

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

CHILDRENS LEUKEMIA SUPPORT NETWORK LLC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="30671.16"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="51982.19"/>	<input type="text" value="218684.12"/>
(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="82653.35"/>	<input type="text" value="218684.12"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="76947.46"/>	<input type="text" value="212978.23"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="5705.89"/>	<input type="text" value="5705.89"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

CHILDRENS LEUKEMIA SUPPORT NETWORK LLC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	450.00	750.00
(ii) Unitemized	51532.19	217934.12
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	51982.19	218684.12
(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)	51982.19	218684.12
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)).....▶	51982.19	218684.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	51982.19	218684.12

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	76947.46	212978.23
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	76947.46	212978.23
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	76947.46	212978.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	76947.46	212978.23

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	51982.19	218684.12
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	51982.19	218684.12
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	76947.46	212978.23
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	76947.46	212978.23

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 20
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. HURST, KIM H, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 W BETHANY RD
 City NEWMANSTOWN State PA Zip Code 17073
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AMBULANCE SERVICE Occupation (for Individual) AMBULANCE SERVICE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 07 / 2018
Transaction ID : SA11AI-934847
 Amount of Each Receipt this Period 125.00
 Memo Item

B. SHELTON, TODD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7201 14TH AVE S
 City MINNEAPOLIS State MN Zip Code 55423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CONTRACTOR Occupation (for Individual) SELF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 07 / 09 / 2018
Transaction ID : SA11AI-934373
 Amount of Each Receipt this Period 200.00
 Memo Item

C. WESTLUND, JOHN E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12001 DESSAU RD APT 514
 City AUSTIN State TX Zip Code 78754
 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 09 / 07 / 2018
Transaction ID : SA11AI-934877
 Amount of Each Receipt this Period 125.00
 Memo Item

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

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

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

FOR LINE NUMBER: (check only one)

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

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. Pollock, Kecia M, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4712 El Presidente Dr

City Las Vegas State NV Zip Code 89129

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 13 / 2018

FEC Identification Number: C

Transaction ID : SB21B-39863

Amount of Each Disbursement this Period: 919.50

Memo Item

B. Pollock, William C, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4712 El Presidente Dr

City Las Vegas State NV Zip Code 89129

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 13 / 2018

FEC Identification Number: C

Transaction ID : SB21B-39861

Amount of Each Disbursement this Period: 461.75

Memo Item

C. Pollock, Kecia M, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4712 El Presidente Dr

City Las Vegas State NV Zip Code 89129

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 20 / 2018

FEC Identification Number: C

Transaction ID : SB21B-39861

Amount of Each Disbursement this Period: 919.50

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2300.75

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

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. Pollock, William C, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4712 El Presidente Dr

City Las Vegas State NV Zip Code 89129

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 20 / 2018

FEC Identification Number: C

Transaction ID : SB21B-39867

Amount of Each Disbursement this Period: 461.75

Memo Item

B. Pollock, Kecia M, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4712 El Presidente Dr

City Las Vegas State NV Zip Code 89129

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 27 / 2018

FEC Identification Number: C

Transaction ID : SB21B-39869

Amount of Each Disbursement this Period: 919.50

Memo Item

C. Pollock, William C, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4712 El Presidente Dr

City Las Vegas State NV Zip Code 89129

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 27 / 2018

FEC Identification Number: C

Transaction ID : SB21B-39871

Amount of Each Disbursement this Period: 461.75

Memo Item

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

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

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

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

FOR LINE NUMBER: (check only one)

