



**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="2019"/>	<input type="text" value="1616.08"/>	<input type="text" value="1616.08"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1616.08"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="253575.86"/>	<input type="text" value="253575.86"/>
(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="255191.94"/>	<input type="text" value="255191.94"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="237191.39"/>	<input type="text" value="237191.39"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="18000.55"/>	<input type="text" value="18000.55"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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).....	4040.00	4040.00
(ii) Unitemized .....	249535.86	249535.86
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	253575.86	253575.86
(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) .....	253575.86	253575.86
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)).....▶	253575.86	253575.86
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	253575.86	253575.86

**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 .....	237191.39	237191.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	237191.39	237191.39
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)) ..	237191.39	237191.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	237191.39	237191.39

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	253575.86	253575.86
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	253575.86	253575.86
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	237191.39	237191.39
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	237191.39	237191.39

**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 57
<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. DENNISON, ROLAND, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1342

City SALEM	State OH	Zip Code 44460
---------------	-------------	-------------------

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

Name of Employer (for Individual) TRUCKDRIVER	Occupation (for Individual) DEPUTY TRANSPORTATION
--------------------------------------------------	------------------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 200.00

Date of Receipt  
 01 / 19 / 2019  
**Transaction ID : SA11AI-1588681**

Amount of Each Receipt this Period  
 75.00

Memo Item

**B. DENNISON, ROLAND, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1342

City SALEM	State OH	Zip Code 44460
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) TRUCKDRIVER	Occupation (for Individual) DEPUTY TRANSPORTATION
--------------------------------------------------	------------------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 200.00

Date of Receipt  
 05 / 03 / 2019  
**Transaction ID : SA11AI-1588359**

Amount of Each Receipt this Period  
 125.00

Memo Item

**C. HURLEY, PAUL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7331 MEETING ST

City BRADENTON	State FL	Zip Code 34201
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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 ▼  
 200.00

Date of Receipt  
 06 / 06 / 2019  
**Transaction ID : SA11AI-15882007**

Amount of Each Receipt this Period  
 200.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> 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:	PAGE 7 OF 57
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. KING, KRISTAL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7042 EVANTON LOCH RD  
 City CHARLOTTE State NC Zip Code 28278  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 WELLS FARGO Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 15 / 2019  
**Transaction ID : SA11AI-15884051**  
 Amount of Each Receipt this Period  
 540.00  
 Memo Item

**B. KROLL, ALLAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13111 WATERCOTT LN  
 City PIERZ State MN Zip Code 56364  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 UNION CARPENTER  
 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  
 02 / 11 / 2019  
**Transaction ID : SA11AI-15879117**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**C. KROLL, ALLAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13111 WATERCOTT LN  
 City PIERZ State MN Zip Code 56364  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 UNION CARPENTER  
 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  
 06 / 24 / 2019  
**Transaction ID : SA11AI-15873445**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	740.00
<b>TOTAL</b> 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: PAGE 8 OF 57  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. LARA, HECTOR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6242 SUWANEE DAM RD  
 City SUGAR HILL State GA Zip Code 30518  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CONSTRUCTION Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 21 / 2019  
**Transaction ID : SA11AI-15888343**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. LARA, HECTOR, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6242 SUWANEE DAM RD  
 City SUGAR HILL State GA Zip Code 30518  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CONSTRUCTION Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 02 / 2019  
**Transaction ID : SA11AI-15883611**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**C. LEWIS, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9134 FOREST HILLS BLVD  
 City DALLAS State TX Zip Code 75218  
 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 01 / 07 / 2019  
**Transaction ID : SA11AI-15890045**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 450.00  
**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 9 OF 57
<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)  
**CHILDRENS LEUKEMIA SUPPORT NETWORK LLC**

**A. LEWIS, JOHN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9134 FOREST HILLS BLVD  
 City DALLAS State TX Zip Code 75218  
 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 06 / 26 / 2019  
**Transaction ID : SA11AI-15886443**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. MYERS, ANGUS M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12101 W KEATES DR  
 City BOISE State ID Zip Code 83709  
 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 ▼ 200.00

Date of Receipt 01 / 16 / 2019  
**Transaction ID : SA11AI-15889427**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. MYERS, ANGUS M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12101 W KEATES DR  
 City BOISE State ID Zip Code 83709  
 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 ▼ 200.00

Date of Receipt 05 / 28 / 2019  
**Transaction ID : SA11AI-15873985**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> 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 10 OF 57
	<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	

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

**A. RAMOS, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 321  
 City RANKIN State TX Zip Code 79778  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 18 / 2019  
**Transaction ID : SA11AI-1588853**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**B. RAMOS, MICHAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 321  
 City RANKIN State TX Zip Code 79778  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) Best Efforts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 10 / 2019  
**Transaction ID : SA11AI-15873803**  
 Amount of Each Receipt this Period 175.00  
 Memo Item

**C. ROBERTS, WILLIAM, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2738 GOLF LAKE DR  
 City PLANT CITY State FL Zip Code 33566  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) ENGINEER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 24 / 2019  
**Transaction ID : SA11AI-15887639**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> 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 11 OF 57
	<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	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. ROBERTS, WILLIAM, , ,**

Mailing Address 2738 GOLF LAKE DR

City PLANT CITY	State FL	Zip Code 33566
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Best Efforts	Occupation (for Individual) ENGINEER
---------------------------------------------------	-----------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2019

**Transaction ID : SA11AI-15883673**

Amount of Each Receipt this Period  
200.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. RUGGLES, LESTER, , ,**

Mailing Address 1700 CARTER RD

City SPARTA	State MO	Zip Code 65753
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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 ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01		28		2019

**Transaction ID : SA11AI-15877273**

Amount of Each Receipt this Period  
200.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. RUGGLES, LESTER, , ,**

Mailing Address 1700 CARTER RD

City SPARTA	State MO	Zip Code 65753
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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 ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2019

**Transaction ID : SA11AI-15873909**

Amount of Each Receipt this Period  
200.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> 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 12 OF 57
	<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	

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

**A. SANTOS, ALEXANDRE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 77 WESTBURY ST  
 City THOUSAND OAKS State CA Zip Code 91360  
 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 ▼ 200.00

Date of Receipt 01 / 04 / 2019  
**Transaction ID : SA11AI-15890067**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. SHAPIRO, BRIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 191 UNIVERSITY BLVD SUITE 720  
 City DENVER State CO Zip Code 80206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TL Occupation (for Individual) COUNTY FAVOR  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 19 / 2019  
**Transaction ID : SA11AI-15888783**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. SHAPIRO, BRIAN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 191 UNIVERSITY BLVD SUITE 720  
 City DENVER State CO Zip Code 80206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) TL Occupation (for Individual) COUNTY FAVOR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 02 / 2019  
**Transaction ID : SA11AI-15883735**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> 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 13 OF 57
	<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	

