

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 LAS VEGAS NV 89129

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00667782 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 07 / 01 / 2018 through 09 / 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 10 / 12 / 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.

**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="34391.76"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="66760.85"/>	<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="101152.61"/>	<input type="text" value="233462.78"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="76947.46"/>	<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="24205.15"/>	<input type="text" value="24205.15"/>
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: / / 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).....	450.00	750.00
(ii) Unitemized	66310.85	232712.78
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	66760.85	233462.78
(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)	66760.85	233462.78
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)).....▶	66760.85	233462.78
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	66760.85	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	76947.46	209257.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	76947.46	209257.63
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)) ..	76947.46	209257.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	76947.46	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)	66760.85	233462.78
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	66760.85	233462.78
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	76947.46	209257.63
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	76947.46	209257.63

**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 20
<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

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

Mailing Address 7201 14TH AVE S

City MINNEAPOLIS	State MN	Zip Code 55423
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) CONTRACTOR	Occupation (for Individual) SELF
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		09		2018

Transaction ID : SA11AI-934373

Amount of Each Receipt this Period
200.00

Memo Item

B. HURST, KIM H, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20 W BETHANY RD

City NEWMANSTOWN	State PA	Zip Code 17073
---------------------	-------------	-------------------

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

Name of Employer (for Individual) AMBULANCE SERVICE	Occupation (for Individual) AMBULANCE SERVICE
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : SA11AI-934847

Amount of Each Receipt this Period
125.00

Memo Item

C. WESTLUND, JOHN E, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12001 DESSAU RD
APT 514

City AUSTIN	State TX	Zip Code 78754
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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 ▼
200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : SA11AI-934877

Amount of Each Receipt this Period
125.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	450.00

**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. Pollock, William C, , ,		Date of Disbursement MM / DD / YYYY 07 / 13 / 2018	
Mailing Address 4712 El Presidente Dr		FEC Identification Number C [REDACTED] Transaction ID : SB21B-39861 Amount of Each Disbursement this Period [REDACTED] 461.75	
City Las Vegas	State NV	Zip Code 89129	Category/ Type 001
Purpose of Disbursement Payroll			
Candidate Name		Memo Item <input type="checkbox"/>	
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:	

Full Name (Last, First, Middle Initial) B. Pollock, Kecia M, , ,		Date of Disbursement MM / DD / YYYY 07 / 13 / 2018	
Mailing Address 4712 El Presidente Dr		FEC Identification Number C [REDACTED] Transaction ID : SB21B-39863 Amount of Each Disbursement this Period [REDACTED] 919.50	
City Las Vegas	State NV	Zip Code 89129	Category/ Type 001
Purpose of Disbursement Payroll			
Candidate Name		Memo Item <input type="checkbox"/>	
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:	

Full Name (Last, First, Middle Initial) C. Pollock, Kecia M, , ,		Date of Disbursement MM / DD / YYYY 07 / 20 / 2018	
Mailing Address 4712 El Presidente Dr		FEC Identification Number C [REDACTED] Transaction ID : SB21B-39866 Amount of Each Disbursement this Period [REDACTED] 919.50	
City Las Vegas	State NV	Zip Code 89129	Category/ Type 001
Purpose of Disbursement Payroll			
Candidate Name		Memo Item <input type="checkbox"/>	
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:	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 2300.75
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)
CHILDRENS LEUKEMIA SUPPORT NETWORK LLC

A. Pollock, William C, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4712 El Presidente Dr

City Las Vegas State NV Zip Code 89129

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 20 / 2018

FEC Identification Number: C

Transaction ID : SB21B-39867

Amount of Each Disbursement this Period: 461.75

Memo Item

B. Pollock, Kecia M, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4712 El Presidente Dr

City Las Vegas State NV Zip Code 89129

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 27 / 2018

FEC Identification Number: C

Transaction ID : SB21B-39869

Amount of Each Disbursement this Period: 919.50

Memo Item

C. Pollock, William C, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4712 El Presidente Dr

City Las Vegas State NV Zip Code 89129

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 27 / 2018

FEC Identification Number: C

Transaction ID : SB21B-39871

Amount of Each Disbursement this Period: 461.75

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶	1843.00
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. Pollock, Kecia M, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4712 El Presidente Dr

