.00 SUBTOTAL of Receipts This Page (optional).....

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	Statements may not be sold or used by any persite name and address of any political committee t	
NAME OF COMMITTEE (In Full) COMMUNITY HEALTH COUN	CIL PAC DBA BREAST CANCER	HEALTH COUNCIL PAC
Full Name of Individual (Last, First, Middle In LORENTZ, PAUL, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 9189 SW 193RD CIR		10 03 2019
City	State Zip Code	Transaction ID : SA11AI.5316
DUNNELLON	FL 34432	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
BEST EFFORTS	BEST EFFORTS	_
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	33 0	
Other (specify) ▼	470.00	
Full Name of Individual (Last, First, Middle In LOUIS, ROBERT, , ,		Date of Receipt
Mailing Address 402 GREEN BRIAR ST APT	51	10 14 2019
City	State Zip Code	Transaction ID : SA11AI.5362
DERIDDER	LA 70634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	100.00
Name of Employer (for Individual) BEST EFFORTS	Occupation (for Individual) BEST EFFORTS	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  220.00	
Full Name of Individual (Last, First, Middle In LYLES, ANTHONY, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 9258 WOODGREEN WAY		09 30 2019
City	State Zip Code	Transaction ID : SA11AI.5280
JONESBORO	GA 30238	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer (for Individual) ELECTRICAL CONTRACTOR	Occupation (for Individual) SELF EMPLOYED	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify)	300.00	
	7 7 7	
SUBTOTAL of Receipts This Page (optional)		435.00
TOTAL This Period (last page this line number	only)	

C.

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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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 Marlin, Patricia, , , Date of Receipt Mailing Address 1050 KEPLEY RD 2019 18 City State Zip Code Transaction ID: SA11AI.5463 NC **SALISBURY** 28147 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **BEST EFFORTS BEST EFFORTS** Receipt For: Aggregate Year-to-Date ▼ Primary General 204.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MILLER-WARREN, CAROL, , , Date of Receipt Mailing Address 715 14TH ST NW 07 15 2019 City State Zip Code Transaction ID: SA11AI.5000 LARGO FL 33770 Amount of Each Receipt this Period FEC ID number of contributing 10.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) BEST EFFORTS **BEST EFFORTS** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 210.00

	7	45	
Full Name of Individual (Last, First, Middle In MILLER-WARREN, CAROL, , ,	itial) or Full Orga	anization Name	Date of Receipt
Mailing Address 715 14TH ST NW			08 15 2019
City	State	Zip Code	Transaction ID : SA11AI.5124
LARGO	FL	33770	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		10.00
Name of Employer (for Individual) BEST EFFORTS		ation (for Individual) EFFORTS	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 220.00	
SUBTOTAL of Receipts This Page (optional)			70.00

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or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	ing the name and address of any political committee	to solicit contributions from such committee.
Full Name of Individual (Last, First, Midd	UNCIL PAC DBA BREAST CANCER	R HEALTH COUNCIL PAC
MILLER-WARREN, CAROL, , ,	ne minar) or run Organization Name	Date of Receipt
Mailing Address 715 14TH ST NW		11 19 2019
City	State Zip Code	Transaction ID : SA11AI.5424
LARGO	FL 33770	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	11.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
BEST EFFORTS	BEST EFFORTS	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	204.00	
Other (specify) ▼	231.00	
Full Name of Individual (Last, First, Midd OLDRIGHT, DAVID W, , ,	lle Initial) or Full Organization Name	Date of Receipt
Mailing Address 1449 MONICA LN		07 12 2019
City	State Zip Code	Transaction ID : SA11AI.4997
MESQUITE	TX 75149	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer (for Individual) BEST EFFORTS	Occupation (for Individual) BEST EFFORTS	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
Full Name of Individual (Last, First, Midd: Parton, Jerrel, , ,	lle Initial) or Full Organization Name	Date of Receipt
Mailing Address 159 INDEPENDENCE D	PR	10 03 2019
City	State Zip Code	Transaction ID : SA11AI.5319
ROEBUCK	SC 29376	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	00 0	
Other (specify)	220.00	
SUBTOTAL of Receipts This Page (optional	al)	461.00
CODITAL OF FICCORPUS TINS 1 age (Options	<u> </u>	
TOTAL This Period (last page this line nur	mber only)	

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Full Name of Individual (Last, First, Middle I PAXSON, TERRIAN, , ,  Mailing Address 12629 MARNE RD	nitial) or Full Organization Name	
Mailing Address 12629 MARNE RD		Date of Receipt
		07 08 2019
City	State Zip Code	Transaction ID : SA11AI.4972
NEWARK	OH 43055	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
BEST EFFORTS	BEST EFFORTS	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	300.00	
Full Name of Individual (Last, First, Middle I	nitial) or Full Organization Name	
. PETROCELLI, KYLE, , ,	,	Date of Receipt
Mailing Address 157 N PROSPECT AVE		09 14 2019
City	State Zip Code	Transaction ID : SA11AI.5240
BERGENFIELD	NJ 07621	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer (for Individual) BEST EFFORTS	Occupation (for Individual) BEST EFFORTS	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	1125.00	
Full Name of Individual (Last, First, Middle I PETROCELLI, KYLE, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 157 N PROSPECT AVE		12 19 2019
City	State Zip Code	Transaction ID : SA11AI.5470
BERGENFIELD	NJ 07621	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer (for Individual) BEST EFFORTS	Occupation (for Individual) BEST EFFORTS	Memo Item
Receipt For:		-
Primary General	Aggregate Year-to-Date ▼	
Other (specify)	1325.00	
SUBTOTAL of Receipts This Page (optional)		1500.00
TOTAL This Period (last page this line numbe	·	

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	ny information copied from such Reports and State for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) COMMUNITY HEALTH COUNC	IL PAC	DBA BREAST CANCER	HEALTH COUNCIL PAC
Α.	Full Name of Individual (Last, First, Middle Initial PLACIDE, HOWARD, , ,	al) or Full (	Organization Name	Date of Receipt
	Mailing Address 1133 HUMMINGBIRD LN			08 02 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID : SA11AI.5071
	GLEN ROSE	TX	76043	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		255.00
	Name of Employer (for Individual) CONSULTANT		cupation (for Individual) :TIRED	Memo Item
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼  255.00	
В.	Full Name of Individual (Last, First, Middle Initial PLEASANT, ELLIOTT, , ,	al) or Full (	Organization Name	Date of Receipt
	Mailing Address 2512 24TH STREET ENSLEY		l7: 0 1	10 22 2019
	City	State AL	Zip Code	Transaction ID : SA11AI.5381
	BIRMINGHAM	AL	35208	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer (for Individual) BEST EFFORTS		cupation (for Individual) EST EFFORTS	Memo Item
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		750.00	
<u>с</u> .	Full Name of Individual (Last, First, Middle Initial POLASKI, MICHAEL, , ,	al) or Full (	Organization Name	Date of Receipt
	Mailing Address 321 E OAKWOOD ST			08
	City	State	Zip Code	Transaction ID : SA11AI.5073
	MILWAUKEE	WI	53201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer (for Individual) BEST EFFORTS		cupation (for Individual) ST EFFORTS	Memo Item
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify)		500.00	
S	SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	1005.00
1	TOTAL This Period (last page this line number o	nly)		

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	e name and address of any political committee	
NAME OF COMMITTEE (In Full) COMMUNITY HEALTH COUN	CIL PAC DBA BREAST CANCER	R HEALTH COUNCIL PAC
Full Name of Individual (Last, First, Middle Ir POLASKI, MICHAEL, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 321 E OAKWOOD ST		12 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.5452
MILWAUKEE	WI 53201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
BEST EFFORTS	BEST EFFORTS	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1000.00	
Full Name of Individual (Last, First, Middle Ir REIDINGER, MARYANN, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 1366 ROCK VALLEY DR		12 04 2019
City	State Zip Code	Transaction ID : SA11AI.5456
ROCHESTER	MI 48307	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer (for Individual) BEST EFFORTS	Occupation (for Individual) BEST EFFORTS	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name of Individual (Last, First, Middle Ir	nitial) or Full Organization Name	Date of Receipt
Mailing Address 125 STARK HWY S		12 18 2019
City	State Zip Code	Transaction ID : SA11AI.5465
DUNBARTON	NH 03046	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	105.00
Name of Employer (for Individual) SELF	Occupation (for Individual) LAND SCAPE	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify)	205.00	
SUBTOTAL of Receipts This Page (optional)		805.00
TOTAL This Period (last page this line number	only)	

