

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

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

FOR LINE NUMBER: PAGE 19 OF 50

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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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

A. ROBERTS, DOROTHY, , ,

Mailing Address 1970 LEMON RANCH RD

City  
 SANTA BARBARA

State  
 CA

Zip Code  
 93108

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 SELF EMPLOYED

Occupation (for Individual)  
 HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2019

Transaction ID : SA11AI.4908

Amount of Each Receipt this Period

650.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROBERTS, DOROTHY, , ,

Mailing Address 1970 LEMON RANCH RD

City  
 SANTA BARBARA

State  
 CA

Zip Code  
 93108

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 SELF EMPLOYED

Occupation (for Individual)  
 HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 27 / 2019

Transaction ID : SA11AI.4909

Amount of Each Receipt this Period

650.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCHULZ, H MARK, , ,

Mailing Address 372 EUCLID AVE APT 401

City  
 OAKLAND

State  
 CA

Zip Code  
 94610

FEC ID number of contributing  
 federal political committee.

C

Name of Employer (for Individual)  
 BEST EFFORTS

Occupation (for Individual)  
 BEST EFFORTS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11AI.4891

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1550.00

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