City Las Vegas State NV Zip Code 89129

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 08 / 03 / 2018

FEC Identification Number C

Transaction ID : SB21B-39873

Amount of Each Disbursement this Period 461.75

Memo Item

B. Pollock, William C, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4712 El Presidente Dr

City Las Vegas State NV Zip Code 89129

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 08 / 03 / 2018

FEC Identification Number C

Transaction ID : SB21B-39875

Amount of Each Disbursement this Period 461.75

Memo Item

C. Pollock, Kecia M, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4712 El Presidente Dr

City Las Vegas State NV Zip Code 89129

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 09 / 14 / 2018

FEC Identification Number C

Transaction ID : SB21B-39877

Amount of Each Disbursement this Period 919.50

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1843.00

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

Full Name (Last, First, Middle Initial) A. American Technology Services LLC		Date of Disbursement MM / DD / YYYY 07 / 05 / 2018	
Mailing Address 125 North 2nd Street Unit 110, Box 241		FEC Identification Number C [REDACTED] Transaction ID : SB21B-39795 Amount of Each Disbursement this Period 6685.28	
City Phoenix	State AZ	Zip Code 85250	Category/ Type 001
Purpose of Disbursement Software Licensing		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 07 / 12 / 2018	
Mailing Address 125 North 2nd Street Unit 110, Box 241		FEC Identification Number C [REDACTED] Transaction ID : SB21B-39797 Amount of Each Disbursement this Period 4152.16	
City Phoenix	State AZ	Zip Code 85250	Category/ Type 001
Purpose of Disbursement Software Licensing		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 07 / 19 / 2018	
Mailing Address 125 North 2nd Street Unit 110, Box 241		FEC Identification Number C [REDACTED] Transaction ID : SB21B-39799 Amount of Each Disbursement this Period 3438.24	
City Phoenix	State AZ	Zip Code 85250	Category/ Type 001
Purpose of Disbursement Software Licensing		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)..... ▶

14275.68

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

Full Name (Last, First, Middle Initial) A. American Technology Services LLC			Date of Disbursement MM / DD / YYYY 07 / 26 / 2018	
Mailing Address 125 North 2nd Street Unit 110, Box 241			FEC Identification Number C [REDACTED] Transaction ID : SB21B-39801 Amount of Each Disbursement this Period 1971.52	
City Phoenix	State AZ	Zip Code 85250	Memo Item <input type="checkbox"/>	
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:				

Full Name (Last, First, Middle Initial) B. American Technology Services LLC			Date of Disbursement MM / DD / YYYY 08 / 01 / 2018	
Mailing Address 125 North 2nd Street Unit 110, Box 241			FEC Identification Number C [REDACTED] Transaction ID : SB21B-39803 Amount of Each Disbursement this Period 3053.28	
City Phoenix	State AZ	Zip Code 85250	Memo Item <input type="checkbox"/>	
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:				

Full Name (Last, First, Middle Initial) C. American Technology Services LLC			Date of Disbursement MM / DD / YYYY 09 / 13 / 2018	
Mailing Address 125 North 2nd Street Unit 110, Box 241			FEC Identification Number C [REDACTED] Transaction ID : SB21B-3980! Amount of Each Disbursement this Period 1222.40	
City Phoenix	State AZ	Zip Code 85250	Memo Item <input type="checkbox"/>	
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:				

SUBTOTAL of Disbursements This Page (optional).....▶	6247.20
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

Full Name (Last, First, Middle Initial) A. American Technology Services LLC			Date of Disbursement MM / DD / YYYY 09 / 24 / 2018	
Mailing Address 125 North 2nd Street Unit 110, Box 241			FEC Identification Number C [REDACTED] Transaction ID : SB21B-39807	
City Phoenix	State AZ	Zip Code 85250	Amount of Each Disbursement this Period [REDACTED] 1283.04	
Purpose of Disbursement Software Licensing		Category/Type 001		
Candidate Name		Memo Item <input type="checkbox"/>		
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:				

Full Name (Last, First, Middle Initial) B. American Technology Services LLC			Date of Disbursement MM / DD / YYYY 09 / 26 / 2018	
Mailing Address 125 North 2nd Street Unit 110, Box 241			FEC Identification Number C [REDACTED] Transaction ID : SB21B-39809	
City Phoenix	State AZ	Zip Code 85250	Amount of Each Disbursement this Period [REDACTED] 318.56	
Purpose of Disbursement Software Licensing		Category/Type 001		
Candidate Name		Memo Item <input type="checkbox"/>		
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:				