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NAME OF COMMITTEE (In Full)	g the name and address of any political committee  UNCIL PAC DBA BREAST CANCER	
Full Name of Individual (Last, First, Midd RUCK, ALAN, , ,  Mailing Address PO BOX 890	· · · · · · · · · · · · · · · · · · ·	Date of Receipt  08 31 2019
City	State Zip Code	Transaction ID : SA11AI.5211
LOS ANGELES	CA 90078	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
BEST EFFORTS	BEST EFFORTS	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	250.00	
Full Name of Individual (Look First Midd	la Initial) or Full Organization Name	
Full Name of Individual (Last, First, Midd RUCK, ALAN, , ,	ie inilial) or Full Organization Name	Date of Receipt
Mailing Address PO BOX 890		Ħ
Mailing Address PO BOX 880		12 05 2019
City	State Zip Code	
LOS ANGELES	CA 90078	Transaction ID : SA11AI.5457  Amount of Each Receipt this Period
		7. Modific of Edon Floodipt tills 1 offod
FEC ID number of contributing federal political committee.	C	315.00
Name of Employer (for Individual) BEST EFFORTS	Occupation (for Individual) BEST EFFORTS	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	565.00	
Full Name of Individual (Last, First, Midd	le Initial) or Full Organization Name	
. SAMS, DONNA, , ,		Date of Receipt
Mailing Address 48 MCCLELLAN ST		08
City	State Zip Code	Transaction ID : SA11AI.5069
PROVIDENCE	RI 02909	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	210.00
Nome of Employer (for Ledhideline)	Occupation (for hadistral)	Memo Item
Name of Employer (for Individual) CONSULTANT COMPANY	Occupation (for Individual) PARTNER	La Monto Rom
Receipt For:		-
Primary General	Aggregate Year-to-Date ▼	
Other (specify)	210.00	
Calci (opcony)	45 45 1	
SUBTOTAL of Receipts This Page (optional	al)	775.00
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TOTAL This Period (last page this line nun	nher only)	

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	the name and address of any political committee	
NAME OF COMMITTEE (In Full) COMMUNITY HEALTH COUI	NCIL PAC DBA BREAST CANCEI	R HEALTH COUNCIL PAC
Full Name of Individual (Last, First, Middle SCHULER, BETH ANN, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 1004 PEBBLE BRK		09 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.5259
NASHVILLE	TN 37221	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
BEST EFFORTS	BEST EFFORTS	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	300.00	
Full Name of Individual (Last, First, Middle Shannon, Edward J, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 2538 JUNGWIRTH CT		07 30 2019
City	State Zip Code	Transaction ID : SA11AI.5052
SISTER BAY	WI 54234	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	180.00
Name of Employer (for Individual) BEST EFFORTS	Occupation (for Individual) BEST EFFORTS	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	
Full Name of Individual (Last, First, Middle SHAW, ROBERT, G, ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 126 LANGDON ST		07 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City NEWTON	State Zip Code MA 02458	Transaction ID : SA11AI.4995  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	155.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	790.00	
SUBTOTAL of Receipts This Page (optional)	· • • • • • • • • • • • • • • • • • • •	635.00
TOTAL This Period (last page this line numb	er only)	

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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 SMITH, KATHLEEN, , , Date of Receipt Mailing Address 3736 N ARMSTRONG AVE 2019 City Zip Code State Transaction ID: SA11AI.5475 CA **FRESNO** 93727 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **BEST EFFORTS BEST EFFORTS** Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. SNELL, ALICE, , , Date of Receipt Mailing Address 4515 N DROMEDARY RD 2019 City State Zip Code Transaction ID: SA11AI.5158 **PHOENIX** ΑZ 85018 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) BEST EFFORTS **BEST EFFORTS** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 300.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. SOTTOSANTO, MARGARET, , , Date of Receipt Mailing Address 17930 SE 117TH TER 06 2019 City State Zip Code Transaction ID: SA11AI.5402 FL **SUMMERFIELD** 34491 Amount of Each Receipt this Period FEC ID number of contributing C 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **BEST EFFORTS BEST EFFORTS** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 700.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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	Statements may not be sold or used by any per- ne name and address of any political committee t	
NAME OF COMMITTEE (In Full) COMMUNITY HEALTH COUN	CIL PAC DBA BREAST CANCER	R HEALTH COUNCIL PAC
Full Name of Individual (Last, First, Middle Ir STILLWELL, JACKIE, , ,	Date of Receipt	
Mailing Address 113 KENNER AVE		10 21 Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.5375
NASHVILLE	TN 37205	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
BEST EFFORTS	BEST EFFORTS	_
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	0.0	
Other (specify) ▼	500.00	
Full Name of Individual (Last, First, Middle Ir TATUM, STEPHEN, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 600 W 6TH ST		12 21 2019
City	State Zip Code	Transaction ID : SA11AI.5474
FORT WORTH	TX 76102	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer (for Individual) BEST EFFORTS	Occupation (for Individual) BEST EFFORTS	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name of Individual (Last, First, Middle Ir	nitial) or Full Organization Name	Date of Receipt
Mailing Address 3037 HAZELTON ST		08 07 2019
City	State Zip Code	Transaction ID : SA11AI.5084
FALLS CHURCH	VA 22044	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual) BEST EFFORTS	Occupation (for Individual) BEST EFFORTS	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	†
Primary General		
Other (specify)	407.00	
SUBTOTAL of Receipts This Page (optional)		785.00
TOTAL This Period (last page this line number	r only)	

