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FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

I OKIWI 3X	For Other Than An Au	thorized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, ty	^{/pe} 12FE4M5
,	ALTH COUNCIL PAC DE		ER HEALTH COUNCIL PAC
ADDRESS (number and stre	STE 500		
Check if different than previously reported. (ACC)	WASHINGTON		DC 20006 -
2. FEC IDENTIFICATIO	ON NUMBER ▼ C	ITY 🛦	STATE ▲ ZIP CODE ▲
C C00652685		IS THIS REPORT (N)	OR AMENDED (A)
4. TYPE OF REPOR (Choose One)	Report Due On:		20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election
(a) Quarterly Reports		or 20 (M4) Jul 20	Year Only) O (M7) Oct 20 (M10) Jan 31 (YE)
April 15 Quarterly Re July 15	(c) 12-Day	Primary (12P)	General (12G) Runoff (12R)
Quarterly Re October 15	port (Q2) PRE-Election Report for the:	Convention (12C)	Special (12S)
Quarterly Re January 31 Year-End Re	Floor	ion on	in the State of
July 31 Mid- Report (Non- Year Only) (I	Year election MY) (d) 30-Day POST-Election	✗ General (30G)	Runoff (30R) Special (30S)
Termination f (TER)	·	ion on 11 / 0	6 2018 in the State of
5. Covering Period	10 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	through	11 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have exami	ned this Report and to the best of Bass, Zachary, , ,	of my knowledge and belie	f it is true, correct and complete.
Type or Print Name of Tre			
Signature of Treasurer	Bass, Zachary, , ,	[Electronically File	dJ Date 12 06 2018
NOTE: Submission of false,	erroneous, or incomplete informati	on may subject the person s	signing this Report to the penalties of 52 U.S.C. § 30109
Office Use Only			FEC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC

10 01 2018 11 26 2018 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 60.00 January 1. 2018 (b) Cash on Hand at 11448.09 Beginning of Reporting Period..... 845220.08 2330997.57 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 2331057.57 856668.17 6(a) and 6(c) for Column B)..... 848018.08 2322407.48 7. Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 8650.09 8650.09 (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:		11 26 2018
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees		
	(i) Itemized (use Schedule A)	4602.00	14737.00
	(ii) Unitemized(iii) TOTAL (add	840618.08	2316260.57
	Lines 11(a)(i) and (ii)	845220.08	2330997.57
	(b) Political Party Committees	0.00	0.00
	(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)▶	845220.08	2330997.57
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
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	845220.08	2330997.57
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	845220.08	2330997.57

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		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	3.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	848018.08	2294207.48
(c) Total Operating Expenditures	949049.09	2294207.48
(add 21(a)(i), (a)(ii), and (b))	848018.08	2234201.40
Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures		4 4 4
(use Schedule E) Coordinated Party Expenditures (52 U.S.C. § 30116(d))	0.00	28200.00
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	3.50	4 4
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
. Other Disbursements (Including		
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
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	200	2.00
(c) Total Federal Election Activity (add	0.00	0.00
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))	848018.08	2322407.48
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	949049.09	
	848018.08	2322407.48

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 05/2016)

of Disbursements

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 845220.08 2330997.57 (from Line 11(d), page 3) 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 2330997.57 845220.08 (subtract Line 34 from Line 33) 36. Total Federal Operating Expenditures 848018.08 2294207.48 (add Line 21(a)(i) and Line 21(b))▶ 37. Offsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 2294207.48 848018.08 (subtract Line 37 from Line 36)

: 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. "DonorOutreach" services include but are not limited to FUNDRAISING ACTIVITIES, DONOR DATABASE MANAGEMENT, CAGING AND ESROW, DIRECT MAIL SERVICES, Letterhead/Envelopes/Stationary and List Acquisition

Form/Schedule: Transaction ID:

