PAGE 1 / 20

### **FEC** FORM 3Y

### **REPORT OF RECEIPTS AND DISBURSEMENTS**

I OKWI 3X	For Other Than An Au	thorized Committee		Offic	e Use Only
NAME OF     COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing over the lines.	, type 1	2FE4M5	
COMMUNITY HE	ALTH COUNCIL PAC DE	BA BREAST CAN	CER HEAI	LTH COUN	CIL PAC
ADDRESS (number and str	eet) 1627 K STREET NW STE 500				
Check if differen than previously reported. (ACC)	t WASHINGTON			OC 20	0006
2. <b>FEC IDENTIFICATIO</b>	ON NUMBER ▼ C	ITY 🛦	STA	TE A	ZIP CODE ▲
C C00652685		IS THIS REPORT (N)		AMENDI (A)	ED
4. TYPE OF REPOR (Choose One)	Report Due On:		y 20 (M5) n 20 (M6)	Aug 20 (M Sep 20 (M	Year Only)
(a) Quarterly Reports		or 20 (M4) Jul	20 (M7)	Oct 20 (M	Year Only)
April 15 Quarterly Re	(c) 12-Day	Primary (12P)		General (12G)	Runoff (12R)
July 15 Quarterly Re October 15	eport (Q2) PRE-Election Report for the:	Convention (12	C)	Special (12S)	
Quarterly Re January 31	Floor	ion on	D D / Y	Y   Y   Y	in the
Year-End Re July 31 Mid- Report (Non- Year Only) (l	Year (d) 30-Day POST-Election	General (30G)		Runoff (30R)	Special (30S)
Termination (TER)		ion on	D   D / Y	Y Y Y	in the State of
5. Covering Period	07 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	through	M M /	30 / Y	y y y 2 2018
I certify that I have exami	ined this Report and to the best of Bass, Zachary, , ,	of my knowledge and be	lief it is true, o	correct and com	plete.
Type or Print Name of Tre	easurer				
Signature of Treasurer	Bass, Zachary, , ,	[Electronically F	iled] Date	10 /	15 / 2018
NOTE: Submission of false	, erroneous, or incomplete informati	on may subject the perso	n signing this F	Report to the per	nalties of 52 U.S.C. § 30109
Office Use Only				F	EC FORM 3X Rev. 05/2016

#### **SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016) Page 2

Write or Type Committee Name

COMMUNITY HEALTH COUNCIL P	/ / D D / Y Y Y Y	M = M / D = D / Y = Y = Y
Report Covering the Period: From: 07	01 2018 To	o: 09 30 2018
_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2018		60.00
(b) Cash on Hand at  Beginning of Reporting Period	5602.90	
(c) Total Receipts (from Line 19)	714313.44	1485777.49
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	719916.34	1485837.49
7. Total Disbursements (from Line 31)	708468.25	1474389.40
3. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	11448.09	11448.09
Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
This committee has qualified as a multicand	didate committee. (see FEC FORM 1M)	
Fo	or 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: 07	01 / 2018 To:	09 30 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)	6035.00	10135.00				
	(ii) Unitemized(iii) TOTAL (add	708278.44	1475642.49				
	Lines 11(a)(i) and (ii)	714313.44	1485777.49				
	(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)▶	714313.44	1485777.49				
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))▶	714313.44	1485777.49				
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	714313.44	1485777.49				

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disburs		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ol> <li>Operating Expenditure (a) Allocated Federa</li> </ol>			Jaionaa Tour to Bate
Activity (from Sc	hedule H4)		
(i) Federal Sha	re	0.00	0.00
(ii) Non-Federal	Share	0.00	0.00
(b) Other Federal O	-	207200 05	1440400 46
Expenditures (c) Total Operating I		687368.25	1446189.40
· · · · · · · · · · · · · · · · · · ·	(ii), and (b))▶	687368.25	1446189.40
2. Transfers to Affiliated	Other Party		
Committees  Contributions to		0.00	0.00
Federal Candidates/Cand Other Political C	committees committees	0.00	0.00
. Independent Expendi		24400.00	
(use Schedule E) Coordinated Party Ex (52 U.S.C. § 30116(d	penditures	21100.00	28200.00
(use Schedule F)		0.00	0.00
. Loan Repayments Ma	ade	0.00	0.00
Loono Mada	F	0.00	
Loans Made	ons To:	0.00	0.00
(a) Individuals/Perso Than Political Co	ns Other ommittees	0.00	0.00
(b) Political Party Co	ommittees	0.00	0.00
(c) Other Political C		0.00	0.00
(such as PACs).		0.00	0.00
(d) Total Contribution			
(add Lines 28(a)	, (b), and (c))	0.00	0.00
. Other Disbursements	,		
Non-Federal Donation	s)	0.00	0.00
. Federal Election Activ	vity (52 U.S.C. § 30101(20))		
(a) Allocated Federa	-		
(from Schedule I	H6)	2.22	
(i) rederal Share	;	0.00	0.00
` '		0.00	0.00
(b) Federal Election	Activity Paid  deral Funds		
•	ection Activity (add	0.00	0.00
	0(a)(ii) and 30(b))	0.00	0.00
Total Disbursements	(add Lines 21(c) 22		
23, 24, 25, 26, 27, 2		708468.25	1474389.40
		7 00400.23	117-009.40
<ul> <li>Total Federal Disburs (subtract Line 21(a)(ii</li> </ul>			
	, and 2m6 co(a)(m)	708468.25	1474290 40
•	· L	7 00 100.20	1474389.40

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	714313.44	1485777.49
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	714313.44	1485777.49
66. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	687368.25	1446189.40
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	687368.25	1446189.40

