

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

ADDRESS (number and street) **1627 K STREET NW**  
**STE 500**  
 Check if different than previously reported. (ACC) **WASHINGTON DC 20006**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00652685** 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  2019 through  /  /  2019

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer **Bass, Zachary, , ,**

Signature of Treasurer **Bass, Zachary, , ,** [Electronically Filed] Date  /  /  2019

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2019"/>	<input type="text" value="9546.32"/>	<input type="text" value="9546.32"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="9546.32"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="1846802.34"/>	<input type="text" value="1846802.34"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="1856348.66"/>	<input type="text" value="1856348.66"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1848735.81"/>	<input type="text" value="1848735.81"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="7612.85"/>	<input type="text" value="7612.85"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	13077.00	13077.00
(ii) Unitemized .....	1833725.34	1833725.34
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1846802.34	1846802.34
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	1846802.34	1846802.34
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	1846802.34	1846802.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1846802.34	1846802.34

**DETAILED SUMMARY PAGE**

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1768035.81	1768035.81
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1768035.81	1768035.81
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	80700.00	80700.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1848735.81	1848735.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1848735.81	1848735.81

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	1846802.34	1846802.34
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1846802.34	1846802.34
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1768035.81	1768035.81
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1768035.81	1768035.81

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`ZG7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: F3XN  
Transaction ID :

Our PAC makes its best efforts to collect required record keeping information for individuals who have contributed more than \$200 in a calendar year. All original solicitation contain a clear and conspicuous request for the required contributor information on reply materials with the required explanatory statement. If the information is not provided to the Committee, then we will follow up by sending a letter to the donor within 30 days of the donation requesting the missing information. This letter is sent by itself with no solicitation. It clearly requests the missing information, informs the donor that federal law requires that we report this information and includes a return envelope. We then make sure to update the records and report any additional information to the Commission prior to our next reporting date, or as memo entries in the next regularly scheduled report. For reporting purposes we have used the term 'Donor Outreach' on our Schedule B supporting line 21(b). We have contracted multiple companies to provide 'Donor Outreach' services for us. '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		FOR LINE NUMBER: (check only one)	PAGE 7 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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**

**A. BEST, CHARLES, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 747 E 1875 S

City BOUNTIFUL	State UT	Zip Code 84010
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

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

**Transaction ID : SA11AI.4865**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 1550 N STATE PKWY

City CHICAGO	State IL	Zip Code 60610
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2019

**Transaction ID : SA11AI.4890**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 1550 N STATE PKWY

City CHICAGO	State IL	Zip Code 60610
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2019

**Transaction ID : SA11AI.4889**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

**A. BUTCHER, PHILIP, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 714 NAVY ST APT 36

City FORT WALTON BEACH	State FL	Zip Code 32547
---------------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	02	/	2019

**Transaction ID : SA11AI.4885**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 714 NAVY ST APT 36

City FORT WALTON BEACH	State FL	Zip Code 32547
---------------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2019

**Transaction ID : SA11AI.4884**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 22518 SE HIGHLAND CIR

City ISSAQUAH	State WA	Zip Code 98029
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2019

**Transaction ID : SA11AI.4817**

Amount of Each Receipt this Period  
35.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	535.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

**A. DALBERT, MARGARET, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 700 JOHN RINGLING BLVD APT N210  
 City SARASOTA State FL Zip Code 34236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **04 / 26 / 2019**  
**Transaction ID : SA11AI.4882**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. DENNIS, STEVEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12315 OXBOW DR  
 City EDEN PRAIRIE State MN Zip Code 55347  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BEST EFFORTS Occupation (for Individual) BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 202.00

Date of Receipt **06 / 18 / 2019**  
**Transaction ID : SA11AI.4859**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. EANDYOPAEHYAY, SAUMYABRATA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1097 WHITE CLIFF DR  
 City SAN JOSE State CA Zip Code 95129  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SENIOR DIIRECTOR Occupation (for Individual) NET APP INC  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **06 / 18 / 2019**  
**Transaction ID : SA11AI.4898**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

**A. EDENBORG, BEVERLY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 520 1ST ST NE APT 258  
 City SARTELL State MN Zip Code 56377  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BEST EFFORTS Occupation (for Individual) BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 01 / 2019  
**Transaction ID : SA11AI.4860**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. GARCIA, DORIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3121 PINELAND AVE  
 City SOUTH CHESTERFIELD State VA Zip Code 23834  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BEST EFFORTS Occupation (for Individual) BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 05 / 25 / 2019  
**Transaction ID : SA11AI.4771**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

**C. GARCIA, DORIS, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3121 PINELAND AVE  
 City SOUTH CHESTERFIELD State VA Zip Code 23834  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BEST EFFORTS Occupation (for Individual) BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 06 / 20 / 2019  
**Transaction ID : SA11AI.4770**  
 Amount of Each Receipt this Period 10.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

**A. GOFORTH, REID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8268 BARTON FARMS BLVD  
 City SARASOTA State FL Zip Code 34240  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BEST EFFORTS Occupation (for Individual) BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 03 / 27 / 2019  
**Transaction ID : SA11AI.4873**  
 Amount of Each Receipt this Period 110.00  
 Memo Item