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

1 OIT LINE HOMBEIL						PAGE		7	OF		18
(0	(check only one)										
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		13		14		15		16	6		17

	and Statements may not be sold or used by any per g the name and address of any political committee t					
NAME OF COMMITTEE (In Full) COMMUNITY HEALTH COL	JNCIL PAC DBA BREAST CANCER	R HEALTH COUNCIL PAC				
Full Name of Individual (Last, First, Middl ANDERSON, DANA, , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name ANDERSON, DANA, , ,					
Mailing Address 1337 MOUNT LEBANON	I CHURCH RD	11 16 2018				
City	State Zip Code	Transaction ID : SA11AI.4294				
GREER	SC 29651	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, Middl BAIER, JASON, , ,	le Initial) or Full Organization Name	Date of Receipt				
Mailing Address 932 CHARLTON ST		10 29 2018				
City	State Zip Code					
SAINT PAUL	MN 55118	Transaction ID : SA11AI.4311 Amount of Each Receipt this Period				
FEC ID number of contributing	00.10	or East Hoodpt this Follow				
federal political committee.	C	300.00				
Name of Employer (for Individual) TRUCK DRIVER	Occupation (for Individual) TRUCKING	Memo Item				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	300.00					
Full Name of Individual (Last, First, Middle BROOKS, JOAN, , ,	le Initial) or Full Organization Name	Date of Receipt				
Mailing Address 6092 IVORY CIR		10 12 2018				
City	State Zip Code	Transaction ID : SA11AI.4325				
HUNTINGTON BEACH	CA 92647	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	Memo Item				
Receipt For:	Aggregate Year-to-Date ▼	†				
Primary General						
Other (specify)	250.00					
SUBTOTAL of Receipts This Page (optional	al)	1050.00				
, , , , , , , , , , , , , , , , , , , ,	<u>, </u>					
TOTAL This Period (last page this line hun	nber only)	1 45 1 45 1 46 1				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

	FOR LINE NUMBER:						PAGE	8	OF	18
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			13		14		15	16	6	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using	the name and ad	Idress of any political committee	to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) COMMUNITY HEALTH COU	NCIL PAC D	DBA BREAST CANCER	R HEALTH COUNCIL PAC				
BRUNSON, GWENDOLYN, , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name BRUNSON, GWENDOLYN, , , Mailing Address 106 MEETINGHOUSE RDG						
City							
MERIDEN	СТ	06450	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		700.00				
Name of Employer (for Individual) RETIRED	Occu RETI	pation (for Individual) IRED	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 700.00					
Full Name of Individual (Last, First, Middle CRONKHITE, CATHERINE, , , Mailing Address 1072 ALTA VISTA DR	Date of Receipt 10 31 2018						
City SPARKS	State NV	Zip Code 89434	Transaction ID : SA11Al.4304 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	ÿ						
Name of Employer (for Individual) Retired	Occu Retir	pation (for Individual) red	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate \	Year-to-Date ▼ 202.00					
Full Name of Individual (Last, First, Middle HALLADAY, JM, , ,	Initial) or Full Or	ganization Name	Date of Receipt				
Mailing Address 13113 GASPARILLA RD U	NIT 601		10 12 2018				
City PLACIDA	State FL	Zip Code 33946	Transaction ID : SA11AI.4322 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		300.00				
Name of Employer (for Individual) RETIRED	Occu RETI	pation (for Individual) RED	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate \	Year-to-Date ▼ 300.00					
SUBTOTAL of Receipts This Page (optional).	1		1202.00				
TOTAL This Period (last page this line numb	er only)						

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

						PAGE	9	OF	18
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	X	11a		11b		11c	12	2	
		13		14		15	16	6	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

	NCIL PAC DBA BREAST CANCE	R HEALTH COUNCIL PAC				
Full Name of Individual (Last, First, Middle HAPP, DONALD, , ,	initial) or Full Organization Name	Date of Receipt				
Mailing Address 4895 BAY ST NE APT 206		10 19 2018 _				
City	State Zip Code	Transaction ID : SA11AI.4314				
SAINT PETERSBURG	FL 33703	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) Retired	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00					
Full Name of Individual (Last, First, Middle MCJUNKIN, RYAN.P, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 30 DALTON ST APT 2305		10 04 2018				
City	State Zip Code	Transaction ID : SA11AI.4333				
BOSTON	MA 02115	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer (for Individual) Boston Behavioral Medicine	Occupation (for Individual) Mental Health Clinician	Memo Item				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00					
Full Name of Individual (Last, First, Middle NATALE, GABRIELE, , ,	Initial) or Full Organization Name	Date of Receipt				
Mailing Address 31 ISLE OF VENICE DR		M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y				
City FORT LAUDERDALE	State Zip Code FL 33301	Transaction ID : SA11AI.4298 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	500.00				
Name of Employer (for Individual) Ideaitalia Furniture	Occupation (for Individual) President	Memo Item				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00					
	>	800.00				

