PAGE 1 / 50

# **FEC** FORM 3X

# **REPORT OF RECEIPTS AND DISBURSEMENTS**

	For Other Than An Au	thorized Committee	Office Use Only
NAME OF     COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
COMMUNITY HEALT	H COUNCIL PAC DI	BA BREAST CANCER	R HEALTH COUNCIL PAC
ADDRESS (number and street)	1627 K STREET NW		
▼ Check if different	STE 500		
than previously reported. (ACC)	WASHINGTON		DC 20006 -   -     -
2. FEC IDENTIFICATION N	UMBER ▼ C	ITY ▲	STATE ▲ ZIP CODE ▲
C C00652685		IS THIS REPORT (N)	OR AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	b 20 (M2) May 20	(Non-Election Year Only)
(a) Quarterly Reports:		ar 20 (M3) Jun 20 (	(Non-Election Year Only)
April 15		or 20 (M4) Jul 20 (M	M7) Oct 20 (M10) Jan 31 (YE)
Quarterly Report (	(C) 12-Day	Primary (12P)	General (12G) Runoff (12R)
Quarterly Report ( October 15	Report for the:	Convention (12C)	Special (12S)
Quarterly Report ( January 31		M = M / D = D	/ Y Y Y in the
Year-End Report (		ion on	State of
Report (Non-election Year Only) (MY)	on (d) 30-Day  POST-Election  Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	t	ion on	in the State of
5. Covering Period 0	1 01 2019		06
I certify that I have examined the	his Report and to the best of	of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasure	Bass, Zachary, , , er		
Signature of Treasurer	s, Zachary, , ,	[Electronically Filed]	Date 07 13 2019
NOTE: Submission of false, error	neous, or incomplete informati	on may subject the person sign	ing this Report to the penalties of 52 U.S.C. § 3010
Office Use			FEC FORM 3X
Only			Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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

01 01 2019 06 30 2019 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 9546.32 January 1. 2019 (b) Cash on Hand at 9546.32 Beginning of Reporting Period..... 1846802.34 1846802.34 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 1856348.66 1856348.66 6(a) and 6(c) for Column B)..... 1848735.81 1848735.81 7. Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 7612.85 7612.85 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact:

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

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

### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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

R	eport Covering the Period: From: 01	01 2019 To:	06 30 2019				
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date				
11.	Contributions (other than loans) From:  (a) Individuals/Persons Other  Than Political Committees	10077.00					
	(i) Itemized (use Schedule A)	13077.00	13077.00				
	(ii) Unitemized(iii) TOTAL (add	1833725.34	1833725.34				
	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						
12.	Totals to Line 33, page 5)  Transfers From Affiliated/Other	1846802.34	1846802.34				
	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.)						
16	(Carry Totals to Line 37, page 5)	0.00	0.00				
	to Federal Candidates and Other Political Committees	0.00	0.00				
17.	Other Federal Receipts	0.00	4 4 4				
18.	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds (a) Non-Federal Account	0.00	0.00				
	(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

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:     (a) Allocated Federal/Non-Federal     Activity (from Schedule H4)	Total Tillo I dilou	Calcillal Teal-to-Date
(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
Transfers to Affiliated/Other Party	170033.01	170000.01
CommitteesContributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures	0.00	4 4
(use Schedule E)Coordinated Party Expenditures	80700.00	80700.00
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
•	4 4	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
. 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	4 4	4 4 4
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
(444 255 25(4), (5), 45 (6),	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101)	(20))	
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
		4 4 4
(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	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1848735.81	1848735.81
. Total Federal Disbursements	4	4 4
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	1848735.81	1848735.81

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

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

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

Form/Schedule: F3XN
Transaction ID:

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

Form/Schedule: Transaction ID:

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

	F	OR	LINE	NU	MBER	:	PAGE	7	OF	50	
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or for commercial purposes, other than using t	the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) COMMUNITY HEALTH COUN	NCIL PAC DBA BREAST CANCER	HEALTH COUNCIL PAC
Full Name of Individual (Last, First, Middle BEST, CHARLES, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 747 E 1875 S		06 06 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City BOUNTIFUL	State Zip Code UT 84010	Transaction ID : SA11AI.4865  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) BEST EFFORTS	Occupation (for Individual) BEST EFFORTS	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  300.00	-
Full Name of Individual (Last, First, Middle BLACK, LEE, , ,  Mailing Address 1550 N STATE PKWY	Initial) or Full Organization Name	Date of Receipt  03 26 2019
City CHICAGO	State Zip Code IL 60610	Transaction ID : SA11Al.4890  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) BEST EFFORTS	Occupation (for Individual) BEST EFFORTS	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name of Individual (Last, First, Middle <b>BLACK</b> , LEE, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 1550 N STATE PKWY		06 18 2019
City CHICAGO	State Zip Code IL 60610	Transaction ID : SA11AI.4889  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) BEST EFFORTS	Occupation (for Individual) BEST EFFORTS	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional).	<b>•</b>	600.00
TOTAL This Period (last page this line number	er only)	

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

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or for commercial purposes, other than using the	he name and address of any political committee	e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) COMMUNITY HEALTH COUN	ICIL PAC DBA BREAST CANCE	R HEALTH COUNCIL PAC
Full Name of Individual (Last, First, Middle I BUTCHER, PHILIP, , ,  Mailing Address 714 NAVY ST APT 36	nitial) or Full Organization Name	Date of Receipt
		01 02 7 2019
City FORT WALTON BEACH	State Zip Code FL 32547	Transaction ID : SA11AI.4885  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual) BEST EFFORTS	Occupation (for Individual) BEST EFFORTS	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name of Individual (Last, First, Middle I BUTCHER, PHILIP, , , Mailing Address 714 NAVY ST APT 36	nitial) or Full Organization Name	Date of Receipt  03 24 2019
City FORT WALTON BEACH	State Zip Code FL 32547	Transaction ID : SA11AI.4884  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer (for Individual) BEST EFFORTS	Occupation (for Individual) BEST EFFORTS	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name of Individual (Last, First, Middle I CARPENTER, CAROL, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 22518 SE HIGHLAND CIR		06 23 2019
City ISSAQUAH	State Zip Code WA 98029	Transaction ID : SA11AI.4817  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual) BEST EFFORTS	Occupation (for Individual) BEST EFFORTS	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  225.00	
SUBTOTAL of Receipts This Page (optional)		535.00
TOTAL This Period (last page this line number	er only)	

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

FOR LINE NUMBER:					PAGE	9	OF	50		
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			13		14		15	16	6	17

Full Name of Individual (Last, First, Middle Ini DALBERT, MARGARET, , ,  Mailing Address 700 JOHN RINGLING BLVD A  City SARASOTA  FEC ID number of contributing federal political committee.		Date of Receipt  O4 26 2019  Transaction ID: SA11AI.4882  Amount of Each Receipt this Period
City SARASOTA  FEC ID number of contributing federal political committee.	State Zip Code FL 34236	04 26 2019  Transaction ID : SA11AI.4882
SARASOTA FEC ID number of contributing federal political committee.	FL 34236	
FEC ID number of contributing federal political committee.	0.200	Amount of Each Receipt this Period
federal political committee.	C	
		200.00
Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name of Individual (Last, First, Middle Ini DENNIS, STEVEN, , ,	tial) or Full Organization Name	Date of Receipt
Mailing Address 12315 OXBOW DR		06 18 2019
City	State Zip Code	Transaction ID : SA11AI.4859
EDEN PRAIRIE	MN 55347	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) BEST EFFORTS	Occupation (for Individual) BEST EFFORTS	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 202.00	
Full Name of Individual (Last, First, Middle Ini		Date of Receipt
Mailing Address 1097 WHITE CLIFF DR	, , ,	06 18 2019
City SAN JOSE	State Zip Code CA 95129	Transaction ID : SA11AI.4898  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer (for Individual) SENIOR DIIRECTOR	Occupation (for Individual) NET APP INC	Memo Item
Receipt For:  Primary General Other (specify)	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)		600.00

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

					PAGE	•	10	OF	50		
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or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) COMMUNITY HEALTH COUN	CIL PAC DBA BREAST CANCE	R HEALTH COUNCIL PAC
Full Name of Individual (Last, First, Middle In EDENBORG, BEVERLY, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 520 1ST ST NE APT 258		06 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.4860
SARTELL	MN 56377	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
BEST EFFORTS	BEST EFFORTS	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		1
Other (specify) ▼	250.00	
Full Name of Individual (Last, First, Middle In GARCIA, DORIS, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 3121 PINELAND AVE		05 25 2019
City	State Zip Code	Transaction ID : SA11AI.4771
SOUTH CHESTERFIELD	VA 23834	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer (for Individual) BEST EFFORTS	Occupation (for Individual) BEST EFFORTS	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	210.00	
Full Name of Individual (Last, First, Middle In GARCIA, DORIS, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 3121 PINELAND AVE		06 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code VA 23834	Transaction ID : SA11AI.4770
SOUTH CHESTERFIELD	VA 23834	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	10.00
Name of Employer (for Individual) BEST EFFORTS	Occupation (for Individual) BEST EFFORTS	Memo Item
Receipt For:		
Primary General	Aggregate Year-to-Date ▼	
Other (specify)	220.00	
SUBTOTAL of Receipts This Page (optional)		120.00
TOTAL This Period (last page this line number	r only)	

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

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, , , , , , , , , , , , , , , , , , , ,	Statements may not be sold or used by any pers ne name and address of any political committee to	
NAME OF COMMITTEE (In Full) COMMUNITY HEALTH COUN	ICIL PAC DBA BREAST CANCER	HEALTH COUNCIL PAC
Full Name of Individual (Last, First, Middle I GOFORTH, REID, , ,	,	Date of Receipt
Mailing Address 8268 BARTON FARMS BLV	/D	03 27 2019
City	State Zip Code	Transaction ID : SA11AI.4873
SARASOTA	FL 34240	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	110.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
BEST EFFORTS	BEST EFFORTS	<del></del>
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	210.00	
Full Name of Individual (Last, First, Middle I  GOLDEN, PATRICIA, , ,		Date of Receipt
Mailing Address 13343 FAIRFIELD SQUARE	DR	05 21 2019
City	State Zip Code	Transaction ID : SA11Al.4862
CHESTERFIELD	MO 63017	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) BEST EFFORTS	Occupation (for Individual) BEST EFFORTS	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name of Individual (Last, First, Middle I GRIEVE, WANDA, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 2456 TREELANE AVE		06 01 2019
City	State Zip Code	Transaction ID : SA11AI.4868
MONROVIA	CA 91016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) BEST EFFORTS	Occupation (for Individual) BEST EFFORTS	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	235.00	
SUBTOTAL of Receipts This Page (optional)	• • • • • • • • • • • • • • • • • • •	310.00
TOTAL This Period (last page this line number	r only)	

