

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

CHILDRENS LEUKEMIA SUPPORT NETWORK LLC

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="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="24205.15"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="10715.00"/>	<input type="text" value="233462.78"/>
(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="34920.15"/>	<input type="text" value="233462.78"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="15885.42"/>	<input type="text" value="209257.63"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="19034.73"/>	<input type="text" value="19034.73"/>
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

CHILDRENS LEUKEMIA SUPPORT NETWORK LLC

Report Covering the Period: From: 10 / 18 / 2018 To: 11 / 26 / 2018

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).....	400.00	1150.00
(ii) Unitemized	10315.00	243027.78
(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶	10715.00	244177.78
(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)	10715.00	244177.78
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)).....▶	10715.00	244177.78
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	10715.00	233462.78

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	15885.42	225143.05
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	15885.42	225143.05
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)) ..	15885.42	209257.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15885.42	209257.63

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)	10715.00	244177.78
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10715.00	244177.78
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	15885.42	225143.05
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	15885.42	225143.05

**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 6 OF 14
	<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)
CHILDRENS LEUKEMIA SUPPORT NETWORK LLC

A. ARRIAGA, ISRAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 901 18TH ST
 City RICHMOND State CA Zip Code 94801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CONSTRUCTION Occupation (for Individual) OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 22 / 2018
Transaction ID : SA11AI-7901747
 Amount of Each Receipt this Period 200.00
 Memo Item

B. LEACH JR, LAWRENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1233 E WALDBURG ST
 City SAVANNAH State GA Zip Code 31404
 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 ▼ 250.00

Date of Receipt 11 / 12 / 2018
Transaction ID : SA11AI-7901857
 Amount of Each Receipt this Period 100.00
 Memo Item

C. LEACH JR, LAWRENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1233 E WALDBURG ST
 City SAVANNAH State GA Zip Code 31404
 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 ▼ 250.00

Date of Receipt 11 / 13 / 2018
Transaction ID : SA11AI-7902017
 Amount of Each Receipt this Period 100.00
 Memo Item

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

**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)
CHILDRENS LEUKEMIA SUPPORT NETWORK LLC

Full Name (Last, First, Middle Initial) A. American Technology Services LLC		Date of Disbursement MM / DD / YYYY 11 / 06 / 2018
Mailing Address 125 North 2nd Street Unit 110 Box 241		FEC Identification Number C [REDACTED] Transaction ID : SB21B-77373 Amount of Each Disbursement this Period 411.68
City Phoenix	State AZ	Zip Code 85250
Purpose of Disbursement Software Licensing		Category/ Type 001
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. American Technology Services LLC		Date of Disbursement MM / DD / YYYY 11 / 13 / 2018
Mailing Address 125 North 2nd Street Unit 110 Box 241		FEC Identification Number C [REDACTED] Transaction ID : SB21B-77375 Amount of Each Disbursement this Period 471.20
City Phoenix	State AZ	Zip Code 85250
Purpose of Disbursement Software Licensing		Category/ Type 001
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. American Technology Services LLC		Date of Disbursement MM / DD / YYYY 11 / 20 / 2018
Mailing Address 125 North 2nd Street Unit 110 Box 241		FEC Identification Number C [REDACTED] Transaction ID : SB21B-77377 Amount of Each Disbursement this Period 581.92
City Phoenix	State AZ	Zip Code 85250
Purpose of Disbursement Software Licensing		Category/ Type 001
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:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	1464.80
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)
CHILDRENS LEUKEMIA SUPPORT NETWORK LLC

A. C. Terry Raben, LTD.

Full Name (Last, First, Middle Initial)

Mailing Address 3140 S. Rainbow Blvd #403

City Las Vegas State NV Zip Code 89146-6234

Purpose of Disbursement Business Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 14 / 2018

FEC Identification Number: C

Transaction ID : SB21B-77407

Amount of Each Disbursement this Period: 500.00

Memo Item

B. Compliance Consultants LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1345 Jefferson St Suite #454

City Milwaukee State WI Zip Code 53020

Purpose of Disbursement credit card pmt processing and verifications

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 19 / 2018

FEC Identification Number: C

Transaction ID : SB21B-77379

Amount of Each Disbursement this Period: 2238.53

Memo Item

C. Compliance Consultants LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1345 Jefferson St Suite #454

City Milwaukee State WI Zip Code 53020

Purpose of Disbursement credit card pmt processing and verifications

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 27 / 2018

FEC Identification Number: C

Transaction ID : SB21B-77381

Amount of Each Disbursement this Period: 1727.32

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 4465.85

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)
CHILDRENS LEUKEMIA SUPPORT NETWORK LLC

A. Compliance Consultants LLC

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1345 Jefferson St
Suite #454

M M M	/	D D D	/	Y Y Y Y Y
11		06		2018

City Milwaukee State WI Zip Code 53020

FEC Identification Number

Purpose of Disbursement credit card pmt processing and verifications

001
Category/ Type

C
Transaction ID : SB21B-77383
Amount of Each Disbursement this Period
584.33

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:	

Memo Item

B. Compliance Consultants LLC

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1345 Jefferson St
Suite #454

M M M	/	D D D	/	Y Y Y Y Y
11		13		2018

City Milwaukee State WI Zip Code 53020

FEC Identification Number

Purpose of Disbursement credit card pmt processing and verifications

001
Category/ Type

C
Transaction ID : SB21B-77385
Amount of Each Disbursement this Period
668.81

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:	