#### : 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:

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

	FOR LINE NUMBER:						PAGE	7	OF	20
(check only one)										
		X	11a		11b		11c	12	2	
			13		14		15	16	6	17

	Statements may not be sold or used by any pers e name and address of any political committee to						
NAME OF COMMITTEE (In Full) COMMUNITY HEALTH COUNTY	CIL PAC DBA BREAST CANCER	HEALTH COUNCIL PAC					
	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name BANDYOPADHYAY, SAUMYABRATA, , ,						
Mailing Address 1061 WHITEBICK DR	Mailing Address 1061 WHITEBICK DR						
City	State Zip Code	Transaction ID : SA11AI.4219					
SAN JOSE	CA 95129	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					
NetApp Inc.	Senior Director SW Engineering						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General	00 0						
Other (specify) ▼	300.00						
Full Name of Individual (Last, First, Middle In BOYLE, JEFFERY, , ,	nitial) or Full Organization Name	Date of Receipt					
Mailing Address 221 W SYLVAN AVE		09 28 2018					
City	State Zip Code	Transaction ID : SA11AI.4217					
MORTON	PA 19070	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	300.00					
Name of Employer (for Individual) INFO REQ PER BEST EFFORTS	Occupation (for Individual) INFO REQ PER BEST EFFORTS	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 1119 NORTHSHORE DR		09 27 2018					
City	State Zip Code	Transaction ID : SA11AI.4215					
COLUMBIA	MO 65203	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)		850.00					
TOTAL This Period (last page this line number	only)						

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

	FOR LINE NUMBER:						PAGE	8	OF	20
(check only one)										
		X	11a		11b		11c	12		
			13		14		15	16	;	17

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

or for commercial purposes, other than using the	ne name and address of any political committee	to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) COMMUNITY HEALTH COUN	ICIL PAC DBA BREAST CANCER	R HEALTH COUNCIL PAC					
Full Name of Individual (Last, First, Middle In HAPP, DONALD, , ,  Mailing Address 4895 BAY ST NE APT 206	nitial) or Full Organization Name	Date of Receipt					
City							
SAINT PETERSBURG	FL 33703	Transaction ID : SA11AI.4205  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:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00						
Full Name of Individual (Last, First, Middle II LAFRANCHI, WILLIAM, , , Mailing Address 2209 ALC DR	Date of Receipt						
City VERONA	State Zip Code PA 15147	7 20 2018  Transaction ID : SA11Al.4189  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.  Name of Employer (for Individual)	Occupation (for Individual)	500.00 Memo Item					
Retired  Receipt For:  Primary  Other (specify) ▼	Retired  Aggregate Year-to-Date ▼  1000.00						
Full Name of Individual (Last, First, Middle In LOWMAN, ROBERT, , ,	nitial) or Full Organization Name	Date of Receipt					
Mailing Address 40494 STATE ROUTE 303	Chata Zin Cada	09 29 2018					
City LAGRANGE	State Zip Code OH 44050	Transaction ID : SA11AI.4221  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	350.00					
Name of Employer (for Individual) Lowman Electirc Receipt For:	Occupation (for Individual) Owner  Aggregate Year-to-Date ▼	Memo Item					
Primary General Other (specify)	350.00						
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	950.00					
TOTAL This Period (last page this line number	r only)						

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

							PAGE		9	OF	20
(check only one)											
		X	11a		11b		11c		12	2	
			13		14		15		16	6	17

	for commercial purposes, other than using the			ee to solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full)  COMMUNITY HEALTH COUNC	IL PAC D	DBA BREAST CANC	ER HEALTH COUNCIL PAC					
Α.	Full Name of Individual (Last, First, Middle Initi MAC DONALD, ALEX, , ,  Mailing Address 24 COOLIDGE HILL RD	al) or Full Or	ganization Name	Date of Receipt  07 03 2018					
	City CAMBRIDGE	State MA	Zip Code 02138	Transaction ID : SA11AI.4183  Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		1000.00					
	Name of Employer (for Individual)  MACDONALD LAW GROUP  Receipt For:  Primary General  Other (specify) ▼	PRO	pation (for Individual)  DUCT LIABILITY LAWYER  /ear-to-Date ▼  1000.00	Memo Item					
В.	Full Name of Individual (Last, First, Middle Initi MACKEY, JUDITH, , ,  Mailing Address 112 WOODLEY RD	al) or Full Or	ganization Name	Date of Receipt  07 18 2018					
	City MONETA	State VA	Zip Code 24121	Transaction ID : SA11AI.4188  Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	200.00							
	Name of Employer (for Individual) Retired	Occu Retir	pation (for Individual) ed	Memo Item					
	Receipt For:  Primary General  Other (specify) ▼								
<del>С</del> .	Full Name of Individual (Last, First, Middle Initi MEIER, JIM, , ,	al) or Full Or	ganization Name	Date of Receipt					
	Mailing Address 2424 122ND AVE E			07 27 2018					
	City EDGEWOOD	State WA	Zip Code 98372	Transaction ID : SA11AI.4193  Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		300.00					
	Name of Employer (for Individual) INFO REQ PER BEST EFFORTS Receipt For: Primary General	INFO	pation (for Individual) REQ PER BEST EFFORTS  /ear-to-Date ▼	Memo Item					
S	Other (specify)  SUBTOTAL of Receipts This Page (optional)		300.00	1500.00					
lτ	OTAL This Period (last page this line number of	only)							

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

FOR LINE NUMBER:						PAGE	 10	OF	20	
(check only one)										
		X	11a		11b		11c	12		
			13		14		15	16	;	17