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

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

or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name GUSTAFSON, ROBERTA, , , Date of Receipt Mailing Address 4640 W 17TH ST 2019 20 City Zip Code State Transaction ID: SA11AI.4806 CO **GREELEY** 80634 Amount of Each Receipt this Period FEC ID number of contributing C 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **BEST EFFORTS BEST EFFORTS** Receipt For: Aggregate Year-to-Date ▼ Primary General 215.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. GUSTAFSON, ROBERTA, , , Date of Receipt Mailing Address 4640 W 17TH ST 2019 City State Zip Code Transaction ID: SA11AI.4824 **GREELEY** CO 80634 Amount of Each Receipt this Period FEC ID number of contributing 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) BEST EFFORTS **BEST EFFORTS** Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 255.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. HAPP, DONALD, , , Date of Receipt Mailing Address 4895 BAY ST NE APT 206 11 2019 City State Zip Code Transaction ID: SA11AI.4794 FL SAINT PETERSBURG 33703 Amount of Each Receipt this Period FEC ID number of contributing C 35.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) retired retired Receipt For: Aggregate Year-to-Date ▼ Primary General 210.00 Other (specify) 110.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 7

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

	FOR LINE NUMBER:							13	OF		50
(check only one)											
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or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	he name and address of any political committee						
Full Name of Individual (Last, First, Middle I	ICIL PAC DBA BREAST CANCER						
KEIM, KENNETH, , ,  Mailing Address 2649 MONOCACY FORD R	ZD	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
City	State Zip Code	7 20 2019 Transaction ID : SA11AI.4894					
FREDERICK	MD 21701	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	300.00					
Name of Employer (for Individual) BEST EFFORTS	Occupation (for Individual) BEST EFFORTS	Memo Item					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00						
Full Name of Individual (Last, First, Middle I LANE, HELEN, , ,	nitial) or Full Organization Name	Date of Receipt					
Mailing Address 3775 ORTEGA BLVD		05 08 2019					
City JACKSONVILLE	State Zip Code FL 32210	Transaction ID : SA11AI.4851 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	100.00					
Name of Employer (for Individual) BEST EFFORTS	Occupation (for Individual) BEST EFFORTS	Memo Item					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  300.00						
Full Name of Individual (Last, First, Middle I	nitial) or Full Organization Name	Date of Receipt					
Mailing Address 9189 SW 193RD CIR		04 19 2019					
City DUNNELLON	State Zip Code FL 34432	Transaction ID : SA11AI.4800  Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	35.00					
Name of Employer (for Individual) BEST EFFORTS	Occupation (for Individual) BEST EFFORTS	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  235.00						
SUBTOTAL of Receipts This Page (optional)		435.00					
TOTAL This Period (last page this line numbe	<u></u>						

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

	FOR LINE NUMBER:							14	OF		50
(check only one)											
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	13 14				15		16			17	

or for commercial purposes, other than using the	ne name and address of any political co	ommittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) COMMUNITY HEALTH COUN	ICIL PAC DBA BREAST CA	ANCER HEALTH COUNCIL PAC
Full Name of Individual (Last, First, Middle I LORENTZ, PAUL, , ,  Mailing Address 9189 SW 193RD CIR	nitial) or Full Organization Name	Date of Receipt
City	State Zip Code	05 16 2019  Transaction ID : SA11AI.4798
DUNNELLON	FL 34432	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual) BEST EFFORTS	Occupation (for Individual) BEST EFFORTS	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	.00
Full Name of Individual (Last, First, Middle I LORENTZ, PAUL, , ,  Mailing Address 9189 SW 193RD CIR	nitial) or Full Organization Name	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City DUNNELLON	State Zip Code FL 34432	Transaction ID : SA11Al.4797  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual) BEST EFFORTS	Occupation (for Individual) BEST EFFORTS	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  305	5.00
Full Name of Individual (Last, First, Middle I LORENTZ, PAUL, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 9189 SW 193RD CIR		06 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City DUNNELLON	State Zip Code FL 34432	Transaction ID : SA11AI.4796  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer (for Individual) BEST EFFORTS	Occupation (for Individual) BEST EFFORTS	Memo Item
Receipt For: Primary General Other (specify)		.00
SUBTOTAL of Receipts This Page (optional)		105.00
TOTAL This Period (last page this line number	r only)	

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

FOR LINE NUMBER:						PAGE	 15	OF	50
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or for commercial purposes, other than using the	he name and ad	dress of any political committee	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) COMMUNITY HEALTH COUN	ICIL PAC D	BA BREAST CANCER	R HEALTH COUNCIL PAC
Full Name of Individual (Last, First, Middle I LOWELL, MONIQUE, , , Mailing Address PO BOX 154	nitial) or Full Org	ganization Name	Date of Receipt
City	State	Zip Code	01 03 2019
BROOKS	CA	95606	Transaction ID : SA11AI.4899  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		300.00
Name of Employer (for Individual) BEST EFFORTS		pation (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Y	/ear-to-Date ▼ 300.00	
Full Name of Individual (Last, First, Middle I MAHAJAN, RAJ, , ,  Mailing Address 15676 BONITA AVE	nitial) or Full Org	ganization Name	Date of Receipt  01 29 2019
City BONITA	State LA	Zip Code 71223	Transaction ID : SA11AI.4905  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer (for Individual) BEST EFFORTS		pation (for Individual) FEFFORTS	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Y	'ear-to-Date ▼ 500.00	
Full Name of Individual (Last, First, Middle INATALE, GABRIELE, , ,	nitial) or Full Org	ganization Name	Date of Receipt
Mailing Address 5 EMERYWOOD DR			01 15 2019
City HIGH POINT	State NC	Zip Code 27262	Transaction ID : SA11AI.4902  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer (for Individual)  Lifestyle Enterprise inc.  Receipt For:  Primary  Other (specify)	Presid	oation (for Individual) dent  'ear-to-Date ▼  500.00	Memo Item
SUBTOTAL of Receipts This Page (optional)		·····	1300.00
TOTAL This Period (last page this line number	er only)	<b>&gt;</b>	

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

	FOR LINE NUMBER:							16	OF		50
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	ne name and address of any political committee					
NAME OF COMMITTEE (In Full) COMMUNITY HEALTH COUN	ICIL PAC DBA BREAST CANCE	R HEALTH COUNCIL PAC				
Full Name of Individual (Last, First, Middle In NAVA, MARIANO, , ,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 528 CHAMBERS CREEK DI	RS	04 15 2019				
City FORT WORTH	State Zip Code TX 76140	Transaction ID : SA11AI.4877				
	76140	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	150.00				
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item				
BEST EFFORTS	BEST EFFORTS					
Receipt For:  Primary  General	Aggregate Year-to-Date ▼					
Other (specify) ▼	230.00					
Full Name of Individual (Last, First, Middle In PIEDRAS, JUAN, , ,		Date of Receipt				
Mailing Address 5560 COLLINS AVE APT 60	<b>;</b>	03 31 2019				
City	State Zip Code	Transaction ID : SA11AI.4900				
MIAMI BEACH	FL 33140	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	400.00				
Name of Employer (for Individual) BEST EFFORTS	Occupation (for Individual) BEST EFFORTS	Memo Item				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00					
Full Name of Individual (Last, First, Middle In PLEASANT, ELLIOTT, , ,	nitial) or Full Organization Name	Date of Receipt				
Mailing Address 2512 24TH STREET ENSLE	EY	03 05 Y 2019				
City	State Zip Code	Transaction ID : SA11AI.4887				
BIRMINGHAM	AL 35208	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	250.00				
Name of Employer (for Individual) BEST EFFORTS	Occupation (for Individual) BEST EFFORTS	Memo Item				
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify)	250.00					
SUBTOTAL of Receipts This Page (optional)		800.00				
TOTAL This Period (last page this line numbe	r only)					

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	the name and address of any political committee t	
NAME OF COMMITTEE (In Full) COMMUNITY HEALTH COU	INCIL PAC DBA BREAST CANCER	R HEALTH COUNCIL PAC
Full Name of Individual (Last, First, Middle	Initial) or Full Organization Name	Date of Receipt
Mailing Address 2512 24TH STREET ENS	LEY	04 26 2019
City	State Zip Code	Transaction ID : SA11AI.4886
BIRMINGHAM	AL 35208	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
BEST EFFORTS	BEST EFFORTS	_
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	500.00	
Full Name of Individual (Last, First, Middle POLASKI, MICHAEL, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 321 E OAKWOOD ST		01 02 2019
City	State Zip Code	
MILWAUKEE	WI 53201	Amount of Each Receipt this Period
	00201	, or Each Hoodipt this Fellou
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer (for Individual) BEST EFFORTS	Occupation (for Individual) BEST EFFORTS	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name of Individual (Last, First, Middle	Initial) or Full Organization Name	Date of Receipt
Mailing Address 321 E OAKWOOD ST		05 02 2019
City	State Zip Code	Transaction ID : SA11AI.4903
MILWAUKEE	WI 53201	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer (for Individual) BEST EFFORTS	Occupation (for Individual) BEST EFFORTS	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	†
Primary General	Aggregate real-to-Date ₹	
Other (specify)	1000.00	
SUBTOTAL of Receipts This Page (optional)	)	1250.00
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SAINT PAUL	MN	55109	Transaction ID: SA11AI.4786  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer (for Individual) BEST EFFORTS		ation (for Individual) EFFORTS	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 225.00	
Full Name of Individual (Last, First, Middle ROBERTS, DOROTHY, , ,	Initial) or Full Org	anization Name	Date of Receipt
Mailing Address 1970 LEMON RANCH RD			01
City SANTA BARBARA	State CA	Zip Code 93108	Transaction ID : SA11AI.4907  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		550.00
Name of Employer (for Individual) SELF EMPLOYED		ation (for Individual) MAKER	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 550.00	
SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	875.00
TOTAL This Period (last page this line numb	er only)	<b>&gt;</b>	
			FEC Schedule A (Form 3X) Rev. 06/20