Memo Item

C. Compliance Consultants LLC

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1345 Jefferson St
Suite #454

M M M	/	D D D	/	Y Y Y Y Y
11		20		2018

City Milwaukee State WI Zip Code 53020

FEC Identification Number

Purpose of Disbursement credit card pmt processing and verifications

001
Category/ Type

C
Transaction ID : SB21B-77387
Amount of Each Disbursement this Period
825.96

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:	

Memo Item

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

2079.10

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CHILDRENS LEUKEMIA SUPPORT NETWORK LLC

Full Name (Last, First, Middle Initial)

A. Cox Communications, Inc.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			21			2018			

Mailing Address 6205-B Peachtree Dunwoody Road NE

FEC Identification Number

C []
Transaction ID : SB21B-77405
 Amount of Each Disbursement this Period
 [] 140.24

City Atlanta State GA Zip Code 30328

Purpose of Disbursement Business Phones
 Candidate Name
 Category/Type **001**

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

Memo Item

Full Name (Last, First, Middle Initial)

B. NV Employment, Training & Rehabilitation

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2018			

Mailing Address 500 E. 3rd St.

FEC Identification Number

C []
Transaction ID : SB21B-77409
 Amount of Each Disbursement this Period
 [] 195.00

City Carson City State NV Zip Code 89713

Purpose of Disbursement Unemployment Insurance
 Candidate Name
 Category/Type **001**

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

Memo Item

Full Name (Last, First, Middle Initial)

C. NV Employment, Training & Rehabilitation

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2018			

Mailing Address 500 E. 3rd St.

FEC Identification Number

C []
Transaction ID : SB21B-77411
 Amount of Each Disbursement this Period
 [] 195.00

City Carson City State NV Zip Code 89713

Purpose of Disbursement Unemployment Insurance
 Candidate Name
 Category/Type **001**

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

Memo Item

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

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

530.24
[]

**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)
CHILDRENS LEUKEMIA SUPPORT NETWORK LLC

Full Name (Last, First, Middle Initial)

A. Unified Data Services LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		19		2018

Mailing Address 1350 W. Southport Road
Box 130

City Indianapolis State TN Zip Code 46217

Purpose of Disbursement Caging and Escrow
Candidate Name
Category/Type 003

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

FEC Identification Number

C
Transaction ID : SB21B-77389
Amount of Each Disbursement this Period
686.40

Memo Item

Full Name (Last, First, Middle Initial)

B. Unified Data Services LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		27		2018

Mailing Address 1350 W. Southport Road
Box 130

City Indianapolis State TN Zip Code 46217

Purpose of Disbursement Caging and Escrow
Candidate Name
Category/Type 003

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

FEC Identification Number

C
Transaction ID : SB21B-77391
Amount of Each Disbursement this Period
588.90

Memo Item

Full Name (Last, First, Middle Initial)

C. Unified Data Services LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		06		2018

Mailing Address 1350 W. Southport Road
Box 130

City Indianapolis State TN Zip Code 46217

Purpose of Disbursement Caging and Escrow
Candidate Name
Category/Type 003

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

FEC Identification Number

C
Transaction ID : SB21B-7739:
Amount of Each Disbursement this Period
198.90

Memo Item

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

1474.20

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
CHILDRENS LEUKEMIA SUPPORT NETWORK LLC

A. Unified Data Services LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1350 W. Southport Road
Box 130

City Indianapolis State TN Zip Code 46217

Purpose of Disbursement Caging and Escrow 003 Category/Type

Candidate Name

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

State: District:

Date of Disbursement 11 / 13 / 2018

FEC Identification Number C
Transaction ID : SB21B-77395
Amount of Each Disbursement this Period 230.10

Memo Item

B. Unified Data Services LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1350 W. Southport Road
Box 130

City Indianapolis State TN Zip Code 46217

Purpose of Disbursement Caging and Escrow 003 Category/Type

Candidate Name

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

State: District:

Date of Disbursement 11 / 20 / 2018

FEC Identification Number C
Transaction ID : SB21B-77397
Amount of Each Disbursement this Period 280.80

Memo Item

C. United States Treasury

Full Name (Last, First, Middle Initial)

Mailing Address 1500 Pennsylvania Avenue
NW

City Washington State DC Zip Code 20003

Purpose of Disbursement Taxes 001 Category/Type

Candidate Name

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

State: District:

Date of Disbursement 11 / 01 / 2018

FEC Identification Number C
Transaction ID : SB21B-77398
Amount of Each Disbursement this Period 467.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 977.90

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)
CHILDRENS LEUKEMIA SUPPORT NETWORK LLC

A. United States Treasury

Full Name (Last, First, Middle Initial)

Mailing Address 1500 Pennsylvania Avenue NW

City Washington State DC Zip Code 20003

Purpose of Disbursement Taxes

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 05 / 2018

FEC Identification Number: C

Transaction ID : SB21B-77401

Amount of Each Disbursement this Period: 1010.50

Memo Item

B. United States Treasury

Full Name (Last, First, Middle Initial)

Mailing Address 1500 Pennsylvania Avenue NW

City Washington State DC Zip Code 20003

Purpose of Disbursement Taxes

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 08 / 2018

FEC Identification Number: C

Transaction ID : SB21B-77403

Amount of Each Disbursement this Period: 563.00

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1573.50
TOTAL This Period (last page this line number only).....▶	15821.42