	Statements may not be sold or used by any perse name and address of any political committee to	
NAME OF COMMITTEE (In Full) COMMUNITY HEALTH COUNC	CIL PAC DBA BREAST CANCER	HEALTH COUNCIL PAC
Full Name of Individual (Last, First, Middle In NATALE, GABRIELE, , , ,  Mailing Address 5 EMERYWOOD DR	itial) or Full Organization Name	Date of Receipt
City HIGH POINT	State Zip Code NC 27262	09 27 2018  Transaction ID : SA11AI.4209  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer (for Individual)  Lifestyle Enterprise inc.  Receipt For:  Primary General  Other (specify) ▼	Occupation (for Individual) President  Aggregate Year-to-Date ▼  1000.00	Memo Item
Full Name of Individual (Last, First, Middle In ROBERTS, DOROTHY, , ,  Mailing Address 1970 LEMON RANCH RD	itial) or Full Organization Name	Date of Receipt  07 31 2018
City SANTA BARBARA FEC ID number of contributing	State Zip Code CA 93108	Transaction ID : SA11AI.4195 Amount of Each Receipt this Period
Name of Employer (for Individual) SELF EMPLOYED	Occupation (for Individual) HOMEMAKER	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name of Individual (Last, First, Middle In SHAW, ROBERT, G, ,  Mailing Address 126 LANGDON ST	tial) or Full Organization Name	Date of Receipt  09 04 2018
City NEWTON  FEC ID number of contributing federal political committee.	State Zip Code 02458	Transaction ID : SA11AI.4204  Amount of Each Receipt this Period  35.00
Name of Employer (for Individual)  RETIRED  Receipt For:  Primary  Other (specify)	Occupation (for Individual) RETIRED  Aggregate Year-to-Date ▼  235.00	Memo Item
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	885.00
TOTAL This Period (last page this line number	only)	

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

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

				MBER	:	PAGE	 11	OF	20
(0	che	ck only	or	ne)					
	X	11a		11b		11c	12		
		13		14		15	16	;	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name SMITH, TOM, , , Date of Receipt Mailing Address 515 GREEN HILL RD 2018 09 City Zip Code State Transaction ID: SA11AI.4199 VA **BRISTOL** 24201 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) INFO REQ PER BEST EFFORTS INFO REQ PER BEST EFFORTS Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. STETWEILER, PAT, , , Date of Receipt Mailing Address 186 ARANDALE ST 2018 City State Zip Code Transaction ID: SA11AI.4213 **BEDFORD** PA 15522 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) INFO REQ PER BEST EFFORTS INFO REQ PER 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. STETWILER, PAT, , , Date of Receipt Mailing Address 186 ARANDALE ST 16 2018 City State Zip Code Transaction ID: SA11AI.4185 PΑ **BEDFORD** 15522 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) INFO REQ PER BEST EFFORTS INFO REQ PER BEST EFFORTS Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 850.00 SUBTOTAL of Receipts This Page (optional).....

7 7

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

				MBER	:	PAGE	 12	OF	20
(0	che	ck only	or	ne)					
	X	11a		11b		11c	12		
		13		14		15	16		17