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

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$\rangle$	NAME OF COMMITTEE (In Full)  COMMUNITY HEALTH COUNCI	L PAC	: DB	A BREAST CANCER I	HEALTH COUNCIL PAC
Α.	Full Name of Individual (Last, First, Middle Initial ROBERTS, DOROTHY, , ,	) or Full	Orgar	nization Name	Date of Receipt
	Mailing Address 1970 LEMON RANCH RD				02 27 2019
	City SANTA BARBARA	State Zip Code CA 93108			Transaction ID : SA11AI.4908  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	Ξ		650.00
	Name of Employer (for Individual) SELF EMPLOYED		•	ion (for Individual) IAKER	Memo Item
	Receipt For:  Primary General  Other (specify) ▼	Aggregat	e Yea	r-to-Date ▼ 1200.00	
В.	Full Name of Individual (Last, First, Middle Initial ROBERTS, DOROTHY, , , Mailing Address 1970 LEMON RANCH RD	) or Full	Orgar	nization Name	Date of Receipt  02 27 2019
	City SANTA BARBARA	State CA		Zip Code 93108	Transaction ID : SA11Al.4909 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	_		650.00
	Name of Employer (for Individual) SELF EMPLOYED		•	ion (for Individual) //AKER	Memo Item
	Receipt For:  Primary General  Other (specify) ▼	Aggregat	e Yea	r-to-Date ▼ 1850.00	
<u> </u>	Full Name of Individual (Last, First, Middle Initial SCHULZ, H MARK, , ,	) or Full	Orgar	nization Name	Date of Receipt
	Mailing Address 372 EUCLID AVE APT 401				05 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City OAKLAND	State CA		Zip Code 94610	Transaction ID : SA11AI.4891  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			250.00
	Name of Employer (for Individual) BEST EFFORTS		•	ion (for Individual) FFORTS	Memo Item
	Receipt For: Primary General Other (specify)	Aggregat	e Yea	r-to-Date ▼ 250.00	
S	SUBTOTAL of Receipts This Page (optional)				1550.00

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

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

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Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) COMMUNITY HEALTH COUN	ICIL PAC D	BA BREAST CANCE	R HEALTH COUNCIL PAC
Full Name of Individual (Last, First, Middle I SHAW, ROBERT, G, ,  Mailing Address 126 LANGDON ST	nitial) or Full Org	anization Name	Date of Receipt
City	State	Zip Code	02 27 2019
NEWTON	MA	02458	Transaction ID : SA11AI.4875  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		150.00
Name of Employer (for Individual) RETIRED	Occup RETIF	ation (for Individual) RED	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yo	ear-to-Date ▼ 300.00	
Full Name of Individual (Last, First, Middle I SHAW, ROBERT, G, ,  Mailing Address 126 LANGDON ST	nitial) or Full Org	anization Name	Date of Receipt
City NEWTON	State	Zip Code 02458	703 29 2019  Transaction ID : SA11AI.4793  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		35.00
Name of Employer (for Individual) RETIRED	Occup RETI	pation (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Yo	ear-to-Date ▼ 335.00	
Full Name of Individual (Last, First, Middle I SHAW, ROBERT, G, ,	nitial) or Full Org	anization Name	Date of Receipt
Mailing Address 126 LANGDON ST			03 31 2019
City NEWTON	State MA	Zip Code 02458	Transaction ID : SA11AI.4879
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period  200.00
Name of Employer (for Individual) RETIRED	Occup RETIR	nation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Yo	ear-to-Date ▼ 535.00	
SUBTOTAL of Receipts This Page (optional)		·····	385.00
TOTAL This Period (last page this line number	er only)		

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

				MBER	:	PAGE	2	21	OF	50
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	X	11a		11b		11c		12		
		13		14		15		16		17

NAME OF COMMITTEE (In Full) COMMUNITY HEALTH COU	NCIL PAC DBA BREAST CANCE	R HEALTH COUNCIL PAC
Full Name of Individual (Last, First, Middle SHAW, ROBERT, G, ,  Mailing Address 126 LANGDON ST	Initial) or Full Organization Name	Date of Receipt
mailing Address 126 LANGDON ST		05 07 2019
City	State Zip Code	Transaction ID : SA11AI.4841
NEWTON	MA 02458	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual)	Occupation (for Individual) RETIRED	Memo Item
RETIRED Receipt For:		_
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	635.00	
Full Name of Individual (Last, First, Middle SMEAD, REBECCA, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 511 W MERCER PL APT 5	501	06 14 2019
City	State Zip Code	Transaction ID : SA11AI.4906
SEATTLE	WA 98119	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer (for Individual) BEST EFFORTS	Occupation (for Individual) BEST EFFORTS	Memo Item
Receipt For:  Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name of Individual (Last, First, Middle STANFORD, CHARLES, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address PO BOX 9025		03 24 2019
City	State Zip Code	Transaction ID : SA11AI.4897
VERHALEN	TX 79772	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Fathom Realty Receipt For:	Realtor	$\dashv$
Primary General	Aggregate Year-to-Date ▼	
Other (specify)	300.00	
SUBTOTAL of Receipts This Page (optional)		900.00
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# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

			 MBER	:	PAGE	2	22	OF	50
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	X	11a	11b		11c		12		
		13	14		15		16		17

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Cario. (opcount) V		4	
Full Name of Individual (Last, First, Middle Ini SWANSON, LYNDA, , ,	tial) or Full Org	anization Name	Date of Receipt
Mailing Address PO BOX 175			04 08 2019
City	State	Zip Code	Transaction ID : SA11AI.4892
MEADOW GROVE	NE	68752	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		275.00
Name of Employer (for Individual) CARE PROVIDER	Occup	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Y	ear-to-Date ▼ 275.00	
SUBTOTAL of Receipts This Page (optional)			825.00

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

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	Statements may not be sold or used by any pe le name and address of any political committee	
NAME OF COMMITTEE (In Full) COMMUNITY HEALTH COUN	ICIL PAC DBA BREAST CANCE	R HEALTH COUNCIL PAC
Full Name of Individual (Last, First, Middle Ir THOMPSON, FRANCES, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 3800 SAM BONEY DR APT	111	05 13 2019
City	State Zip Code	Transaction ID : SA11AI.4857
NASHVILLE	TN 37211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
BEST EFFORTS	BEST EFFORTS	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	300.00	
Full Name of Individual (Last, First, Middle Ir THOMPSON, FRANCES, , ,		Date of Receipt
Mailing Address 3800 SAM BONEY DR APT	111	05 28 2019
City	State Zip Code	Transaction ID : SA11AI.4856
NASHVILLE	TN 37211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) BEST EFFORTS	Occupation (for Individual) BEST EFFORTS	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
Full Name of Individual (Last, First, Middle In THOMPSON, FRANCES, , ,	nitial) or Full Organization Name	Date of Receipt
Mailing Address 3800 SAM BONEY DR APT	111	06 26 2019
City	State Zip Code	Transaction ID : SA11AI.4780
NASHVILLE	TN 37211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer (for Individual) BEST EFFORTS	Occupation (for Individual) BEST EFFORTS	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	55 5	
Other (specify)	425.00	
SUBTOTAL of Receipts This Page (optional)		225.00
TOTAL This Period (last page this line number	r only)	

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

					PAGE	2	24	OF		50	
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or for commercial purposes, other than using	the name and address of any political committee	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) COMMUNITY HEALTH COU	NCIL PAC DBA BREAST CANCER	R HEALTH COUNCIL PAC
Full Name of Individual (Last, First, Middle THOMPSON, JANICE, , , , Mailing Address 160 S MAIN ST	Initial) or Full Organization Name	Date of Receipt
	10.1	02 18 2019
City RUTHERFORDTON	State Zip Code NC 28139	Transaction ID : SA11AI.4849  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Homemaker	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name of Individual (Last, First, Middle 3. THOMPSON, JANICE, , ,  Mailing Address 160 S MAIN ST	Date of Receipt	
City RUTHERFORDTON	State Zip Code NC 28139	Transaction ID : SA11Al.4828  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	50.00
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Homemaker	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	
Full Name of Individual (Last, First, Middle THOMPSON, JANICE, , ,	Initial) or Full Organization Name	Date of Receipt
Mailing Address 160 S MAIN ST		03 25 2019
City RUTHERFORDTON	State Zip Code NC 28139	Transaction ID : SA11AI.4895  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Homemaker	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 650.00	
SUBTOTAL of Receipts This Page (optional).	····	450.00
TOTAL This Period (last page this line numb	er only)	

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

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or for commercial purposes, other than using	the name and address of any political committee	to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) COMMUNITY HEALTH COU	NCIL PAC DBA BREAST CANCER	R HEALTH COUNCIL PAC		
Full Name of Individual (Last, First, Middle THOMPSON, JANICE, , ,	Initial) or Full Organization Name	Date of Receipt		
Mailing Address 160 S MAIN ST		03 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State Zip Code	Transaction ID : SA11AI.4850		
RUTHERFORDTON	NC 28139	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	100.00		
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Homemaker	Memo Item		
Receipt For:	Aggregate Year-to-Date ▼	_		
Primary General Other (specify) ▼	750.00			
Full Name of Individual (Last, First, Middle THOMPSON, JANICE, , ,	Initial) or Full Organization Name	Date of Receipt		
Mailing Address 160 S MAIN ST		04 30 2019		
City	State Zip Code	Transaction ID : SA11AI.4773		
RUTHERFORDTON	NC 28139	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	10.00		
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Homemaker	Memo Item		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 760.00			
Full Name of Individual (Last, First, Middle	Initial) or Full Organization Name	Date of Receipt		
Mailing Address 160 S MAIN ST		05 30 2019		
City RUTHERFORDTON	State Zip Code NC 28139	Transaction ID : SA11AI.4772		
FEC ID number of contributing federal political committee.	C 25139	Amount of Each Receipt this Period		
Name of Employer (for Individual) Self Employed	Occupation (for Individual) Homemaker	Memo Item		
Receipt For:	Aggregate Year-to-Date ▼			
Primary General Other (specify)	770.00			
SUBTOTAL of Receipts This Page (optional)		120.00		
TOTAL This Period (last page this line numb	per only)			

Name of Employer (for Individual)

General

BEST EFFORTS

Primary

Receipt For:

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

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

FOR LINE NUMBER:				PAGE	2	26 O	F	50		
(check only one)										
	X	11a		11b		11c		12		
		13		14		15		16		17

or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC Full Name of Individual (Last, First, Middle Initial) or Full Organization Name VEENSTRA, GAIL, , , Date of Receipt Mailing Address 3037 HAZELTON ST 2019 17 City State Zip Code Transaction ID: SA11AI.4822 VA **FALLS CHURCH** 22044 Amount of Each Receipt this Period FEC ID number of contributing C 40.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **BEST EFFORTS BEST EFFORTS** Receipt For: Aggregate Year-to-Date ▼ Primary General 230.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. VEENSTRA, GAIL, , , Date of Receipt Mailing Address 3037 HAZELTON ST 05 2019 City State Zip Code Transaction ID: SA11AI.4826 **FALLS CHURCH** VA 22044 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Memo Item