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

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

	_		NUMBER	: P/	AGE 10	OF	18		
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Any information copied from such Reports and or for commercial purposes, other than using t								
NAME OF COMMITTEE (In Full) COMMUNITY HEALTH COUN	NCIL PAC DI	BA BREAST CANCE	R HEALTH COUNCIL PAC					
Full Name of Individual (Last, First, Middle I SHAW, ROBERT, G, , Mailing Address 126 LANGDON ST								
City	State	Zip Code	10 22 2018					
NEWTON	MA	02458	Transaction ID : SA11AI.4312 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		50.00					
Name of Employer (for Individual) RETIRED	Occupa RETIR	ation (for Individual) RED	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 285.00						
Full Name of Individual (Last, First, Middle I SHAW, ROBERT G, , , Mailing Address 126 LANGDON ST	Date of Receipt							
City NEWTON	State MA	Zip Code 02458	Transaction ID : SA11AI.4337 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		300.00					
Name of Employer (for Individual) RETIRED	Occup. RETIF	ation (for Individual) RED	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 300.00						
Full Name of Individual (Last, First, Middle I	Initial) or Full Orga	anization Name	Date of Receipt					
Mailing Address 12085 S 449TH WEST AVE			10 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City DRUMRIGHT	State OK	Zip Code 74030	Transaction ID : SA11AI.4309					
FEC ID number of contributing federal political committee.	C	7.7000	Amount of Each Receipt this Period 300.00					
Name of Employer (for Individual) Network Service Pro Inc	Occupa	ation (for Individual)	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 300.00						
SUBTOTAL of Receipts This Page (optional)		·····	650.00					
TOTAL This Period (last page this line number	er only)							

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

							PAGE	 11	OF	18
(check only one)										
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or for commercial purposes, other than using	the name and address of any political committee	to solicit contributions from such committee.
/	NCIL PAC DBA BREAST CANCER	R HEALTH COUNCIL PAC
Full Name of Individual (Last, First, Middle SMAY, BRYAN, , ,		Date of Receipt
Mailing Address 12085 S 449TH WEST AV	11 26 2018	
City DRUMRIGHT	State Zip Code OK 74030	Transaction ID : SA11AI.4290 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer (for Individual) Network Service Pro Inc	Occupation (for Individual) CEO	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name of Individual (Last, First, Middle THOMPSON, JANICE, , , Mailing Address 160 S MAIN ST	Initial) or Full Organization Name	Date of Receipt
City RUTHERFORDTON FEC ID number of contributing federal political committee.	State Zip Code NC 28139	10 19 2018 Transaction ID : SA11AI.4313 Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Self Employed Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation (for Individual) Homemaker Aggregate Year-to-Date ▼ 225.00	Memo Item
Full Name of Individual (Last, First, Middle TRUMBULL, PATRICIA A, , , Mailing Address 250 E ALAMEDA ST APT		Date of Receipt
City SANTA FE FEC ID number of contributing federal political committee.	State Zip Code NM 87501	Transaction ID : SA11AI.4320 Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) RETIRED Receipt For: Primary General Other (specify)	Occupation (for Individual) RETIRED Aggregate Year-to-Date ▼ 500.00	Memo Item
SUBTOTAL of Receipts This Page (optional)		900.00
, , ,	er only)	4602.00