**B. GOLDEN, PATRICIA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13343 FAIRFIELD SQUARE DR  
 City CHESTERFIELD State MO Zip Code 63017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BEST EFFORTS Occupation (for Individual) BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 21 / 2019  
**Transaction ID : SA11AI.4862**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. GRIEVE, WANDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2456 TREELANE AVE  
 City MONROVIA State CA Zip Code 91016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BEST EFFORTS Occupation (for Individual) BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt 06 / 01 / 2019  
**Transaction ID : SA11AI.4868**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	310.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

**A. GUSTAFSON, ROBERTA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4640 W 17TH ST  
 City GREELEY State CO Zip Code 80634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BEST EFFORTS Occupation (for Individual) BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.00

Date of Receipt 06 / 20 / 2019  
**Transaction ID : SA11AI.4806**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. GUSTAFSON, ROBERTA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4640 W 17TH ST  
 City GREELEY State CO Zip Code 80634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BEST EFFORTS Occupation (for Individual) BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 06 / 24 / 2019  
**Transaction ID : SA11AI.4824**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**C. HAPP, DONALD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4895 BAY ST NE APT 206  
 City SAINT PETERSBURG State FL Zip Code 33703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 11 / 2019  
**Transaction ID : SA11AI.4794**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	110.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

**A. KEIM, KENNETH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2649 MONOCACY FORD RD  
 City FREDERICK State MD Zip Code 21701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BEST EFFORTS Occupation (for Individual) BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 26 / 2019  
**Transaction ID : SA11AI.4894**  
 Amount of Each Receipt this Period  
 300.00  
 Memo Item

**B. LANE, HELEN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3775 ORTEGA BLVD  
 City JACKSONVILLE State FL Zip Code 32210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BEST EFFORTS Occupation (for Individual) BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 08 / 2019  
**Transaction ID : SA11AI.4851**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. LORENTZ, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9189 SW 193RD CIR  
 City DUNNELLON State FL Zip Code 34432  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BEST EFFORTS Occupation (for Individual) BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 235.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 19 / 2019  
**Transaction ID : SA11AI.4800**  
 Amount of Each Receipt this Period  
 35.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	435.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

**A. LORENTZ, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9189 SW 193RD CIR  
 City DUNNELLON State FL Zip Code 34432  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BEST EFFORTS Occupation (for Individual) BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2019  
**Transaction ID : SA11AI.4798**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**B. LORENTZ, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9189 SW 193RD CIR  
 City DUNNELLON State FL Zip Code 34432  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BEST EFFORTS Occupation (for Individual) BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 305.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 21 / 2019  
**Transaction ID : SA11AI.4797**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. LORENTZ, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9189 SW 193RD CIR  
 City DUNNELLON State FL Zip Code 34432  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BEST EFFORTS Occupation (for Individual) BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 26 / 2019  
**Transaction ID : SA11AI.4796**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

**A. LOWELL, MONIQUE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 154  
 City BROOKS State CA Zip Code 95606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BEST EFFORTS Occupation (for Individual) BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 03 / 2019  
**Transaction ID : SA11AI.4899**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. MAHAJAN, RAJ, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15676 BONITA AVE  
 City BONITA State LA Zip Code 71223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BEST EFFORTS Occupation (for Individual) BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 29 / 2019  
**Transaction ID : SA11AI.4905**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. NATALE, GABRIELE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 EMERYWOOD DR  
 City HIGH POINT State NC Zip Code 27262  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lifestyle Enterprise inc. Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 15 / 2019  
**Transaction ID : SA11AI.4902**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1300.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

**A. NAVA, MARIANO, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 528 CHAMBERS CREEK DR S

City FORT WORTH	State TX	Zip Code 76140
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		15		2019

**Transaction ID : SA11AI.4877**

Amount of Each Receipt this Period  
150.00

Memo Item

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

Mailing Address 5560 COLLINS AVE APT 6C

City MIAMI BEACH	State FL	Zip Code 33140
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2019

**Transaction ID : SA11AI.4900**

Amount of Each Receipt this Period  
400.00

Memo Item

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

Mailing Address 2512 24TH STREET ENSLEY

City BIRMINGHAM	State AL	Zip Code 35208
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		05		2019

**Transaction ID : SA11AI.4887**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

**A. PLEASANT, ELLIOTT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2512 24TH STREET ENSLEY  
 City BIRMINGHAM State AL Zip Code 35208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BEST EFFORTS Occupation (for Individual) BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 26 / 2019  
**Transaction ID : SA11AI.4886**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. POLASKI, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 321 E OAKWOOD ST  
 City MILWAUKEE State WI Zip Code 53201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BEST EFFORTS Occupation (for Individual) BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 02 / 2019  
**Transaction ID : SA11AI.4904**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. POLASKI, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 321 E OAKWOOD ST  
 City MILWAUKEE State WI Zip Code 53201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BEST EFFORTS Occupation (for Individual) BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 02 / 2019  
**Transaction ID : SA11AI.4903**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

**A. POWELL, KELLIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1191 GRASSY FIELD RD  
 City AUSTIN State TX Zip Code 78737  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BEST EFFORTS Occupation (for Individual) BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **05 / 06 / 2019**  
**Transaction ID : SA11AI.4896**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. PYCHE, MIRTLE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1739 GERVAIS AVE  
 City SAINT PAUL State MN Zip Code 55109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BEST EFFORTS Occupation (for Individual) BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **02 / 19 / 2019**  
**Transaction ID : SA11AI.4786**  
 Amount of Each Receipt this Period 25.00  
 Memo Item