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COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC  Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  WOYAHN, MICHAEL.,  Mailing Address 620 GREEN VALLEY RD  City  City  City  State  Zip Code  NC 27408  FEC ID number of contributing federal political committee.  Primary General Countition of GA 30041  FEC ID number of contributing federal political committee.  CumMining Address 7035 SHADOW LN  City  City  City  State  GA 30041  FEC ID number of contributing federal Countition of GA 30041  FEC ID number of contributing federal political committee.  City  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  Aggregate Year-to-Date ▼  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  FEC ID number of contributing federal political committee.  City  State Zip Code  Aggregate Year-to-Date ▼  Amount of Each Receipt this Period  Memo Item  Aggregate Year-to-Date ▼  Amount of Each Receipt this Period  Memo Item  Aggregate Year-to-Date ▼  Amount of Each Receipt this Period  Memo Item  Aggregate Year-to-Date ▼  Amount of Each Receipt this Period  Memo Item  Aggregate Year-to-Date ▼  Amount of Each Receipt this Period  Memo Item  Aggregate Year-to-Date ▼  Amount of Each Receipt this Period  Memo Item	or for commercial purposes, other than using	g the name and address of any political committee	to solicit contributions from such committee.			
Date of Receipt    Mailing Address 620 GREEN VALLEY RD	NAME OF COMMITTEE (In Full) COMMUNITY HEALTH COL	JNCIL PAC DBA BREAST CANCER	R HEALTH COUNCIL PAC			
City GREENSBORO  State NC  27408  Amount of Each Receipt this Period  EC  CC  REST EFFORTS  Receipt For: Other (specify) ▼  State CID number of contributing CO  Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  CITY CUMMING  Aggregate Year-to-Date ▼  Transaction ID: SA11AL5352  Amount of Each Receipt this Period  EST EFFORTS  Receipt For: Aggregate Year-to-Date ▼  Transaction ID: SA11AL5417  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: SA11AL5417  Amount of Each Receipt this Period  Transaction ID: SA11AL5417  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: SA11AL5417  Amount of Each Receipt this Period  Transaction ID: SA11AL5417  Amount of Each Receipt this Period  Transaction ID: SA11AL5417  Amount of Each Receipt this Period  Transaction ID: SA11AL5417  Amount of Each Receipt this Period  Transaction ID: SA11AL5417  Transaction ID: SA11AL5417  Amount of Each Receipt this Period  Transaction ID: SA11AL5417  Transacti	WOYAHN, MICHAEL, , ,	,	- <u>'</u>			
Amount of Each Receipt ints Period  FEC ID number of contributing tederal political committee.  Name of Employer (for Individual)  BEST EFFORTS  Receipt For:    Primary   General   Gene	walling Address 620 GREEN VALLEY RD	,				
FEG ID number of contributing federal political committee.  Name of Employer (for Individual)  BEST EFFORTS  Receipt For:  Primary General  City  Cuty  Cuty						
Substotal committee   C		NC 2/408	Amount of Each Receipt this Period			
BEST EFFORTS Receipt For:    Primary	· ·	C	250.00			
Receipt For:   Primary   General   Aggregate Year-to-Date \( \)   250.00     Full Name of Individual (Last, First, Middle Initial) or Full Organization Name   YOUNG, MAUREEN, ,   Mailing Address 7035 SHADOW LN	Name of Employer (for Individual)	Occupation (for Individual)	Memo Item			
Primary General Other (specify) ▼ 250.00  Full Name of Individual (Last, First, Middle Initial) or Full Organization Name YOUNG, MAUREEN, , , Mailing Address 7035 SHADOW LN  City State Zip Code GA 30041  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) BEST EFFORTS Receipt For: Primary General Other (specify) ▼ 400,00  FUll Name of Individual (Last, First, Middle Initial) or Full Organization Name  Mailing Address  City State Zip Code  Amount of Each Receipt this Period  Transaction ID: SA11AL5417  Amount of Each Receipt this Period  Memo Item  Date of Receipt  Memo Item  Date of Receipt  Amount of Each Receipt this Period  FULL Name of Individual (Last, First, Middle Initial) or Full Organization Name  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  City State Zip Code  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For: Primary General Other (specify)  Aggregate Year-to-Date ▼		BEST EFFORTS				
Other (specify) ▼		Aggregate Year-to-Date ▼				
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  YOUNG, MAUREEN, , ,  Mailing Address 7035 SHADOW LN  City  CUMMING  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  BEST EFFORTS  Receipt For:  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Peter ID number of contributing federal political committee.  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: SA11AL5417  Amount of Each Receipt this Period  Date of Receipt  Amount of Each Receipt this Period  Date of Receipt  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For:  Primary General Other (specify)  Aggregate Year-to-Date ▼  Primary General Other (specify)		250.00				
Aggregate Year-to-Date ▼    Name of Employer (for Individual)   State   Zip Code	Unier (specify) ▼	250.00				
Mailing Address 7035 SHADOW LN  City CUMMING State Zip Code GA 30041  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) BEST EFFORTS  Receipt For: Primary General Other (specify) ▼  Mailing Address  City  State Zip Code  Cocupation (for Individual) BEST EFFORTS  Receipt For: Aggregate Year-to-Date ▼  Date of Receipt this Period  FEC ID number of contributing federal political committee.  City  State Zip Code  Amount of Each Receipt this Period  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For: Primary General Other (specify)  Aggregate Year-to-Date ▼  Primary General Other (specify)  Aggregate Year-to-Date ▼  SUBTOTAL of Receipts This Page (optional)  Aggregate Year-to-Date ▼  SUBTOTAL of Receipts This Page (optional)		le Initial) or Full Organization Name	Date of Receipt			
CUMMING  GA 30041  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  BEST EFFORTS  Receipt For:  Primary General Other (specify)   Mailing Address  City  State Zip Code  Amount of Each Receipt this Period  Aggregate Year-to-Date   Date of Receipt  Amount of Each Receipt this Period  Amount of Each Receipt this Period  Date of Receipt  Amount of Each Receipt this Period  Amount of Each Receipt this Period  Amount of Each Receipt this Period  Date of Receipt  Amount of Each Receipt this Period  City  Amount of Each Receipt this Period  Date of Receipt  Amount of Each Receipt this Period						
CUMMING  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) BEST EFFORTS  Receipt For: Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  City  State Zip Code  Amount of Each Receipt this Period  Memo Item  Date of Receipt  Amount of Each Receipt this Period  Memo Item  Date of Receipt  Amount of Each Receipt this Period  Memo Item  Date of Receipt  Memo Item  Date of Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For: Perimary General Other (specify)  Aggregate Year-to-Date ▼  Primary General Other (specify)  Aggregate Year-to-Date ▼  Date of Receipt  Memo Item  Memo Item	City	State Zip Code	Transaction ID : SA11Al.5417			
Tederal political committee.  Name of Employer (for Individual) BEST EFFORTS  Receipt For:  Primary General Other (specify) ▼  Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  City State Zip Code  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For:  Primary General Occupation (for Individual)  Receipt For:  Primary General Other (specify)  Aggregate Year-to-Date ▼  Memo Item  Memo Item  Date of Receipt  Memo Item  Memo Item  Aggregate Year-to-Date ▼  Occupation (for Individual)  Memo Item  Aggregate Year-to-Date ▼  Substotal of Receipts This Page (optional)	CUMMING	GA 30041				
BEST EFFORTS  Receipt For:	· ·	C	200.00			
Primary General Other (specify) ▼  Authority General Other (specify) General Other (specify)  Authority General Other (specify)  Authority General Other (specify)  Authority General Other (specify)  Aggregate Year-to-Date ▼  Authority General Other (specify)  Authority General Other (specify)  Aggregate Year-to-Date ▼  Authority General Other (specify)  Aggregate Year-to-Date ▼  Authority General Other (specify)  Aggregate Year-to-Date ▼  Aggregate Year-to-Date ▼	BEST EFFORTS		Memo Item			
Other (specify) ▼  Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  Date of Receipt  Mailing Address  City  State Zip Code  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For: Primary General Other (specify)  Aggregate Year-to-Date ▼  Substotal of Receipts This Page (optional)		Aggregate Year-to-Date ▼				
Mailing Address  City  State  Zip Code  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For:  Primary General  Other (specify)  Aggregate Year-to-Date ▼  SUBTOTAL of Receipts This Page (optional)		400.00				
Mailing Address  City  State Zip Code  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For:  Primary General Other (specify)  Subtotal of Receipts This Page (optional).  Aggregate Year-to-Date ▼  450.00	Full Name of Individual (Last, First, Midd	le Initial) or Full Organization Name	Date of Receipt			
Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For: Primary General Other (specify)  Aggregate Year-to-Date   SUBTOTAL of Receipts This Page (optional).	Mailing Address		- <u> </u>			
FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For: Primary General Other (specify)  SUBTOTAL of Receipts This Page (optional)  Aggregate Year-to-Date   450.00	City	State Zip Code	Amount of Each Receipt this Period			
Receipt For: Primary General Other (specify)  SUBTOTAL of Receipts This Page (optional)  Aggregate Year-to-Date   450.00	•	C				
Primary General Other (specify)  SUBTOTAL of Receipts This Page (optional)	Name of Employer (for Individual)	Occupation (for Individual)	Memo Item			
SUBTUTAL of neceipts Trils Page (optional)	Primary General	Aggregate Year-to-Date ▼				
	SUBTOTAL of Receipts This Page (optional	al)	450.00			
		<u>`</u> _	13936.00			

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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 33 OF					
ITEMIZED DISBURSEMENTS		rate schedule(s)	(check only	only one)				
		for each category of the Detailed Summary Page		22 23 26 27				
			28a	28b 28c 29 30b				
Any information copied from such Reports and State or for commercial purposes, other than using the na								
NAME OF COMMITTEE (In Full)								
COMMUNITY HEALTH COUNCIL	PAC DB	A BREAST	CANCER	HEALTH COUNCIL PAC				
Full Name (Last, First, Middle Initial)				5 . (5:1				
A. ACTION COMMITTEE MARKETII	NG, LLC			Date of Disbursement				
Mailing Address 698 Oldfield Commons Dr.				07 31 2019				
City	State	Zip Code		FEC Identification Number				
Greenwood Purpose of Disbursement	IN	46142						
Donor Outreach				C				
Candidate Name			0-1	Transaction ID : SB21B.5482				
			Category/ Type	Amount of Each Disbursement this Period				
Office Sought: House Disburse	ement For:			99130.68				
Senate	Primary	General						
State: District:	Other (spec	ıty) <b>▼</b>		Memo Item				
Full Name (Last, First, Middle Initial)								
B. ACTION COMMITTEE MARKETII	NG LLC			Date of Disbursement				
	10, 220			M = M / D = D / Y = Y = Y				
Mailing Address 698 Oldfield Commons Dr.				08 31 2019				
City	State Zip Code			FEC Identification Number				
Greenwood Purpose of Disbursement	IN	46142		Transaction ID : SB21B.5492 Amount of Each Disbursement this Period				
Donor Outreach								
Candidate Name			Category/					
			Type					
	ement For:			51957.38				
Senate President	Primary Other (spec	General						
State: District:	Ctrior (opco	·· <b>y</b> /		Memo Item				
Full Name (Last, First, Middle Initial)								
C. ACTION COMMITTEE MARKETIN	NG, LLC			Date of Disbursement				
Mailing Address 698 Oldfield Commons Dr.				09 30 2019				
City	Ctoto	Zin Codo						
City Greenwood	State IN	Zip Code 46142		FEC Identification Number				
Purpose of Disbursement				C				
Donor Outreach				Transaction ID : SB21B.5497				
Candidate Name			Category/	Amount of Each Disbursement this Period				
Office Sought: House Disburse	ement For:		Type	36282.31				
Senate Sought.	Primary	General		7 33333				
President	Other (spec			Memo Item				
State: District:				I Wellio Itelli				
SUBTOTAL of Disbursements This Page (optional).				187370.37				
222.22 3. 2.35drosmonto Tino Fago (optional).								
TOTAL This Period (last page this line number only	<i>(</i> )			1				

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SCHEDULE B (FEC Form 3X)	114	a a la a stort of C. C. N	FOR LINE I	LINE NUMBER: PAGE 34 OF 51			
ITEMIZED DISBURSEMENTS	Use separate for each categorial		(check only	· _ /			
	Detailed Sumi		<b>X</b> 21b 28a	22 23 28b 28c	26 27 29 30b		
Any information copied from such Reports and State	ments may not b	e sold or use					
or for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full)	<b>-</b>		<b></b>				
$  \Big angle$ COMMUNITY HEALTH COUNCIL	. PAC DBA I	BREAST	CANCER	HEALTH CO	JNCIL PAC		
Full Name (Last, First, Middle Initial)							
A. ACTION COMMITTEE MARKETI	NG, LLC			Date of Disburse	ment		
Mailing Address COS Oldfield Commons Dr				10 3			
Mailing Address 698 Oldfield Commons Dr.				10 3	2019		
City		Code		FEC Identification	n Number		
Greenwood Purpose of Disbursement	IN 46	6142					
Purpose of Disbursement  Donor Outreach				C			
Candidate Name			0.44		ID: SB21B.5502		
			Category/ Type	Amount of Each	Disbursement this Period		
Office Sought: House Disburse	ement For:		71		66744.13		
Senate	Primary	General		7 7			
President State: District:	Other (specify)	▼		Memo Item			
Full Name (Last, First, Middle Initial)  B. ACTION COMMITTEE MARKETI	NG LLC			Date of Disburse	ment		
5. ACTION COMMITTEE MARKETT	NG, LLC			M M / D			
Mailing Address 698 Oldfield Commons Dr.					2019		
City	State Zip Code			FEC Identification	n Number		
Greenwood	IN 46	6142					
Purpose of Disbursement Donor Outreach				C			
Candidate Name			Cotogogi	Transaction ID : SB21B.5507 Amount of Each Disbursement this Period			
			Category/ Type	Amount of Each Disbursement this Peri			
Office Sought: House Disburse	ement For:				44346.87		
Senate	Primary				,		
President State: District:	Other (specify)	Other (specify)			Memo Item		
Full Name (Last, First, Middle Initial)							
C. ACTION COMMITTEE MARKETII	NG, LLC			Date of Disburse	ment		
				M M / D			
Mailing Address 698 Oldfield Commons Dr.				12 3	1 2019		
City	State Zip	Code		FEC Identification	n Number		
Greenwood	I	6142		1.1 2 2 2	i ivallibel		
Purpose of Disbursement Donor Outreach				C			
Candidate Name			Cotogs		ID: SB21B.5512 Disbursement this Period		
			Category/ Type	Amount of Each	Dispursement this Peni00		
Office Sought: House Disburse	ement For:				58745.16		
Senate	Primary	General			,		
President	Other (specify)	▼		Memo Item			
State: District:							
SUBTOTAL of Disbursements This Page (optional)					169836.16		
2227 Tile S. Sissardomento Tino Lago (optional)					7 7		
TOTAL This Period (last page this line number only	/)						