S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 12 OF							
	EMIZED DISBURSEMENTS		rate schedule(s)	(check only	TTO MIDELLE.						
11	HEMIZED DISBURSEMENTS		category of the	X 21b	22 23 26 27						
		Detailed S	Summary Page	28a	28b 28c 29 30b						
Ar	ny information copied from such Reports and Stater	nents may n	not be sold or us	sed by any perso	on for the purpose of soliciting contributions						
	for commercial purposes, other than using the nan										
\setminus	NAME OF COMMITTEE (In Full)										
$ \rangle$	COMMUNITY HEALTH COUNCIL	PAC DE	BA BREAST	CANCER	HEALTH COUNCIL PAC						
\angle											
	Full Name (Last, First, Middle Initial)				Data of Disham						
A.	Action Committee Marketing LLC				Date of Disbursement						
	Mailing Address 600 Old Common Dr				10 16 2018						
	Mailing Address 698 Old Commons Dr				10 16 2018						
	City	State	Zip Code	+	CCO Identification Number						
	Greenwood	IN	46142		FEC Identification Number						
	Purpose of Disbursement				С						
	Donor Outreach				Transaction ID : SB21B.4341						
	Candidate Name			Category/	Amount of Each Disbursement this Period						
	Office Cought:			Туре	6631.14						
	Office Sought: House Disburser Senate		Conoral		0031.14						
	President	Primary Other (spec	General								
	State: District:	outer (spec	'''y) ▼		Memo Item						
_	Full Name (Last, First, Middle Initial)										
В.	Action Committee Marketing LLC				Date of Disbursement						
	, todair Committee Marketing LLO				M M / D D / Y Y Y Y						
	Mailing Address 698 Old Commons Dr				11 24 2018						
	,	State	Zip Code		FEC Identification Number						
	Greenwood Purpose of Disbursement	IN	46142								
	Donor Outreach				C						
	Candidate Name				Transaction ID : SB21B.4345						
				Category/ Type	Amount of Each Disbursement this Period						
	Office Sought: House Disburser	ment For:		71	23082.84						
	Senate	Primary	General		4 4						
	President	Other (spec	cify)		Memo Item						
	State: District:				I Wello Kelli						
	Full Name (Last, First, Middle Initial)										
C.	AMERICAN PUBLIC RESOURCE	LLC			Date of Disbursement						
					M M / D D / Y Y Y Y						
	Mailing Address 3855 S. 500 WEST, STE D				10 16 2018						
	City	State	Zip Code	+							
	SOUTH SALT LAKE	UT	84115		FEC Identification Number						
	Purpose of Disbursement				С						
	Donor Outreach	1	Transaction ID : SB21B.4342								
	Candidate Name	Category/	Amount of Each Disbursement this Period								
				Type							
	Office Sought: House Disburser			\neg	24143.20						
	Senate	Primary	General		_						
	President District:	Other (spec	сіту) ▼		Memo Item						
_	State: District:										
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Ľ	SUBTOTAL of Disbursements This Page (optional)			······	7 7 7						
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SCHEDULE B (FEC Form 3X)	llaa	ovoto gelectivi - ()	FOR LINE						
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the	(check only	y one) 22 23 26 27					
	Detailed	Summary Page	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)	me and add	iiess oi any politic	ai committee to	5 SOUCH COMMINUTES HOME SUCH COMMINUTES.					
COMMUNITY HEALTH COUNCIL	. PAC DI	BA BREAST	CANCER	HEALTH COUNCIL PAC					
Full Name (Last, First, Middle Initial)				Data of Dishurasment					
A. AMERICAN PUBLIC RESOURCE	LLC			Date of Disbursement					
Mailing Address 3855 S. 500 WEST, STE D				11 24 2018					
City	State UT	Zip Code		FEC Identification Number					
SOUTH SALT LAKE Purpose of Disbursement	UT	84115							
Donor Outreach				C					
Candidate Name			Category/	Transaction ID: SB21B.4346 Amount of Each Disbursement this Period					
			Type	97349.64					
Office Sought: House Disburse Senate	ement For: Primary	General		97,349.04					
President	Other (spe			Memo Item					
State: District:	J			Wello itelli					
Full Name (Last, First, Middle Initial)				Data of Bishovsov at					
B. Bristol Marketing Associates Inc				Date of Disbursement					
Mailing Address 8051 N. Tamiami Trail, Box 2				11 24 2018					
City	State Zip Code			FEC Identification Number					
Sarasota Purpose of Disbursement	FL	34243		C					
Donor Outreach				Transaction ID : SB21B.4347					
Candidate Name	Category/ Type ment For: Primary General Other (specify)			Amount of Each Disbursement this Period					
Office Sought: House Disburse				212.00					
Senate				Memo Item					
President									
State: District:									
Full Name (Last, First, Middle Initial) C. GSI, INC				Date of Disbursement					
Mailing Address 6655 Chicago Rd, Suite 9				10 16 7 2018					
City	State	Zip Code							
Warren	MI	48092		FEC Identification Number					
Purpose of Disbursement Donor Outreach				Transaction ID : SB21B.4343					
Candidate Name			Category/ Type	Amount of Each Disbursement this Period					
Office Sought: House Disburse	ement For:		71.	11808.14					
Senate	Primary	General							
State: District:	Other (spe	ecity) 🔻		Memo Item					