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

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

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

Full Name (Last, First, Middle Initial) A. Pollock, Kecia M, , ,		Date of Disbursement MM / DD / YYYY 08 / 03 / 2018	
Mailing Address 4712 El Presidente Dr		FEC Identification Number C [REDACTED] Transaction ID : SB21B-39873	
City Las Vegas	State NV	Zip Code 89129	Amount of Each Disbursement this Period [REDACTED] 461.75
Purpose of Disbursement Payroll		Category/Type 001	<input type="checkbox"/> Memo Item
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. Pollock, William C, , ,		Date of Disbursement MM / DD / YYYY 08 / 03 / 2018	
Mailing Address 4712 El Presidente Dr		FEC Identification Number C [REDACTED] Transaction ID : SB21B-39875	
City Las Vegas	State NV	Zip Code 89129	Amount of Each Disbursement this Period [REDACTED] 461.75
Purpose of Disbursement Payroll		Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Pollock, Kecia M, , ,		Date of Disbursement MM / DD / YYYY 09 / 14 / 2018	
Mailing Address 4712 El Presidente Dr		FEC Identification Number C [REDACTED] Transaction ID : SB21B-39877	
City Las Vegas	State NV	Zip Code 89129	Amount of Each Disbursement this Period [REDACTED] 919.50
Purpose of Disbursement Payroll		Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 1843.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

Full Name (Last, First, Middle Initial) A. American Technology Services LLC			Date of Disbursement MM / DD / YYYY 07 / 05 / 2018	
Mailing Address 125 North 2nd Street Unit 110 Box 241			FEC Identification Number C [REDACTED] Transaction ID : SB21B-39795 Amount of Each Disbursement this Period 6685.28	
City Phoenix	State AZ	Zip Code 85250	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Software Licensing		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. American Technology Services LLC			Date of Disbursement MM / DD / YYYY 07 / 12 / 2018	
Mailing Address 125 North 2nd Street Unit 110 Box 241			FEC Identification Number C [REDACTED] Transaction ID : SB21B-39797 Amount of Each Disbursement this Period 4152.16	
City Phoenix	State AZ	Zip Code 85250	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Software Licensing		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. American Technology Services LLC			Date of Disbursement MM / DD / YYYY 07 / 19 / 2018	
Mailing Address 125 North 2nd Street Unit 110 Box 241			FEC Identification Number C [REDACTED] Transaction ID : SB21B-39799 Amount of Each Disbursement this Period 3438.24	
City Phoenix	State AZ	Zip Code 85250	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Software Licensing		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

14275.68

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

Full Name (Last, First, Middle Initial) A. American Technology Services LLC			Date of Disbursement MM / DD / YYYY 07 / 26 / 2018	
Mailing Address 125 North 2nd Street Unit 110 Box 241			FEC Identification Number C [REDACTED] Transaction ID : SB21B-39801 Amount of Each Disbursement this Period 1971.52	
City Phoenix	State AZ	Zip Code 85250	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Software Licensing		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. American Technology Services LLC			Date of Disbursement MM / DD / YYYY 08 / 01 / 2018	
Mailing Address 125 North 2nd Street Unit 110 Box 241			FEC Identification Number C [REDACTED] Transaction ID : SB21B-39803 Amount of Each Disbursement this Period 3053.28	
City Phoenix	State AZ	Zip Code 85250	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Software Licensing		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. American Technology Services LLC			Date of Disbursement MM / DD / YYYY 09 / 13 / 2018	
Mailing Address 125 North 2nd Street Unit 110 Box 241			FEC Identification Number C [REDACTED] Transaction ID : SB21B-3980! Amount of Each Disbursement this Period 1222.40	
City Phoenix	State AZ	Zip Code 85250	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Software Licensing		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

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

6247.20
[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

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

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

Full Name (Last, First, Middle Initial) A. American Technology Services LLC			Date of Disbursement MM / DD / YYYY 09 / 24 / 2018	
Mailing Address 125 North 2nd Street Unit 110 Box 241			FEC Identification Number C [REDACTED] Transaction ID : SB21B-39807	
City Phoenix	State AZ	Zip Code 85250	Amount of Each Disbursement this Period 1283.04	
Purpose of Disbursement Software Licensing		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. American Technology Services LLC			Date of Disbursement MM / DD / YYYY 09 / 26 / 2018	
Mailing Address 125 North 2nd Street Unit 110 Box 241			FEC Identification Number C [REDACTED] Transaction ID : SB21B-39809	
City Phoenix	State AZ	Zip Code 85250	Amount of Each Disbursement this Period 318.56	
Purpose of Disbursement Software Licensing		Category/Type 001	Memo Item <input type="checkbox"/>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