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SCHEDULE B (FEC Form 3X)	Llan concrete askedul-(-)	FOR LINE		PAGE 35 OF 51		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one) 22 23	26 27		
	Detailed Summary Page	28a	28b 28c	29 27 30b		
Any information copied from such Reports and Statem						
or for commercial purposes, other than using the nam						
NAME OF COMMITTEE (In Full) COMMUNITY HEALTH COUNCIL	PAC DBA BREAST	CANCER	HEALTH COUN	ICIL PAC		
Full Name (Last, First, Middle Initial)			5			
A. AMERICAN PUBLIC RESOURCE,	LLC		Date of Disbursement			
Mailing Address 3855 South 500 West, Suite D			07 31	2019		
South Salt Lake	State Zip Code UT 84115		FEC Identification Nu	umber		
Purpose of Disbursement Donor Outreach			C			
Candidate Name		Category/	Transaction ID : Amount of Each Disl	SB21B.5484 oursement this Period		
Office Sought: House Disbursem	nent For:	Туре		34489.78		
Senate	Primary General			7 7		
State: District:	Other (specify) ▼		Memo Item			
Full Name (Last, First, Middle Initial)						
B. AMERICAN PUBLIC RESOURCE,	LLC		Date of Disbursemer	nt		
Mailing Address 3855 South 500 West, Suite D			08 31	2019		
•	State Zip Code UT 84115		FEC Identification Nu	umber		
Purpose of Disbursement Donor Outreach	3.7.0		Transaction ID : SB21B.5493			
Candidate Name						
		Category/ Type	Amount of Each Disl	oursement this Period		
Office Sought: House Disbursem				18784.46		
	Primary General Other (specify)		Marra 19			
State: District:	•		Memo Item			
Full Name (Last, First, Middle Initial)  C. AMERICAN PUBLIC RESOURCE,			Date of Disbursemer	nt		
			M M / D D	/ Y Y Y Y Y		
Mailing Address 3855 South 500 West, Suite D			09 30	2019		
,	State Zip Code		FEC Identification Nu	umber		
South Salt Lake Purpose of Disbursement	UT 84115					
Donor Outreach			C Transaction ID :	: SB21B.5498		
Candidate Name		Category/ Type		bursement this Period		
Office Sought: House Disbursem	nent For:	туре		20216.56		
	Primary General			7		
State: District:	Other (specify) ▼		Memo Item			
SUBTOTAL of Disbursements This Page (optional)		·····	7	73490.80		
TOTAL This Period (last page this line number only).						

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SCHEDULE B (FEC Form 3X)	Han name and a late of	FOR LINE NUMBER: PAGE 36				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		26 27		
	Detailed Summary Page	<b>X</b> 21b 28a	22 23 28c 28c	29 27 30b		
Any information copied from such Reports and Statem	ents may not be sold or use	ed by any perso	on for the purpose of s	soliciting contributions		
or for commercial purposes, other than using the nam						
NAME OF COMMITTEE (In Full)		OANOED		IOII DAO		
COMMUNITY HEALTH COUNCIL	PAC DBA BREAST	CANCER	HEALTH COUR	NCIL PAC		
Full Name (Last, First, Middle Initial)						
A. AMERICAN PUBLIC RESOURCE,	LLC		Date of Disburseme			
Mailing Address 3855 South 500 West, Suite D			10 31	2019		
Cit.	tata Zin Cada					
,	State Zip Code UT 84115		FEC Identification N	lumber		
Purpose of Disbursement Donor Outreach			С			
Candidate Name			Transaction ID			
Candidate Name		Category/ Type	Amount of Each Dis	sbursement this Period		
Office Sought: House Disbursem	nent For:	71		42305.60		
	Primary General			,		
State: President State:	Other (specify) ▼		Memo Item			
Full Name (Last, First, Middle Initial)						
B. AMERICAN PUBLIC RESOURCE,	LLC		Date of Disburseme	ent		
Mailing Address 3855 South 500 West, Suite D			11 30	2019		
Mailing Address 3855 South 500 West, Suite D			2010			
,	tate Zip Code		FEC Identification N	lumber		
South Salt Lake Purpose of Disbursement	UT 84115		С			
Donor Outreach		: :	Transaction ID	· SB21B.5508		
Candidate Name		Category/	Amount of Each Disbursement this Period			
Office Sought: House Disbursem	nent For:	Туре		13282.39		
	Primary General		4	4 4		
	Other (specify)		Memo Item			
State: District:  Full Name (Last, First, Middle Initial)						
C. AMERICAN PUBLIC RESOURCE,	LLC		Date of Disburseme	ent		
			M M / D D	/ Y Y Y Y Y		
Mailing Address 3855 South 500 West, Suite D			12 31	2019		
City	tate Zip Code		FEC Identification N	lumher		
South Salt Lake Purpose of Disbursement	UT 84115					
Donor Outreach			C	0D04D 5540		
Candidate Name		Category/	Transaction ID Amount of Each Dis	: 5B21B.5513 sbursement this Period		
Office Cought: House Dist	agent For:	Туре		19363.68		
Office Sought: House Disbursem	nent For:  Primary General		7	13000.00		
	Other (specify) ▼		Memo Item			
State: District:			Wellio Itelli			
SUPTOTAL of Disburgoments This Dogs (ortional)				74951.67		
SUBTOTAL of Disbursements This Page (optional)		······	<u> </u>	. 1001.01		
TOTAL This Period (last page this line number only).						

SCHEDULE B (FEC Form 3X)	Han annount of the Co.	FOR LINE I	NUMBER: PAGE 37 OF 51
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b 28a	22   23   26   27   28b   28c   29   30b
Any information copied from such Reports and Statem	nents may not be sold or us	ed by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)		LIEALTH COUNCIL DAG	
COMMUNITY HEALTH COUNCIL	PAC DBA BREAST	CANCER	HEALTH COUNCIL PAC
Full Name (Last, First, Middle Initial)			
A. BRISTOL MARKETING ASSOCIATION	TES, INC.		Date of Disbursement
Mailing Address 8051 North Tamiami Trail, Box 2			07 31 2019
City	State Zip Code		FEC Identification Number
Sarasota  Purpose of Dishursement	FL 34243		
Purpose of Disbursement Donor Outreach			C
Candidate Name		Category/	Transaction ID : SB21B.5486 Amount of Each Disbursement this Period
		Type	
Office Sought: House Disbursen Senate	nent For: Primary General		208.00
	Other (specify)		Mama Itam
State: District:	,		Memo Item
Full Name (Last, First, Middle Initial)			
B. BRISTOL MARKETING ASSOCIATION	TES, INC.		Date of Disbursement
Mailing Address 8051 North Tamiami Trail, Box 2			09 30 2019
,	State Zip Code FL 34243		FEC Identification Number
Sarasota Purpose of Disbursement	FL 34243		С
Donor Outreach			Transaction ID : SB21B.5499
Candidate Name		Category/	Amount of Each Disbursement this Period
Office Sought: House Disbursen	nent For:	Туре	32.00
	Primary General		4 4
President	Other (specify)		Memo Item
State: District:			L memo nem
Full Name (Last, First, Middle Initial)	TEC INC		Date of Disbursement
C. BRISTOL MARKETING ASSOCIATION	IES, INC.		M M / D D / Y Y Y Y
Mailing Address 8051 North Tamiami Trail, Box 2			10 31 2019
City	State Zip Code		FEC Identification Number
Sarasota Purpose of Disbursement	FL 34243		
Donor Outreach			C
Candidate Name		Category/	Transaction ID: SB21B.5504  Amount of Each Disbursement this Period
		Type	
Office Sought: House Disbursen Senate			436.00
	Primary General Other (specify) ▼		Manua hara
State: District:			Memo Item
SUBTOTAL of Disbursements This Page (optional)			676.00
COSTOTAL OF DISDUISEMENTS THIS Page (Optional)		·····	7 7 7
TOTAL This Period (last page this line number only)			