Full Name (Last, First, Middle Initial) C. Bank of America			Date of Disbursement MM / DD / YYYY 07 / 02 / 2018	
Mailing Address PO Box 25118			FEC Identification Number C [REDACTED] Transaction ID : SB21B-39871	
City Tampa	State FL	Zip Code 33622	Amount of Each Disbursement this Period [REDACTED] 488.18	
Purpose of Disbursement Merchant Service fee		Category/Type 001		
Candidate Name		Memo Item <input type="checkbox"/>		
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:				

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 2089.78
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)
CHILDRENS LEUKEMIA SUPPORT NETWORK LLC

A. Bank of America

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 25118

City Tampa State FL Zip Code 33622

Purpose of Disbursement Authnet Gateway Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 03 / 2018

FEC Identification Number: C

Transaction ID : SB21B-39881

Amount of Each Disbursement this Period: 103.02

Memo Item

B. Bank of America

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 25118

City Tampa State FL Zip Code 33622

Purpose of Disbursement Check order

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 12 / 2018

FEC Identification Number: C

Transaction ID : SB21B-39883

Amount of Each Disbursement this Period: 18.00

Memo Item

C. Bank of America

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 25118

City Tampa State FL Zip Code 33622

Purpose of Disbursement Excess Transaction Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 01 / 2018

FEC Identification Number: C

Transaction ID : SB21B-39881

Amount of Each Disbursement this Period: 366.30

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 487.32

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

Full Name (Last, First, Middle Initial) A. Bank of America		Date of Disbursement MM / DD / YYYY 08 / 02 / 2018	
Mailing Address PO Box 25118		FEC Identification Number C [REDACTED] Transaction ID : SB21B-39887	
City Tampa	State FL	Zip Code 33622	Amount of Each Disbursement this Period 90.27
Purpose of Disbursement Merchant Service fee		Category/Type 001	Memo Item <input type="checkbox"/>
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:			

Full Name (Last, First, Middle Initial) B. Bank of America		Date of Disbursement MM / DD / YYYY 08 / 02 / 2018	
Mailing Address PO Box 25118		FEC Identification Number C [REDACTED] Transaction ID : SB21B-39889	
City Tampa	State FL	Zip Code 33622	Amount of Each Disbursement this Period 31.69
Purpose of Disbursement Authnet Gateway fee		Category/Type 001	Memo Item <input type="checkbox"/>
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:			

Full Name (Last, First, Middle Initial) C. C. Terry Raben, LTD.		Date of Disbursement MM / DD / YYYY 07 / 17 / 2018	
Mailing Address 3140 S. Rainbow Blvd #403		FEC Identification Number C [REDACTED] Transaction ID : SB21B-39851	
City Las Vegas	State NV	Zip Code 89146-6234	Amount of Each Disbursement this Period 600.00
Purpose of Disbursement Business Services		Category/Type 001	Memo Item <input type="checkbox"/>
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:			

SUBTOTAL of Disbursements This Page (optional).....▶	721.96
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

Full Name (Last, First, Middle Initial) A. Compliance Consultants LLC		Date of Disbursement MM / DD / YYYY 07 / 05 / 2018	
Mailing Address 1345 N Jefferson St #454		FEC Identification Number C [] Transaction ID : SB21B-39815 Amount of Each Disbursement this Period [] 9488.92	
City Milwaukee State WI Zip Code 53202	Purpose of Disbursement credit card pmt processing and verifications Category/Type 001	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Full Name (Last, First, Middle Initial) B. Compliance Consultants LLC		Date of Disbursement MM / DD / YYYY 07 / 12 / 2018	
Mailing Address 1345 N Jefferson St #454		FEC Identification Number C [] Transaction ID : SB21B-39817 Amount of Each Disbursement this Period [] 5893.25	
City Milwaukee State WI Zip Code 53202	Purpose of Disbursement credit card pmt processing and verifications Category/Type 001	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Full Name (Last, First, Middle Initial) C. Compliance Consultants LLC		Date of Disbursement MM / DD / YYYY 07 / 19 / 2018	
Mailing Address 1345 N Jefferson St #454		FEC Identification Number C [] Transaction ID : SB21B-39821 Amount of Each Disbursement this Period [] 4880.15	
City Milwaukee State WI Zip Code 53202	Purpose of Disbursement credit card pmt processing and verifications Category/Type 001	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)..... ▶		[] 20262.32	
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 N Jefferson St
#454