SUBTOTAL of Disbursements This Page (optional).				109369.78					
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S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 14 O								
	EMIZED DISBURSEMENTS		arate schedule(s)	(check only	. INOIVIDEIT.							
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	for commercial purposes, other than using the nar											
\setminus	NAME OF COMMITTEE (In Full)											
$ \rangle$	COMMUNITY HEALTH COUNCIL	PAC DE	BA BREAST	Γ CANCER	HEALTH COUNCIL PAC							
$oldsymbol{oldsymbol{\angle}}$												
	Full Name (Last, First, Middle Initial)				Data of Bisham							
A.	GSI, INC				Date of Disbursement							
	Moiling Address 6655 Chicago Dd Cuita C				11 24 2018							
	Mailing Address 6655 Chicago Rd, Suite 9				11 24 2018							
	City	State	Zip Code		FEO. I III. II. N I							
	Warren	MI	48092		FEC Identification Number							
	Purpose of Disbursement				C							
	Donor Outreach				Transaction ID : SB21B.4348							
	Candidate Name	<u> </u>		Category/	Amount of Each Disbursement this Period							
	Office Country			Туре	40006 77							
		ment For:			19296.77							
	Senate President	Primary	General									
	State: District:	Other (spec	uiy) ▼		Memo Item							
_	Full Name (Last, First, Middle Initial)											
В.	•				Date of Disbursement							
	WANTE I FINOCESS GROUP				M M / D D / Y Y Y Y							
	Mailing Address 1250 Connecticut Ave, NW, Suite	20			10 16 2018							
	2											
	,	State	Zip Code		FEC Identification Number							
	Washington	DC	20036									
	Purpose of Disbursement Donor Outreach				C							
	Candidate Name				Transaction ID : SB21B.4344							
	Canadato Namo			Category/ Type	Amount of Each Disbursement this Period							
	Office Sought: House Disburse	ment For:		Type	256219.25							
	Senate Disburse	Primary	General		200210.20							
	President	Other (spec			п., .							
	State: District:	()	- /		Memo Item							
	Full Name (Last, First, Middle Initial)											
C.	MARKET PROCESS GROUP				Date of Disbursement							
					M M / D D / Y Y Y Y							
	Mailing Address 1250 Connecticut Ave, NW, Suite	20			11 24 2018							
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	,	State DC	Zip Code		FEC Identification Number							
	Washington Purpose of Disbursement	DC	20036									
	Donor Outreach		C									
	Candidate Name	Category/	Transaction ID: SB21B.4349 Amount of Each Disbursement this Period									
				Type	dir. or Each Disparcement this relieu							
	Office Sought: House Disburse	ment For:			321955.10							
	Senate	Primary	General									
	President	Other (spec	cify) ▼		Memo Item							
	State: District:				L							
s	SUBTOTAL of Disbursements This Page (optional)				597471.12							
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SCHEDULE B (FEC Form 3X)			FOD LINE	NI IMBER: PAGE 15 OF 18						
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NAME OF COMMITTEE (In Full)										
COMMUNITY HEALTH COUNC	CIL PAC D	BA BREAS	T CANCER	HEALTH COUNCIL PAC						
<u>/</u>										
Full Name (Last, First, Middle Initial)										
A. OSIDC				Date of Disbursement						
Mailian Address 4007 MOT NUM				M M / D D / Y Y Y Y						
Mailing Address 1627 K ST. N.W.				10 05 2018						
City	State	Zip Code		FFO Identification No. 1						
WASHINGTON	DC	20006		FEC Identification Number						
Purpose of Disbursement		1		С						
RENT				Transaction ID : SB21B.4351						
Candidate Name			Category/	Amount of Each Disbursement this Period						
			Type	20.00						
	ursement For:			60.00						
Senate President	Primary Other (and	General								
State: District:	Other (spe	ecity) 🔻		Memo Item						
Full Name (Last, First, Middle Initial)										
B. OSIDC				Date of Disbursement						
03100										
Mailing Address 1627 K ST. N.W.				11 02 2018						
5 - 102. K 57. KW.										
City	State	Zip Code		FEC Identification Number						
WASHINGTON	DC	20006								
Purpose of Disbursement RENT				C						
Candidate Name				Transaction ID : SB21B.4357						
Candidate Hame			Category/ Type	Amount of Each Disbursement this Period						
Office Sought: House Disbu	ursement For:		туре	60.00						
Senate	Primary	General								
President	Other (spe			Maria Harr						
State: District:				Memo Item						
Full Name (Last, First, Middle Initial)										
C. Tampa Media Marketing				Date of Disbursement						
				M M / D D / Y Y Y Y						
Mailing Address 7320 E Fletcher Ave				10 05 2018						
City	State	Zip Code								
City TAMPA	FL	33637		FEC Identification Number						
Purpose of Disbursement		23001		C						
Media Consulting				Transaction ID : SB21B.4350						
Candidate Name			Category/	Amount of Each Disbursement this Period						
			Type							
	ursement For:			9600.00						
Senate	Primary	General								
President	Other (spe	ecify) 🔻		Memo Item						
State: District:				_						
				9720.00						
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TOTAL This Period (last page this line number	only)									