Occupation (for Individual)

**BEST EFFORTS** 

Aggregate Year-to-Date ▼

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

Other (specify) ▼		280.00	
Full Name of Individual (Last, First, Middle In VEENSTRA, GAIL, , , Mailing Address 3037 HAZELTON ST	Date of Receipt  05 30 2019		
City	State	Zip Code	Transaction ID : SA11AI.4836
FALLS CHURCH  FEC ID number of contributing federal political committee.	C	22044	Amount of Each Receipt this Period  52.00
Name of Employer (for Individual) BEST EFFORTS	1	ation (for Individual) EFFORTS	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼ 332.00	
SUBTOTAL of Receipts This Page (optional)			142.00

1 7 1 1 7 1 1

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

				PAGE	2	27 C	F	50		
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		13		14		15		16		17

Full Name of Individual (Last, First, Middle Ini VEENSTRA, GAIL, , ,  Mailing Address 3037 HAZELTON ST  City FALLS CHURCH FEC ID number of contributing federal political committee.	CIL PAC DBA BREAST CANCER  tial) or Full Organization Name  State Zip Code VA 22044  C	Date of Receipt  06 29 2019  Transaction ID : SA11AI.4821  Amount of Each Receipt this Period
City FALLS CHURCH FEC ID number of contributing	VA 22044	06 29 2019  Transaction ID : SA11AI.4821
FALLS CHURCH FEC ID number of contributing	VA 22044	
FEC ID number of contributing		_ Amount of Each Receipt this Period
g .	C	
		40.00
Name of Employer (for Individual) BEST EFFORTS	Occupation (for Individual) BEST EFFORTS	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  372.00	-
Full Name of Individual (Last, First, Middle Ini WILSON, PATRICK, , ,	tial) or Full Organization Name	Date of Receipt
Mailing Address PO BOX 540517		03 01 2019
City	State Zip Code	Transaction ID : SA11AI.4901
GREENACRES	FL 33454	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer (for Individual) BEST EFFORTS	Occupation (for Individual) BEST EFFORTS	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Full Name of Individual (Last, First, Middle Ini.	tial) or Full Organization Name	Date of Receipt
Mailing Address 3352 N 100 E APT 103		02 03 2019
City	State Zip Code	Transaction ID : SA11AI.4910
PROVO	UT 84604	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer (for Individual) BEST EFFORTS	Occupation (for Individual) BEST EFFORTS	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify)	1000.00	
SUBTOTAL of Receipts This Page (optional)		1440.00
TOTAL This Period (last page this line number	only)	13077.00

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SCHEDULE B (FEC Form 3X)	Han announts selected	FOR LINE	NUMBER: PAGE 28 OF 50		
ITEMIZED DISBURSEMENTS	Use separate schedule for each category of the	o l (criccit offi	· ·		
	Detailed Summary Page				
Any information copied from such Reports and State	ments may not be sold o				
or for commercial purposes, other than using the na					
NAME OF COMMITTEE (In Full)	D40 DD4 DD=:	OT 0 4 1 1 0 = 5			
$\left  ight. ight>$ COMMUNITY HEALTH COUNCIL	. PAC DBA BREA	ST CANCER	R HEALTH COUNCIL PAC		
Full Name (Last, First, Middle Initial)					
A. Action Committee Marketing LLC			Date of Disbursement		
Mailing Address 698 Old Commons Dr			01 31 2019		
City	State Zip Code		FEC Identification Number		
Greenwood Purpose of Disbursement	IN 46142				
Donor Outreach			C		
Candidate Name		Category/	Transaction ID: SB21B.4572 Amount of Each Disbursement this Period		
		Type			
Office Sought: House Disburse Senate	ement For:	al	47002.41		
President	Primary General Gener	aı	П м вы		
State: District:			Memo Item		
Full Name (Last, First, Middle Initial)					
B. Action Committee Marketing LLC			Date of Disbursement		
Mailing Address 698 Old Commons Dr			02 28 2019		
			22		
City	State Zip Code		FEC Identification Number		
Greenwood Purpose of Disbursement	IN 46142		C		
Donor Outreach			Transaction ID : SB21B.4576		
Candidate Name		Category/	Amount of Each Disbursement this Period		
Office Squaht: House Dishurs	mont For	Туре	50935.02		
Office Sought: House Disburse Senate	ement For:    Primary	al	30933.02		
President	Other (specify)		Mama Itam		
State: District:			Memo Item		
Full Name (Last, First, Middle Initial)			Date of Dieleurs and		
C. Action Committee Marketing LLC			Date of Disbursement		
Mailing Address 698 Old Commons Dr			03 31 2019		
City	State Zip Code		FEC Identification Number		
Greenwood Purpose of Disbursement	IN 46142	T			
Donor Outreach			C Transaction ID - SP24B 4592		
Candidate Name		Category/	Transaction ID: SB21B.4583 Amount of Each Disbursement this Period		
Office Cought	annut Fam	Type	43010.19		
Office Sought: House Disburse Senate	ement For:    Primary	al	43010.19		
President	Other (specify)		Memo Item		
State: District:			INITIO ITEITI		
SUBTOTAL of Disbursements This Page (optional).		<b>&gt;</b>	140947.62		
		<u> </u>			
TOTAL This Period (last page this line number only	/)				

SC	CHEDULE B (FEC Form 3X)			EOD LINE	FOR LINE NUMBER: PAGE 29 OF 50			
	EMIZED DISBURSEMENTS	Use separate schedule(s) (check only			E NOMBER.			
116	TAILED DISBURSEIVIEN IS		category of the	<b>X</b> 21b	22 23 26 27			
		Detailed \$	Summary Page	28a	28b 28c 29 30b			
An	y information copied from such Reports and Stater	ments may r	not be sold or us	sed by any perso	on for the purpose of soliciting contributions			
	for commercial purposes, other than using the nan							
$\setminus$	NAME OF COMMITTEE (In Full)							
$  \rangle$	COMMUNITY HEALTH COUNCIL	PAC DE	BA BREAST	CANCER	HEALTH COUNCIL PAC			
$\angle$								
	Full Name (Last, First, Middle Initial)							
Α.	Action Committee Marketing LLC				Date of Disbursement			
					M M / D D / Y Y Y Y Y			
	Mailing Address 698 Old Commons Dr				04 30 2019			
	City	State	Zip Code					
	Greenwood	IN	46142		FEC Identification Number			
	Purpose of Disbursement				С			
	Donor Outreach				Transaction ID : SB21B.4588			
	Candidate Name			Category/	Amount of Each Disbursement this Period			
				Type				
	Office Sought: House Disburser				73815.32			
	Senate	Primary	General					
	President	Other (spec	cify) 🔻		Memo Item			
	State: District:							
	Full Name (Last, First, Middle Initial)				5. (5.)			
В.	Action Committee Marketing LLC				Date of Disbursement			
	Moiling Address and Old C				05 31 2019			
	Mailing Address 698 Old Commons Dr				05 31 2019			
	City	State	Zip Code		FFO Identification No. 1			
	Greenwood	IN	46142		FEC Identification Number			
	Purpose of Disbursement		<u>'</u>		C			
	Donor Outreach				Transaction ID : SB21B.4594			
	Candidate Name			Category/	Amount of Each Disbursement this Period			
	000	Туре			10101 17			
	Office Sought: House Disburser				48181.47			
	Senate President	Primary Other (spec	General					
	State: District:	Other (spec	ary)		Memo Item			
	Full Name (Last, First, Middle Initial)  Action Committee Marketing LLC				Date of Disbursement			
<b>J</b> .	Action Committee Marketing LLC							
	Mailing Address 698 Old Commons Dr				06 30 2019			
	5 - 11 - 11 - 100 - 12 - 001 miono - Di							
	City	State	Zip Code		FEC Identification Number			
	Greenwood	IN	46142					
	Purpose of Disbursement Donor Outreach							
					Transaction ID : SB21B.4599			
	Candidate Name			Category/	Amount of Each Disbursement this Period			
	Office Sought: House Disburser	ment For:		Туре	54549.87			
	Senate	Primary	General		01010.01			
	President	Other (spec			П., .			
	State: District:	2 (opoc	3/ ▼		Memo Item			
SI	JBTOTAL of Disbursements This Page (optional)				176546.66			
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Ī τ	TAI This Period (last page this line number only)	١						

SCHEDULE B (FEC Form 3X)	Hee ear	parato sobodula(s)	1 -	NUMBER: PAGE 30 OF 50		
ITEMIZED DISBURSEMENTS	for each	parate schedule(s) category of the	(check only	··		
	Detailed	Summary Page	28a	28b 28c 29 30b		
Any information copied from such Reports and S or for commercial purposes, other than using the					;	
NAME OF COMMITTEE (In Full)	name and add	arcos or any ponto	ar committee to	delicit communications from cach communico.		
COMMUNITY HEALTH COUNC	CIL PAC D	BA BREAST	CANCER	HEALTH COUNCIL PAC		
Full Name (Last, First, Middle Initial)	25110			Date of Disbursement		
A. AMERICAN PUBLIC RESOUR	JE LLC			M M / D D / Y Y Y		
Mailing Address 3855 S. 500 WEST, STE D				01 31 2019		
City	State UT	Zip Code		FEC Identification Number		
SOUTH SALT LAKE Purpose of Disbursement	01	84115		С		
Donor Outreach				Transaction ID : SB21B.4573		
Candidate Name			Category/	Amount of Each Disbursement this Perio	od	
Office Cought			Type	54321.56	П	
Office Sought: House Disbu	ursement For: Primary	General		34321.30	_	
President	Other (spe			Memo Item		
State: District:				Wellio telli		
Full Name (Last, First, Middle Initial)	05110			Deta of Dishuranment		
B. AMERICAN PUBLIC RESOUR	CE LLC			Date of Disbursement		
Mailing Address 3855 S. 500 WEST, STE D				02 28 2019		
City	State	Zip Code		FEC Identification Number		
SOUTH SALT LAKE Purpose of Disbursement	UT	84115		C		
Donor Outreach				Transaction ID : SB21B.4577		
Candidate Name			Category/	Amount of Each Disbursement this Perio	od	
Office Sought: House Disbu	ursement For:		Туре	34493.90	П	
Senate	Primary	General		4 7 7	-	
President	Other (spe	ecify)		Memo Item		
State: District:						
Full Name (Last, First, Middle Initial)  C. AMERICAN PUBLIC RESOURO	CE LLC			Date of Disbursement		
Mailing Address 3855 S. 500 WEST, STE D				03 31 2019		
City	State	Zip Code		FEC Identification Number		
SOUTH SALT LAKE Purpose of Disbursement	UT	84115				
Donor Outreach				Transaction ID : SB21B.4584		
Candidate Name			Category/	Amount of Each Disbursement this Perio	od	
Office Sought: House Disbu	ursement For:	L	Туре	22296.35		
Senate	Primary	General			_	
President District:	Other (spe	ecify) 🔻		Memo Item		
State: District:					_	
SUBTOTAL of Disbursements This Page (option	nal)			111111.81		
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I TOTAL This Period (last page this line number	onlv)					