**C. ROBERTS, DOROTHY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1970 LEMON RANCH RD  
 City SANTA BARBARA State CA Zip Code 93108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt **01 / 10 / 2019**  
**Transaction ID : SA11AI.4907**  
 Amount of Each Receipt this Period 550.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	875.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

**A. ROBERTS, DOROTHY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1970 LEMON RANCH RD  
 City SANTA BARBARA State CA Zip Code 93108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 02 / 27 / 2019  
**Transaction ID : SA11AI.4908**  
 Amount of Each Receipt this Period 650.00  
 Memo Item

**B. ROBERTS, DOROTHY, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1970 LEMON RANCH RD  
 City SANTA BARBARA State CA Zip Code 93108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) HOMEMAKER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1850.00

Date of Receipt 02 / 27 / 2019  
**Transaction ID : SA11AI.4909**  
 Amount of Each Receipt this Period 650.00  
 Memo Item

**C. SCHULZ, H MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 372 EUCLID AVE APT 401  
 City OAKLAND State CA Zip Code 94610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BEST EFFORTS Occupation (for Individual) BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 30 / 2019  
**Transaction ID : SA11AI.4891**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1550.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

**A. SHAW, ROBERT, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 126 LANGDON ST  
 City NEWTON State MA Zip Code 02458  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **02 / 27 / 2019**  
**Transaction ID : SA11AI.4875**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**B. SHAW, ROBERT, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 126 LANGDON ST  
 City NEWTON State MA Zip Code 02458  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 335.00

Date of Receipt **03 / 29 / 2019**  
**Transaction ID : SA11AI.4793**  
 Amount of Each Receipt this Period 35.00  
 Memo Item

**C. SHAW, ROBERT, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 126 LANGDON ST  
 City NEWTON State MA Zip Code 02458  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 535.00

Date of Receipt **03 / 31 / 2019**  
**Transaction ID : SA11AI.4879**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	385.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

**A. SHAW, ROBERT, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 126 LANGDON ST  
 City NEWTON State MA Zip Code 02458  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 635.00

Date of Receipt **05 / 07 / 2019**  
**Transaction ID : SA11AI.4841**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. SMEAD, REBECCA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 511 W MERCER PL APT 501  
 City SEATTLE State WA Zip Code 98119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BEST EFFORTS Occupation (for Individual) BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **06 / 14 / 2019**  
**Transaction ID : SA11AI.4906**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. STANFORD, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 9025  
 City VERHALEN State TX Zip Code 79772  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fathom Realty Occupation (for Individual) Realtor  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 24 / 2019**  
**Transaction ID : SA11AI.4897**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

**A. STETWILER, PAT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 186 ARANDALE ST  
 City BEDFORD State PA Zip Code 15522  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) INFO REQ PER BEST EFFORTS Occupation (for Individual) INFO REQ PER BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 29 / 2019  
**Transaction ID : SA11AI.4893**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**B. STILLWELL, JACKIE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 113 KENNER AVE  
 City NASHVILLE State TN Zip Code 37205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BEST EFFORTS Occupation (for Individual) BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 14 / 2019  
**Transaction ID : SA11AI.4888**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. SWANSON, LYNDA, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 175  
 City MEADOW GROVE State NE Zip Code 68752  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CARE PROVIDER Occupation (for Individual) STATE  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 04 / 08 / 2019  
**Transaction ID : SA11AI.4892**  
 Amount of Each Receipt this Period 275.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	825.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
THOMPSON, FRANCES, , ,

Mailing Address 3800 SAM BONEY DR APT 111

City NASHVILLE	State TN	Zip Code 37211
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		13		2019

**Transaction ID : SA11AI.4857**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 3800 SAM BONEY DR APT 111

City NASHVILLE	State TN	Zip Code 37211
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		28		2019

**Transaction ID : SA11AI.4856**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 3800 SAM BONEY DR APT 111

City NASHVILLE	State TN	Zip Code 37211
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		26		2019

**Transaction ID : SA11AI.4780**

Amount of Each Receipt this Period  
25.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

**A. THOMPSON, JANICE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 160 S MAIN ST  
 City RUTHERFORDTON    State NC    Zip Code 28139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed    Occupation (for Individual) Homemaker  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **02 / 18 / 2019**  
**Transaction ID : SA11AI.4849**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. THOMPSON, JANICE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 160 S MAIN ST  
 City RUTHERFORDTON    State NC    Zip Code 28139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed    Occupation (for Individual) Homemaker  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **03 / 08 / 2019**  
**Transaction ID : SA11AI.4828**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. THOMPSON, JANICE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 160 S MAIN ST  
 City RUTHERFORDTON    State NC    Zip Code 28139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed    Occupation (for Individual) Homemaker  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt **03 / 25 / 2019**  
**Transaction ID : SA11AI.4895**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
THOMPSON, JANICE, , ,

Mailing Address 160 S MAIN ST

City RUTHERFORDTON	State NC	Zip Code 28139
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Homemaker
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	30	/	2019

**Transaction ID : SA11AI.4850**

Amount of Each Receipt this Period  
100.00

Memo Item

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

Mailing Address 160 S MAIN ST

City RUTHERFORDTON	State NC	Zip Code 28139
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Homemaker
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
760.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2019

**Transaction ID : SA11AI.4773**

Amount of Each Receipt this Period  
10.00

Memo Item

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

Mailing Address 160 S MAIN ST

City RUTHERFORDTON	State NC	Zip Code 28139
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Self Employed	Occupation (for Individual) Homemaker
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
770.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2019