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

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  TREVATHAN, PHYLLIS.,  Mailing Address PO BOX 1422  City  Mailing Address PO BOX 1422  City  State  Transaction ID Sat11AL4187  Amount of Each Receipt this Period  Aggregate Vear-to-Date ▼  Date of Receipt  FEC ID number of contributing  Forman of Employer (for Individual)  Date of Receipt  Memo Item  Memo Item  Date of Receipt  Transaction ID: Sat11AL4187  Amount of Each Receipt this Period  Forman of Individual (Last, First, Middle Initial) or Full Organization Name  WORLEY, JUDITH A.,  Mailing Address 2008 CRAFTSMAN CT SE  City  Aggregate Year-to-Date ▼  Primary  General  Other (specify) ▼  Aggregate Year-to-Date ▼  Date of Receipt  Transaction ID: Sat11AL4211  Amount of Each Receipt this Period  Forman of Individual (Last, First, Middle Initial) or Full Organization Name  Memo Item  Date of Receipt  Transaction ID: Sat11AL4211  Amount of Each Receipt this Period  Memo Item  Date of Receipt  Transaction ID: Sat11AL4211  Amount of Each Receipt this Period  Memo Item  Date of Receipt  Transaction ID: Sat11AL4211  Amount of Each Receipt this Period  Memo Item  Date of Receipt  Transaction ID: Sat11AL4211  Amount of Each Receipt this Period  Aggregate Year-to-Date ▼  Date of Receipt  Memo Item  Date of Receipt  Transaction ID: Sat11AL4211  Amount of Each Receipt this Period  Memo Item  Date of Receipt  Transaction ID: Sat11AL4211  Amount of Each Receipt this Period  Memo Item  Date of Receipt  Transaction ID: Sat11AL4211  Amount of Each Receipt this Period  Memo Item  Date of Receipt  Transaction ID: Sat11AL4211  Amount of Each Receipt this Period  Memo Item  Date of Receipt  Transaction ID: Sat11AL4211  Amount of Each Receipt this Period  Transaction ID: Sat11AL4211  Amoun	or for commercial purposes, other than using	g the name and address of any political committee	
TREVATHAN, PHYLLIS  Mailing Address PO BOX 1422  City MADISON  State Signature  FC ID number of contributing federal political committee.  Cocupation (for Individual)  TREMAC RESTEEL INCORPORATED  FRecipit For:  Other (specify)  State Signature  Aggregate Year-to-Date ▼  Date of Receipt  Transaction ID: SA11AL4187  Amount of Each Receipt this Period  FC ID number of contributing federal political committee.  City State Signature  GRAND RAPIDS  Mill Ag548  FEC ID number of contributing federal political committee.  City Primary General Other (specify)  Aggregate Year-to-Date ▼  Date of Receipt  Transaction ID: SA11AL4187  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: SA11AL4187  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: SA11AL4187  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: SA11AL4187  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: SA11AL4187  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: SA11AL4187  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: SA11AL4187  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: SA11AL4187  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: SA11AL4187  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: SA11AL4187  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: SA11AL4187  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: SA11AL4187  Transaction ID: SA11AL4187  Amount of Each Receipt this Period  Date of Receipt  Transaction ID: SA11AL4187  Transaction ID: SA11A	,	JNCIL PAC DBA BREAST CANCER	R HEALTH COUNCIL PAC
Total Name of Individual (Last, First, Middle Initial) or Full Organization Name    C	TREVATHAN, PHYLLIS, , ,	le Initial) or Full Organization Name	╡ <u> </u>
MADISON  MS 39130  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  CI  Source Individual)  FUI Name of Individual (Last, First, Middle Initial) or Full Organization Name  FILI Name of Individual (Last, First, Middle Initial)  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Name of Individual (Last, First, Middle Initial) or Full Organization Name  FILI Name of Individual (Last, First, Middle Initial)  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  UNEMPLOYED  FILI Name of Individual (Last, First, Middle Initial) or Full Organization Name  FILI Name of Individual (Last, First, Middle Initial) or Full Organization Name  Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  Date of Receipt  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  CI  Primary General Other (specify) ▼  Aggregate Year-to-Date ▼  Primary General Other (specify)  Aggregate Year-to-Date ▼  Date of Receipt  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Aggregate Year-to-Date ▼  Date of Receipt  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Aggregate Year-to-Date ▼  Date of Receipt  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Aggregate Year-to-Date ▼  Date of Receipt  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Aggregate Year-to-Date ▼  Date of Receipt	Maining Address PO BOX 1422		
FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Name of Individual (Last, First, Middle Initial) or Full Organization Name  FEC ID number of contributing federal political committee.  Name of Individual (Last, First, Middle Initial) or Full Organization Name  WORLEY, JUDITH A, , ,  Mailing Address 2008 CRAFTSMAN CT SE  City  State  Aggregate Vear-to-Date V  Date of Receipt  Transaction ID : SA11AL4211  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  C	•	·	
Name of Employer (for Individual)   Decupation (for Individual)   BUSINESS OWNER		IVIO   39130	Amount of Each Receipt this Period
TREMAC RESTEEL INCORPORATED  Receipt For:    Other (specify) ▼		C	500.00
Receipt For:    Other (specify)	Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Primary   General   Primary   General   Primary   General   S00.00		BUSINESS OWNER	
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  WORLEY, JUDITH A, , ,  Mailing Address 2008 CRAFTSMAN CT SE  City  CRAND RAPIDS  MI		Aggregate Year-to-Date ▼	
MORLEY, JUDITH A, ,  Mailing Address 2008 CRAFTSMAN CT SE  City  GRAND RAPIDS  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Other (specify) ▼  State  Zip Code  MI  Aggregate Year-to-Date ▼  Date of Receipt  Transaction ID: SA11Al.4211  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Aggregate Year-to-Date ▼  Transaction ID: SA11Al.4211  Amount of Each Receipt this Period  FEC ID number of Individual)  UNEMPLOYED  Aggregate Year-to-Date ▼  Date of Receipt  Transaction ID: SA11Al.4211  Amount of Each Receipt this Period  FEC ID number of Individual (Last, First, Middle Initial) or Full Organization Name  Date of Receipt  Transaction ID: SA11Al.4211  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 ▼  Other (specify)  Aggregate Year-to-Date ▼  Individual)  Memo Item  Memo Item  Substotal of Receipts This Page (optional)  Memo Item		500.00	
City GRAND RAPIDS MI 49546  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) UNEMPLOYED  Receipt For: Primary General Other (specify) Malling Address  City  State  Zip Code  Aggregate Year-to-Date  Aggregate Year-to-Date  C  Aggregate Year-to-Date		le Initial) or Full Organization Name	Date of Receipt
GRAND RAPIDS  MI 49546  Amount of Each Receipt this Period  FEC ID number of contributing federal political committee.  Name of Employer (for Individual) UNEMPLOYED  Receipt For:    Primary		BE	
FEC ID number of contributing federal political committee.  Name of Employer (for Individual) UNEMPLOYED  Receipt For:  Primary General Other (specify)   City  State  Zip Code  Aggregate Year-to-Date   Aggregate Year-to-Date   City  State  Zip Code  Amount of Each Receipt this Period  Aggregate Year-to-Date   Ag	City		Transaction ID : SA11AI.4211
Substitute   Su	GRAND RAPIDS	MI   49546	Amount of Each Receipt this Period
UNEMPLOYED  Receipt For:	· ·	С	500.00
Primary General Other (specify) ▼  Substitute of South State Stat	UNEMPLOYED	, , ,	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   SUBTOTAL of Receipts This Page (optional)		Aggregate Year-to-Date ▼	
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 ▼  1000.00		500.00	
Mailing Address  City  State Zip Code  FEC ID number of contributing federal political committee.  Name of Employer (for Individual)  Receipt For:  Primary General Other (specify)  Aggregate Year-to-Date ▼  1000.00	Full Name of Individual (Last, First, Middl	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		<b>−</b>
Name of Employer (for Individual)  Receipt For:  Primary  Other (specify)  Aggregate Year-to-Date ▼  1000.00  1000.00	City	State Zip Code	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify)  SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	C	
Primary General Other (specify)  SUBTOTAL of Receipts This Page (optional)	, , ,	Occupation (for Individual)	Memo Item
enze on	Primary General	Aggregate Year-to-Date ▼	
6025.00	SUBTOTAL of Receipts This Page (optional	al)	1000.00
			6025.00