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

**A. WALKER, ROBERT, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1219 W 23RD ST  
 City HOUSTON State TX Zip Code 77008  
 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 ▼ 200.00

Date of Receipt **05 / 25 / 2019**  
**Transaction ID : SA11AI-15882447**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. WINSOR, CHARLES, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 373 BIG PIECE RD  
 City FAIRFIELD State NJ Zip Code 07004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sr Occupation (for Individual) ABCO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt **01 / 21 / 2019**  
**Transaction ID : SA11AI-15888337**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. WYSS, KEVIN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address N3351 COUNTY RD N  
 City MONROE State WI Zip Code 53566  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Best Efforts Occupation (for Individual) SHEET METAL  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt **02 / 11 / 2019**  
**Transaction ID : SA11AI-15878999**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	500.00
<b>TOTAL</b> 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 14 OF 57
	<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	

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

**A. WYSS, KEVIN, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address N3351 COUNTY RD N

City MONROE	State WI	Zip Code 53566
----------------	-------------	-------------------

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

Name of Employer (for Individual) Best Efforts	Occupation (for Individual) SHEET METAL
---------------------------------------------------	--------------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
06		24		2019

**Transaction ID : SA11AI-15873211**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. CARTER, TRAVIS, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 26922 DUMBARTON CT

City ELKHART	State IN	Zip Code 46514
-----------------	-------------	-------------------

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	/	D D	/	Y Y Y Y
03		04		2019

**Transaction ID : SA11AI-15880631**

Amount of Each Receipt this Period  
200.00

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	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	4040.00

**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) <b>A. Pollock, Kecia M., , ,</b>			Date of Disbursement M M / D D / Y Y Y Y Y 01 / 31 / 2019	
Mailing Address 4712 El Presidente Dr				
City Las Vegas	State NV	Zip Code 89129	FEC Identification Number C [REDACTED]	
Purpose of Disbursement Payroll		Category/Type 001	Transaction ID : SB21B-26577 Amount of Each Disbursement this Period [REDACTED] 1274.25	
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) ▼		<input type="checkbox"/> Memo Item	
State: District:				
Full Name (Last, First, Middle Initial) <b>B. Pollock, William C., , ,</b>			Date of Disbursement M M / D D / Y Y Y Y Y 01 / 31 / 2019	
Mailing Address 4712 El Presidente Dr				
City Las Vegas	State NV	Zip Code 89129	FEC Identification Number C [REDACTED]	
Purpose of Disbursement Payroll		Category/Type 001	Transaction ID : SB21B-26577 Amount of Each Disbursement this Period [REDACTED] 456.75	
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) ▼		<input type="checkbox"/> Memo Item	
State: District:				
Full Name (Last, First, Middle Initial) <b>C. Pollock, Kecia M., , ,</b>			Date of Disbursement M M / D D / Y Y Y Y Y 02 / 14 / 2019	
Mailing Address 4712 El Presidente Dr				
City Las Vegas	State NV	Zip Code 89129	FEC Identification Number C [REDACTED]	
Purpose of Disbursement Payroll		Category/Type 001	Transaction ID : SB21B-26577 Amount of Each Disbursement this Period [REDACTED] 1274.25	
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) ▼		<input type="checkbox"/> Memo Item	
State: District:				
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶			[REDACTED] 3005.25	
<b>TOTAL</b> 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: 02 / 14 / 2019

FEC Identification Number: C

Transaction ID : SB21B-26577

Amount of Each Disbursement this Period: 456.75

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: 02 / 28 / 2019

FEC Identification Number: C

Transaction ID : SB21B-26577

Amount of Each Disbursement this Period: 1274.25

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: 02 / 28 / 2019

FEC Identification Number: C

Transaction ID : SB21B-26577

Amount of Each Disbursement this Period: 456.75

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2187.75

**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) <b>A. Pollock, Kecia M., , ,</b>		Date of Disbursement MM / DD / YYYY 03 / 14 / 2019	
Mailing Address 4712 El Presidente Dr		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-26578</b> Amount of Each Disbursement this Period [REDACTED] 1274.25	
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>B. Pollock, William C., , ,</b>		Date of Disbursement MM / DD / YYYY 03 / 14 / 2019	
Mailing Address 4712 El Presidente Dr		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-26578</b> Amount of Each Disbursement this Period [REDACTED] 456.75	
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>C. Pollock, Kecia M., , ,</b>		Date of Disbursement MM / DD / YYYY 03 / 28 / 2019	
Mailing Address 4712 El Presidente Dr		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-26578</b> Amount of Each Disbursement this Period [REDACTED] 1274.25	
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 3005.25
<b>TOTAL</b> 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**

Full Name (Last, First, Middle Initial) <b>A. Pollock, William C., , ,</b>			Date of Disbursement MM / DD / YYYY 03 / 28 / 2019		
Mailing Address 4712 El Presidente Dr					
City Las Vegas		State NV	Zip Code 89129		
Purpose of Disbursement Payroll				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			

FEC Identification Number  
C [REDACTED]  
**Transaction ID : SB21B-26578**  
Amount of Each Disbursement this Period  
[REDACTED] 456.75

Full Name (Last, First, Middle Initial) <b>B. Pollock, Kecia M., , ,</b>			Date of Disbursement MM / DD / YYYY 04 / 11 / 2019		
Mailing Address 4712 El Presidente Dr					
City Las Vegas		State NV	Zip Code 89129		
Purpose of Disbursement Payroll				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			

FEC Identification Number  
C [REDACTED]  
**Transaction ID : SB21B-26578**  
Amount of Each Disbursement this Period  
[REDACTED] 868.50

Full Name (Last, First, Middle Initial) <b>C. Pollock, William C., , ,</b>			Date of Disbursement MM / DD / YYYY 04 / 11 / 2019		
Mailing Address 4712 El Presidente Dr					
City Las Vegas		State NV	Zip Code 89129		
Purpose of Disbursement Payroll				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			

FEC Identification Number  
C [REDACTED]  
**Transaction ID : SB21B-26578**  
Amount of Each Disbursement this Period  
[REDACTED] 456.75

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 1782.00
<b>TOTAL</b> 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**

Full Name (Last, First, Middle Initial) <b>A. American Incorporators LTD</b>		Date of Disbursement MM / DD / YYYY 05 / 08 / 2019	
Mailing Address 1013 Centre Road Suit 403-A		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-26567</b> Amount of Each Disbursement this Period 464.00	
City Wilmington	State DE	Zip Code 19805-1270	Category/ Type 001
Purpose of Disbursement Business Registration Fees		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>B. American Incorporators LTD</b>		Date of Disbursement MM / DD / YYYY 05 / 10 / 2019	
Mailing Address 1013 Centre Road Suit 403-A		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-26567</b> Amount of Each Disbursement this Period 300.00	
City Wilmington	State DE	Zip Code 19805-1270	Category/ Type 001
Purpose of Disbursement Business Registration Fees		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>C. American Technology Services</b>		Date of Disbursement MM / DD / YYYY 01 / 03 / 2019	
Mailing Address 2522 W 41st #180		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-26567</b> Amount of Each Disbursement this Period 239.84	
City Sioux Falls	State SD	Zip Code 57105	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		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1003.84
<b>TOTAL</b> 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. American Technology Services**