SCHEDULE B (FEC Form 3X)			EOD LINE	FOR LINE NUMBER: PAGE 31 OF 50	
ITEMIZED DISBURSEMENTS		separate schedule(s	(check only	TTO INDEXT.	
		each category of the	) 😿 21h	22 23 26 27	
	Deta	ailed Summary Page	28a	28b 28c 29 30b	
Any information copied from such Reports and	Statements	may not be sold or i	used by any person	on for the purpose of soliciting contributions	
or for commercial purposes, other than using the					
NAME OF COMMITTEE (In Full)					
COMMUNITY HEALTH COUN	ICIL PAC	DBA BREAS	T CANCER	HEALTH COUNCIL PAC	
/					
Full Name (Last, First, Middle Initial)				Data of Bisham	
A. AMERICAN PUBLIC RESOUR	Date of Disbursement				
Moiling Address 2055 C 500 MEGT CTF D				04 30 2019	
Mailing Address 3855 S. 500 WEST, STE D				04 30 2019	
City	State	Zip Code		FFO Identification Number	
SOUTH SALT LAKE	UT	84115		FEC Identification Number	
Purpose of Disbursement		1		C	
Donor Outreach			Category/	Transaction ID : SB21B.4589	
Candidate Name				Amount of Each Disbursement this Period	
Office Cought	h : =		Type	30671.93	
	bursement F			3007 1.93	
Senate President	Prima				
State: District:	Other	(specify) ▼		Memo Item	
Full Name (Last, First, Middle Initial)					
B. AMERICAN PUBLIC RESOUR	SCE II C			Date of Disbursement	
AWENIOAN TODER NEGOUI	OL LLO			M M / D D / Y Y Y Y	
Mailing Address 3855 S. 500 WEST, STE D				05 31 2019	
City	State	Zip Code 84115		FEC Identification Number	
SOUTH SALT LAKE Purpose of Disbursement	UT				
Donor Outreach			C		
Candidate Name			البحجا	Transaction ID : SB21B.4595	
Cate Ty				Amount of Each Disbursement this Period	
Office Sought: House Disbursement For:			.,,,,,	29304.67	
Senate Prim				4 4	
President Other (specify)				Memo Item	
State: District:				Wellio Itelii	
Full Name (Last, First, Middle Initial)					
C. AMERICAN PUBLIC RESOUR	RCE LLC			Date of Disbursement	
				M M / D D / Y Y Y Y	
Mailing Address 3855 S. 500 WEST, STE D		06 30 2019			
City	State	Zip Code			
SOUTH SALT LAKE	UT	84115		FEC Identification Number	
Purpose of Disbursement				C	
Donor Outreach				Transaction ID : SB21B.4600	
Candidate Name		Category/	Amount of Each Disbursement this Period		
			Type		
	bursement F			26283.29	
Senate	Prima				
President District:	Other	(specify) ▼		Memo Item	
State: District:					
CURTOTAL of Dishumanmants This Dawn ( )	onal\			86259.89	
SUBTOTAL of Disbursements This Page (option	onal)		·····	5025.05	
TOTAL This Period (last nage this line number	r only)			1	

SCHEDULE B (FEC Form 3X)				FOR LINE NUMBER: PAGE 32 OF 50	
ITEMIZED DISBURSEMENTS		arate schedule(s)		heck only one)	
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	Detailed			28b 28c 29 30b	
Any information copied from such Reports and Sta					
or for commercial purposes, other than using the r	name and ado	lress of any politi	cal committee to	solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)					
$ \; angle$ COMMUNITY HEALTH COUNC	IL PAC D	BA BREAS	Γ CANCER	HEALTH COUNCIL PAC	
Fall Name (Last First Mills 1999)					
Full Name (Last, First, Middle Initial)  A. BLANK ROME LLC				Date of Disbursement	
A. BLANK ROME LLC					
Mailing Address 1825 I St NW	02 08 2019				
City	State	Zip Code		FEC Identification Number	
Washington	DC	20006			
Purpose of Disbursement Legal Services				C	
Candidate Name			Category/	Transaction ID : SB21B.4615	
Candidate manie				Amount of Each Disbursement this Period	
Office Sought: House Disbur	sement For:		Туре	469.00	
Senate	Primary	General			
President	Other (spe			Memo Item	
State: District:				LI Memo item	
Full Name (Last, First, Middle Initial)					
B. BLANK ROME LLC				Date of Disbursement	
				M M / D D / Y Y Y Y	
Mailing Address 1825 I St NW				03 06 2019	
0.4.					
City Washington	State DC	Zip Code 20006		FEC Identification Number	
Purpose of Disbursement					
Legal Services				C Properties ID OPER 4000	
			Category/	Transaction ID : SB21B.4620 Amount of Each Disbursement this Period	
			Type		
Office Sought: House Disbur	sement For:			3432.00	
Senate	Primary	General			
President	Other (spe	ecify)		Memo Item	
State: District:					
	Full Name (Last, First, Middle Initial)				
C. BLANK ROME LLC				Date of Disbursement	
Mailing Address 1825   St NW				03 08 2019	
				2010	
City	City State Zip Code				
Washington				FEC Identification Number	
Purpose of Disbursement Legal Services	Legal Services Candidate Name			C	
Candidate Name				Transaction ID : SB21B.4622	
Candidate Ivanie			Category/ Type	Amount of Each Disbursement this Period	
Office Sought: House Disbur	Office Sought: House Disbursement For:			78.00	
Senate	Primary	General			
President	Other (spe			Momo Itom	
State: District:				Memo Item	
'					
SUBTOTAL of Disbursements This Page (optiona	l)			3979.00	
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TOTAL This Pariod (last hage this line number of	alv)				

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SCHEDULE B (FEC Form 3X)					FOR LINE NUMBER: PAGE 33 OF 50		
ITEMIZED DISBURSEMENTS		Use separate schedule(s)		(check only	NOMBER.		
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	ny information copied from such Reports and States for commercial purposes, other than using the nar						
	NAME OF COMMITTEE (In Full)						
$ \rangle$	COMMUNITY HEALTH COUNCIL	PAC DE	BA BREAST	CANCER	HEALTH COUNCIL PAC		
	Full Name (Last, First, Middle Initial)						
Α.	BLANK ROME LLC	Date of Disbursement					
	Mailing Address 1825 I St NW	05 10 2019					
	City	State	Zip Code		FFO Identification Number		
	Washington	DC 20006			FEC Identification Number		
	Purpose of Disbursement Legal Services				C		
	Candidate Name				Transaction ID : SB21B.4630		
	Canada Name			Category/ Type	Amount of Each Disbursement this Period		
	Office Sought: House Disburse	ment For:		71	468.00		
	Senate	Primary	General				
	President State: District:	Other (spec	city) 🔻		Memo Item		
_	Full Name (Last, First, Middle Initial)						
В.					Date of Disbursement		
					M M / D D / Y Y Y Y		
	Mailing Address 8051 N. Tamiami Trail, Box 2	04 30 2019					
	,	State Zip Code FL 34243			FEC Identification Number		
	Sarasota Purpose of Disbursement		C				
	Donor Outreach				Transaction ID : SB21B.4590		
				Category/	Amount of Each Disbursement this Period		
	Office Sought: House Disbursement For:				206.40		
	Office Sought: House Disbursement For: Senate Primary General				200.40		
	President Other (specify)				Momo Itam		
	State: District:		Memo Item				
_	Full Name (Last, First, Middle Initial)		Data of Diabureans at				
U.	Fund Raising Services LLC				Date of Disbursement		
	Mailing Address 8154 Hwy 59, Suite 211				02 28 2019		
	City	State AL	Zip Code		FEC Identification Number		
	Foley Purpose of Disbursement						
	Donor Outreach	C					
	Candidate Name		Category/	Transaction ID : SB21B.4581  Amount of Each Disbursement this Period			
				Type			
Office Sought: House Disbursement Fo					436.05		
	Senate Primary General  President Other (specify) ▼						
	State: District:	dent Other (specify) ▼			Memo Item		
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8	UBTOTAL of Disbursements This Page (optional)			······	1110.45		
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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 34 OF 50			
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only			
		Summary Page	<b>X</b> 21b 28a	22 23 26 27 28b 28c 29 30b		
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or for commercial purposes, other than using the na						
NAME OF COMMITTEE (In Full)						
$ \; angle$ COMMUNITY HEALTH COUNCIL	PAC DI	BA BREAST	CANCER	HEALTH COUNCIL PAC		
Full Name (Last First Middle Initial)						
Full Name (Last, First, Middle Initial)  A. Fund Raising Services LLC				Date of Disbursement		
Turia Raising Dervices LLO				M M / D D / Y Y Y Y		
Mailing Address 8154 Hwy 59, Suite 211				03 31 2019		
Cit.	Ctata	Zin Code				
City Foley	State AL	Zip Code 36535		FEC Identification Number		
Purpose of Disbursement				C		
Donor Outreach			Category/	Transaction ID : SB21B.4586		
Candidate Name				Amount of Each Disbursement this Period		
Office Sought: House Disburse	ement For:		Туре	1230.80		
Senate	Primary	General		7 7 7		
President	Other (spe	ecify) 🔻		Memo Item		
State: District:				<u> </u>		
Full Name (Last, First, Middle Initial)				Date of Disbursement		
B. Fund Raising Services LLC				M M / D D / Y Y Y Y		
Mailing Address 8154 Hwy 59, Suite 211				04 30 2019		
City	State AL	Zip Code 36535		FEC Identification Number		
Foley Purpose of Disbursement	AL	30535		C		
Donor Outreach  Candidate Name  Category/ Type				Transaction ID : SB21B.4592		
				Amount of Each Disbursement this Period		
				1305.60		
Office Sought:  House Disbursement For:  Senate Primary Other (specify)  General				1303.00		
				Mama Itam		
State: District:	1			Memo Item		
Full Name (Last, First, Middle Initial)	,					
C. Fund Raising Services LLC	nd Raising Services LLC					
Mailing Address 8154 Hwy 59, Suite 211				05 31 2019		
City	State AL	Zip Code 36535		FEC Identification Number		
Foley Purpose of Disbursement		C				
Donor Outreach	Transaction ID : SB21B.4597					
Candidate Name Category/				Amount of Each Disbursement this Period		
Office Cought			Type	243.10		
Office Sought: House Disburse Senate	ement For: Primary	General		243.10		
President	Other (spe			Mama Itara		
State: District:				Memo Item		
SUBTOTAL of Disbursements This Page (optional).				2779.50		
TOTAL This Period (last page this line number only	Λ)					

