

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

2. FEC IDENTIFICATION NUMBER C C00652685 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N) [] AMENDED (A)

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

5. Covering Period 11 / 27 / 2018 through 12 / 31 / 2018

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

Signature of Treasurer Bass, Zachary, , , [Electronically Filed] Date 01 / 29 / 2019

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text" value="60.00"/>	<input type="text" value="60.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="8650.09"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="299562.30"/>	<input type="text" value="2630559.87"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="308212.39"/>	<input type="text" value="2630619.87"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="298666.07"/>	<input type="text" value="2621073.55"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="9546.32"/>	<input type="text" value="9546.32"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1200.00	15937.00
(ii) Unitemized	298362.30	2614622.87
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	299562.30	2630559.87
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	299562.30	2630559.87
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	299562.30	2630559.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	299562.30	2630559.87

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	298666.07	2592873.55
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	298666.07	2592873.55
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	28200.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	298666.07	2621073.55
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	298666.07	2621073.55

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	299562.30	2630559.87
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	299562.30	2630559.87
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	298666.07	2592873.55
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	298666.07	2592873.55

: 97 `A -G7 9 @ @ B9 CI G`H9 LH`F9 @ H98 `HC `5 `F9 DCFH`G7 <98 I @ `CF `H9 A -N5 H-CB

Form/Schedule: F3XN
Transaction ID :

Our PAC makes its best efforts to collect required record keeping information for individuals who have contributed more than \$200 in a calendar year. All original solicitation contain a clear and conspicuous request for the required contributor information on reply materials with the required explanatory statement. If the information is not provided to the Committee, then we will follow up by sending a letter to the donor within 30 days of the donation requesting the missing information. This letter is sent by itself with no solicitation. It clearly requests the missing information, informs the donor that federal law requires that we report this information and includes a return envelope. We then make sure to update the records and report any additional information to the Commission prior to our next reporting date, or as memo entries in the next regularly scheduled report.

For reporting purposes we have used the term 'Donor Outreach' on our Schedule B supporting line 21(b). We have contracted multiple companies to provide 'Donor Outreach' services for us. 'DonorOutreach' services include but are not limited to FUNDRAISING ACTIVITIES, DONOR DATABASE MANAGEMENT, CAGING AND ESROW, DIRECT MAIL SERVICES, Letterhead/Envelopes/Stationary and List Acquisition

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 12
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. HAPP, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4895 BAY ST NE APT 206

City SAINT PETERSBURG	State FL	Zip Code 33703
--------------------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2018

Transaction ID : SA11AI.4371

Amount of Each Receipt this Period
 100.00

Memo Item

B. HAPP, DONALD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4895 BAY ST NE APT 206

City SAINT PETERSBURG	State FL	Zip Code 33703
--------------------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 10 / 2018

Transaction ID : SA11AI.4370

Amount of Each Receipt this Period
 50.00

Memo Item

C. ROBERTS, DOROTHY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO BOX 50239

City SANTA BARBARA	State CA	Zip Code 93150
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2018

Transaction ID : SA11AI.4373

Amount of Each Receipt this Period
 650.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	800.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2018
Transaction ID : SA11AI.4375
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. THOMPSON, JANICE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 S MAIN ST
 City RUTHERFORDTON State NC Zip Code 28139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Homemaker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2018
Transaction ID : SA11AI.4367
 Amount of Each Receipt this Period
 100.00
 Memo Item

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	1200.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC

Full Name (Last, First, Middle Initial)

A. Action Committee Marketing LLC

Mailing Address 698 Old Commons Dr

City Greenwood State IN Zip Code 46142

Purpose of Disbursement Donor Outreach

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2018

FEC Identification Number

C
Transaction ID : SB21B.4382
Amount of Each Disbursement this Period
38558.84

Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN PUBLIC RESOURCE LLC

Mailing Address 3855 S. 500 WEST, STE D

City SOUTH SALT LAKE State UT Zip Code 84115

Purpose of Disbursement Donor Outreach

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2018

FEC Identification Number

C
Transaction ID : SB21B.4383
Amount of Each Disbursement this Period
64727.09

Memo Item

Full Name (Last, First, Middle Initial)

C. Bristol Marketing Associates Inc

Mailing Address 8051 N. Tamiami Trail, Box 2

City Sarasota State FL Zip Code 34243

Purpose of Disbursement Donor Outreach

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2018

FEC Identification Number

C
Transaction ID : SB21B.4384
Amount of Each Disbursement this Period
60.00

Memo Item

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

103345.93

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC

Full Name (Last, First, Middle Initial)

A. GSI, INC

Mailing Address 6655 Chicago Rd, Suite 9

City
Warren

State
MI

Zip Code
48092

Purpose of Disbursement
Donor Outreach

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2018			

FEC Identification Number

C []
Transaction ID : **SB21B.4385**
Amount of Each Disbursement this Period
[] 12522.04

Memo Item

Full Name (Last, First, Middle Initial)

B. MARKET PROCESS GROUP

Mailing Address 1250 Connecticut Ave, NW, Suite 20

City
Washington

State
DC

Zip Code
20036

Purpose of Disbursement
Donor Outreach

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			31			2018			

FEC Identification Number

C []
Transaction ID : **SB21B.4386**
Amount of Each Disbursement this Period
[] 153738.10

Memo Item

Full Name (Last, First, Middle Initial)

C. OSIDC

Mailing Address 1627 K ST. N.W.

City
WASHINGTON

State
DC

Zip Code
20006

Purpose of Disbursement
RENT

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2018			

FEC Identification Number

C []
Transaction ID : **SB21B.4387**
Amount of Each Disbursement this Period
[] 60.00

Memo Item

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

[] 166320.14

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

[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC

Full Name (Last, First, Middle Initial)

A. Tampa Media Marketing

Mailing Address 7320 E Fletcher Ave

City
TAMPA

State
FL

Zip Code
33637

Purpose of Disbursement
Media Consulting

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		3	0		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4381

Amount of Each Disbursement this Period

[REDACTED] 8000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Tampa Media Marketing

Mailing Address 7320 E Fletcher Ave

City
TAMPA

State
FL

Zip Code
33637

Purpose of Disbursement
Media Consulting

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	7		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4388

Amount of Each Disbursement this Period

[REDACTED] 6000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Tampa Media Marketing

Mailing Address 7320 E Fletcher Ave

City
TAMPA

State
FL

Zip Code
33637

Purpose of Disbursement
Media Consulting

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	4		2	0	1	8

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4389

Amount of Each Disbursement this Period

[REDACTED] 3000.00

Memo Item

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

[REDACTED] 17000.00

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

COMMUNITY HEALTH COUNCIL PAC DBA BREAST CANCER HEALTH COUNCIL PAC

Full Name (Last, First, Middle Initial)

A. Tampa Media Marketing

Mailing Address 7320 E Fletcher Ave

City
TAMPA

State
FL

Zip Code
33637

Purpose of Disbursement
Media Consulting

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		21		2018

FEC Identification Number

C

Transaction ID : SB21B.4390

Amount of Each Disbursement this Period

6000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Tampa Media Marketing

Mailing Address 7320 E Fletcher Ave

City
TAMPA

State
FL

Zip Code
33637

Purpose of Disbursement
Media Consulting

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		28		2018

FEC Identification Number

C

Transaction ID : SB21B.4391

Amount of Each Disbursement this Period

6000.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

--

Memo Item

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

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

12000.00

298666.07