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SCHEDULE B (FEC Form 3X)			uroto ochodiila/-\	FOR LINE		PAGE 16 OF 18						
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	NAME OF COMMITTEE (In Full) COMMUNITY HEALTH COUNCIL	PAC DE	BA BREAST	CANCER	HEALTH C	OUNCIL PAC						
_	Full Name (Last, First, Middle Initial)											
Α.	Tampa Media Marketing	Date of Disbursement										
	Mailing Address 7320 E Fletcher Ave				10	12 2018						
	TAMPA	State FL	Zip Code 33637		FEC Identifica	tion Number						
	Purpose of Disbursement Media Consulting											
	Candidate Name			Category/		on ID : SB21B.4352 ch Disbursement this Period						
				Type								
	Office Sought: House Disburser Senate	nent For: Primary	General			9200.00						
	President	Other (spec			Memo Iter	m						
_	State: District: Full Name (Last, First, Middle Initial)											
В.	•				Date of Disbu	rsement						
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	Mailing Address 7320 E Fletcher Ave	10 19 2018										
	City STAMPA	State FL	Zip Code 33637		FEC Identification Number							
	Purpose of Disbursement		33037		C							
	Media Consulting Candidate Name					on ID : SB21B.4353						
	Candidate Name			Category/ Type	Amount of Ea	ch Disbursement this Period						
	Office Sought: House Disburser	nent For:		75-		9200.00						
	Senate President	Primary Other (spec	General									
	State: District:	Other (spec	лгу <i>)</i>		Memo Iter	m						
_	Full Name (Last, First, Middle Initial)											
C.	Tampa Media Marketing				Date of Disbu							
	Mailing Address 7320 E Fletcher Ave				10	26 2018						
	,	State	Zip Code		FEC Identifica	tion Number						
	TAMPA Purpose of Disbursement	FL	33637		C							
	Media Consulting					on ID : SB21B.4354						
	Candidate Name		ch Disbursement this Period									
	Office Sought: House Disburser	Туре		9200.00								
	Senate	Primary	General									
	State: District:	Other (spec	city) 🔻		Memo Iter	m						
Г	District.											
8	SUBTOTAL of Disbursements This Page (optional)					27600.00						
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	COMMUNITY HEALTH COUNCIL	. PAC DE	BA BREAST	CAI	NC —	ER	HEAL	_TF		Ul	NCI	L P.	AC 		
Δ	Full Name (Last, First, Middle Initial)						Date	of D	iehurea	am/	ont				
Λ.	Tampa Media Marketing						Date of Disbursement								
	Mailing Address 7320 E Fletcher Ave						10 29 2018								
	City	State	Zip Code				FEC	Iden	tificatio	n N	Numb	er			
	TAMPA Purpose of Disbursement	FL	33637					-	-		_	-			
	Media Consulting			Г.			C								
	Candidate Name			Cate	egor	v/			saction f Each		_		1355 It this F	Period	
					ype		-					-	-	-	
		ement For:	Conoral				9000.00								
	Senate President	Primary Other (spec	General Cify) ▼				П.								
	State: District:	(opo	- J / V				N	/lemo	Item						
	Full Name (Last, First, Middle Initial)														
B.	Tampa Media Marketing						Date of Disbursement								
	Mailing Address 7320 E Fletcher Ave							М		D 02	/		2018	Y	
	7320 E FIELGIEI AVE									,_			-010		