**Transaction ID : SA11AI.4772**

Amount of Each Receipt this Period  
10.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

**A. VEENSTRA, GAIL, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3037 HAZELTON ST

City FALLS CHURCH	State VA	Zip Code 22044
----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	17	/	2019

**Transaction ID : SA11AI.4822**

Amount of Each Receipt this Period  
40.00

Memo Item

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

Mailing Address 3037 HAZELTON ST

City FALLS CHURCH	State VA	Zip Code 22044
----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	28	/	2019

**Transaction ID : SA11AI.4826**

Amount of Each Receipt this Period  
50.00

Memo Item

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

Mailing Address 3037 HAZELTON ST

City FALLS CHURCH	State VA	Zip Code 22044
----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
332.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2019

**Transaction ID : SA11AI.4836**

Amount of Each Receipt this Period  
52.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	142.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

**A. VEENSTRA, GAIL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3037 HAZELTON ST  
 City FALLS CHURCH State VA Zip Code 22044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BEST EFFORTS Occupation (for Individual) BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 372.00

Date of Receipt 06 / 29 / 2019  
**Transaction ID : SA11AI.4821**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. WILSON, PATRICK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 540517  
 City GREENACRES State FL Zip Code 33454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BEST EFFORTS Occupation (for Individual) BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 03 / 01 / 2019  
**Transaction ID : SA11AI.4901**  
 Amount of Each Receipt this Period 400.00  
 Memo Item

**C. WOOD, BRENT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3352 N 100 E APT 103  
 City PROVO State UT Zip Code 84604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BEST EFFORTS Occupation (for Individual) BEST EFFORTS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 03 / 2019  
**Transaction ID : SA11AI.4910**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1440.00
<b>TOTAL</b> This Period (last page this line number only).....	13077.00

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Action Committee Marketing LLC**

Mailing Address 698 Old Commons Dr

City Greenwood State IN Zip Code 46142

Purpose of Disbursement Donor Outreach

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 31 / 2019

FEC Identification Number

C  
Transaction ID : SB21B.4572  
Amount of Each Disbursement this Period  
47002.41

Memo Item

Full Name (Last, First, Middle Initial)

**B. Action Committee Marketing LLC**

Mailing Address 698 Old Commons Dr

City Greenwood State IN Zip Code 46142

Purpose of Disbursement Donor Outreach

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 28 / 2019

FEC Identification Number

C  
Transaction ID : SB21B.4576  
Amount of Each Disbursement this Period  
50935.02

Memo Item

Full Name (Last, First, Middle Initial)

**C. Action Committee Marketing LLC**

Mailing Address 698 Old Commons Dr

City Greenwood State IN Zip Code 46142

Purpose of Disbursement Donor Outreach

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2019

FEC Identification Number

C  
Transaction ID : SB21B.4583  
Amount of Each Disbursement this Period  
43010.19

Memo Item

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

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

140947.62

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Action Committee Marketing LLC**

Mailing Address 698 Old Commons Dr

City Greenwood State IN Zip Code 46142

Purpose of Disbursement Donor Outreach

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2019

FEC Identification Number

C [ ]

Transaction ID : SB21B.4588

Amount of Each Disbursement this Period

[ ] 73815.32

Memo Item

Full Name (Last, First, Middle Initial)

**B. Action Committee Marketing LLC**

Mailing Address 698 Old Commons Dr

City Greenwood State IN Zip Code 46142

Purpose of Disbursement Donor Outreach

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 31 / 2019

FEC Identification Number

C [ ]

Transaction ID : SB21B.4594

Amount of Each Disbursement this Period

[ ] 48181.47

Memo Item

Full Name (Last, First, Middle Initial)

**C. Action Committee Marketing LLC**

Mailing Address 698 Old Commons Dr

City Greenwood State IN Zip Code 46142

Purpose of Disbursement Donor Outreach

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2019

FEC Identification Number

C [ ]

Transaction ID : SB21B.4599

Amount of Each Disbursement this Period

[ ] 54549.87

Memo Item

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

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

[ ] 176546.66

[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. AMERICAN PUBLIC RESOURCE LLC**

Mailing Address 3855 S. 500 WEST, STE D

City  
SOUTH SALT LAKE

State  
UT

Zip Code  
84115

Purpose of Disbursement  
Donor Outreach

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

**Transaction ID : SB21B.4573**

Amount of Each Disbursement this Period

54321.56

Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN PUBLIC RESOURCE LLC**

Mailing Address 3855 S. 500 WEST, STE D

City  
SOUTH SALT LAKE

State  
UT

Zip Code  
84115

Purpose of Disbursement  
Donor Outreach

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

**Transaction ID : SB21B.4577**

Amount of Each Disbursement this Period

34493.90

Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERICAN PUBLIC RESOURCE LLC**

Mailing Address 3855 S. 500 WEST, STE D

City  
SOUTH SALT LAKE

State  
UT

Zip Code  
84115

Purpose of Disbursement  
Donor Outreach

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

**Transaction ID : SB21B.4584**

Amount of Each Disbursement this Period

22296.35

Memo Item

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

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

111111.81

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. AMERICAN PUBLIC RESOURCE LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		30		2019

Mailing Address 3855 S. 500 WEST, STE D

City SOUTH SALT LAKE State UT Zip Code 84115

FEC Identification Number

C [ ]