Full Name (Last, First, Middle Initial)

Mailing Address 2522 W 41st #180

City Sioux Falls State SD Zip Code 57105

Purpose of Disbursement Software Licensing

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 08 / 2019

FEC Identification Number: C

Transaction ID : SB21B-26567

Amount of Each Disbursement this Period: 75.52

Memo Item

**B. American Technology Services**

Full Name (Last, First, Middle Initial)

Mailing Address 2522 W 41st #180

City Sioux Falls State SD Zip Code 57105

Purpose of Disbursement Software Licensing

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 14 / 2019

FEC Identification Number: C

Transaction ID : SB21B-26567

Amount of Each Disbursement this Period: 33.92

Memo Item

**C. American Technology Services**

Full Name (Last, First, Middle Initial)

Mailing Address 2522 W 41st #180

City Sioux Falls State SD Zip Code 57105

Purpose of Disbursement Software Licensing

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 18 / 2019

FEC Identification Number: C

Transaction ID : SB21B-26567

Amount of Each Disbursement this Period: 546.24

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 655.68

**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**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		29		2019

Mailing Address 2522 W 41st  
#180

City Sioux Falls State SD Zip Code 57105

Purpose of Disbursement  
Software Licensing

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-26567
Amount of Each Disbursement this Period
3755.20

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

Full Name (Last, First, Middle Initial)

**B. American Technology Services**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		04		2019

Mailing Address 2522 W 41st  
#180

City Sioux Falls State SD Zip Code 57105

Purpose of Disbursement  
Software Licensing

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-26567
Amount of Each Disbursement this Period
7922.88

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

Full Name (Last, First, Middle Initial)

**C. American Technology Services**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		08		2019

Mailing Address 2522 W 41st  
#180

City Sioux Falls State SD Zip Code 57105

Purpose of Disbursement  
Software Licensing

001
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-26567
Amount of Each Disbursement this Period
6183.52

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).....▶

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

17861.60

**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**

Mailing Address 2522 W 41st  
#180

City Sioux Falls State SD Zip Code 57105

Purpose of Disbursement  
Software Licensing

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-26568**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. American Technology Services**

Mailing Address 2522 W 41st  
#180

City Sioux Falls State SD Zip Code 57105

Purpose of Disbursement  
Software Licensing

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-26568**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. American Technology Services**

Mailing Address 2522 W 41st  
#180

City Sioux Falls State SD Zip Code 57105

Purpose of Disbursement  
Software Licensing

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-26568**  
Amount of Each Disbursement this Period

Memo Item

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

**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**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	12	/	2019

Mailing Address 2522 W 41st  
#180

City Sioux Falls State SD Zip Code 57105

Purpose of Disbursement Software Licensing  
Candidate Name  
Category/Type **001**

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

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B-26568**  
Amount of Each Disbursement this Period  
[ ] 3228.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. American Technology Services**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	15	/	2019

Mailing Address 2522 W 41st  
#180

City Sioux Falls State SD Zip Code 57105

Purpose of Disbursement Software Licensing  
Candidate Name  
Category/Type **001**

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

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B-26568**  
Amount of Each Disbursement this Period  
[ ] 2711.84

Memo Item

Full Name (Last, First, Middle Initial)

**C. American Technology Services**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	26	/	2019

Mailing Address 2522 W 41st  
#180

City Sioux Falls State SD Zip Code 57105

Purpose of Disbursement Software Licensing  
Candidate Name  
Category/Type **001**

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

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B-26568**  
Amount of Each Disbursement this Period  
[ ] 2192.64

Memo Item

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

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

[ ] 8132.48

[ ]

**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) <b>A. American Technology Services</b>		Date of Disbursement MM / DD / YYYY 04 / 01 / 2019	
Mailing Address 2522 W 41st #180		FEC Identification Number C [ ] <b>Transaction ID : SB21B-26568</b> Amount of Each Disbursement this Period [ ] 1414.72	
City Sioux Falls	State SD	Zip Code 57105	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) ▼		<input type="checkbox"/> Memo Item
State: District:	Full Name (Last, First, Middle Initial) <b>B. American Technology Services</b>		
Mailing Address 2522 W 41st #180		Date of Disbursement MM / DD / YYYY 04 / 05 / 2019	
City Sioux Falls		State SD	Zip Code 57105
Purpose of Disbursement Software Licensing		Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period [ ] 1132.96	
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) ▼		<input type="checkbox"/> Memo Item
State: District:	Full Name (Last, First, Middle Initial) <b>C. American Technology Services</b>		
Mailing Address 2522 W 41st #180		Date of Disbursement MM / DD / YYYY 04 / 12 / 2019	
City Sioux Falls		State SD	Zip Code 57105
Purpose of Disbursement Software Licensing		Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period [ ] 1306.56	
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) ▼		<input type="checkbox"/> Memo Item
State: District:	Full Name (Last, First, Middle Initial) <b>SUBTOTAL of Disbursements This Page (optional)..... ▶</b>		
		[ ] 3854.24	
		<b>TOTAL This Period (last page this line number only)..... ▶</b>	
		[ ]	



**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**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		22		2019

Mailing Address 2522 W 41st  
#180

City Sioux Falls State SD Zip Code 57105

Purpose of Disbursement Software Licensing  
Candidate Name  
Category/Type 001

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

FEC Identification Number

C  
Transaction ID : SB21B-26569  
Amount of Each Disbursement this Period  
1416.80

Memo Item

Full Name (Last, First, Middle Initial)

**B. American Technology Services**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		26		2019

Mailing Address 2522 W 41st  
#180

City Sioux Falls State SD Zip Code 57105

Purpose of Disbursement Software Licensing  
Candidate Name  
Category/Type 001

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

FEC Identification Number

C  
Transaction ID : SB21B-26569  
Amount of Each Disbursement this Period  
1344.16

Memo Item

Full Name (Last, First, Middle Initial)

**C. American Technology Services**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		10		2019

Mailing Address 2522 W 41st  
#180

City Sioux Falls State SD Zip Code 57105

Purpose of Disbursement Software Licensing  
Candidate Name  
Category/Type 001

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

FEC Identification Number

C  
Transaction ID : SB21B-26569  
Amount of Each Disbursement this Period  
1698.56