M M M	/	D D D	/	Y Y Y Y Y
07		26		2018

City Milwaukee State WI Zip Code 53202

FEC Identification Number

Purpose of Disbursement credit card pmt processing and verifications

C
001
Category/Type

C
Transaction ID : SB21B-39819
Amount of Each Disbursement this Period
2798.33

Candidate Name

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

Memo Item

B. Compliance Consultants LLC

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1345 N Jefferson St
#454

M M M	/	D D D	/	Y Y Y Y Y
08		01		2018

City Milwaukee State WI Zip Code 53202

FEC Identification Number

Purpose of Disbursement credit card pmt processing and verifications

C
001
Category/Type

C
Transaction ID : SB21B-39823
Amount of Each Disbursement this Period
4333.75

Candidate Name

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

Memo Item

C. Compliance Consultants LLC

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1345 N Jefferson St
#454

M M M	/	D D D	/	Y Y Y Y Y
09		06		2018

City Milwaukee State WI Zip Code 53202

FEC Identification Number

Purpose of Disbursement credit card pmt processing and verifications

C
001
Category/Type

C
Transaction ID : SB21B-3982!
Amount of Each Disbursement this Period
4655.55

Candidate Name

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)..... ▶

11787.63

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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. Compliance Consultants LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1345 N Jefferson St #454

City Milwaukee State WI Zip Code 53202

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 09 / 13 / 2018

FEC Identification Number C

Transaction ID : SB21B-39827

Amount of Each Disbursement this Period 1735.04

Memo Item

B. Compliance Consultants LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1345 N Jefferson St #454

City Milwaukee State WI Zip Code 53202

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 09 / 26 / 2018

FEC Identification Number C

Transaction ID : SB21B-39829

Amount of Each Disbursement this Period 1820.89

Memo Item

C. Compliance Consultants LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1345 N Jefferson St #454

City Milwaukee State WI Zip Code 53202

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 09 / 26 / 2018

FEC Identification Number C

Transaction ID : SB21B-39831

Amount of Each Disbursement this Period 452.16

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 4008.09

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

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

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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. Cox Communications, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 6205-B Peachtree Dunwoody Road NE

City Atlanta State GA Zip Code 30328

Purpose of Disbursement Business Phones

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 07 / 12 / 2018

FEC Identification Number C

Transaction ID : SB21B-39857

Amount of Each Disbursement this Period 371.33

Memo Item

B. Unified Data Services LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1350 W Southport Rd Box 130

City Indianapolis State TN Zip Code 46217

Purpose of Disbursement caging and escrow

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 07 / 05 / 2018

FEC Identification Number C

Transaction ID : SB21B-39835

Amount of Each Disbursement this Period 3233.10

Memo Item

C. Unified Data Services LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1350 W Southport Rd Box 130

City Indianapolis State TN Zip Code 46217

Purpose of Disbursement caging and escrow

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 07 / 12 / 2018

FEC Identification Number C

Transaction ID : SB21B-39837

Amount of Each Disbursement this Period 2008.50

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 5612.93

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)
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
07		19		2018

Mailing Address 1350 W Southport Rd
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
State: District: Disbursement For: Primary General Other (specify) ▼

FEC Identification Number

C [Redacted]
Transaction ID : SB21B-39839
Amount of Each Disbursement this Period
[Redacted] 1665.30

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
07		26		2018

Mailing Address 1350 W Southport Rd
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
State: District: Disbursement For: Primary General Other (specify) ▼

FEC Identification Number

C [Redacted]
Transaction ID : SB21B-39841
Amount of Each Disbursement this Period
[Redacted] 955.50

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
08		01		2018

Mailing Address 1350 W Southport Rd
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
State: District: Disbursement For: Primary General Other (specify) ▼

FEC Identification Number

C [Redacted]
Transaction ID : SB21B-3984:
Amount of Each Disbursement this Period
[Redacted] 1478.10

Memo Item

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

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

[Redacted] 4098.90
[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)
CHILDRENS LEUKEMIA SUPPORT NETWORK LLC

A. Unified Data Services LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1350 W Southport Rd
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
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement 09 / 14 / 2018

FEC Identification Number C
Transaction ID : SB21B-39845
Amount of Each Disbursement this Period 592.80

Memo Item

B. Unified Data Services LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1350 W Southport Rd
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
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement 09 / 26 / 2018

FEC Identification Number C
Transaction ID : SB21B-39847
Amount of Each Disbursement this Period 620.10

Memo Item

C. Unified Data Services LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1350 W Southport Rd
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
State: District: Disbursement For: Primary General Other (specify) ▼

Date of Disbursement 09 / 26 / 2018

FEC Identification Number C
Transaction ID : SB21B-39845
Amount of Each Disbursement this Period 156.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1368.90
TOTAL This Period (last page this line number only).....▶	76947.46