**Transaction ID : SB21B.4589**  
Amount of Each Disbursement this Period

[ ] 30671.93

Purpose of Disbursement Donor Outreach

[ ]

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**B. AMERICAN PUBLIC RESOURCE LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		31		2019

Mailing Address 3855 S. 500 WEST, STE D

City SOUTH SALT LAKE State UT Zip Code 84115

FEC Identification Number

C [ ]

**Transaction ID : SB21B.4595**  
Amount of Each Disbursement this Period

[ ] 29304.67

Purpose of Disbursement Donor Outreach

[ ]

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**C. AMERICAN PUBLIC RESOURCE LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		30		2019

Mailing Address 3855 S. 500 WEST, STE D

City SOUTH SALT LAKE State UT Zip Code 84115

FEC Identification Number

C [ ]

**Transaction ID : SB21B.4600**  
Amount of Each Disbursement this Period

[ ] 26283.29

Purpose of Disbursement Donor Outreach

[ ]

Category/Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

Memo Item

State: District:

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

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

[ ] 86259.89

[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. BLANK ROME LLC**

Mailing Address 1825 I St NW

City  
Washington

State  
DC

Zip Code  
20006

Purpose of Disbursement  
Legal Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 08 / 2019

FEC Identification Number

C  
**Transaction ID : SB21B.4615**  
Amount of Each Disbursement this Period  
469.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. BLANK ROME LLC**

Mailing Address 1825 I St NW

City  
Washington

State  
DC

Zip Code  
20006

Purpose of Disbursement  
Legal Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 06 / 2019

FEC Identification Number

C  
**Transaction ID : SB21B.4620**  
Amount of Each Disbursement this Period  
3432.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. BLANK ROME LLC**

Mailing Address 1825 I St NW

City  
Washington

State  
DC

Zip Code  
20006

Purpose of Disbursement  
Legal Services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 08 / 2019

FEC Identification Number

C  
**Transaction ID : SB21B.4622**  
Amount of Each Disbursement this Period  
78.00

Memo Item

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

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

3979.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. BLANK ROME LLC**

Mailing Address 1825 I St NW

City  
Washington

State  
DC

Zip Code  
20006

Purpose of Disbursement  
Legal Services

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.4630**

Amount of Each Disbursement this Period

[REDACTED] 468.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Bristol Marketing Associates Inc**

Mailing Address 8051 N. Tamiami Trail, Box 2

City  
Sarasota

State  
FL

Zip Code  
34243

Purpose of Disbursement  
Donor Outreach

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	9

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.4590**

Amount of Each Disbursement this Period

[REDACTED] 206.40

Memo Item

Full Name (Last, First, Middle Initial)

**C. Fund Raising Services LLC**

Mailing Address 8154 Hwy 59, Suite 211

City  
Foley

State  
AL

Zip Code  
36535

Purpose of Disbursement  
Donor Outreach

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

**Transaction ID : SB21B.4581**

Amount of Each Disbursement this Period

[REDACTED] 436.05

Memo Item

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

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

[REDACTED] 1110.45

[REDACTED]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Fund Raising Services LLC**

Mailing Address 8154 Hwy 59, Suite 211

City Foley State AL Zip Code 36535

Purpose of Disbursement Donor Outreach

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2019

FEC Identification Number

C  
Transaction ID : SB21B.4586  
Amount of Each Disbursement this Period  
1230.80

Memo Item

Full Name (Last, First, Middle Initial)

**B. Fund Raising Services LLC**

Mailing Address 8154 Hwy 59, Suite 211

City Foley State AL Zip Code 36535

Purpose of Disbursement Donor Outreach

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2019

FEC Identification Number

C  
Transaction ID : SB21B.4592  
Amount of Each Disbursement this Period  
1305.60

Memo Item

Full Name (Last, First, Middle Initial)

**C. Fund Raising Services LLC**

Mailing Address 8154 Hwy 59, Suite 211

City Foley State AL Zip Code 36535

Purpose of Disbursement Donor Outreach

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 31 / 2019

FEC Identification Number

C  
Transaction ID : SB21B.4597  
Amount of Each Disbursement this Period  
243.10

Memo Item

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

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

2779.50

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Fund Raising Services LLC**

Mailing Address 8154 Hwy 59, Suite 211

City Foley State AL Zip Code 36535

Purpose of Disbursement Donor Outreach

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2019

FEC Identification Number

C  
Transaction ID : SB21B.4602  
Amount of Each Disbursement this Period  
273.70

Memo Item

Full Name (Last, First, Middle Initial)

**B. GSI, INC**

Mailing Address 6655 Chicago Rd, Suite 9

City Warren State MI Zip Code 48092

Purpose of Disbursement Donor Outreach

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 31 / 2019

FEC Identification Number

C  
Transaction ID : SB21B.4574  
Amount of Each Disbursement this Period  
13361.07

Memo Item

Full Name (Last, First, Middle Initial)

**C. GSI, INC**

Mailing Address 6655 Chicago Rd, Suite 9

City Warren State MI Zip Code 48092

Purpose of Disbursement Donor Outreach

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 28 / 2019

FEC Identification Number

C  
Transaction ID : SB21B.4579  
Amount of Each Disbursement this Period  
9962.60