Memo Item

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

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

4459.52

**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) <b>A. American Technology Services</b>		Date of Disbursement MM / DD / YYYY 05 / 15 / 2019	
Mailing Address 2522 W 41st #180 City Sioux Falls State SD Zip Code 57105		FEC Identification Number C <b>Transaction ID : SB21B-26569</b> Amount of Each Disbursement this Period 1736.00	
Purpose of Disbursement Software Licensing Candidate Name 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)		Category/Type 001 <input type="checkbox"/> Memo Item	
Full Name (Last, First, Middle Initial) <b>B. American Technology Services</b>		Date of Disbursement MM / DD / YYYY 05 / 22 / 2019	
Mailing Address 2522 W 41st #180 City Sioux Falls State SD Zip Code 57105		FEC Identification Number C <b>Transaction ID : SB21B-26569</b> Amount of Each Disbursement this Period 1804.16	
Purpose of Disbursement Software Licensing Candidate Name 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)		Category/Type 001 <input type="checkbox"/> Memo Item	
Full Name (Last, First, Middle Initial) <b>C. American Technology Services</b>		Date of Disbursement MM / DD / YYYY 05 / 29 / 2019	
Mailing Address 2522 W 41st #180 City Sioux Falls State SD Zip Code 57105		FEC Identification Number C <b>Transaction ID : SB21B-26569</b> Amount of Each Disbursement this Period 694.24	
Purpose of Disbursement Software Licensing Candidate Name 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)		Category/Type 001 <input type="checkbox"/> Memo Item	
<b>SUBTOTAL</b> of Disbursements This Page (optional).....		4234.40	
<b>TOTAL</b> 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) <b>A. American Technology Services</b>		Date of Disbursement MM / DD / YYYY 05 / 29 / 2019
Mailing Address 2522 W 41st #180		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-26569</b> Amount of Each Disbursement this Period [REDACTED] 335.40
City Sioux Falls	State SD	Zip Code 57105
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>B. American Technology Services</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2019
Mailing Address 2522 W 41st #180		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-26569</b> Amount of Each Disbursement this Period [REDACTED] 1307.36
City Sioux Falls	State SD	Zip Code 57105
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>C. American Technology Services</b>		Date of Disbursement MM / DD / YYYY 06 / 07 / 2019
Mailing Address 2522 W 41st #180		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-26569</b> Amount of Each Disbursement this Period [REDACTED] 462.88
City Sioux Falls	State SD	Zip Code 57105
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 2105.64
<b>TOTAL</b> 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**

Full Name (Last, First, Middle Initial)

**A. American Technology Services**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		14		2019

Mailing Address 2522 W 41st  
#180

City Sioux Falls State SD Zip Code 57105

Purpose of Disbursement Software Licensing  
Candidate Name  
Category/Type **001**

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

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B-26569**  
Amount of Each Disbursement this Period  
[ ] 648.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. American Technology Services**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		25		2019

Mailing Address 2522 W 41st  
#180

City Sioux Falls State SD Zip Code 57105

Purpose of Disbursement Software Licensing  
Candidate Name  
Category/Type **001**

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

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B-26570**  
Amount of Each Disbursement this Period  
[ ] 8976.64

Memo Item

Full Name (Last, First, Middle Initial)

**C. American Technology Services**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		28		2019

Mailing Address 2522 W 41st  
#180

City Sioux Falls State SD Zip Code 57105

Purpose of Disbursement Software Licensing  
Candidate Name  
Category/Type **001**

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

FEC Identification Number

**C** [ ]  
**Transaction ID : SB21B-26571**  
Amount of Each Disbursement this Period  
[ ] 6559.36

Memo Item

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

[ ] 16184.00

**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) <b>A. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 01 / 02 / 2019	
Mailing Address 808 E Utah Valley Dr		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-27670</b>	
City American Folk	State UT	Zip Code 84003	Amount of Each Disbursement this Period 76.33
Purpose of Disbursement Merchant Service Bank Card Fees		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>B. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 01 / 03 / 2019	
Mailing Address 808 E Utah Valley Dr		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-26570</b>	
City American Folk	State UT	Zip Code 84003	Amount of Each Disbursement this Period 27.63
Purpose of Disbursement Credit Card Processing		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>C. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 01 / 25 / 2019	
Mailing Address 808 E Utah Valley Dr		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-27671</b>	
City American Folk	State UT	Zip Code 84003	Amount of Each Disbursement this Period 15.61
Purpose of Disbursement Merchant Service Bank Card Fees		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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	119.57
<b>TOTAL</b> 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) <b>A. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 02 / 04 / 2019	
Mailing Address 808 E Utah Valley Dr		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-26570</b> Amount of Each Disbursement this Period [REDACTED] 148.91	
City American Fork	State UT	Zip Code 84003	Category/ Type 001
Purpose of Disbursement Credit Card Processing			
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>B. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 02 / 04 / 2019	
Mailing Address 808 E Utah Valley Dr		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-27670</b> Amount of Each Disbursement this Period [REDACTED] 40.75	
City American Fork	State UT	Zip Code 84003	Category/ Type 001
Purpose of Disbursement Merchant Service Bank Card Fees			
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>C. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 02 / 04 / 2019	
Mailing Address 808 E Utah Valley Dr		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-27671</b> Amount of Each Disbursement this Period [REDACTED] 499.88	
City American Fork	State UT	Zip Code 84003	Category/ Type 001
Purpose of Disbursement Merchant Service Bank Card Fees			
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 689.54
<b>TOTAL</b> 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**

Full Name (Last, First, Middle Initial) <b>A. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 02 / 08 / 2019	
Mailing Address 808 E Utah Valley Dr		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-27671</b>	
City American Folk	State UT	Zip Code 84003	Amount of Each Disbursement this Period 50.02
Purpose of Disbursement Merchant Service Bank Card Fees		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>B. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 02 / 13 / 2019	
Mailing Address 808 E Utah Valley Dr		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-27671</b>	
City American Folk	State UT	Zip Code 84003	Amount of Each Disbursement this Period 20.00
Purpose of Disbursement Merchant Service Bank Card Fees		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>C. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 02 / 14 / 2019	
Mailing Address 808 E Utah Valley Dr		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-27671</b>	
City American Folk	State UT	Zip Code 84003	Amount of Each Disbursement this Period 25.02
Purpose of Disbursement Merchant Service Bank Card Fees		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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	95.04
<b>TOTAL</b> 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) <b>A. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 02 / 21 / 2019	
Mailing Address 808 E Utah Valley Dr		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-27671</b>	
City American Fork	State UT	Zip Code 84003	Amount of Each Disbursement this Period 40.02
Purpose of Disbursement Merchant Service Bank Card Fees		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>B. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 03 / 04 / 2019	
Mailing Address 808 E Utah Valley Dr		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-26570</b>	
City American Fork	State UT	Zip Code 84003	Amount of Each Disbursement this Period 84.53
Purpose of Disbursement Credit Card Processing		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>C. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 03 / 04 / 2019	
Mailing Address 808 E Utah Valley Dr		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-27671</b>	
City American Fork	State UT	Zip Code 84003	Amount of Each Disbursement this Period 291.14
Purpose of Disbursement Merchant Service Bank Card Fees		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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	415.69
<b>TOTAL</b> 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) <b>A. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 04 / 01 / 2019	
Mailing Address 808 E Utah Valley Dr			
City American Fork	State UT	Zip Code 84003	
Purpose of Disbursement Merchant Service Bank Card Fees		<input type="text" value="001"/>	FEC Identification Number <input type="text" value="C"/>
Candidate Name		Category/Type	Transaction ID : <b>SB21B-27671</b>
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) ▼		Amount of Each Disbursement this Period <input type="text" value="208.46"/>
State: District:			<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 04 / 02 / 2019	
Mailing Address 808 E Utah Valley Dr			
City American Fork	State UT	Zip Code 84003	
Purpose of Disbursement Credit Card Processing		<input type="text" value="001"/>	FEC Identification Number <input type="text" value="C"/>
Candidate Name		Category/Type	Transaction ID : <b>SB21B-26570</b>
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) ▼		Amount of Each Disbursement this Period <input type="text" value="48.27"/>
State: District:			<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Authorize.net</b>		Date of Disbursement MM / DD / YYYY 04 / 15 / 2019	
Mailing Address 808 E Utah Valley Dr			
City American Fork	State UT	Zip Code 84003	
Purpose of Disbursement Merchant Service Bank Card Fees		<input type="text" value="001"/>	FEC Identification Number <input type="text" value="C"/>
Candidate Name		Category/Type	Transaction ID : <b>SB21B-27671</b>
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) ▼		Amount of Each Disbursement this Period <input type="text" value="20.02"/>
State: District:			<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<input type="text" value="276.75"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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) <b>A. Authorize.net</b>			Date of Disbursement MM / DD / YYYY 05 / 02 / 2019		
Mailing Address 808 E Utah Valley Dr					
City American Fork		State UT	Zip Code 84003		
Purpose of Disbursement Credit Card Processing				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			