S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 13 OF 20
ΙT	EMIZED DISBURSEMENTS		rate schedule(s)	(check only	THO MIDELLE
			category of the Summary Page	<b>X</b> 21b	22 23 26 27
_				28a	28b 28c 29 30b
	ny information copied from such Reports and Stater for commercial purposes, other than using the name				
	NAME OF COMMITTEE (In Full)				
$ \rangle$	COMMUNITY HEALTH COUNCIL	PAC DE	BA BREAST	CANCER	HEALTH COUNCIL PAC
_	Full Name (Last, First, Middle Initial)				B (B)
Α.	Action Committee Marketing LLC				Date of Disbursement
	Mailing Address 698 Old Commons Dr				09 30 2018
	-	State	Zip Code		FEC Identification Number
	Greenwood Purpose of Disbursement	IN	46142		
	Donor Outreach				C
	Candidate Name			Category/	Transaction ID : SB21B.4237  Amount of Each Disbursement this Period
				Type	
		ment For:			1605.15
	Senate President	Primary Other (spec	General		
	State: District:	Other (spec	, (i) <b>∀</b>		Memo Item
	Full Name (Last, First, Middle Initial)				
В.	AMERICAN PUBLIC RESOURCE	LLC			Date of Disbursement
	N. W. Ald				M M / D D / Y Y Y Y
	Mailing Address 3855 S. 500 WEST, STE D				07 31 2018
	,	State UT	Zip Code		FEC Identification Number
	SOUTH SALT LAKE Purpose of Disbursement	UI	84115		С
	Donor Outreach				Transaction ID : SB21B.4228
	Candidate Name			Category/	Amount of Each Disbursement this Period
	Office Country			Type	04222.00
	Office Sought: House Disburser Senate	ment For: Primary	General		91322.90
	President	Other (spec			П.,
	State: District:				Memo Item
_	Full Name (Last, First, Middle Initial)	_			
Ċ.	AMERICAN PUBLIC RESOURCE	LLC			Date of Disbursement
	Mailing Address 3855 S. 500 WEST, STE D				08 31 7 2018
	City	State	Zip Code		FEC Identification Number
	SOUTH SALT LAKE	UT	84115		
	Purpose of Disbursement Donor Outreach				C
	Candidate Name			Onto grand	Transaction ID: SB21B.4231 Amount of Each Disbursement this Period
				Category/ Type	Amount of Each Dispursement this Period
	Office Sought: House Disburser	ment For:			47277.53
	Senate	Primary	General		
	State: President State:	Other (spec	city) 🔻		Memo Item
г	District.				
5	SUBTOTAL of Disbursements This Page (optional)			·····	140205.58
<b> </b>	This David (lost news this the result to				
1 1	<b>OTAL</b> This Period (last page this line number only)				

S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 14 OF 20				
ΙT	EMIZED DISBURSEMENTS		arate schedule(s)	(check only	NOMBELL.				
- •			category of the Summary Page	<b>X</b> 21b	22 23 26 27				
			,	28a	28b 28c 29 30b				
	ly information copied from such Reports and Statel for commercial purposes, other than using the nar								
	NAME OF COMMITTEE (In Full)								
	COMMUNITY HEALTH COUNCIL	PAC DE	BA BREAST	CANCER	HEALTH COUNCIL PAC				
_	Full Name (Last, First, Middle Initial)				B (B)				
Α.	GSI, INC				Date of Disbursement				
	Mailing Address 6655 Chicago Rd, Suite 9				07 31 2018				
	City	State	Zip Code		FEC Identification Number				
	Warren	MI	48092						
	Purpose of Disbursement Donor Outreach				C				
	Candidate Name			0-1	Transaction ID : SB21B.4229				
				Category/ Type	Amount of Each Disbursement this Period				
	Office Sought: House Disburse	ment For:			10505.55				
	Senate	Primary	General						
	State: President State:	Other (spec	city) 🔻		Memo Item				
_	Full Name (Last, First, Middle Initial)								
В.					Date of Disbursement				
					M M / D D / Y Y Y Y				
	Mailing Address 6655 Chicago Rd, Suite 9				08 31 2018				
	,	State	Zip Code		FEC Identification Number				
	Warren Purpose of Disbursement	MI	48092		0				
	Donor Outreach				C Specifical ID Specific 4000				
	Candidate Name			Category/	Transaction ID : SB21B.4232 Amount of Each Disbursement this Period				
				Туре					
		ment For:	Comerci		11165.18				
	Senate President	Primary Other (spec	General						
	State: District:	Other (oper	ony)		Memo Item				
_	Full Name (Last, First, Middle Initial)								
C.	GSI, INC				Date of Disbursement				
	Mailing Address 0077 Ct   Time Time				M M / D D / Y Y Y Y				
	Mailing Address 6655 Chicago Rd, Suite 9				09 30 2018				
	City	State	Zip Code		FEC Identification Number				
	Warren	MI	48092						
	Purpose of Disbursement Donor Outreach				C				
	Candidate Name			Cotogogg	Transaction ID: SB21B.4234  Amount of Each Disbursement this Period				
				Category/ Type	Amount of Each Dispulsement this Fellou				
	Office Sought: House Disburse	ment For:			9408.46				
	Senate	Primary	General						
	State: District:	Other (spec	city) 🔻		Memo Item				
г	District.								
s	UBTOTAL of Disbursements This Page (optional)				31079.19				
H					7 7 7				
т	OTAL This Period (last page this line number only	)							