Memo Item

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

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

23597.37

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

Full Name (Last, First, Middle Initial) <b>A. GSI, INC</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2019	
Mailing Address 6655 Chicago Rd, Suite 9		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4585</b> Amount of Each Disbursement this Period 12401.59	
City Warren	State MI	Zip Code 48092	Category/ Type
Purpose of Disbursement Donor Outreach		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. GSI, INC</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2019	
Mailing Address 6655 Chicago Rd, Suite 9		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4591</b> Amount of Each Disbursement this Period 14708.76	
City Warren	State MI	Zip Code 48092	Category/ Type
Purpose of Disbursement Donor Outreach		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. GSI, INC</b>		Date of Disbursement MM / DD / YYYY 05 / 31 / 2019	
Mailing Address 6655 Chicago Rd, Suite 9		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4596</b> Amount of Each Disbursement this Period 14095.59	
City Warren	State MI	Zip Code 48092	Category/ Type
Purpose of Disbursement Donor Outreach		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	41205.94
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
**COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC**

Full Name (Last, First, Middle Initial)  
**A. GSI, INC**

Date of Disbursement: MM / DD / YYYY  
06 / 30 / 2019

Mailing Address 6655 Chicago Rd, Suite 9

City Warren State MI Zip Code 48092

Purpose of Disbursement Donor Outreach

Candidate Name

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

State: District:

FEC Identification Number: C  
Transaction ID : SB21B.4601  
Amount of Each Disbursement this Period: 15942.50

Memo Item

Full Name (Last, First, Middle Initial)  
**B. MARKET PROCESS GROUP**

Date of Disbursement: MM / DD / YYYY  
01 / 31 / 2019

Mailing Address 1250 Connecticut Ave, NW, Suite 20

City Washington State DC Zip Code 20036

Purpose of Disbursement Donor Outreach

Candidate Name

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

State: District:

FEC Identification Number: C  
Transaction ID : SB21B.4575  
Amount of Each Disbursement this Period: 99914.52

Memo Item

Full Name (Last, First, Middle Initial)  
**C. MARKET PROCESS GROUP**

Date of Disbursement: MM / DD / YYYY  
02 / 28 / 2019

Mailing Address 1250 Connecticut Ave, NW, Suite 20

City Washington State DC Zip Code 20036

Purpose of Disbursement Donor Outreach

Candidate Name

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

State: District:

FEC Identification Number: C  
Transaction ID : SB21B.4582  
Amount of Each Disbursement this Period: 117565.29

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 233422.31

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. MARKET PROCESS GROUP**

Mailing Address 1250 Connecticut Ave, NW, Suite 20

City Washington State DC Zip Code 20036

Purpose of Disbursement Donor Outreach

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
03 / 31 / 2019

FEC Identification Number

C  
**Transaction ID : SB21B.4587**  
 Amount of Each Disbursement this Period  
 185798.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. MARKET PROCESS GROUP**

Mailing Address 1250 Connecticut Ave, NW, Suite 20

City Washington State DC Zip Code 20036

Purpose of Disbursement Donor Outreach

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2019

FEC Identification Number

C  
**Transaction ID : SB21B.4593**  
 Amount of Each Disbursement this Period  
 300241.25

Memo Item

Full Name (Last, First, Middle Initial)

**C. MARKET PROCESS GROUP**

Mailing Address 1250 Connecticut Ave, NW, Suite 20

City Washington State DC Zip Code 20036

Purpose of Disbursement Donor Outreach

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
05 / 31 / 2019

FEC Identification Number

C  
**Transaction ID : SB21B.4598**  
 Amount of Each Disbursement this Period  
 187631.84

Memo Item

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

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

673671.09

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. MARKET PROCESS GROUP**

Mailing Address 1250 Connecticut Ave, NW, Suite 20

City Washington State DC Zip Code 20036

Purpose of Disbursement Donor Outreach

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2019

FEC Identification Number

C  
Transaction ID : SB21B.4603  
Amount of Each Disbursement this Period  
170955.97

Memo Item

Full Name (Last, First, Middle Initial)

**B. OSIDC**

Mailing Address 1627 K ST. N.W.

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement Rent

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 04 / 2019

FEC Identification Number

C  
Transaction ID : SB21B.4626  
Amount of Each Disbursement this Period  
60.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. OSIDC**

Mailing Address 1627 K ST. N.W.

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement Rent

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 03 / 2019

FEC Identification Number

C  
Transaction ID : SB21B.4629  
Amount of Each Disbursement this Period  
60.00

Memo Item

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

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

171075.97

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. OSIDC**

Mailing Address 1627 K ST. N.W.

City  
WASHINGTON

State  
DC

Zip Code  
20006

Purpose of Disbursement  
Rent

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
06			07			2019			

FEC Identification Number

C [ ]

**Transaction ID : SB21B.4633**

Amount of Each Disbursement this Period

[ ] 60.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. TAMPA MEDIA**

Mailing Address 7320 E Fletcher Ave,

City  
Tampa

State  
FL

Zip Code  
33637

Purpose of Disbursement  
Media Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
01			04			2019			

FEC Identification Number

C [ ]

**Transaction ID : SB21B.4605**

Amount of Each Disbursement this Period

[ ] 6000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. TAMPA MEDIA**

Mailing Address 7320 E Fletcher Ave,

City  
Tampa

State  
FL

Zip Code  
33637

Purpose of Disbursement  
Media Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
01			11			2019			

FEC Identification Number

C [ ]

**Transaction ID : SB21B.4606**

Amount of Each Disbursement this Period

[ ] 4000.00

Memo Item

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

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

[ ] 10060.00

[ ]