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS				FOR LINE NUMBER: PAGE 35 OF 50 (check only one)		
			arate schedule(s)			
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	y information copied from such Reports and State for commercial purposes, other than using the nar					
<u> </u>	NAME OF COMMITTEE (In Full)					
	COMMUNITY HEALTH COUNCIL	PAC DE	BA BREAST	CANCER	HEALTH COUNCIL PAC	
<u> </u>	Full Name (Last, First, Middle Initial)				Data of Dishuraneset	
Α.	Fund Raising Services LLC	Date of Disbursement				
	Mailing Address 8154 Hwy 59, Suite 211	06 30 2019				
	,	State Zip Code			FEC Identification Number	
	Foley Purpose of Disbursement	AL	AL 36535			
	Donor Outreach				C	
	Candidate Name			Category/	Transaction ID: SB21B.4602 Amount of Each Disbursement this Period	
				Type		
		ment For:			273.70	
	Senate President	Primary Other (spec	General		Memo Item	
	State: District:					
_	Full Name (Last, First, Middle Initial)					
В.	GSI, INC				Date of Disbursement	
					M M / D D / Y Y Y Y	
	Mailing Address 6655 Chicago Rd, Suite 9	01 31 2019				
	City Warren	State Zip Code MI 48092				
	Purpose of Disbursement		40032		C	
	Donor Outreach		Transaction ID : SB21B.4574			
				Category/	Amount of Each Disbursement this Period	
				Type	13361.07	
					10001.01	
					Mama Itam	
_	State: District:		Memo Item			
_	Full Name (Last, First, Middle Initial)					
C.	GSI, INC	Date of Disbursement				
	Mailing Address 6655 Chicago Rd, Suite 9				02 28 2019	
	,	State MI		FEC Identification Number		
	Warren Purpose of Disbursement		C			
	Donor Outreach	Transaction ID : SB21B.4579				
	Candidate Name Category/				Amount of Each Disbursement this Period	
	0"	2002 00				
	Office Sought: House Disburse Senate	ment For:	General		9962.60	
	President	Primary Other (spec			п., .	
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS				FOR LINE NUMBER: PAGE 36 OF 50 (check only one)		
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_	Full Name (Last, First, Middle Initial)					
Α.	GSI, INC	Date of Disbursement				
	Mailing Address 6655 Chicago Rd, Suite 9	03 31 2019				
	City State Zip Code				FEC Identification Number	
	Warren Purrana of Dishura areas	MI	48092			
	Purpose of Disbursement Donor Outreach				C	
	Candidate Name				Transaction ID : SB21B.4585	
				Category/ Type	Amount of Each Disbursement this Period	
	Office Sought: House Disburse	ment For:			12401.59	
	Senate	Primary	General			
	President	Other (spe	cify) 🔻		Memo Item	
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B.	Full Name (Last, First, Middle Initial)  GSI, INC				Date of Disbursement	
	G31, 111C				M M / D D / Y Y Y Y	
	Mailing Address 6655 Chicago Rd, Suite 9	04 30 2019				
	City State Zip Code				FEC Identification Number	
	Warren Purpose of Disbursement	MI	48092			
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	Candidate Name	Category			Transaction ID: SB21B.4591 Amount of Each Disbursement this Period	
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	Mailing Address 6655 Chicago Rd, Suite 9	05 31 2019				
	City	State	Zip Code		FEC Identification Number	
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	Purpose of Disbursement Donor Outreach	C				
	Candidate Name  Category/				Transaction ID : SB21B.4596	
	Sanda Harro	Amount of Each Disbursement this Period				
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SCHEDULE B (FEC Form 3X)		novoto och z dula (-)	FOR LINE	NUMBER: PAGE 37 OF 50			
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Full Name (Last, First, Middle Initial)				Data of Dishumanant			
A. GSI, INC				Date of Disbursement			
Mailing Address 6655 Chicago Rd, Suite 9				06 30 2019			
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Warren Purpose of Disbursement	IVII	48092		C			
Donor Outreach				Transaction ID : SB21B.4601			
Candidate Name			Category/	Amount of Each Disbursement this Period			
Office Sought: House Disbu	rsement For:		Туре	15942.50			
Senate Disbu	Primary	General		7 7 7			
President	Other (sp	ecify) 🔻		Memo Item			
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Full Name (Last, First, Middle Initial)  B. MARKET PROCESS GROUP				Date of Disbursement			
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Mailing Address 1250 Connecticut Ave, NW, So		01 31 2019					
City Washington	State	Zip Code 20036		FEC Identification Number			
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Donor Outreach		Transaction ID : SB21B.4575					
Candidate Name			Category/ Type	Amount of Each Disbursement this Period			
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Senate	Primary	General					
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Full Name (Last, First, Middle Initial)							
C. MARKET PROCESS GROUP				Date of Disbursement			
Mailing Address 1250 Connecticut Ave, NW, Su	iite 20			02 28 2019			
City	State	Zip Code		FEC Identification Number			
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Donor Outreach				Transaction ID : SB21B.4582			
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$\setminus$	NAME OF COMMITTEE (In Full)							
$  \rangle$	COMMUNITY HEALTH COUNCIL	PAC DE	BA BREAST	CANCER	HEALTH COUNCIL PAC			
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	Full Name (Last, First, Middle Initial)				B			
Α.	MARKET PROCESS GROUP				Date of Disbursement			
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	Mailing Address 1250 Connecticut Ave, NW, Suite	20			03 31 2019			
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	Washington	DC	20036		FEC Identification Number			
	Purpose of Disbursement				C			
	Donor Outreach			1	Transaction ID : SB21B.4587			
	Candidate Name			Category/	Amount of Each Disbursement this Period			
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		ment For:			185798.00			
	Senate	Primary	General					
	President State: District:	Other (spec	спу) ▼		Memo Item			
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В.	Full Name (Last, First, Middle Initial)  MARKET PROCESS GROUP				Date of Disbursement			
υ.	MARKET PROCESS GROUP							
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	City	State	Zip Code		FEC Identification Number			
	Washington	DC	20036					
	Purpose of Disbursement Donor Outreach							
					Transaction ID : SB21B.4593			
	Candidate Name			Category/	Amount of Each Disbursement this Period			
	Office Sought: House Disburse	ment For:		Type	300241.25			
	Senate Disburse	Primary	General		50024125			
	President	Other (spec			T			
	State: District:	- (- - 50	**		Memo Item			
	Full Name (Last, First, Middle Initial)							
C.	MARKET PROCESS GROUP				Date of Disbursement			
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	Mailing Address 1250 Connecticut Ave, NW, Suite	20			05 31 2019			
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	Washington Purpose of Disbursement	DC	20036					
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	Candidate Name			Category/	Transaction ID: SB21B.4598  Amount of Each Disbursement this Period			
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	Office Sought: House Disburse	ment For:			187631.84			
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S	SUBTOTAL of Disbursements This Page (optional)			·····	673671.09			
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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 39 OF				
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NAME OF COMMITTEE (In Full)							
angle COMMUNITY HEALTH COUNCIL	PAC DE	BA BREAST	CANCER	HEALTH COUNCIL PAC			
Full Name (Last, First, Middle Initial)			İ				
A. MARKET PROCESS GROUP				Date of Disbursement			
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Mailing Address 1250 Connecticut Ave, NW, Suite	20			06 30 2019			
City	State	Zip Code		FEC Identification Number			
Washington Purpose of Disbursement	DC	20036					
Donor Outreach				C			
Candidate Name				Transaction ID: SB21B.4603			
· · · · · · · · · · · · · · · · · · ·			Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disburse	ement For:		.,,,,	170955.97			
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Rent				Transaction ID : SB21B.4626			
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c. OSIDC				Date of Disbursement			
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City	State DC	Zip Code		FEC Identification Number			
WASHINGTON Purpose of Disbursement	DC	20006					
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Candidate Name			Category/	Transaction ID: SB21B.4629  Amount of Each Disbursement this Period			
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Office Sought: House Disburse	ement For:			60.00			
Senate	Primary	General					
President	Other (spe	cify) ▼		Memo Item			
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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 40 OF 50				
ITEMIZED DISBURSEMENTS		parate schedule(s) category of the	(check only				
		Summary Page	<b>X</b> 21b 28a	22 23 26 27 28b 28c 29 30b			
Any information copied from such Reports and State	ements may	not be sold or use					
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NAME OF COMMITTEE (In Full)							
$ \hspace{.05cm} \rangle$ COMMUNITY HEALTH COUNCIL	PAC D	BA BREAST	CANCER	HEALTH COUNCIL PAC			
Full Name (Last, First, Middle Initial)							
A. OSIDC				Date of Disbursement			
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City	State DC	Zip Code		FEC Identification Number			
WASHINGTON Purpose of Disbursement	DC	20006					
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Candidate Name			Category/	Transaction ID : SB21B.4633 Amount of Each Disbursement this Period			
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Office Sought: House Disburse	ement For:			60.00			
Senate	Primary	General					
State: President State:	Other (spe	ecify) 🔻		Memo Item			
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City	State	Zip Code		FEC Identification Number			
Tampa Purpose of Disbursement							
Media Consulting		C					
Candidate Name	Category/	Transaction ID : SB21B.4605  Amount of Each Disbursement this Period					
			Type				
	ement For:			6000.00			
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State: District:	Other (spe	ecity)		Memo Item			
Full Name (Last, First, Middle Initial)							
C. TAMPA MEDIA				Date of Disbursement			
Mailing Address 7320 E Fletcher Ave,				01 11 2019			
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City	State	Zip Code		FEC Identification Number			
Tampa Purpose of Disbursement	FL	33637					
Media Consulting				C			
Candidate Name			Cotogogy	Transaction ID : SB21B.4606 Amount of Each Disbursement this Period			
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Office Sought: House Disburse	ement For:			4000.00			
Senate	Primary	General					
President Pictriot:	Other (spe	ecify) 🔻		Memo Item			
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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 41 OF 5				
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NAME OF COMMITTEE (In Full)							
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Full Name (Last, First, Middle Initial)				T			
A. TAMPA MEDIA				Date of Disbursement			
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Mailing Address 7320 E Fletcher Ave,				01 18 2019			
City	State	Zip Code		FEC Identification Number			
Tampa	FL	33637					
Purpose of Disbursement Media Consulting				C			
Candidate Name				Transaction ID : SB21B.4607			
			Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disburs	sement For:	l	.,,,,,	4000.00			
Senate	Primary	General					
President	Other (sp	ecify) 🔻		Memo Item			
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City	State	Zip Code		FEC Identification Number			
Tampa Purpose of Disbursement	•						
Media Consulting		Transaction ID : SB21B.4608					
Candidate Name Category/				Amount of Each Disbursement this Period			
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Office Sought: House Disburs Senate	sement For:	General		4000.00			
President	Other (sp						
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C. TAMPA MEDIA				Date of Disbursement			
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maining reaction 7020 E Flotorio 7770;							
City	State	Zip Code		FEC Identification Number			
Tampa Purpose of Disbursement	FL	33637					
Media Consulting				C Transaction ID - SPOAD 4000			
Candidate Name			Category/	Transaction ID : SB21B.4609  Amount of Each Disbursement this Period			
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NAME OF COMMITTEE (In Full)							
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Full Name (Last, First, Middle Initial)			1				
A. TAMPA MEDIA				Date of Disbursement			
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Mailing Address 7320 E Fletcher Ave,				02 08 2019			
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,	State FL	Zip Code		FEC Identification Number			
Tampa Purpose of Disbursement	r L	33637					
Media Consulting				C			
Candidate Name			Category/	Transaction ID : SB21B.4613 Amount of Each Disbursement this Period			
			Type				
Office Sought: House Disburser				7000.00			
Senate	Primary	General					
President	Other (spec	ify) 🔻		Memo Item			
State: District:							
Full Name (Last, First, Middle Initial)  B. TAMPA MEDIA				Date of Disbursement			
B. TAMPA MEDIA							
Mailing Address 7320 E Fletcher Ave,		02 15 2019					
7020 E 1 10101101 7100,							
City	State	Zip Code		FEC Identification Number			
Tampa Purpose of Disbursement	FL	33637					
Media Consulting			F	C			
Candidate Name	Candidate Name						
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Office Sought: House Disburser	nent For:		, , , , , , , , , , , , , , , , , , ,	4732.00			
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C. TAMPA MEDIA				Date of Disbursement			
Mailing Address 7320 E Fletcher Ave,				02 22 2019			
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City	State	Zip Code		FEC Identification Number			
Tampa	FL	33637					
Purpose of Disbursement Media Consulting				C			
Candidate Name			البيا	Transaction ID : SB21B.4617			
Canada Tano			Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disburser	ment For:		.,,,,	7000.00			
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President	Other (spec	ify) ▼		Memo Item			
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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 43 OF 50				
ITEMIZED DISBURSEMENTS		parate schedule(s) a category of the	(check only				
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NAME OF COMMITTEE (In Full)							
COMMUNITY HEALTH COUNCIL	PAC D	BA BREAST	CANCER	HEALTH COUNCIL PAC			
Full Name (Last, First, Middle Initial)				Date of Dishuras ment			
A. TAMPA MEDIA				Date of Disbursement			
Mailing Address 7320 E Fletcher Ave,				03 01 2019			
City	State	Zip Code		FEC Identification Number			
Tampa	FL	33637					
Purpose of Disbursement Media Consulting				C			
Candidate Name				Transaction ID : SB21B.4618			
			Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disburse	ement For:		. 7	2000.00			
Senate	Primary	General					
President	Other (sp	ecify) ▼		Memo Item			
State: District:							
Full Name (Last, First, Middle Initial)  B. TAMPA MEDIA				Date of Disbursement			
B. TAMPA MEDIA				M M / D D / Y Y Y			
Mailing Address 7320 E Fletcher Ave,	lailing Address 7320 E Fletcher Ave,						
City	State		FEC Identification Number				
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Media Consulting	Purpose of Disbursement Media Consulting						
Candidate Name	Candidate Name						
			Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disburse	ement For:	I		5000.00			
Senate	Primary	General					
President	Other (sp	ecify)		Memo Item			
State: District:							
Full Name (Last, First, Middle Initial)  C. TAMPA MEDIA				Date of Disbursement			
Mailing Address 7320 E Fletcher Ave,				03 22 2019			
City	State	Zip Code		FEC Identification Number			
Tampa	FL	33637					
Purpose of Disbursement Media Consulting		Transaction ID : SB21B.4624					
Candidate Name Category/				Amount of Each Disbursement this Period			
Office Sought: House Disburse	ement For:		Туре	6000.00			
Senate	Primary	General		4 4			
President	Other (sp	ecify) 🔻		Memo Item			
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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 44 OF				
ITEMIZED DISBURSEMENTS		Use separate schedule(s) (che		FOR LINE NUMBER: PAGE 44 OF 50 (check only one)			
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or for commercial purposes, other than using the na	me and addr	ress of any politi	cal committee to	o solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)							
angle COMMUNITY HEALTH COUNCIL	. PAC DE	BA BREAS	CANCER	HEALTH COUNCIL PAC			
Full Name (Last, First, Middle Initial)							
A. TAMPA MEDIA				Date of Disbursement			
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Mailing Address 7320 E Fletcher Ave,				03 29 2019			
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City Tampa	<u>-</u> ,			FEC Identification Number			
Purpose of Disbursement		33037		C			
Media Consulting			1 11	Transaction ID : SB21B.4625			
Candidate Name			Category/	Amount of Each Disbursement this Period			
			Type	11000.00			
	ement For:			11000.00			
Senate  President	Primary Other (spec	General		_			
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Full Name (Last, First, Middle Initial)							
B. TAMPA MEDIA				Date of Disbursement			
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City.	Ctata	Zin Code					
City Tampa	State FL	Zip Code 33637		FEC Identification Number			
Purpose of Disbursement		00007		C			
Media Consulting				Transaction ID : SB21B.4627			
Candidate Name	Candidate Name Category/						
			Type	5000.00			
Office Sought: House Disburse Senate	ment For:	Ganaral		5000.00			
President	Primary Other (spec	General					
State: District:	Cirioi (opoc	5.1.47		Memo Item			
Full Name (Last, First, Middle Initial)							
C. TAMPA MEDIA				Date of Disbursement			
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Mailing Address 7320 E Fletcher Ave,				04 19 2019			
City	State	Zip Code					
Tampa	FL	33637		FEC Identification Number			
Purpose of Disbursement				C			
Media Consulting				Transaction ID : SB21B.4628			
Candidate Name			Category/	Amount of Each Disbursement this Period			
			Туре	16000.00			
Office Sought: House Dishures				10000.00			
Office Sought: House Disburse Senate	1	General		,			
	ement For: Primary Other (spec	General General		Mama Itam			
Senate	Primary			Memo Item			
Senate President	Primary						
Senate President	Primary Other (spec	cify) ▼	·····•				

SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 45 OF			
ITEMIZED DISBURSEMENTS	MIZED DISPLIPSEMENTS  Use separate schedule(s) (check of		)   FOR LINE (check only	NE NOMBER.		
		n category of the I Summary Page	<b>X</b> 21b	22 23 26 27		
	Detailed		28a	28b 28c 29 30b		
Any information copied from such Reports and Sta						
or for commercial purposes, other than using the r	name and add	dress of any politi	ical committee to	o solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)						
$ \; angle$ COMMUNITY HEALTH COUNC	L PAC D	BA BREAS	T CANCER	HEALTH COUNCIL PAC		
Full Name (Last, First, Middle Initial)			1			
A. TAMPA MEDIA				Date of Disbursement		
TAIVII A IVIEDIA				M M / D D / Y Y Y Y		
Mailing Address 7320 E Fletcher Ave,				06 03 2019		
City	State	Zip Code		FEC Identification Number		
Tampa Purpose of Disbursement	FL	33637		0		
Media Consulting				C		
Candidate Name				Transaction ID : SB21B.4631		
			Category/ Type	Amount of Each Disbursement this Period		
Office Sought: House Disbur	sement For:		71: -	7200.00		
Senate	Primary	General		7 7 7		
President	Other (sp	ecify) ▼		Memo Item		
State: District:				Ц		
Full Name (Last, First, Middle Initial)						
B. TAMPA MEDIA				Date of Disbursement		
Mailing Address 7000 F Flatcher Ave	Martin Address Town					
Mailing Address 7320 E Fletcher Ave,				06 07 2019		
City	State	Zip Code		FFC Identification Number		
Tampa	FL	33637		FEC Identification Number		
Purpose of Disbursement  Media Consulting						
Candidate Name						
Candidate Name			Category/	Amount of Each Disbursement this Period		
Office Sought: House Disbur	sement For:		Туре	6000.00		
Senate	Primary	General		7 7 7		
President	Other (sp			п		
State: District:				Memo Item		
Full Name (Last, First, Middle Initial)						
C.				Date of Disbursement		
				M M / D D / Y Y Y Y		
Mailing Address						
City	State	Zip Code				
,	0.4.0			FEC Identification Number		
Purpose of Disbursement	-			C		
Candidate Name			Category/	Amount of Each Disbursement this Period		
Office Sought:	nament Fee		Туре			
Office Sought: House Disbur	sement For: Primary	General		4 4 4		
President	Other (sp			п		
State: District:		<i></i> , <b>∀</b>		Memo Item		
SUBTOTAL of Disbursements This Page (optiona	l)			13200.00		
3 (4)	-					
TOTAL This Period (last name this line number or	alv)			1767699.61		

