

**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

CHILDRENS LEUKEMIA SUPPORT NETWORK LLC

ADDRESS (number and street)

4712 El Presidente Dr

Check if different
than previously
reported. (ACC)

LAS VEGAS

NV

89129

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00667782

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Year-End Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

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

in the
State of(d) 30-Day
POST-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

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

in the
State of

5. Covering Period

M M / D D / Y Y Y Y Y Y
04 01 2018

through

M M / D D / Y Y Y Y Y Y
06 30 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Pollock, Kecia, Marie, ,

Type or Print Name of Treasurer

Signature of Treasurer

Pollock, Kecia, Marie, ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
09 26 2018

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

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

CHILDRENS LEUKEMIA SUPPORT NETWORK LLC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
04 / 01 / 2018 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2018

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2018		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	100.00	
(c) Total Receipts (from Line 19)	166601.93	166701.93
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	166701.93	166701.93
7. Total Disbursements (from Line 31)	132310.17	132310.17
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	34391.76	34391.76
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

CHILDRENS LEUKEMIA SUPPORT NETWORK LLC

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	8

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).....	300.00	300.00
(ii) Unitemized	166301.93	166401.93
(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶	166601.93	166701.93
(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)	166601.93	166701.93
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))	166601.93	166701.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	166601.93	166701.93

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
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	132310.17	132310.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	132310.17	132310.17
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	0.00
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)) ..	132310.17	132310.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	132310.17	132310.17

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
33. Total Contributions (other than loans) (from Line 11(d), page 3)	166601.93	166701.93
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	166601.93	166701.93
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	132310.17	132310.17
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	132310.17	132310.17

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

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

FOR LINE NUMBER: PAGE 6 OF 11
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

CHILDRENS LEUKEMIA SUPPORT NETWORK LLC

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

A. WALSON, JOHN, , ,

Mailing Address 4768 FROST LN

City
DOYLESTOWN

State
PA

Zip Code
18902

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

N/A

Occupation (for Individual)

N/A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 18 / 2018

Transaction ID : SA11AI-78865

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

B.

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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

C.

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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

300.00

300.00

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)

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☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CHILDRENS LEUKEMIA SUPPORT NETWORK LLC

Full Name (Last, First, Middle Initial)

A. Pollock, Kecia, , ,

Mailing Address 4712 El Presidente Dr

City
Las Vegas

State
NV

Zip Code
89129

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 14 / 2018

FEC Identification Number

C

Transaction ID : SB21B-11183

Amount of Each Disbursement this Period

919.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Pollock, William, , ,

Mailing Address 4712 El Presidente Dr

City
Las Vegas

State
NV

Zip Code
89129

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 14 / 2018

FEC Identification Number

C

Transaction ID : SB21B-11185

Amount of Each Disbursement this Period

461.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Pollock, William, , ,

Mailing Address 4712 El Presidente Dr

City
Las Vegas

State
NV

Zip Code
89129

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 25 / 2018

FEC Identification Number

C

Transaction ID : SB21B-1116

Amount of Each Disbursement this Period

983.69

☐ Memo Item

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

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

2364.94

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b	☐ 22	☐ 23	☐ 26	☐ 27
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NAME OF COMMITTEE (In Full)

CHILDRENS LEUKEMIA SUPPORT NETWORK LLC

Full Name (Last, First, Middle Initial)

A. Pollock, Kecia, , ,

Mailing Address 4712 El Presidente Dr

City
Las VegasState
NVZip Code
89129Purpose of Disbursement
Payroll

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	9			2	0	1	8		

FEC Identification Number

C**Transaction ID : SB21B-11187**

Amount of Each Disbursement this Period

919.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Pollock, William, , ,

Mailing Address 4712 El Presidente Dr

City
Las VegasState
NVZip Code
89129Purpose of Disbursement
Payroll

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	9			2	0	1	8		

FEC Identification Number

C**Transaction ID : SB21B-11189**

Amount of Each Disbursement this Period

461.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. American Technology Services LLCMailing Address 125 North 2nd Street
Unit 110 Box 241City
PhoenixState
AZZip Code
85250Purpose of Disbursement
Technical/computer support

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	3			2	0	1	8		

FEC Identification Number

C**Transaction ID : SB21B-11161**

Amount of Each Disbursement this Period

26909.76

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

28291.01

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

CHILDRENS LEUKEMIA SUPPORT NETWORK LLC

Full Name (Last, First, Middle Initial)

A. American Technology Services LLC

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	1			2	0	1	8		

Mailing Address 125 North 2nd Street
Unit 110 Box 241City
PhoenixState
AZZip Code
85250Purpose of Disbursement
Technical/computer support
Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B-11167**

Amount of Each Disbursement this Period

7689.44

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. American Technology Services LLC

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	8			2	0	1	8		

Mailing Address 125 North 2nd Street
Unit 110 Box 241City
PhoenixState
AZZip Code
85250Purpose of Disbursement
Technical/computer support
Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B-11165**

Amount of Each Disbursement this Period

9166.68

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Catur Consulting LLC

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	2			2	0	1	8		

Mailing Address 5090 Barrington Cir

City
SarasotaState
FLZip Code
34234Purpose of Disbursement
Management Consulting
Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : SB21B-11151**

Amount of Each Disbursement this Period

3795.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

20651.12

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CHILDRENS LEUKEMIA SUPPORT NETWORK LLC

Full Name (Last, First, Middle Initial)

A. Compliance Consultants LLCMailing Address 1345 Jefferson St.
#454City
MilwaukeeState
WIZip Code
53020Purpose of Disbursement
Compliance Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	3			2	0	1	8		

FEC Identification Number

C**Transaction ID : SB21B-11175**

Amount of Each Disbursement this Period

38194.36

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Compliance Consultants LLCMailing Address 1345 Jefferson St.
#454City
MilwaukeeState
WIZip Code
53020Purpose of Disbursement
Compliance Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	1			2	0	1	8		

FEC Identification Number

C**Transaction ID : SB21B-11173**

Amount of Each Disbursement this Period

10913.97

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Compliance Consultants LLCMailing Address 1345 Jefferson St.
#454City
MilwaukeeState
WIZip Code
53020Purpose of Disbursement
Compliance Consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	6			2	0	1	8		

FEC Identification Number

C**Transaction ID : SB21B-11171**

Amount of Each Disbursement this Period

13011.01

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

62119.34

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

CHILDRENS LEUKEMIA SUPPORT NETWORK LLC

Full Name (Last, First, Middle Initial)

A. Cox Communications

Mailing Address 6205-B Peachtree Dunwoody Road NE

City
AtlantaState
GAZip Code
30328Purpose of Disbursement
Business phones

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		25		2018

FEC Identification Number

C**Transaction ID : SB21B-11163**

Amount of Each Disbursement this Period

1133.69

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Data Services LLCMailing Address 1350 W. Southport Road
Box 130City
IndianapolisState
TNZip Code
46217Purpose of Disbursement
Database services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		13		2018

FEC Identification Number

C**Transaction ID : SB21B-11181**

Amount of Each Disbursement this Period

13022.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Data Services LLCMailing Address 1350 W. Southport Road
Box 130City
IndianapolisState
TNZip Code
46217Purpose of Disbursement
Database services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		26		2018

FEC Identification Number

C**Transaction ID : SB21B-1117**

Amount of Each Disbursement this Period

4434.30

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

18590.09

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

132016.50