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

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. TAMPA MEDIA**

Mailing Address 7320 E Fletcher Ave,

City  
Tampa

State  
FL

Zip Code  
33637

Purpose of Disbursement  
Media Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.4607**  
 Amount of Each Disbursement this Period  
 [ ] 4000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. TAMPA MEDIA**

Mailing Address 7320 E Fletcher Ave,

City  
Tampa

State  
FL

Zip Code  
33637

Purpose of Disbursement  
Media Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.4608**  
 Amount of Each Disbursement this Period  
 [ ] 4000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. TAMPA MEDIA**

Mailing Address 7320 E Fletcher Ave,

City  
Tampa

State  
FL

Zip Code  
33637

Purpose of Disbursement  
Media Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.4609**  
 Amount of Each Disbursement this Period  
 [ ] 7000.00

Memo Item

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

[ ] 15000.00
--------------

**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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. TAMPA MEDIA**

Mailing Address 7320 E Fletcher Ave,

City  
Tampa

State  
FL

Zip Code  
33637

Purpose of Disbursement  
Media Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.4613**  
 Amount of Each Disbursement this Period  
 [ ] 7000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. TAMPA MEDIA**

Mailing Address 7320 E Fletcher Ave,

City  
Tampa

State  
FL

Zip Code  
33637

Purpose of Disbursement  
Media Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.4616**  
 Amount of Each Disbursement this Period  
 [ ] 4732.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. TAMPA MEDIA**

Mailing Address 7320 E Fletcher Ave,

City  
Tampa

State  
FL

Zip Code  
33637

Purpose of Disbursement  
Media Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B.4617**  
 Amount of Each Disbursement this Period  
 [ ] 7000.00

Memo Item

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

[ ]	18732.00
-----	----------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. TAMPA MEDIA**

Mailing Address 7320 E Fletcher Ave,

City  
Tampa

State  
FL

Zip Code  
33637

Purpose of Disbursement  
Media Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	01	/	2019

FEC Identification Number

**C** [ ]

**Transaction ID : SB21B.4618**

Amount of Each Disbursement this Period

[ ] 2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. TAMPA MEDIA**

Mailing Address 7320 E Fletcher Ave,

City  
Tampa

State  
FL

Zip Code  
33637

Purpose of Disbursement  
Media Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	15	/	2019

FEC Identification Number

**C** [ ]

**Transaction ID : SB21B.4623**

Amount of Each Disbursement this Period

[ ] 5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. TAMPA MEDIA**

Mailing Address 7320 E Fletcher Ave,

City  
Tampa

State  
FL

Zip Code  
33637

Purpose of Disbursement  
Media Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	22	/	2019

FEC Identification Number

**C** [ ]

**Transaction ID : SB21B.4624**

Amount of Each Disbursement this Period

[ ] 6000.00

Memo Item

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

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

[ ] 13000.00

[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. TAMPA MEDIA**

Mailing Address 7320 E Fletcher Ave,

City  
Tampa

State  
FL

Zip Code  
33637

Purpose of Disbursement  
Media Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		29		2019

FEC Identification Number

C [ ]

**Transaction ID : SB21B.4625**

Amount of Each Disbursement this Period

[ ] 11000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. TAMPA MEDIA**

Mailing Address 7320 E Fletcher Ave,

City  
Tampa

State  
FL

Zip Code  
33637

Purpose of Disbursement  
Media Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		05		2019

FEC Identification Number

C [ ]

**Transaction ID : SB21B.4627**

Amount of Each Disbursement this Period

[ ] 5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. TAMPA MEDIA**

Mailing Address 7320 E Fletcher Ave,

City  
Tampa

State  
FL

Zip Code  
33637

Purpose of Disbursement  
Media Consulting

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		19		2019

FEC Identification Number

C [ ]

**Transaction ID : SB21B.4628**

Amount of Each Disbursement this Period

[ ] 16000.00

Memo Item

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

[ ] 32000.00

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

[ ]



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC
FEC IDENTIFICATION NUMBER
C C00652685

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee TAMPA MEDIA
Mailing Address 7320 E Fletcher Ave,
City Tampa State FL Zip Code 33637
Purpose of Expenditure ADVERTISING - INTERNET/EMAIL
Category/Type 004
Date of Public Distribution/Dissemination 03 / 08 / 2019
Amount 7000.00
Transaction ID : SE.4911
Date of Disbursement or Obligation 03 / 08 / 2019

Name of Federal Candidate: BERA, AMERISH, ,
Support Oppose
Office Sought: House District: 07
President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 7000.00
Disbursement For: Primary General
Other (specify)

Full Name of Payee TAMPA MEDIA
Mailing Address 7320 E Fletcher Ave,
City Tampa State FL Zip Code 33637
Purpose of Expenditure ADVERTISING - INTERNET/EMAIL
Category/Type 004
Date of Public Distribution/Dissemination 04 / 12 / 2019
Amount 8000.00
Transaction ID : SE.4913
Date of Disbursement or Obligation 04 / 12 / 2019

Name of Federal Candidate: BUCSHON, LARRY, ,
Support Oppose
Office Sought: House District: 08
President Senate State: IN
Calendar Year-To-Date Per Election for Office Sought 8000.00
Disbursement For: Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 15000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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.