Signature

SCHEDULE E (FEC Form 3X) TEMIZED INDEPENDENT EXPENDITURES	<b>S</b>			PAGE 46 OF 50
				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			_	FEC IDENTIFICATION NUMBER ▼
COMMUNITY HEALTH COUNCIL PA HEALTH COUNCIL PAC	AC DBA BR	EAST CANCE	Κ	C C00652685
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y
Full Name of Payee TAMPA MEDIA		☐ Memo	Item	Date of Public Distribution/Dissemination  03  08  08  08
Mailing Address 7320 E Fletcher Ave,				Amount
City	State	Zip Code		7000.00
Татра	FL	33637		Transaction ID : SE.4911 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - INTERNET/EMAIL		Category/ Type 004		03 08 7 2019
Name of Federal Candidate:		<b>✗</b> Support	Offic	e Sought: X House District: 07
BERA, AMERISH, , ,		Oppose		President Senate State: CA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	7000.00	Disb 2020	ursement For:
Full Name of Payee TAMPA MEDIA		☐ Memo	Item	Date of Public Distribution/Dissemination  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7320 E Fletcher Ave,				Amount
City	State	Zip Code		8000.00
Tampa	FL	33637		Transaction ID : SE.4913 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - INTERNET/EMAIL		Category/ Type 004		04 / 12 / 2019
Name of Federal Candidate:		<b>✗</b> Support	Offic	e Sought: X House District: 08
BUCSHON, LARRY, , ,		Oppose		President Senate State: IN
Calendar Year-To-Date Per Election for Office Sought	7 7	8000.00	Disb 2020	ursement For:   ✓ Primary General  Other (specify)   ✓
(a) SUBTOTAL of Itemized Independent Expenditure	s		•	15000.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres		•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorized			
Bass, Zachary, , ,	[Electronically Fil	led]	M	)7 13 2019
0'		Date Date	7	71 10 2019

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

age# 201907269151676915			
CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITURI	ES		PAGE 47 OF 50
ME OF COMMITTEE (In Full)			FOR LINE 24 OF FORM 3X
OMMUNITY HEALTH COUNCIL	PAC DBA BE	REAST CANCER	FEC IDENTIFICATION NUMBER ▼
EALTH COUNCIL PAC	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		C C00652685
eck if 24-hour report 48-hour report	New re	port Amends report	filed on M M M / D D / Y Y Y Y Y
Full Name of Payee TAMPA MEDIA	em Date of Public Distribution/Dissemination		
Mailing Address 7000 F Florabour Ave			04 26 2019
7320 E Fletcher Ave,			Amount
City	State	Zip Code	9900.00
Tampa	FL	33637	Transaction ID : SE.4915 Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - INTERNET/EMAIL		Category/ Type 004	04 / 26 / 2019
Name of Federal Candidate:		<b>x</b> Support	Office Sought:  House District: 02
SIMPSON, MICHAEL, , ,		Oppose	President Senate State: ID
Calendar Year-To-Date Per Election for Office Sought		9900.00	Disbursement For: <b>x</b> Primary General 2020 ☐ Other (specify) ►
Full Name of Payee TAMPA MEDIA		☐ Memo II	em Date of Public Distribution/Dissemination
Mailing Address 7320 E Fletcher Ave,			05 03 2019
7320 L FIGURIE AVE,			Amount
City	State	Zip Code	9000.00
Tampa	FL	33637	Transaction ID : SE.4917  Date of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - INTERNET/EMAIL		Category/ Type 004	05 / 03 / Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>✗</b> Support	Office Sought:   House District: 02
DUNN, NEAL, PATRICK, Dr.,		Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		9000.00	Disbursement For: <b>x</b> Primary General 2020
a) SUBTOTAL of Itemized Independent Expenditu	ıres		18900.00
b) SUBTOTAL of Unitemized Independent Expendent	ditures		<b>•</b>
c) TOTAL Independent Expenditures			<b>•</b>
Jnder penalty of perjury I certify that the indepe	ndent expenditure	s reported herein were r	not made in cooperation, consultation, or concert

**HEALTH COUNCIL PAC** Check if 24-hour report 48-hour report New report Amends rep Full Name of Payee Memo TAMPA MEDIA Mailing Address 7320 E Fletcher Ave, City State Zip Code FL 33637 Tampa Purpose of Expenditure Category/ ADVERTISING - INTERNET/EMAIL 00 Type Name of Federal Candidate: **X** Support SIMPSON, MICHAEL, , , Oppose Calendar Year-To-Date 9900.00 Per Election for Office Sought Full Name of Payee Memo TAMPA MEDIA Mailing Address 7320 E Fletcher Ave, City State Zip Code Tampa FL 33637 Purpose of Expenditure Category/ ADVERTISING - INTERNET/EMAIL 00 Type Name of Federal Candidate: x Support DUNN, NEAL, PATRICK, Dr., Oppose Calendar Year-To-Date 9000.00 Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures ..... (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures ...... Under penalty of perjury I certify that the independent expenditures reported herein were 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] 13 2019 Date Signature FEC Schedule E (Form 3X) Rev. 05/2016

# SCHEDULE E (FEC Form 3X)

SOMEDOLL L (LEG FORM OX)				
TEMIZED INDEPENDENT EXPENDITURES				PAGE 48 OF 50 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
COMMUNITY HEALTH COUNCIL PA	C DBA BR	EAST CANCE	R	
HEALTH COUNCIL PAC				C C00652685
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee		☐ Memo	Item Da	ate of Public Distribution/Dissemination
TAMPA MEĎIA				05 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7320 E Fletcher Ave,			An	nount
City	State	Zip Code	— г	8000.00
Tampa	FL	33637	L L	ansaction ID : SE.4918
Purpose of Expenditure		00007		ate of Disbursement or Obligation
ADVERTISING - INTERNET/EMAIL		Category/ Type 004	4	05 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>X</b> Support	Office Sc	ought: X House District: 01
ROE, PHIL, , ,		Oppose		esident Senate State: TN
Calendar Year-To-Date			Disburse	ment For: 🗶 Primary General
Per Election for Office Sought	7	8000.00	2020	Other (specify) ▶
Full Name of Payee		Memo	Item Da	ate of Public Distribution/Dissemination
TAMPA MEDIA				M M / D D / Y Y Y Y
Mailing Address 7000 F Flatcher Avia				05 17 2019
7320 E Fletcher Ave,			An	nount
City	State	Zip Code	— [	8500.00
Tampa	FL	33637		ransaction ID : SE.4920 ate of Disbursement or Obligation
Purpose of Expenditure ADVERTISING - INTERNET/EMAIL		Category/ Type 004		05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>✗</b> Support	Office Sc	ought: X House District: 05
ABRAHAM, RALPH, , ,		Oppose		esident Senate State: LA
Calendar Year-To-Date			Disburse	ment For: 🗶 Primary General
Per Election for Office Sought	7	8500.00	2020	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			Г	16500.00
(,,				
(b) SUBTOTAL of Unitemized Independent Expenditur	es		[	
(c) TOTAL Independent Expenditures			. •	
				,
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Bass, Zachary, , ,	Elastronically Fil	adl	M = M	/ D D / Y Y Y Y Y
Signature	Electronically File	eaj Date	e 07	13 2019

Signature

TEMIZED INDEPENDENT EXPENDITURES				PAGE 49 OF 50		
FOR LINE 24 OF FORM 3X						
NAME OF COMMITTEE (In Full)  COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER  FEC IDENTIFICATION NUMBER ▼						
HEALTH COUNCIL PAC		L/101 0/1102.		C C00652685		
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed	on M M / D D / Y Y Y Y		
Full Name of Payee TAMPA MEDIA  Date of Public Distribution/Dissemination  Memo Item  Date of Public Distribution  Date						
Mailing Address 7320 E Fletcher Ave,				Amount		
City	State	Zip Code		7800.00		
Tampa	FL	33637		Transaction ID : SE.4922 Date of Disbursement or Obligation		
Purpose of Expenditure ADVERTISING - INTERNET/EMAIL		Category/ Type 004		05 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate:		<b>✗</b> Support	Office	Sought: X House District: 36		
RUIZ, RAUL, , ,		Oppose		President Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	7800.00	Disbu 2020	rsement For:   ✓ Primary General  Other (specify) ►		
Full Name of Payee TAMPA MEDIA		☐ Memo	Item	Date of Public Distribution/Dissemination  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 7320 E Fletcher Ave,  Amount						
City	State	Zip Code		7500.00		
Tampa	FL	33637		Transaction ID : SE.4924 Date of Disbursement or Obligation		
Purpose of Expenditure ADVERTISING - INTERNET/EMAIL		Category/ Type 004		M M / D 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate:		<b>✗</b> Support	Office	Sought: House District: 01		
MARSHALL, ROGER, , ,		Oppose		President Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought	<u>, , , , , , , , , , , , , , , , , , , </u>	7500.00	Disbu 2020	rsement For:   ✓ Primary General  Other (specify) ►		
(a) SUBTOTAL of Itemized Independent Expenditures						
(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 Fil	ed] Date	e 07	7 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		

07

Date

Signature

TEMIZED INDEPENDENT EXPENDITURES			PAGE 50 OF 50			
FOR LINE 24 OF FORM 33						
NAME OF COMMITTEE (In Full)  COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER						
HEALTH COUNCIL PAC		L/101 O/1140LIC	C C00652685			
Check if 24-hour report 48-hour report	New repo	ort Amends report	filed on M M / D D / Y Y Y Y			
Full Name of Payee TAMPA MEDIA	Date of Public Distribution/Dissemination  06 21 2019					
Mailing Address 7320 E Fletcher Ave,			Amount			
City	State	Zip Code	8000.00			
Татра	FL	33637	Transaction ID : SE.4926 Date of Disbursement or Obligation			
Purpose of Expenditure ADVERTISING - INTERNET/EMAIL		Category/ Type 004	06 21 2019			
Name of Federal Candidate:		<b>X</b> Support (	Office Sought: X House District: 04			
DESJARLAIS, SCOTT, , ,		Oppose	President Senate State: TN			
Calendar Year-To-Date Per Election for Office Sought	7 7		Disbursement For:   ✓ Primary General  O20  Other (specify)   ✓			
Full Name of Payee TAMPA MEDIA		☐ Memo Ite	Date of Public Distribution/Dissemination  06 28 2019			
Mailing Address 7320 E Fletcher Ave,			Amount			
City	State	Zip Code	7000.00			
Tampa	FL	33637	Transaction ID : SE.4928  Date of Disbursement or Obligation			
Purpose of Expenditure ADVERTISING - INTERNET/EMAIL		Category/ Type 004	06 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate:		<b>x</b> Support (	Office Sought:			
BASS, KAREN, , ,		Oppose	President Senate State: CA			
Calendar Year-To-Date Per Election for Office Sought	7	7000.00	Disbursement For:   ✓ Primary General  Other (specify)   ✓			
(a) SUBTOTAL of Itemized Independent Expenditures						
(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 Fil	ed] Date	07 13 2019			