## ľ

S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 15 OF 20
	EMIZED DISBURSEMENTS		arate schedule(s)	(check only	TOWNELL.
11	LIVIIZED DISBURSEIVIEN IS		category of the	<b>X</b> 21b	22 23 26 27
		Detailed :	Summary Page	28a	28b 28c 29 30b
Ar	ny information copied from such Reports and State	ments mav r	not be sold or us	sed by any perso	on for the purpose of soliciting contributions
	for commercial purposes, other than using the nar				
$\setminus$	NAME OF COMMITTEE (In Full)				
$  \rangle$	COMMUNITY HEALTH COUNCIL	PAC DE	BA BREAST	CANCER	HEALTH COUNCIL PAC
$\angle$				· · · · · · · · · · · · · · · · · · ·	
	Full Name (Last, First, Middle Initial)				5. (5.)
Α.	MARKET PROCESS GROUP				Date of Disbursement
	Mailian Address 4050 Connecticut Aug NIM Cuite	20			07 31 2018
	Mailing Address 1250 Connecticut Ave, NW, Suite	20			07 31 2018
	City	State	Zip Code		
	Washington	DC	20036		FEC Identification Number
	Purpose of Disbursement				С
	Donor Outreach			1	Transaction ID : SB21B.4230
	Candidate Name			Category/	Amount of Each Disbursement this Period
				Type	100000000000000000000000000000000000000
		ment For:			124140.35
	Senate	Primary	General		_
	President	Other (spec	cify) 🔻		Memo Item
_	State: District:				
D	Full Name (Last, First, Middle Initial)				Data of Dishurasment
В.	MARKET PROCESS GROUP				Date of Disbursement
	Mailing Address 4250 Connections Ave. NW. Cuite	20			08 31 2018
	Mailing Address 1250 Connecticut Ave, NW, Suite	20			08 31 2016
	City	State	Zip Code		FFO Islandifferentian Namelana
	Washington	DC	20036		FEC Identification Number
	Purpose of Disbursement				
	Donor Outreach				Transaction ID : SB21B.4233
	Candidate Name			Category/	Amount of Each Disbursement this Period
				Type	450400 70
		ment For:			156463.70
	Senate President	Primary	General		=
	State: District:	Other (spec	sily)		Memo Item
_					
C	Full Name (Last, First, Middle Initial)  MARKET PROCESS GROUP				Date of Disbursement
0.	WARRET PROCESS GROUP				
	Mailing Address 1250 Connecticut Ave, NW, Suite	20			09 30 2018
	5 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	_•			
	City	State	Zip Code		FEC Identification Number
	Washington	DC	20036		
	Purpose of Disbursement Donor Outreach				
					Transaction ID : SB21B.4235
	Candidate Name	Category/	Amount of Each Disbursement this Period		
	Office Sought: House Disburse	ment For:		Туре	190798.88
	Senate Disburse	Primary	General		100700.00
	President	Other (spec			п., .
	State: District:	J.1107 (0PCC	<i>y</i> / ▼		Memo Item
Г					
s	UBTOTAL of Disbursements This Page (optional)				471402.93
H					
۱,	OTAL This Period (last page this line number only	)			

## 17

SC	CHEDULE B (FEC Form 3X)				NUMBER: PAGE 16 OF 20
	EMIZED DISBURSEMENTS	Use sepa	arate schedule(s)	FOR LINE (check only	TO ME LITE
11	EIVIIZED DIOBUKOEIVIENIO		category of the	21b	22 23 26 27
		Detailed	Summary Page	28a	28b 28c 29 30b
۸	w information copied from such Departs and Otate	monto move	not be sold as :::		
	y information copied from such Reports and State for commercial purposes, other than using the nar				
Ĺ.	NAME OF COMMITTEE (In Full)		, pont		
$  \rangle$	COMMUNITY HEALTH COUNCIL		A BDEVE		HEALTH COLINCIL BAC
/	COMMUNITY HEALTH COUNCIL	FAC DE	DA DKEAS	CANCER	HEALTH COUNCIL PAC
<u></u>	Full Name (Last, First, Middle Initial)			T	
Α.	OSIDC				Date of Disbursement
	00.00				M M / D D / Y Y Y Y
	Mailing Address 1627 K ST. N.W.				07 02 2018
	City	State	Zip Code		FEC Identification Number
	WASHINGTON	DC	20006		
	Purpose of Disbursement RENT				
					Transaction ID : SB21B.4222
	Candidate Name			Category/	Amount of Each Disbursement this Period
	000			Туре	20.00
		ment For:			60.00
	Senate	Primary	General		_
	President Pictriot:	Other (spec	CITY) ▼		Memo Item
_	State: District:				
D	Full Name (Last, First, Middle Initial)				Data of Diahuraament
D.	OSIDC				Date of Disbursement
	Mailing Address 4007 K OT NAW				08 03 2018
	Mailing Address 1627 K ST. N.W.				08 03 2018
	City	State	Zip Code		
	WASHINGTON	DC	20006		FEC Identification Number
	Purpose of Disbursement			=	С
	RENT				Transaction ID : SB21B.4226
	Candidate Name			Category/	Amount of Each Disbursement this Period
				Type	The state of the s
	Office Sought: House Disburse	ment For:			60.00
	Senate	Primary	General		
	President	Other (spec	cify)		Memo Item
_	State: District:				mono non
	Full Name (Last, First, Middle Initial)				
C.	OSIDC				Date of Disbursement
					M M / D D / Y Y Y Y
	Mailing Address 1627 K ST. N.W.				09 03 2018
	011	0	T 0 :		_
	,	State DC	Zip Code		FEC Identification Number
	WASHINGTON Purpose of Disbursement	DC	20006		
	RENT				C
	Candidate Name			البيا	Transaction ID : SB21B.4268
				Category/ Type	Amount of Each Disbursement this Period
	Office Sought: House Disburse	ment For:		,,,,,	60.00
	Senate	Primary	General		T T T T T T T T T T T T T T T T T T T
	President	Other (spec			Mana Han
	State: District:	( 1, -	-, -		Memo Item
Г					
s	UBTOTAL of Disbursements This Page (optional)				180.00
dash					7 7 7
-	OTAL This Period (last page this line number only	)			