Bass, Zachary, ,

[Electronically Filed]

Date 07 / 13 / 2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC
FEC IDENTIFICATION NUMBER
C C00652685

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee TAMPA MEDIA
Mailing Address 7320 E Fletcher Ave,
City Tampa State FL Zip Code 33637
Purpose of Expenditure ADVERTISING - INTERNET/EMAIL
Category/Type 004
Date of Public Distribution/Dissemination 04/26/2019
Amount 9900.00
Transaction ID : SE.4915
Date of Disbursement or Obligation 04/26/2019

Name of Federal Candidate: SIMPSON, MICHAEL, ,
Support Oppose
Office Sought: House District: 02
President Senate State: ID
Calendar Year-To-Date Per Election for Office Sought 9900.00
Disbursement For: Primary General 2020
Other (specify)

Full Name of Payee TAMPA MEDIA
Mailing Address 7320 E Fletcher Ave,
City Tampa State FL Zip Code 33637
Purpose of Expenditure ADVERTISING - INTERNET/EMAIL
Category/Type 004
Date of Public Distribution/Dissemination 05/03/2019
Amount 9000.00
Transaction ID : SE.4917
Date of Disbursement or Obligation 05/03/2019

Name of Federal Candidate: DUNN, NEAL, PATRICK, Dr.,
Support Oppose
Office Sought: House District: 02
President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 9000.00
Disbursement For: Primary General 2020
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 18900.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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.

Bass, Zachary, ,

[Electronically Filed]

Date 07/13/2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC
FEC IDENTIFICATION NUMBER
C C00652685

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee TAMPA MEDIA
Mailing Address 7320 E Fletcher Ave,
City Tampa State FL Zip Code 33637
Purpose of Expenditure ADVERTISING - INTERNET/EMAIL
Category/Type 004
Date of Public Distribution/Dissemination 05/10/2019
Amount 8000.00
Transaction ID : SE.4918
Date of Disbursement or Obligation 05/10/2019

Name of Federal Candidate: ROE, PHIL, ,
Support Oppose
Office Sought: House District: 01
President Senate State: TN
Calendar Year-To-Date Per Election for Office Sought 8000.00
Disbursement For: Primary General
Other (specify)

Full Name of Payee TAMPA MEDIA
Mailing Address 7320 E Fletcher Ave,
City Tampa State FL Zip Code 33637
Purpose of Expenditure ADVERTISING - INTERNET/EMAIL
Category/Type 004
Date of Public Distribution/Dissemination 05/17/2019
Amount 8500.00
Transaction ID : SE.4920
Date of Disbursement or Obligation 05/17/2019

Name of Federal Candidate: ABRAHAM, RALPH, ,
Support Oppose
Office Sought: House District: 05
President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 8500.00
Disbursement For: Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 16500.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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.

Bass, Zachary, , [Electronically Filed] Date 07/13/2019
Signature



SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC
FEC IDENTIFICATION NUMBER
C C00652685

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee TAMPA MEDIA
Mailing Address 7320 E Fletcher Ave,
City Tampa State FL Zip Code 33637
Purpose of Expenditure ADVERTISING - INTERNET/EMAIL
Category/Type 004
Date of Public Distribution/Dissemination 05/24/2019
Amount 7800.00
Transaction ID : SE.4922
Date of Disbursement or Obligation 05/24/2019

Name of Federal Candidate: RUIZ, RAUL, ,
Support Oppose
Office Sought: House District: 36
President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 7800.00
Disbursement For: Primary General
Other (specify)

Full Name of Payee TAMPA MEDIA
Mailing Address 7320 E Fletcher Ave,
City Tampa State FL Zip Code 33637
Purpose of Expenditure ADVERTISING - INTERNET/EMAIL
Category/Type 004
Date of Public Distribution/Dissemination 06/14/2019
Amount 7500.00
Transaction ID : SE.4924
Date of Disbursement or Obligation 06/14/2019

Name of Federal Candidate: MARSHALL, ROGER, ,
Support Oppose
Office Sought: House District: 01
President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought 7500.00
Disbursement For: Primary General
Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures 15300.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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.

Bass, Zachary, ,

[Electronically Filed]

Date 07/13/2019

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC
FEC IDENTIFICATION NUMBER
C C00652685

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee TAMPA MEDIA
Mailing Address 7320 E Fletcher Ave,
City Tampa State FL Zip Code 33637
Purpose of Expenditure ADVERTISING - INTERNET/EMAIL
Category/Type 004
Date of Public Distribution/Dissemination 06/21/2019
Amount 8000.00
Transaction ID : SE.4926
Date of Disbursement or Obligation 06/21/2019

Name of Federal Candidate: DESJARLAIS, SCOTT, , ,
Support Oppose
Office Sought: House District: 04
President Senate State: TN
Calendar Year-To-Date Per Election for Office Sought 8000.00
Disbursement For: Primary General 2020
Other (specify)

Full Name of Payee TAMPA MEDIA
Mailing Address 7320 E Fletcher Ave,
City Tampa State FL Zip Code 33637
Purpose of Expenditure ADVERTISING - INTERNET/EMAIL
Category/Type 004
Date of Public Distribution/Dissemination 06/28/2019
Amount 7000.00
Transaction ID : SE.4928
Date of Disbursement or Obligation 06/28/2019

Name of Federal Candidate: BASS, KAREN, , ,
Support Oppose
Office Sought: House District: 37
President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 7000.00
Disbursement For: Primary General 2020
Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 15000.00, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures 80700.00

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.

Bass, Zachary, , ,

[Electronically Filed]

Date 07/13/2019

Signature