	CHEDULE B (FEC Form 3X)	Han see	arata ashadula/-\	FOR LINE NUMBER: PAGE 38 (				
IT	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the	(check only	one)			
			Summary Page	28a	28b 28c 29 30b			
	y information copied from such Reports and State							
or	for commercial purposes, other than using the na	me and add	ress of any politic	cal committee to	solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full)  COMMUNITY HEALTH COUNCIL	ם א כי טו	QA DDEACT		HEALTH COLINCIL DAG			
V	COMMUNITY HEALTH COUNCIL	. FAC DI	DA DKEASI	CANCER	HEALTH COUNCIL PAC			
_	Full Name (Last, First, Middle Initial)		_		B (B)			
Α.	BRISTOL MARKETING ASSOCIA	ATES, IN	C.		Date of Disbursement			
	Mailing Address 8051 North Tamiami Trail, Box 2				12 31 2019			
	City	Ctoto	Zin Codo					
	City Sarasota	State FL	Zip Code 34243		FEC Identification Number			
	Purpose of Disbursement				C			
	Donor Outreach  Candidate Name				Transaction ID : SB21B.5514			
	Candidate Name			Category/ Type	Amount of Each Disbursement this Per	iod		
	Office Sought: House Disburse	ment For:		.,,,,	100.00			
	Senate	Primary	General					
	State: District:	Other (spe	CITY) ▼		Memo Item			
_	Full Name (Last, First, Middle Initial)							
В.	GSI, INC				Date of Disbursement			
	Moiling Address 2055 OL: D. LO.:				07 31 2019			
	Mailing Address 6655 Chicago Road, Suite A				07 31 2019			
	City	State	Zip Code		FEC Identification Number			
	Warren Purpose of Disbursement	MI	48092		C			
	Donor Outreach				Transaction ID : SB21B.5488			
	Candidate Name			Category/	Amount of Each Disbursement this Per	iod		
	Office Sought: House Disburse	ment For:		Туре	19740.20			
	Senate	Primary	General		4 4			
	President	Other (spe	cify)		Memo Item			
_	State: District:  Full Name (Last, First, Middle Initial)				_			
C.	GSI, INC				Date of Disbursement			
	·				M M / D D / Y Y Y Y Y	1		
	Mailing Address 6655 Chicago Road, Suite A				08 31 2019			
	City	State	Zip Code		FEC Identification Number			
	Warren Purpose of Disbursement	MI	48092					
	Donor Outreach				C Transaction ID : SB21B.5494			
	Candidate Name			Category/	Amount of Each Disbursement this Peri	iod		
	Office Sought: House Disburse	mont For:		Type	21311.35			
	Senate Disburse	ment For: Primary	General		21011.00			
	President	Other (spe			Memo Item			
_	State: District:	-						
,	IIRTOTAL of Dishursoments This Page (antices)				41151.55			
Ľ	UBTOTAL of Disbursements This Page (optional).			<u> </u>	7	#		
Īτ	OTAL This Period (last page this line number only	γ)						

SCHEDULE B (FEC Form 3X)				FOR LINE NUMBER: PAGE 39 OF 5			
	EMIZED DISBURSEMENTS		Use separate schedule(s)   (check onli		E NOMBEN.		
••			for each category of the  Detailed Summary Page		22 23 26 27		
_		201000		28a	28b 28c 29 30b		
	ly information copied from such Reports and State for commercial purposes, other than using the nai						
	NAME OF COMMITTEE (In Full)						
	COMMUNITY HEALTH COUNCIL	. PAC DI	BA BREAST	CANCER	HEALTH COUNCIL PAC		
_	Full Name (Last, First, Middle Initial)				Data of Dishursoment		
Α.	GSI, INC				Date of Disbursement		
	Mailing Address 6655 Chicago Road, Suite A				09 30 2019		
	City	State	Zip Code		FEC Identification Number		
	Warren	MI	48092				
	Purpose of Disbursement Donor Outreach				C		
	Candidate Name				Transaction ID : SB21B.5500		
				Category/ Type	Amount of Each Disbursement this Period		
	Office Sought: House Disburse	ment For:	I.	71	24528.34		
	Senate	Primary	General				
	President	Other (spe	cify) ▼		Memo Item		
_	State: District:						
В.	Full Name (Last, First, Middle Initial)  GSI, INC				Date of Disbursement		
٠.	GSI, INC				M M / D D / Y Y Y		
	Mailing Address 6655 Chicago Road, Suite A				10 31 2019		
	City	FEC Identification Number					
	Warren Purpose of Disbursement	MI 48092			0		
	Donor Outreach				C		
	Candidate Name			Catagory/	Transaction ID : SB21B.5505 Amount of Each Disbursement this Period		
		Category/ Type			Amount of Each dispulsement this Period		
	Office Sought: House Disburse	ment For:			36822.73		
	Senate	Primary	General				
	President State: District:	Other (spe	cify)		Memo Item		
_	Full Name (Last, First, Middle Initial)						
C.	GSI, INC				Date of Disbursement		
					M M / D D / Y Y Y Y		
	Mailing Address 6655 Chicago Road, Suite A				11 30 2019		
	City	State	Zip Code		FEC Identification Number		
	Warren	MI	48092				
	Purpose of Disbursement Donor Outreach				C		
	Candidate Name				Transaction ID : SB21B.5509		
				Category/ Type	Amount of Each Disbursement this Period		
	Office Sought: House Disburse	ment For:		71: -	27128.17		
	Senate	Primary	General		7 7 7		
	President	Other (spe	cify) ▼		Memo Item		
_	State: District:				_		
,	UBTOTAL of Disbursements This Page (optional)				88479.24		
$\vdash$					7 7 7		
Т	OTAL This Period (last page this line number only	·)			1		

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SCHEDULE B (FEC Form 3X)				R LINE NUMBER: PAGE 40 OF 51			
ITEMIZED DISBURSEMENTS	for each o	rate schedule(s) category of the	(check only	′	22		
	Detailed S	Summary Page	<b>X</b> 21b 28a	22 28b	23 26 27 28c 29 30b		
Any information copied from such Reports and Statem	l nents may n	ot he sold or use					
or for commercial purposes, other than using the name							
NAME OF COMMITTEE (In Full)							
COMMUNITY HEALTH COUNCIL	PAC DB	A BREAST	CANCER	HEALTH	COUNCIL PAC		
Full Name (Last, First, Middle Initial)				Deta of Di	huraamant		
A. GSI, INC				Date of Disbursement			
Mailing Address 6655 Chicago Road, Suite A				12	31 2019		
,	State	Zip Code		FEC Identifi	cation Number		
Warren Purpose of Disbursement	MI	48092					
Donor Outreach				C			
Candidate Name			Category/		ction ID: SB21B.5515 Each Disbursement this Period		
			Type	, anount of t			
Office Sought: House Disbursem					21259.92		
	Primary	General					
President  State: District:	Other (speci	ııy) <b>▼</b>		Memo I	Item		
Full Name (Last, First, Middle Initial)							
B. MARKET PROCESS GROUP				Date of Dis	bursement		
				M = M /			
Mailing Address 1250 Connecticut Ave, NW, Suite 2	20			07	31 2019		
,	State DC	Zip Code 20036		FEC Identifi	cation Number		
Washington Purpose of Disbursement	Category/ Type  ment For:  Primary General  Other (specify)			С			
Donor Outreach					ction ID : SB21B.5491		
Candidate Name					Each Disbursement this Period		
Office Courbby					47454444		
					171514.11		
State: District:	(3500)	• /		Memo I	Item		
Full Name (Last, First, Middle Initial)							
C. MARKET PROCESS GROUP				Date of Dis	bursement		
Mailing Address 1050 Occasion to Alley Common	20			M M /	D D / Y Y Y Y Y Y Y 2010		
Mailing Address 1250 Connecticut Ave, NW, Suite 2	20			08	31 2019		
City	State	Zip Code		FFC Identifi	cation Number		
Washington	DC	20036		1.1	Oddion Humbol		
Purpose of Disbursement Donor Outreach							
Candidate Name			Onto the d		ction ID : SB21B.5496		
			Category/ Type	Amount of I	Each Disbursement this Period		
Office Sought: House Disbursen	nent For:			L	206259.77		
	Primary	General					
	Other (speci	ify) ▼		Memo I	Item		
State: District:							
SUBTOTAL of Disbursements This Page (optional)					399033.80		
COSTOTAL OF DISDUISEMENTS THIS Page (Optional)			·····		7 7		
TOTAL This Period (last page this line number only).				1			