S	CHEDULE B (FEC Form 3X)			T F	OR I	INE 1	NUMBE	<b></b> -			P	AGE	17 O	F 20
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the			only								
			Summary Page		×	21b	22		23		26		27	
						28a	28b		28c	$\perp$	29		30b	
	y information copied from such Reports and State for commercial purposes, other than using the na													
	NAME OF COMMITTEE (In Full)													
	COMMUNITY HEALTH COUNCIL	. PAC DE	BA BREAST	CA	NC	ER	HEAL	.TH	CO	UN —	VCII	L P	4C	
Λ.	Full Name (Last, First, Middle Initial)						Data	-	: -					
A.	Tampa Media Marketing						Date	טוס	isburse		ent			
	Mailing Address 7320 E Fletcher Ave						07	М	2	25			018	Y
	City	State	Zip Code				FEC	ldent	tificatio	n N	Jumba	ar a		
	TAMPA	FL	33637					lueili	incatio		vuilibe	J1	-	
	Purpose of Disbursement Media -ISSUE AD				-	71	C							
	Candidate Name			_	_	_	-		action					
	Candidate Name			Cate	egor ype	y/	Amou	nt o	f Each	Dis	sburse	emen	t this P	eriod
	Office Sought: House Disburse	ment For:		•	урс		П.					1	1000.00	0
	Senate	Primary	General						7		7		- 45	
	President	Other (spec	cify) ▼					1emc	Item					
	State: District:						ш							
_	Full Name (Last, First, Middle Initial)						Б.							
B.	Tampa Media Marketing							_	isburse		ent – –			
	Mailing Address 7320 E Fletcher Ave						08	- 1		17	1 ′ [		2018	Y
	Walling Addition 7320 E Fletcher Ave						00			_			.010	
	City	State	Zip Code				FEC	ldent	ificatio	n N	Jumbe	r		
	TAMPA	FL	33637				-	idom	inoatio		Turrib.	J1		
	Purpose of Disbursement Media -ISSUE AD						C							
	Candidate Name				_	-11			action		-			
				Cate T	egor ype	y/	Amou	nt o	Lach	DIS	sburse	emen	t this P	erioa
	Office Sought: House Disburse	ment For:			71								1000.0	0 _
	Senate	Primary	General						-,-		-			
	President	Other (spec	cify)				N	1emc	Item					
_	State: District:									_				
_	Full Name (Last, First, Middle Initial)						Doto	of D	isburse	am.	nnt.			
C.	Tampa Media Marketing						Date	01 D			- III	V		
	Mailing Address 7320 E Fletcher Ave						09	IVI	0	)7			018	Y
											- 1			
	City	State	Zip Code				FEC	ldent	ificatio	n N	Numbe	er		
	TAMPA Purpose of Disbursement	FL	33637									_		
	Media Consulting			Г.		71	C				0.00	04 D . 4	1000	
	Candidate Name			Cate	egor	v/			action f Each				1269 t this P	eriod
					ype	,		-		_		-		-
		ement For:							-			1	1460.0	0
	Senate	Primary	General											
	State: District:	Other (spec	ully) ▼				N	1emc	Item					
Г	Diotriot.								_	=				_
s	UBTOTAL of Disbursements This Page (optional).											3	3460.0	0
F							$\vdash$	-		_	1	+	+-	=
Т	OTAL This Period (last page this line number only	<i>(</i> )							_					

SCHEDULE B (FEC Form 3X)			FOR LINE	NLIMBER: PAGE 18 OF 20			
ITEMIZED DISBURSEMENTS		arate schedule(s)	(check only	TOMBET.			
		category of the Summary Page	<b>X</b> 21b	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)			CANCED	LICALTI COUNCIL DAC			
COMMUNITY HEALTH COUNCIL	_ PAC DI	DA DREASI	CANCER	HEALTH COUNCIL PAC			
Full Name (Last, First, Middle Initial)							
A. Tampa Media Marketing				Date of Disbursement			
Mailing Address 7320 E Fletcher Ave				09 14 2018			
City TAMPA	State FL	Zip Code 33637		FEC Identification Number			
Purpose of Disbursement	I L	33037					
Media -ISSUE AD				C Transaction ID OPPORT 4070			
Candidate Name			Category/	Transaction ID : SB21B.4270  Amount of Each Disbursement this Period			
			Type				
	ement For:			5130.00			
Senate President	Primary Other (end	General					
State: District:	Other (spe	ecity) 🔻		Memo Item			
Full Name (Last, First, Middle Initial)							
B. Tampa Media Marketing				Date of Disbursement			
				M = M / D = D / Y = Y = Y			
Mailing Address 7320 E Fletcher Ave				09 21 2018			
City	State	Zip Code		FEC Identification Number			
TAMPA Purpose of Disbursement	FL	33637					
Media -ISSUE AD				C			
Candidate Name			Category/	Transaction ID : SB21B.4272 Amount of Each Disbursement this Period			
			Type	Attributed East Biodersonicity and Forted			
	ement For:			5600.00			
Senate President	Primary	General					
State: District:	Other (spe	ecity)		Memo Item			
Full Name (Last, First, Middle Initial)							
C.				Date of Disbursement			
				M M / D D / Y Y Y Y			
Mailing Address							
City	State	Zip Code		FEC Identification Number			
Purpose of Disbursement				C			
				O			
Candidate Name			Category/	Amount of Each Disbursement this Period			
Office Coughly			Type				
Office Sought: House Disburs	ement For: Primary	General		7 7 7			
President	Other (spe			п			
State: District:		- 'J) - <b>▼</b>		Memo Item			
<u> </u>							
SUBTOTAL of Disbursements This Page (optional)			·····•	10730.00			
	,			687057.70			
TOTAL This Period (last page this line number onl	y)			007037.70			