SUBTOTAL of Disbursements This Page (optional).....▶	2089.78
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

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

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

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address PO Box 25118

City
Tampa

State
FL

Zip Code
33622

Purpose of Disbursement
Authnet Gateway Fee

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-39881
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address PO Box 25118

City
Tampa

State
FL

Zip Code
33622

Purpose of Disbursement
Check order

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-39883
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Bank of America

Mailing Address PO Box 25118

City
Tampa

State
FL

Zip Code
33622

Purpose of Disbursement
Excess Transaction Fee

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-39881
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

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

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

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address PO Box 25118

City
Tampa

State
FL

Zip Code
33622

Purpose of Disbursement
Merchant Service fee

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-39887
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address PO Box 25118

City
Tampa

State
FL

Zip Code
33622

Purpose of Disbursement
Authnet Gateway fee

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-39889
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. C. Terry Raben, LTD.

Mailing Address 3140 S. Rainbow Blvd
#403

City
Las Vegas

State
NV

Zip Code
89146-6234

Purpose of Disbursement
Business Services

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-39851
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

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. Compliance Consultants LLC

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1345 Jefferson St.
Suite #454

M M M	/	D D D	/	Y Y Y Y Y
07		05		2018

City Milwaukee State WI Zip Code 53202

FEC Identification Number

Purpose of Disbursement credit card pmt processing and verifications

001
Category/ Type

C
Transaction ID : SB21B-39815
Amount of Each Disbursement this Period
9488.92

Candidate Name

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:	

Memo Item

B. Compliance Consultants LLC

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1345 Jefferson St.
Suite #454

M M M	/	D D D	/	Y Y Y Y Y
07		12		2018

City Milwaukee State WI Zip Code 53202

FEC Identification Number

Purpose of Disbursement credit card pmt processing and verifications

001
Category/ Type

C
Transaction ID : SB21B-39817
Amount of Each Disbursement this Period
5893.25

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) ▼
State: District:	

Memo Item

C. Compliance Consultants LLC

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1345 Jefferson St.
Suite #454

M M M	/	D D D	/	Y Y Y Y Y
07		19		2018

City Milwaukee State WI Zip Code 53202

FEC Identification Number

Purpose of Disbursement credit card pmt processing and verifications

001
Category/ Type

C
Transaction ID : SB21B-39821
Amount of Each Disbursement this Period
4880.15

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)..... ▶

20262.32

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

--

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

Full Name (Last, First, Middle Initial) A. Compliance Consultants LLC		Date of Disbursement MM / DD / YYYY 07 / 26 / 2018	
Mailing Address 1345 Jefferson St. Suite #454		FEC Identification Number C [REDACTED] Transaction ID : SB21B-39819 Amount of Each Disbursement this Period [REDACTED] 2798.33	
City Milwaukee State WI Zip Code 53202	Purpose of Disbursement credit card pmt processing and verifications Category/Type 001	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Full Name (Last, First, Middle Initial) B. Compliance Consultants LLC		Date of Disbursement MM / DD / YYYY 08 / 01 / 2018	
Mailing Address 1345 Jefferson St. Suite #454		FEC Identification Number C [REDACTED] Transaction ID : SB21B-39823 Amount of Each Disbursement this Period [REDACTED] 4333.75	
City Milwaukee State WI Zip Code 53202	Purpose of Disbursement credit card pmt processing and verifications Category/Type 001	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Full Name (Last, First, Middle Initial) C. Compliance Consultants LLC		Date of Disbursement MM / DD / YYYY 09 / 06 / 2018	
Mailing Address 1345 Jefferson St. Suite #454		FEC Identification Number C [REDACTED] Transaction ID : SB21B-3982! Amount of Each Disbursement this Period [REDACTED] 4655.55	
City Milwaukee State WI Zip Code 53202	Purpose of Disbursement credit card pmt processing and verifications Category/Type 001	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional)..... ▶		[REDACTED] 11787.63	
TOTAL This Period (last page this line number only)..... ▶		[REDACTED]	