	City	State	Zip Code				FEC	Iden	tificatio	n N	Numb	er			
	TAMPA Purpose of Disbursement	FL	FL 33637						-		_				
	Media Consulting						C	rono	action	IP	. ep	21D 4	1256		
	Candidate Name		Cate		y/	Transaction ID : SB21B.4356 Amount of Each Disbursement this Period							Period		
	Office Sought: House Disburse	mont For:	Type				Ε.	_			-		9200 0	0	
	Office Sought: House Disburse Senate	ment For: Primary General					9200.00								
	President		Other (specify)				Memo Item								
	State: District:						Memo rem								
_	Full Name (Last, First, Middle Initial)						Dete	٥, ٢	iob		on+				
U.	Tampa Media Marketing							_	isburse		ent	V = 1	V -	V	
	Mailing Address 7320 E Fletcher Ave						м 1	- 1	, D	9]		2018		
	City	State	Zip Code			\dashv	FEC	Iden	tificatio	n N	Vlumb	ωr			
	TAMPA	FL	33637				1.0	iuell	uncalio	41 I	4umb	GI	-		
	Purpose of Disbursement Media Consulting						C	war:) . CT	245	1250		
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	President Other (specify)					loma) Item								
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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER:	PAGE 18 OF 18					
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	(check only		26					
		Summary Page	21b 28a	22 23 28c 28c	26 27 29 30b					
Any information copied from such Reports and Staten	I nents mav r	not be sold or use	ed by any perso	on for the purpose of	soliciting contributions					
or for commercial purposes, other than using the name										
NAME OF COMMITTEE (In Full)										
COMMUNITY HEALTH COUNCIL	PAC DE	BA BREAST	CANCER	HEALTH COU	NCIL PAC					
Full Name (Last, First, Middle Initial)			İ							
A. Tampa Media Marketing				Date of Disbursem	nent					
				M M / D D / Y Y Y Y						
Mailing Address 7320 E Fletcher Ave				11 16	2018					
City	State	Zip Code		FEC Identification	Number					
TAMPA	FL	33637			Number					
Purpose of Disbursement Media Consulting				C						
Candidate Name			Category		D: SB21B.4359 Disbursement this Period					
			Category/ Type	Amount of Lacif L						
Office Sought: House Disburser					11800.00					
Senate President	Primary Other (spec	General								
State: District:	Cirioi (Spec	,y/ ▼		Memo Item						
Full Name (Last, First, Middle Initial)										
B. Tampa Media Marketing				Date of Disbursen	nent					
Mailing Address 7000 F Floral at Assa				11 23	2018					
Mailing Address 7320 E Fletcher Ave				11 23	2016					
,	State	Zip Code		FEC Identification Number						
TAMPA Purpose of Disbursement	FL	33637								
Media Consulting			· · ·	C						
Candidate Name			Category/		D: SB21B.4360 Disbursement this Period					
	nent For:									
Office Sought: House Disburser Senate					8000.00					
President	Primary Other (spec	General cify)		п						
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Full Name (Last, First, Middle Initial)										
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OUDTOTAL of Dist					19800.00					
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