S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER:		PAG	E 41	OF 51				
IT	EMIZED DISBURSEMENTS	BURSEMENTS  Use separate schedule(s) (check of the		k only	one)							
			Detailed Summary Page 21b			22 28b	23			26 29	27 30b	
Ar	ny information conied from such Reports and States	ments may r	pents may not be sold or used by ar					_				
Any information copied from such Reports and Statements may not be sold or used by any per or for commercial purposes, other than using the name and address of any political committee to												
	NAME OF COMMITTEE (In Full)											
	COMMUNITY HEALTH COUNCIL	PAC DE	BA BREAST	CANC	ER	HEALT	TH CC	Οl —	JNC	CIL F	PAC	
Δ	Full Name (Last, First, Middle Initial)  MARKET PROCESS GROUP					Date of	Dishur	'SA	ment			
	IVIANNE I FRUCESS GROUP					M = M	_	30			YY	Y
	Mailing Address 1250 Connecticut Ave, NW, Suite 2	20	)					30	0	L	2019	
	•	State	Zip Code			FEC Id	entificat	ior	n Nur	nber		
	Washington Purpose of Disbursement	DC	20036					÷	_			
	Donor Outreach			T		C			ID 1	<b>D</b>	EEs:	
	Candidate Name			Categor	·v/	Tra Amount	nsaction of Each					Period
		-		Type		-		÷	-	-	-	
	Office Sought: House Disburser Senate	ment For: Primary	General					_	_	_	192901.	υb
	President	Other (spec				П.,	ma li-	<b>~</b>				
_	State: District:					IVIE	mo Iten	n				
_	Full Name (Last, First, Middle Initial)											
B.	MARKET PROCESS GROUP					Date of Disbursement  10 31 2019						
	Mailing Address 1250 Connecticut Ave, NW, Suite	20										
											_5.0	
	,	State	Zip Code			FEC Id	entificat	ior	n Nur	nber		
	Washington Purpose of Disbursement	Category/ Type				C						
	Donor Outreach						nsactio	\r	ID · G	B21P	5506	
	Candidate Name				y/	Amount						Period
	Office Sought: House Disburser							Ť	_	-	159565.	03
	Senate Disburser	Primary					7	-	-		.0000	
	President	•				Ma	mo Iten	n				
	State: District:					I ivie	iiio iteli	''				
_	Full Name (Last, First, Middle Initial)					Date of	Diob	·0.	mant			
U.	MARKET PROCESS GROUP					M M	_	se			YY	
	Mailing Address 1250 Connecticut Ave, NW, Suite	20				11	ľ	30		L	2019	
	City	State	Zip Code			FEC Id	entificat	ior	n Nur	nber		
	Washington Purpose of Disbursement	DC	20036				- minout		•		-	
	Donor Outreach											
	Candidate Name			Categor	·v/	Tra Amount	nsactions of Each					Period
				Type	١٠.	-		+				
	Office Sought: House Disburser Senate	ment For:	Conoral						_		60164	.60
	President	Primary Other (spec	☐ General cify) ▼			П						
_	State: District:					Me	mo Iten	n				
							-	7	-	-	412630	68
S	SUBTOTAL of Disbursements This Page (optional)				<u> </u>		-	-	_	7	412030	.00
Т	OTAL This Period (last page this line number only)	)			•					-		

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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 42 OF 51				
IT	EMIZED DISBURSEMENTS		rate schedule(s) category of the	(orlook orlly orlo)		□ 26 □ 27
			Summary Page	<b>X</b> 21b 28a	22 23 28b 28c	26 27 29 30b
Ar	ny information copied from such Reports and Staten	nents mav n	not be sold or us			
	for commercial purposes, other than using the name					
	NAME OF COMMITTEE (In Full)					
$ \rangle$	COMMUNITY HEALTH COUNCIL	PAC DE	BA BREAST	CANCER	HEALTH CO	UNCIL PAC
<u></u>	Full Name (Last, First, Middle Initial)					
A.	MARKET PROCESS GROUP				Date of Disburs	ement
	Mailten Addings 4050 Open at their Ass Aller C. Y. C.	20			1	2040
	Mailing Address 1250 Connecticut Ave, NW, Suite 2	:0			12	2019
	,	State	Zip Code		FEC Identification	on Number
	Washington Purpose of Disbursement	DC	20036			
	Donor Outreach				C	15. 45.45.45.4
	Candidate Name			Category/		n ID: SB21B.5516  Disbursement this Period
	25	<del></del>		Type		
	Office Sought: House Disbursen Senate	nent For: Primary	General			46487.01
		Other (spec			Marri II.	
	State: District:				Memo Item	
_	Full Name (Last, First, Middle Initial)				D	
В.	OSI				Date of Disburs	
	Mailing Address 1629 K ST. N.W.				1	01 2019
	,	State DC	Zip Code 20006		FEC Identification	on Number
	Purpose of Disbursement		C			
	Rent	Category/				n ID : SB21B.5542
	Candidate Name					Disbursement this Period
	Office Sought: House Disbursen	nent For:		Туре		60.00
		Primary General				7 1 7
		Other (spec	cify)		Memo Item	
_	State: District:					
C.	Full Name (Last, First, Middle Initial) OSI				Date of Disburs	ement
						D / Y Y Y Y
	Mailing Address 1629 K ST. N.W.				11 :	2019
	City	State	Zip Code		FFO Identification	on Number
	Washington	DC	20006		FEC Identification	number
	Purpose of Disbursement Rent		T		C	
	Candidate Name			Catagory		n ID : SB21B.5546  Disbursement this Period
				Category/ Type	Amount of Laci	Dispuisoment this Fellou
	Office Sought: House Disbursen					60.00
	Senate President	Primary Other (spec	General			
	State: District:	Other (spec	,,,,, <b>∀</b>		Memo Item	
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8	UBTOTAL of Disbursements This Page (optional)			·····	1 7	46607.01
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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 43 OF 51	
ITEMIZED DISBURSEMENTS		arate schedule(s	(check only	NOMBELL.	
		category of the Summary Page	<b>X</b> 21b	22 23 26 27	
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or for commercial purposes, other than using the	name and add	ress of any polit	ical committee to	solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)	U DAO DI		- 0 4 NOED	LIEAL THE COUNCIL DAG	
$ \hspace{.05cm} \rangle$ COMMUNITY HEALTH COUNC	IL PAC DE	BA BREAS	CANCER	HEALTH COUNCIL PAC	
Full Name (Last, First, Middle Initial)					
A. TAMPA MEDIA MARKETING IN	С			Date of Disbursement	
				M M / D D / Y Y Y Y	
Mailing Address 7320 E Fletcher Ave				07 05 2019	
City	Ctoto	Zin Codo			
City Tampa	State FL	Zip Code 33637		FEC Identification Number	
Purpose of Disbursement				C	
Media Consulting				Transaction ID : SB21B.5518	
Candidate Name			Category/	Amount of Each Disbursement this Period	
Office Country			Type	7100.00	
Office Sought: House Disbur	sement For: Primary	General		7 100.00	
President	Other (spe			П., .	
State: District:		···, •		Memo Item	
Full Name (Last, First, Middle Initial)					
B. TAMPA MEDIA MARKETING IN	С			Date of Disbursement	
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Mailing Address 7320 E Fletcher Ave				07 12 2019	
City	State	Zip Code			
Tampa	FL	33637		FEC Identification Number	
Purpose of Disbursement				C	
Media Consulting				Transaction ID : SB21B.5519	
Candidate Name			Category/	Amount of Each Disbursement this Period	
Office Sought: House Disbur	sement For:		Туре	7800.00	
Senate	Primary	General		7 7 7	
President	Other (spe	cify)		Mama Itam	
State: District:				Memo Item	
Full Name (Last, First, Middle Initial)					
C. TAMPA MEDIA MARKETING IN	С			Date of Disbursement	
Mailing Address 7000 F FL / L				07 19 2019	
Mailing Address 7320 E Fletcher Ave				07 19 2019	
City	State	Zip Code		FEC Identification Number	
Tampa	FL	33637			
Purpose of Disbursement Media Consulting				C	
Candidate Name				Transaction ID : SB21B.5520	
Saladato Harro			Category/ Type	Amount of Each Disbursement this Period	
Office Sought: House Disbur	sement For:		.,,,,	8200.00	
Senate	Primary	General			
President	Other (spe	cify) ▼		Memo Item	
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				23100.00	
SUBTOTAL of Disbursements This Page (optional	l)		·····•	23100.00	
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SCHEDULE B (FEC Form 3X)				FOR LINE NUMBER: PAGE 44 OF				
			Use separate schedule(s) (check of		eck only one)			
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	NAME OF COMMITTEE (In Full)							
$ \rangle$	COMMUNITY HEALTH COUNCIL	PAC DE	BA BREAST	CANCER	HEALTH COUNCIL PAC			
_	Full Name (Last, First, Middle Initial)							
Α.	TAMPA MEDIA MARKETING INC				Date of Disbursement			
	Mailing Address 7320 E Fletcher Ave				07 26 2019			
	,	State	Zip Code		FEC Identification Number			
	Tampa Purpose of Disbursement	FL	33637		0			
	Media Consulting				C			
	Candidate Name			Category/	Transaction ID : SB21B.5521 Amount of Each Disbursement this Period			
				Type				
		ment For:			8500.00			
	Senate President	Primary Other (spec	General					
	State: District:	Other (spec	yııy) <b>▼</b>		Memo Item			
_	Full Name (Last, First, Middle Initial)							
В.	TAMPA MEDIA MARKETING INC				Date of Disbursement			
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	Mailing Address 7320 E Fletcher Ave				08 02 2019			
	City Tampa	State FL	Zip Code 33637		FEC Identification Number			
	Purpose of Disbursement		33037		C			
	Media Consulting	Category/			Transaction ID : SB21B.5524			
	Candidate Name				Amount of Each Disbursement this Period			
	Office Sought: House Disburse	ment For:		Туре	5600.00			
	Office Sought: House Disburser Senate	Primary	General		3000.00			
	President	Other (specify)			Maria lara			
	State: District:				Memo Item			
	Full Name (Last, First, Middle Initial)							
C.	TAMPA MEDIA MARKETING INC				Date of Disbursement			
	Mailing Address 7320 E Fletcher Ave				08 09 7 2019			
	City	State	Zip Code		FFO Identification Number			
	Tampa	FL	33637		FEC Identification Number			
	Purpose of Disbursement Media Consulting				C			
	Media Consulting  Candidate Name			البيا	Transaction ID : SB21B.5525			
	San and Traine			Category/ Type	Amount of Each Disbursement this Period			
	Office Sought: House Disburse	ment For:		71	6800.00			
	Senate	Primary	General					
	President	Other (spec	cify) 🔻		Memo Item			
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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 45 OF				
ITEMIZED DISBURSEMENTS		Use separate schedule(s) (chec		(check only one)			
		for each category of the Detailed Summary Page		22 23 26 27			
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NAME OF COMMITTEE (In Full)							
COMMUNITY HEALTH COUNCIL	PAC DBA BR	REAST C	CANCER	HEALTH COUNCIL PAC			
Full Name (Last, First, Middle Initial)							
A. TAMPA MEDIA MARKETING INC				Date of Disbursement			
Mailing Address 7320 E Fletcher Ave				08 16 2019			
City	State Zip Co			FEC Identification Number			
Tampa Purpose of Disbursement	FL 33637	/		0			
Media Consulting				C			
Candidate Name			Catagory/	Transaction ID : SB21B.5526 Amount of Each Disbursement this Period			
		'	Category/ Type				
	ement For:			6200.00			
Senate   President	Primary G Other (specify)	ieneral					
State: District:	Ctrici (opcony)			Memo Item			
Full Name (Last, First, Middle Initial)							
B. TAMPA MEDIA MARKETING INC	;			Date of Disbursement			
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Mailing Address 7320 E Fletcher Ave				08 23 2019			
City Tampa	State Zip Co FL 33637			FEC Identification Number			
Purpose of Disbursement	3303	, 		C			
Media Consulting			11	Transaction ID : SB21B.5527			
Candidate Name			Category/	Amount of Each Disbursement this Period			
Office Sought: House Disburse	Type ent For:			8000.00			
Senate		ieneral		7 7 7			
President	Other (specify)			Memo Item			
State: District:				ivienio item			
Full Name (Last, First, Middle Initial)  C. TAMPA MEDIA MARKETING INC				Date of Disbursement			
• TAMPA MEDIA MARKETING INC	•			M M / D D / Y Y Y Y			
Mailing Address 7320 E Fletcher Ave				08 30 2019			
City	State Zip Co	ode		FEC Identification Number			
Tampa	FL 3363	7					
Purpose of Disbursement Media Consulting				C			
Candidate Name		——  L	Catagory	Transaction ID: SB21B.5528  Amount of Each Disbursement this Period			
		'	Category/ Type	, and an each dispulsement this renou			
	ement For:			9000.00			
Senate	ļ , L	ieneral					
State: District:	Other (specify) ▼			Memo Item			
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SUBTOTAL of Disbursements This Page (optional)				23200.00			
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TOTAL This Period (last page this line number only	<i>(</i> )			1			