FEC Identification Number  
C [REDACTED]  
**Transaction ID : SB21B-26570**  
Amount of Each Disbursement this Period  
[REDACTED] 44.91

Full Name (Last, First, Middle Initial) <b>B. Authorize.net</b>			Date of Disbursement MM / DD / YYYY 05 / 02 / 2019		
Mailing Address 808 E Utah Valley Dr					
City American Fork		State UT	Zip Code 84003		
Purpose of Disbursement Merchant Service Bank Card Fees				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			

FEC Identification Number  
C [REDACTED]  
**Transaction ID : SB21B-27671**  
Amount of Each Disbursement this Period  
[REDACTED] 125.13

Full Name (Last, First, Middle Initial) <b>C. Authorize.net</b>			Date of Disbursement MM / DD / YYYY 06 / 03 / 2019		
Mailing Address 808 E Utah Valley Dr					
City American Fork		State UT	Zip Code 84003		
Purpose of Disbursement Merchant Service Bank Card Fees				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			

FEC Identification Number  
C [REDACTED]  
**Transaction ID : SB21B-27671**  
Amount of Each Disbursement this Period  
[REDACTED] 169.22

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 339.26
<b>TOTAL</b> 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**

Full Name (Last, First, Middle Initial) <b>A. Authorize.net</b>			Date of Disbursement MM / DD / YYYY 06 / 04 / 2019	
Mailing Address 808 E Utah Valley Dr				
City American Fork	State UT	Zip Code 84003	FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-26570</b> Amount of Each Disbursement this Period [REDACTED] 59.89	
Purpose of Disbursement Credit Card Processing		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>B. Authorize.net</b>			Date of Disbursement MM / DD / YYYY 06 / 18 / 2019	
Mailing Address 808 E Utah Valley Dr				
City American Fork	State UT	Zip Code 84003	FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-27672</b> Amount of Each Disbursement this Period [REDACTED] 40.02	
Purpose of Disbursement Merchant Service Bank Card Fees		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>C. Authorize.net</b>			Date of Disbursement MM / DD / YYYY 06 / 30 / 2019	
Mailing Address 808 E Utah Valley Dr				
City American Fork	State UT	Zip Code 84003	FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-27671</b> Amount of Each Disbursement this Period [REDACTED] 3278.40	
Purpose of Disbursement Credit Card Processing Fees (Combined)		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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 3378.31
<b>TOTAL</b> 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**

Full Name (Last, First, Middle Initial) <b>A. C Terry Raben LTD</b>		Date of Disbursement MM / DD / YYYY 06 / 05 / 2019
Mailing Address 3140 S. Rainbow Blvd. Suite# 403		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-26570</b> Amount of Each Disbursement this Period [REDACTED] 200.00
City Las Vegas	State NV	Zip Code 89146
Purpose of Disbursement Accounting Fees		001 Category/ Type
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>B. C Terry Raben LTD</b>		Date of Disbursement MM / DD / YYYY 06 / 05 / 2019
Mailing Address 3140 S. Rainbow Blvd. Suite# 403		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-26570</b> Amount of Each Disbursement this Period [REDACTED] 100.00
City Las Vegas	State NV	Zip Code 89146
Purpose of Disbursement Accounting Fees		001 Category/ Type
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>C. Compliance Consultants</b>		Date of Disbursement MM / DD / YYYY 01 / 03 / 2019
Mailing Address 270 Cobb Pky S		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-26570</b> Amount of Each Disbursement this Period [REDACTED] 340.42
City Marietta	State GA	Zip Code 30060
Purpose of Disbursement Credit Card Payment processing and verifications		001 Category/ Type
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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 640.42
<b>TOTAL</b> 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**