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

Full Name (Last, First, Middle Initial) A. Compliance Consultants LLC		Date of Disbursement MM / DD / YYYY 09 / 13 / 2018
Mailing Address 1345 Jefferson St. Suite #454		FEC Identification Number C [REDACTED] Transaction ID : SB21B-39827
City Milwaukee	State WI	Zip Code 53202
Purpose of Disbursement credit card pmt processing and verifications		Amount of Each Disbursement this Period 1735.04
Candidate Name		<input type="checkbox"/> Memo Item
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:	Category/Type 001	

Full Name (Last, First, Middle Initial) B. Compliance Consultants LLC		Date of Disbursement MM / DD / YYYY 09 / 26 / 2018
Mailing Address 1345 Jefferson St. Suite #454		FEC Identification Number C [REDACTED] Transaction ID : SB21B-39829
City Milwaukee	State WI	Zip Code 53202
Purpose of Disbursement credit card pmt processing and verifications		Amount of Each Disbursement this Period 1820.89
Candidate Name		<input type="checkbox"/> Memo Item
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:	Category/Type 001	

Full Name (Last, First, Middle Initial) C. Compliance Consultants LLC		Date of Disbursement MM / DD / YYYY 09 / 26 / 2018
Mailing Address 1345 Jefferson St. Suite #454		FEC Identification Number C [REDACTED] Transaction ID : SB21B-39831
City Milwaukee	State WI	Zip Code 53202
Purpose of Disbursement credit card pmt processing and verifications		Amount of Each Disbursement this Period 452.16
Candidate Name		<input type="checkbox"/> Memo Item
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:	Category/Type 001	

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

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

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

Full Name (Last, First, Middle Initial)

A. Cox Communications, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		12		2018

Mailing Address 6205-B Peachtree Dunwoody Road NE

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-39857
Amount of Each Disbursement this Period

[REDACTED] 371.33

Memo Item

City Atlanta State GA Zip Code 30328

Purpose of Disbursement Business Phones

001
Category/Type

Candidate Name

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

Full Name (Last, First, Middle Initial)

B. Unified Data Services LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		05		2018

Mailing Address 1350 W. Southport Road Box 130

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-39835
Amount of Each Disbursement this Period

[REDACTED] 3233.10

Memo Item

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement caging and escrow

003
Category/Type

Candidate Name

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

Full Name (Last, First, Middle Initial)

C. Unified Data Services LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		12		2018

Mailing Address 1350 W. Southport Road Box 130

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B-39837
Amount of Each Disbursement this Period

[REDACTED] 2008.50

Memo Item

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement caging and escrow

003
Category/Type

Candidate Name

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

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

[REDACTED] 5612.93

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

[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

A. Unified Data Services LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		19		2018

Mailing Address 1350 W. Southport Road
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
caging and escrow

003
Category/ Type

FEC Identification Number

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

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 LLC

Date of Disbursement

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

Mailing Address 1350 W. Southport Road
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
caging and escrow

003
Category/ Type

FEC Identification Number

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

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 LLC

Date of Disbursement

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

Mailing Address 1350 W. Southport Road
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
caging and escrow

003
Category/ Type

FEC Identification Number

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

Candidate Name

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

Memo Item

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

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

4098.90

**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

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

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

Full Name (Last, First, Middle Initial)

A. Unified Data Services LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		14		2018

Mailing Address 1350 W. Southport Road
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
caging and escrow

003
Category/
Type

FEC Identification Number

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

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 LLC

Date of Disbursement

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

Mailing Address 1350 W. Southport Road
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
caging and escrow

003
Category/
Type

FEC Identification Number

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

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 LLC

Date of Disbursement

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

Mailing Address 1350 W. Southport Road
Box 130

City Indianapolis State IN Zip Code 46217

Purpose of Disbursement
caging and escrow

003
Category/
Type

FEC Identification Number

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

Candidate Name

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

Memo Item

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

1368.90

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

76947.46