SCHEDULE B (FEC Form 3X)				FOR LINE NUMBER: PAGE 46 OF				
			Use separate schedule(s) (che		(check only one)			
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					on for the purpose of soliciting contributions o solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)								
COMMUNITY HEALTH (	COUNCIL	PAC DI	BA BREAST	CANCER	HEALTH COUNCIL PAC			
Full Name (Last, First, Middle Initial)								
A. TAMPA MEDIA MARKET	TING INC				Date of Disbursement			
Mailing Address 7320 E Fletcher Ave					09 06 2019			
City		State	Zip Code		FEC Identification Number			
Tampa Purpose of Disbursement		FL	33637					
Media Consulting					C			
Candidate Name				Category/	Transaction ID : SB21B.5530  Amount of Each Disbursement this Period			
				Type				
Office Sought: House	Disburse	ment For:			9000.00			
Senate President		Primary Other (spe	General		П.,			
State: District:		O (OP 0	€ <b>,</b> , <b>↓</b>		Memo Item			
Full Name (Last, First, Middle Initial)	<u>'</u>							
B. TAMPA MEDIA MARKET	TING INC	;			Date of Disbursement			
Marilla or Andreas					M M / D D / Y Y Y Y			
Mailing Address 7320 E Fletcher Ave					09 13 2019			
City Tampa		State FL	Zip Code 33637		FEC Identification Number			
Purpose of Disbursement	•		33037		C			
Media Consulting					Transaction ID : SB21B.5531			
Candidate Name				Category/	Amount of Each Disbursement this Period			
Office Sought: House	Diahuraa	ment For:		Type	7100.00			
Office Sought: House Senate	Disburse	Primary	General		7100.00			
President		Other (spe			Mama Itam			
State: District:		l			Memo Item			
Full Name (Last, First, Middle Initial)					Data of Disharanana			
C. TAMPA MEDIA MARKET	ING INC				Date of Disbursement			
Mailing Address 7320 E Fletcher Ave					09 20 7 2019			
City		State	Zip Code		FEC Identification Number			
Tampa		FL	33637					
Purpose of Disbursement Media Consulting					C			
Candidate Name				Catagory	Transaction ID : SB21B.5532  Amount of Each Disbursement this Period			
				Category/ Type	Amount of Each Dispursement this Feriou			
Office Sought: House	Disburse	ment For:			9500.00			
Senate		Primary	General					
State: President  District:		Other (spe	City) 🔻		Memo Item			
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SUBTOTAL of Disbursements This Pa	ge (optional)				25600.00			
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 Page		22 23 26 27 28b 28c 29 30b	
Any information copied from such Reports and State	ements may not be sold or u	used by any pers	con for the purpose of soliciting contributions	
or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)		T 0 4 N 0 C C	LIEALTH COUNCIL DAG	
COMMUNITY HEALTH COUNCIL	. PAC DBA BREAS	I CANCER	HEALTH COUNCIL PAC	
Full Name (Last, First, Middle Initial)				
A. TAMPA MEDIA MARKETING INC	,		Date of Disbursement	
Mailing Address 7320 E Fletcher Ave			09 27 2019	
City Tampa	State Zip Code FL 33637		FEC Identification Number	
Purpose of Disbursement	33037		C	
Media Consulting		11	Transaction ID : SB21B.5533	
Candidate Name		Category/	Amount of Each Disbursement this Period	
Office Cought: House Dishurs	mant Fam	Type	7200.00	
Office Sought: House Disburse Senate	ement For:  Primary General		720.00	
President	Other (specify) ▼		Memo Item	
State: District:	-		I mone tem	
Full Name (Last, First, Middle Initial)  B. TAMPA MEDIA MARKETING INC.			Date of Disbursement	
B. TAMPA MEDIA MARKETING INC	,		M M / D D / Y Y Y	
Mailing Address 7320 E Fletcher Ave			10 04 2019	
City Tampa	State Zip Code FL 33637		FEC Identification Number	
Purpose of Disbursement	0000		C	
Media Consulting			Transaction ID : SB21B.5535	
Candidate Name		Category/	Amount of Each Disbursement this Period	
Office Sought: House Disburse	ement For:	Туре	5400.00	
Senate	Primary General		7 7 7	
President	Other (specify)		Memo Item	
State: District:  Full Name (Last, First, Middle Initial)			_	
C. TAMPA MEDIA MARKETING INC	,		Date of Disbursement	
			M M / D D / Y Y Y Y	
Mailing Address 7320 E Fletcher Ave			10 11 2019	
City	State Zip Code		FEC Identification Number	
Tampa	FL 33637	1		
Purpose of Disbursement Media Consulting			C	
Candidate Name		Category/	Transaction ID : SB21B.5538  Amount of Each Disbursement this Period	
		Type		
	ement For:		6200.00	
Senate President	Primary General Other (specify) ▼		п., .	
State: District:			Memo Item	
,			10000.00	
SUBTOTAL of Disbursements This Page (optional).		······•	18800.00	
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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 48 C				
ITEMIZED DISBURSEMENTS		Use separate schedule(s) (ch		v one)			
		for each category of the Detailed Summary Page		22 23 26 27			
			28a	28b 28c 29 30b			
Any information copied from such Reports and State or for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full)							
COMMUNITY HEALTH COUNCIL	PAC DE	BA BREAST	CANCER	HEALTH COUNCIL PAC			
Full Name (Last, First, Middle Initial)							
A. TAMPA MEDIA MARKETING INC	;			Date of Disbursement			
Mailing Address 7320 E Fletcher Ave				10 18 2019			
City	State	Zip Code		FEC Identification Number			
Tampa Purpose of Disbursement	FL	33637					
Media Consulting				C			
Candidate Name				Transaction ID : SB21B.5539			
			Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disburse	ement For:		71: -	9000.00			
Senate	Primary	General					
President	Other (spec	cify) 🔻		Memo Item			
State: District:							
Full Name (Last, First, Middle Initial)  B. TAMPA MEDIA MARKETING INC				Date of Disbursement			
5. TAMPA MEDIA MARKETING INC	,			10 25 2019			
Mailing Address 7320 E Fletcher Ave							
City	State	Zip Code		FEC Identification Number			
Tampa	FL	33637					
Purpose of Disbursement Media Consulting				C			
Candidate Name				Transaction ID : SB21B.5540			
Canadato Hamo			Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disburse	ement For:		.,,,,	6300.00			
Senate	Primary	General		4 4			
President	Other (spec	cify)		Memo Item			
State: District:							
Full Name (Last, First, Middle Initial)  C. TAMPA MEDIA MARKETING INC	,			Date of Disbursement			
Matter Address Tool Tool Tool				M M / D D / Y Y Y Y			
Mailing Address 7320 E Fletcher Ave				11 01 2019			
City	State	Zip Code		FEC Identification Number			
Tampa	FL	33637					
Purpose of Disbursement Media Consulting				C			
Candidate Name			0.4 /	Transaction ID : SB21B.5541			
-			Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disburse	ement For:			8000.00			
Senate	Primary	General					
President	Other (spec	cify) 🔻		Memo Item			
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SUBTOTAL of Disbursements This Page (optional).				23300.00			
332 (2518181)				7 7 7 7			
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SCHEDULE B (FEC Form 3X)	Haranana I. I. C.	FOR LINE NUMBER: PAGE 49 OF 5								
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(orlook orliy								
	Detailed Summary Page	21b 28a	22 23 26 27 28b 28c 29 30b							
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or for commercial purposes, other than using the nar										
NAME OF COMMITTEE (In Full)			HEALTH COLINGIA DAG							
COMMUNITY HEALTH COUNCIL	PAC DBA BKEAS	CANCER	HEALTH COUNCIL PAC							
Full Name (Last, First, Middle Initial)										
A. TAMPA MEDIA MARKETING INC		Date of Disbursement								
Mailing Address 7320 E Fletcher Ave			11 08 2019  FEC Identification Number							
City	State Zip Code									
Tampa	FL 33637									
Purpose of Disbursement Media Consulting		· · ·	C							
Candidate Name		Cotana	Transaction ID : SB21B.5543 Amount of Each Disbursement this Period							
		Category/ Type	Amount of Each Dispulsement this Fellod							
	ment For:		5200.00							
Senate President	Primary General Other (specify) ▼									
State: District:	(Spoon) / \		Memo Item							
Full Name (Last, First, Middle Initial)										
B. TAMPA MEDIA MARKETING INC			Date of Disbursement							
Mailing Address 7320 E Fletcher Ave	11 15 2019									
7.020 E FIELGIEI AVE	.11 10 2019									
,	State Zip Code FL 33637		FEC Identification Number							
Tampa Purpose of Disbursement										
Media Consulting		C Transaction ID : SB21B.5544								
Candidate Name	Amount of Each Disbursement this Period									
Office Sought: House Disburser	Type	5000.00								
Senate Disburser		7 7 7 7								
President		Memo Item								
State: District:			<u> </u>							
Full Name (Last, First, Middle Initial)  C- TAMPA MEDIA MARKETING INC	Full Name (Last, First, Middle Initial)									
			Date of Disbursement							
Mailing Address 7320 E Fletcher Ave			11 22 2019							
City	State Zip Code		FEO Identification N. I.							
Tampa	FL 33637		FEC Identification Number							
Purpose of Disbursement Media Consulting			C							
Candidate Name		Cotogomi	Transaction ID : SB21B.5545 Amount of Each Disbursement this Period							
		Category/ Type	Amount of Each Dispursement this Penod							
	ment For:		3900.00							
Senate President	Primary General									
State: District:	Other (specify) ▼		Memo Item							
SUBTOTAL of Disbursements This Page (optional)		·····•	14100.00							
TOTAL This Period (last page this line number only)	1									