Full Name (Last, First, Middle Initial) <b>A. Compliance Consultants</b>		Date of Disbursement MM / DD / YYYY 01 / 08 / 2019	
Mailing Address 270 Cobb Pky S		FEC Identification Number C [ ] <b>Transaction ID : SB21B-26571</b> Amount of Each Disbursement this Period [ ] 107.19	
City Marietta	State GA	Zip Code 30060	Category/ Type 001
Purpose of Disbursement Credit Card Payment processing and verifications		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) ▼		Memo Item <input type="checkbox"/>
State: District:			
Full Name (Last, First, Middle Initial) <b>B. Compliance Consultants</b>		Date of Disbursement MM / DD / YYYY 01 / 14 / 2019	
Mailing Address 270 Cobb Pky S		FEC Identification Number C [ ] <b>Transaction ID : SB21B-26571</b> Amount of Each Disbursement this Period [ ] 48.15	
City Marietta	State GA	Zip Code 30060	Category/ Type 001
Purpose of Disbursement Credit Card Payment processing and verifications		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) ▼		Memo Item <input type="checkbox"/>
State: District:			
Full Name (Last, First, Middle Initial) <b>C. Compliance Consultants</b>		Date of Disbursement MM / DD / YYYY 01 / 18 / 2019	
Mailing Address 270 Cobb Pky S		FEC Identification Number C [ ] <b>Transaction ID : SB21B-26571</b> Amount of Each Disbursement this Period [ ] 775.32	
City Marietta	State GA	Zip Code 30060	Category/ Type 001
Purpose of Disbursement Credit Card Payment processing and verifications		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) ▼		Memo Item <input type="checkbox"/>
State: District:			
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶		[ ] 930.66	
<b>TOTAL</b> 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) <b>A. Compliance Consultants</b>		Date of Disbursement MM / DD / YYYY 01 / 29 / 2019	
Mailing Address 270 Cobb Pky S		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-26571</b> Amount of Each Disbursement this Period [REDACTED] 5330.04	
City Marietta	State GA	Zip Code 30060	Category/ Type 001
Purpose of Disbursement Credit Card Payment processing and verifications		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) ▼	Memo Item <input type="checkbox"/>	
State: _____ District: _____			
Full Name (Last, First, Middle Initial) <b>B. Compliance Consultants</b>		Date of Disbursement MM / DD / YYYY 02 / 04 / 2019	
Mailing Address 270 Cobb Pky S		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-26571</b> Amount of Each Disbursement this Period [REDACTED] 11245.31	
City Marietta	State GA	Zip Code 30060	Category/ Type 001
Purpose of Disbursement Credit Card Payment processing and verifications		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) ▼	Memo Item <input type="checkbox"/>	
State: _____ District: _____			
Full Name (Last, First, Middle Initial) <b>C. Compliance Consultants</b>		Date of Disbursement MM / DD / YYYY 02 / 08 / 2019	
Mailing Address 270 Cobb Pky S		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-26571</b> Amount of Each Disbursement this Period [REDACTED] 8776.51	
City Marietta	State GA	Zip Code 30060	Category/ Type 001
Purpose of Disbursement Credit Card Payment processing and verifications		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) ▼	Memo Item <input type="checkbox"/>	
State: _____ District: _____			
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶		[REDACTED] 25351.86	
<b>TOTAL</b> 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**

Full Name (Last, First, Middle Initial) <b>A. Compliance Consultants</b>		Date of Disbursement MM / DD / YYYY 02 / 15 / 2019	
Mailing Address 270 Cobb Pky S		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-26571</b> Amount of Each Disbursement this Period [REDACTED] 12016.09	
City Marietta	State GA	Zip Code 30060	Category/ Type 001
Purpose of Disbursement Credit Card Payment processing and verifications		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		
Full Name (Last, First, Middle Initial) <b>B. Compliance Consultants</b>		Date of Disbursement MM / DD / YYYY 02 / 26 / 2019	
Mailing Address 270 Cobb Pky S		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-26571</b> Amount of Each Disbursement this Period [REDACTED] 6664.48	
City Marietta	State GA	Zip Code 30060	Category/ Type 001
Purpose of Disbursement Credit Card Payment processing and verifications		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:	
Full Name (Last, First, Middle Initial) <b>C. Compliance Consultants</b>		Date of Disbursement MM / DD / YYYY 03 / 04 / 2019	
Mailing Address 270 Cobb Pky S		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-26571</b> Amount of Each Disbursement this Period [REDACTED] 5157.44	
City Marietta	State GA	Zip Code 30060	Category/ Type 001
Purpose of Disbursement Credit Card Payment processing and verifications		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District:	
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶		[REDACTED] 23838.01	
<b>TOTAL</b> 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. Compliance Consultants**

Full Name (Last, First, Middle Initial)

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement  
Credit Card Payment processing and verifications

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
03 / 12 / 2019

FEC Identification Number: C

Transaction ID : SB21B-26572

Amount of Each Disbursement this Period: 4581.52

Memo Item

**B. Compliance Consultants**

Full Name (Last, First, Middle Initial)

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement  
Credit Card Payment processing and verifications

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
03 / 15 / 2019

FEC Identification Number: C

Transaction ID : SB21B-26572

Amount of Each Disbursement this Period: 3849.12

Memo Item

**C. Compliance Consultants**

Full Name (Last, First, Middle Initial)

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement  
Credit Card Payment processing and verifications

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
03 / 26 / 2019

FEC Identification Number: C

Transaction ID : SB21B-26572

Amount of Each Disbursement this Period: 3111.95

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 11542.59

**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**

Full Name (Last, First, Middle Initial)

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement  
Credit Card Payment processing and verifications

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 01 / 2019

FEC Identification Number: C

Transaction ID : SB21B-26572

Amount of Each Disbursement this Period: 2008.02

Memo Item

**B. Compliance Consultants**

Full Name (Last, First, Middle Initial)

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement  
Credit Card Payment processing and verifications

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 05 / 2019

FEC Identification Number: C

Transaction ID : SB21B-26572

Amount of Each Disbursement this Period: 1608.10

Memo Item

**C. Compliance Consultants**

Full Name (Last, First, Middle Initial)

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement  
Credit Card Payment processing and verifications

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 22 / 2019

FEC Identification Number: C

Transaction ID : SB21B-26572

Amount of Each Disbursement this Period: 2010.97

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 5627.09

**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) <b>A. Compliance Consultants</b>		Date of Disbursement MM / DD / YYYY 04 / 26 / 2019	
Mailing Address 270 Cobb Pky S		FEC Identification Number C [ ] <b>Transaction ID : SB21B-26572</b> Amount of Each Disbursement this Period [ ] 3762.14	
City Marietta	State GA	Zip Code 30060	Category/ Type 001
Purpose of Disbursement Credit Card Payment processing and verifications		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) ▼		Memo Item <input type="checkbox"/>
State: District:			
Full Name (Last, First, Middle Initial) <b>B. Compliance Consultants</b>		Date of Disbursement MM / DD / YYYY 05 / 10 / 2019	
Mailing Address 270 Cobb Pky S		FEC Identification Number C [ ] <b>Transaction ID : SB21B-26572</b> Amount of Each Disbursement this Period [ ] 2410.89	
City Marietta	State GA	Zip Code 30060	Category/ Type 001
Purpose of Disbursement Credit Card Payment processing and verifications		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) ▼		Memo Item <input type="checkbox"/>
State: District:			
Full Name (Last, First, Middle Initial) <b>C. Compliance Consultants</b>		Date of Disbursement MM / DD / YYYY 05 / 15 / 2019	
Mailing Address 270 Cobb Pky S		FEC Identification Number C [ ] <b>Transaction ID : SB21B-26572</b> Amount of Each Disbursement this Period [ ] 2464.04	
City Marietta	State GA	Zip Code 30060	Category/ Type 001
Purpose of Disbursement Credit Card Payment processing and verifications		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) ▼		Memo Item <input type="checkbox"/>
State: District:			
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶		[ ] 8637.07	
<b>TOTAL</b> 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) <b>A. Compliance Consultants</b>		Date of Disbursement MM / DD / YYYY 05 / 22 / 2019	
Mailing Address 270 Cobb Pky S		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-26572</b> Amount of Each Disbursement this Period [REDACTED] 2560.78	
City Marietta	State GA	Zip Code 30060	Category/ Type 001
Purpose of Disbursement Credit Card Payment processing and verifications		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>B. Compliance Consultants</b>		Date of Disbursement MM / DD / YYYY 05 / 29 / 2019	
Mailing Address 270 Cobb Pky S		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-26573</b> Amount of Each Disbursement this Period [REDACTED] 985.39	
City Marietta	State GA	Zip Code 30060	Category/ Type 001
Purpose of Disbursement Credit Card Payment processing and verifications		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>C. Compliance Consultants</b>		Date of Disbursement MM / DD / YYYY 06 / 07 / 2019	
Mailing Address 270 Cobb Pky S		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-2657:</b> Amount of Each Disbursement this Period [REDACTED] 1855.63	
City Marietta	State GA	Zip Code 30060	Category/ Type 001
Purpose of Disbursement Credit Card Payment processing and verifications		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
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶		[REDACTED] 5401.80	
<b>TOTAL</b> 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**