Signature

SCHEDULE E (FEC Form 3X)				
TEMIZED INDEPENDENT EXPENDITURES			PAGE 19 OF 20 FOR LINE 24 OF FORM 3	X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER	-
COMMUNITY HEALTH COUNCIL PA HEALTH COUNCIL PAC	C DBA BR	EAST CANCER	C C00652685	]
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on M M / D D / Y Y Y Y	]
Full Name of Payee Tampa Media Marketing		☐ Memo	Item Date of Public Distribution/Dissemination  07 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 7320 E Fletcher Ave			Amount	_
City	State	Zip Code	500.00	
TAMPA	FL	33637	Transaction ID : SE.4242 Date of Disbursement or Obligation	
Purpose of Expenditure Media		Category/ Type 004	M M / D D / Y Y Y Y	
Name of Federal Candidate:		<b>✗</b> Support	Office Sought:   House District: 04	
BRILL, DAVID H, , ,		Oppose	President Senate State: AZ	_
Calendar Year-To-Date Per Election for Office Sought	7	500.00	Disbursement For:   ✓ Primary General  Other (specify)   ✓	al
Full Name of Payee		☐ Memo		
Tampa Media Marketing		_	07 13 2018	$\exists$
Mailing Address 7320 E Fletcher Ave			Amount	-
				$\neg$
City	State	Zip Code	9600.00	
TAMPA	FL	33637	Transaction ID: SE.4244  Date of Disbursement or Obligation	
Purpose of Expenditure Advertising - Radio		Category/ Type 004	M M / D D / Y Y Y Y	
Name of Federal Candidate:		<b>✗</b> Support	Office Sought:   M House District: 25	_
MAXWELL, JAMES T. DR, , ,		Oppose	President Senate State: NY	_
Calendar Year-To-Date Per Election for Office Sought	7 7	9600.00	Disbursement For:  Primary	al
(a) SUBTOTAL of Itemized Independent Expenditures	;		. • 10100.00	]
(b) SUBTOTAL of Unitemized Independent Expenditure	res		. >	]
(c) TOTAL Independent Expenditures			<b>•</b>	]
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Bass, Zachary, , ,	[Electronically File	<i>led]</i> Date	e 10 15 2018	

15

10

Date

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

	PAGE 20 OF 20 FOR LINE 24 OF FORM 3X
FC.	IDENTIFICATION NUMBER ▼
C	C00652685
М	/ D D / Y Y Y Y
Pub	lic Distribution/Dissemination
8 <sup>M</sup>	03 / 2018
	6000.00
ction	ID: SE.4246 pursement or Obligation
8 <sup>M</sup>	03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	▼ House District: 06
ıt	Senate State: FL
For:	<b>▼</b> Primary General
er (s	specify) ►
Pub	lic Distribution/Dissemination
8 <sup>M</sup>	24 Y 2018
_	
	5000.00
<b>ctio</b> Disb	n ID : SE.4248 oursement or Obligation
)8	24 Y 2018
	▼ House District: 01
ıt	Senate State: SC
	Primary <b>X</b> General
For:	

	" Y " Y " Y
Check if 24-hour report 48-hour report New report Amends report filed on Full Name of Payee Tampa Media Marketing  New report Amends report filed on Date of Public Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distribution/Distributi	
Tampa Media Marketing	
M   M   / D   D   /   Y	semination
	2018
Mailing Address 7320 E Fletcher Ave Amount	
City State Zip Code	6000.00
TAMPA FL 33637 Transaction ID : SE.4246 Date of Disbursement or Oblig	nation
Purpose of Expanditure	2018
Name of Federal Candidate:    X   Support   Office Sought:   X   House   Dis	strict: 06
SEVICINA STEDHENIND	tate: FL
Calendar Year-To-Date Per Election for Office Sought  Disbursement For:   ✓ Primary 2018  Other (specify)	General
Full Name of Payee Memo Item Date of Public Distribution/Dis	semination
Tampa Media Marketing	2018
Mailing Address 7320 E Fletcher Ave Amount	20.0
	5000.00
City State Zip Code TAMPA FL 33637 Transaction ID : SE.4248	5000.00
Purpose of Expenditure  Category/  Category/	gation
Advertising - Radio Category 7 Type 004 08 24	2018
Name of Federal Candidate: X Support Office Sought: X House Dis	strict: 01
ARRINGTON, KATHERINE ELIZABETH, , , Oppose President Senate S	tate: SC
Calendar Year-To-Date Per Election for Office Sought  Disbursement For: □ Primary 2018 □ Other (specify) ▶	<b>✗</b> General
(a) SUBTOTAL of Itemized Independent Expenditures	1000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	1100.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is no	от а рошисат
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is no	