SCHEDULE B (FEC Form 3X)	Her company and the state of the	FOR LINE	NUMBER: PAGE	PAGE 50 OF 51						
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(CILCON OTTI)								
	Detailed Summary Page	<b>X</b> 21b 28a	22 23 26 28c 29	27 30b						
Any information copied from such Reports and State										
or for commercial purposes, other than using the nar										
NAME OF COMMITTEE (In Full)										
$\left  ight. i$	PAC DBA BREAST	CANCER	HEALTH COUNCIL P	AC						
Full Name (Last, First, Middle Initial)										
A. TAMPA MEDIA MARKETING INC			Date of Disbursement  12 02 2019							
Mailing Address 7320 E Fletcher Ave										
,	State Zip Code		FEC Identification Number							
Tampa Purpose of Disbursement	FL 33637			-						
Media Consulting			Transaction ID : SB21B.5547 Amount of Each Disbursement this Period							
Candidate Name		Category/								
		Type								
Office Sought: House Disburse Senate	ment For:  Primary General			4000.00						
President	Primary General  Other (specify) ▼									
State: District:	,, ,,		Memo Item							
Full Name (Last, First, Middle Initial)										
B. TAMPA MEDIA MARKETING INC			Date of Disbursement  12 06 2019							
Mailing Address 7320 E Fletcher Ave										
City	State Zip Code FL 33637		FEC Identification Number							
Tampa Purpose of Disbursement	FL 33637		C							
Media Consulting	Media Consulting  Candidate Name  Category/ Type									
Candidate Name										
Office Sought: House Disburse										
Senate Senate	Primary General		4 4	3600.00						
President Other (specify)			Memo Item							
State: District:			Wemo item							
Full Name (Last, First, Middle Initial)  C. TAMPA MEDIA MARKETING INC	Full Name (Last, First, Middle Initial)									
o. TAMPA MEDIA MARKETING INC		Date of Disbursement								
Mailing Address 7320 E Fletcher Ave				2019						
,	State Zip Code		FEC Identification Number							
Tampa Purpose of Disbursement	FL 33637		C	-						
Media Consulting				55.40						
Candidate Name		Category/	Transaction ID : SB21B.  Amount of Each Disbursemen							
Office Country	Туре									
Office Sought: House Disburse Senate	ment For:  Primary General		4	3600.00						
President										
State: District:			Memo Item							
SUBTOTAL of Disbursements This Page (optional).				11200.00						
TOTAL This Period (last page this line number only	)									

SCHEDULE B (FEC Form 3X)						FOR LINE NUMBER: PAGE 51 OF 5									
ITI	EMIZED DISBURSEMENTS	Use sepa	Use separate schedule(s) for each category of the Detailed Summary Page		heck	only	y one)								
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or	for commercial purposes, other than using the nar	me and add	ress of any politica	al con	ariy nmitt	ee to	solicit co	ontrik	outions	fron	n such	committ	:ee.		
	NAME OF COMMITTEE (In Full)														
	COMMUNITY HEALTH COUNCIL	PAC DE	BA BREAST	CAI	NC —	ER —	HEAL'	ГΗ	CO	UN <sup>(</sup>	CIL F	AC			
Δ	Full Name (Last, First, Middle Initial)						Date of Disbursement								
Λ.	TAMPA MEDIA MARKETING INC						M		D			Y	Y		
	Mailing Address 7320 E Fletcher Ave							12 20 2019							
	,	State	•				FEC Identification Number								
	Tampa Purpose of Disbursement	FL	FL 33637						-						
	Media Consulting					Transaction ID : SB21B.5550									
	Candidate Name					//						ent this I	Period		
	Office Sought: House Disburse	ment For:		Туре		$\dashv$	4700.00								
	Senate Disburse	Primary					7 7								
	President	Other (spec	cify) ▼				Memo Item								
_	State: District: Full Name (Last, First, Middle Initial)														
В.	Tuli Name (Last, First, Middle Initial)	ili Name (Last, First, Middle Initial)					Date of Disbursement								
							M = M / D = D / Y = Y = Y								
	Mailing Address														
	City	State	Zip Code			FEC Identification			n Nu	mber					
	Purpose of Disbursement				-	$\neg$	C								
	Candidate Name  Category/ Type  Office Sought: House Disbursement For:														
						//	Amour	nt of	∟ach	Disb	urseme	ent this I	Period		
	Senate Primary General President Other (specify)														
	State: District:	_ Outer (specify)					Memo Item								
_	Full Name (Last, First, Middle Initial)														
C.							Date of	_							
	Mailing Address						M M / D D / Y Y Y Y								
	City	State	Zip Code				FEC I	denti	fication	n Nu	mber				
	Purpose of Disbursement		Category/ Type				Amount of Each Disbursement this Period								
	Candidata Nama														
	Candidate Name														
	Office Sought: Disbursement For:				$\dashv$										
	Senate	Primary General													
	State: District:	President Other (specify) ▼ ate: District:					Memo Item								
	<u>'</u>							-	-	-	-				
s	UBTOTAL of Disbursements This Page (optional)					<b></b>		_	7	_	7	4700.	00		
_	OTAL This Period (last page this line number only										1	659127.	28		