Full Name (Last, First, Middle Initial) <b>A. Compliance Consultants</b>		Date of Disbursement MM / DD / YYYY 06 / 07 / 2019	
Mailing Address 270 Cobb Pky S		FEC Identification Number C [ ] <b>Transaction ID : SB21B-26573</b> Amount of Each Disbursement this Period [ ] 657.00	
City Marietta	State GA	Zip Code 30060	Category/ Type 001
Purpose of Disbursement Credit Card Payment processing and verifications		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Full Name (Last, First, Middle Initial) <b>B. Compliance Consultants</b>	
Mailing Address 270 Cobb Pky S		Date of Disbursement MM / DD / YYYY 06 / 14 / 2019	
City Marietta	State GA	Zip Code 30060	Category/ Type 001
Purpose of Disbursement Credit Card Payment processing and verifications		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Amount of Each Disbursement this Period [ ] 919.76
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Memo Item <input type="checkbox"/>	
State: District:	Full Name (Last, First, Middle Initial) <b>C. Compliance Consultants</b>		
Mailing Address 270 Cobb Pky S		Date of Disbursement MM / DD / YYYY 06 / 25 / 2019	
City Marietta	State GA	Zip Code 30060	Category/ Type 001
Purpose of Disbursement Credit Card Payment processing and verifications		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Candidate Name			Amount of Each Disbursement this Period [ ] 12740.99
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Memo Item <input type="checkbox"/>	
State: District:	Full Name (Last, First, Middle Initial) <b>SUBTOTAL of Disbursements This Page (optional)..... ▶</b>		
Mailing Address 270 Cobb Pky S		[ ] 14317.75	
Full Name (Last, First, Middle Initial) <b>TOTAL This Period (last page this line number only)..... ▶</b>		[ ]	

**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**

Full Name (Last, First, Middle Initial)

Mailing Address 270 Cobb Pky S

City Marietta State GA Zip Code 30060

Purpose of Disbursement Credit Card Payment processing and verifications

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
06 / 28 / 2019

FEC Identification Number: C

Transaction ID : SB21B-26573

Amount of Each Disbursement this Period: 9310.19

Memo Item

**B. Cox Communications**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 78071

City Phoenix State AZ Zip Code 85062

Purpose of Disbursement Telephone, Telecommunications

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
03 / 08 / 2019

FEC Identification Number: C

Transaction ID : SB21B-26573

Amount of Each Disbursement this Period: 140.14

Memo Item

**C. Cox Communications**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 78071

City Phoenix State AZ Zip Code 85062

Purpose of Disbursement Telephone, Telecommunications

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
04 / 01 / 2019

FEC Identification Number: C

Transaction ID : SB21B-26573

Amount of Each Disbursement this Period: 725.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 10175.33

**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) <b>A. Unified Data Services</b>		Date of Disbursement MM / DD / YYYY 01 / 09 / 2019
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-26573</b> Amount of Each Disbursement this Period [REDACTED] 35.10
City Salt Lake City	State UT	Zip Code 84106
Purpose of Disbursement Caging and Escrow		Category/ Type 003
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>B. Unified Data Services</b>		Date of Disbursement MM / DD / YYYY 01 / 14 / 2019
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-26574</b> Amount of Each Disbursement this Period [REDACTED] 15.60
City Salt Lake City	State UT	Zip Code 84106
Purpose of Disbursement Caging and Escrow		Category/ Type 003
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>C. Unified Data Services</b>		Date of Disbursement MM / DD / YYYY 01 / 18 / 2019
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-26574</b> Amount of Each Disbursement this Period [REDACTED] 265.20
City Salt Lake City	State UT	Zip Code 84106
Purpose of Disbursement Caging and Escrow		Category/ Type 003
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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 315.90
<b>TOTAL</b> 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**

Full Name (Last, First, Middle Initial)

### A. Unified Data Services

Mailing Address 2223 S Highland Dr  
#E6-240

City Salt Lake City State UT Zip Code 84106

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  
MM / DD / YYYY  
01 / 29 / 2019

FEC Identification Number  
C  
Transaction ID : SB21B-26574  
Amount of Each Disbursement this Period  
1817.40

Memo Item

Full Name (Last, First, Middle Initial)

### B. Unified Data Services

Mailing Address 2223 S Highland Dr  
#E6-240

City Salt Lake City State UT Zip Code 84106

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  
MM / DD / YYYY  
02 / 04 / 2019

FEC Identification Number  
C  
Transaction ID : SB21B-26574  
Amount of Each Disbursement this Period  
3833.70

Memo Item

Full Name (Last, First, Middle Initial)

### C. Unified Data Services

Mailing Address 2223 S Highland Dr  
#E6-240

City Salt Lake City State UT Zip Code 84106

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  
MM / DD / YYYY  
02 / 08 / 2019

FEC Identification Number  
C  
Transaction ID : SB21B-26574  
Amount of Each Disbursement this Period  
2991.30

Memo Item

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

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

8642.40

**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**

Full Name (Last, First, Middle Initial)

Mailing Address 2223 S Highland Dr #E6-240

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement Caging and Escrow

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement 02 / 15 / 2019

FEC Identification Number C

Transaction ID : SB21B-26574

Amount of Each Disbursement this Period 4095.00

Memo Item

**B. Unified Data Services**

Full Name (Last, First, Middle Initial)

Mailing Address 2223 S Highland Dr #E6-240

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement Caging and Escrow

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement 02 / 26 / 2019

FEC Identification Number C

Transaction ID : SB21B-26574

Amount of Each Disbursement this Period 2273.70

Memo Item

**C. Unified Data Services**

Full Name (Last, First, Middle Initial)

Mailing Address 2223 S Highland Dr #E6-240

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement Caging and Escrow

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement 03 / 04 / 2019

FEC Identification Number C

Transaction ID : SB21B-26574

Amount of Each Disbursement this Period 1758.90

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 8127.60

**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**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	12	/	2019

Mailing Address 2223 S Highland Dr  
#E6-240

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement  
Caging and Escrow

003
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-26574
Amount of Each Disbursement this Period
1560.00

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

**B. Unified Data Services**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	15	/	2019

Mailing Address 2223 S Highland Dr  
#E6-240

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement  
Caging and Escrow

003
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-26574
Amount of Each Disbursement this Period
1310.40

Candidate Name

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

Memo Item

Full Name (Last, First, Middle Initial)

**C. Unified Data Services**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	26	/	2019

Mailing Address 2223 S Highland Dr  
#E6-240

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement  
Caging and Escrow

003
Category/ Type

FEC Identification Number

C
Transaction ID : SB21B-26574
Amount of Each Disbursement this Period
1060.80

Candidate Name

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

Memo Item

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

3931.20
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**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) <b>A. Unified Data Services</b>		Date of Disbursement MM / DD / YYYY 04 / 01 / 2019	
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-26575</b> Amount of Each Disbursement this Period [REDACTED] 682.50	
City Salt Lake City	State UT	Zip Code 84106	Category/ Type 003
Purpose of Disbursement Caging and Escrow		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) ▼		Memo Item <input type="checkbox"/>
State: _____ District: _____			
Full Name (Last, First, Middle Initial) <b>B. Unified Data Services</b>		Date of Disbursement MM / DD / YYYY 04 / 05 / 2019	
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-26575</b> Amount of Each Disbursement this Period [REDACTED] 549.90	
City Salt Lake City	State UT	Zip Code 84106	Category/ Type 003
Purpose of Disbursement Caging and Escrow		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) ▼		Memo Item <input type="checkbox"/>
State: _____ District: _____			
Full Name (Last, First, Middle Initial) <b>C. Unified Data Services</b>		Date of Disbursement MM / DD / YYYY 04 / 12 / 2019	
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-26575!</b> Amount of Each Disbursement this Period [REDACTED] 631.80	
City Salt Lake City	State UT	Zip Code 84106	Category/ Type 003
Purpose of Disbursement Caging and Escrow		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) ▼		Memo Item <input type="checkbox"/>
State: _____ District: _____			
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶		[REDACTED] 1864.20	
<b>TOTAL</b> 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**

Full Name (Last, First, Middle Initial)

**A. Unified Data Services**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		22		2019

Mailing Address 2223 S Highland Dr  
#E6-240

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement  
Caging and Escrow

003
Category/ Type

FEC Identification Number

C
---

Transaction ID : SB21B-26575  
Amount of Each Disbursement this Period

886.40
--------

Memo Item

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

Full Name (Last, First, Middle Initial)

**B. Unified Data Services**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		26		2019

Mailing Address 2223 S Highland Dr  
#E6-240

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement  
Caging and Escrow

003
Category/ Type

FEC Identification Number

C
---

Transaction ID : SB21B-26575  
Amount of Each Disbursement this Period

647.40
--------

Memo Item

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

Full Name (Last, First, Middle Initial)

**C. Unified Data Services**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		10		2019

Mailing Address 2223 S Highland Dr  
#E6-240

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement  
Caging and Escrow

003
Category/ Type

FEC Identification Number

C
---

Transaction ID : SB21B-26575  
Amount of Each Disbursement this Period

822.90
--------

Memo Item

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

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

2156.70
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**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**

Full Name (Last, First, Middle Initial)

Mailing Address 2223 S Highland Dr #E6-240

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement Caging and Escrow

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 05 / 15 / 2019

FEC Identification Number C

Transaction ID : SB21B-26575

Amount of Each Disbursement this Period 838.50

Memo Item

**B. Unified Data Services**

Full Name (Last, First, Middle Initial)

Mailing Address 2223 S Highland Dr #E6-240

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement Caging and Escrow

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 05 / 22 / 2019

FEC Identification Number C

Transaction ID : SB21B-26575

Amount of Each Disbursement this Period 873.60

Memo Item

**C. Unified Data Services**

Full Name (Last, First, Middle Initial)

Mailing Address 2223 S Highland Dr #E6-240

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement Caging and Escrow

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 06 / 04 / 2019

FEC Identification Number C

Transaction ID : SB21B-26575

Amount of Each Disbursement this Period 631.80

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2343.90

**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**

Full Name (Last, First, Middle Initial)

**A. Unified Data Services**

Mailing Address 2223 S Highland Dr  
#E6-240

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement  
Caging and Escrow

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-26576**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Unified Data Services**

Mailing Address 2223 S Highland Dr  
#E6-240

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement  
Caging and Escrow

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-26576**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Unified Data Services**

Mailing Address 2223 S Highland Dr  
#E6-240

City Salt Lake City State UT Zip Code 84106

Purpose of Disbursement  
Caging and Escrow

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B-26576**  
Amount of Each Disbursement this Period

Memo Item

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

**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) <b>A. Unified Data Services</b>		Date of Disbursement MM / DD / YYYY 06 / 28 / 2019
Mailing Address 2223 S Highland Dr #E6-240		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-26576</b> Amount of Each Disbursement this Period 3170.70
City Salt Lake City	State UT	Zip Code 84106
Purpose of Disbursement Caging and Escrow		Category/Type 003
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>B. United States Treasury</b>		Date of Disbursement MM / DD / YYYY 01 / 22 / 2019
Mailing Address 1500 Pennsylvania Avenue NW		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-26576</b> Amount of Each Disbursement this Period 51.00
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Taxes		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>C. United States Treasury</b>		Date of Disbursement MM / DD / YYYY 02 / 01 / 2019
Mailing Address 1500 Pennsylvania Avenue NW		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-26576</b> Amount of Each Disbursement this Period 422.00
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Taxes		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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3643.70
<b>TOTAL</b> 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  001 Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 02 / 19 / 2019

FEC Identification Number: C

Transaction ID : SB21B-26576

Amount of Each Disbursement this Period: 422.00

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  001 Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 03 / 04 / 2019

FEC Identification Number: C

Transaction ID : SB21B-26576

Amount of Each Disbursement this Period: 79.86

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: 03 / 06 / 2019

FEC Identification Number: C

Transaction ID : SB21B-26576

Amount of Each Disbursement this Period: 422.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 923.86

**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  001 Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 03 / 20 / 2019

FEC Identification Number: C

Transaction ID : SB21B-26576

Amount of Each Disbursement this Period: 422.00

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  001 Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 04 / 03 / 2019

FEC Identification Number: C

Transaction ID : SB21B-26577

Amount of Each Disbursement this Period: 422.00

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: 04 / 16 / 2019

FEC Identification Number: C

Transaction ID : SB21B-26577

Amount of Each Disbursement this Period: 1974.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2818.00

**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. 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: 04 / 17 / 2019

FEC Identification Number: C

Transaction ID : SB21B-26577

Amount of Each Disbursement this Period: 289.50

Memo Item

**B.**

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

**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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	289.50
<b>TOTAL</b> This Period (last page this line number only).....▶	236975.39