

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 CHILDRENS LEUKEMIA SUPPORT NETWORK LLC

ADDRESS (number and street) 4712 El Presidente Dr LAS VEGAS NV 89129

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special. Election on 11/06/2018 in the State of NV

5. Covering Period 10/18/2018 through 11/26/2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Pollock, Kecia, Marie, Type or Print Name of Treasurer

Signature of Treasurer Pollock, Kecia, Marie, [Electronically Filed] Date 12/26/2018

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**CHILDRENS LEUKEMIA SUPPORT NETWORK LLC**

Report Covering the Period: From:  /  /  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="23226.87"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="10715.00"/>	<input type="text" value="250977.78"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="33941.87"/>	<input type="text" value="250977.78"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="15885.42"/>	<input type="text" value="232921.33"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="18056.45"/>	<input type="text" value="18056.45"/>
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).....	400.00	1650.00
(ii) Unitemized .....	10315.00	249327.78
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	10715.00	250977.78
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	10715.00	250977.78
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	10715.00	250977.78
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	10715.00	250977.78

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	15885.42	232921.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	15885.42	232921.33
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	15885.42	232921.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15885.42	232921.33

**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) .....	10715.00	250977.78
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10715.00	250977.78
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	15885.42	232921.33
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	15885.42	232921.33

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 14
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 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. ARRIAGA, ISRAEL, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 901 18TH ST  
 City RICHMOND State CA Zip Code 94801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CONSTRUCTION Occupation (for Individual) OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

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

**B. LEACH JR, LAWRENCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1233 E WALDBURG ST  
 City SAVANNAH State GA Zip Code 31404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

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

**C. LEACH JR, LAWRENCE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1233 E WALDBURG ST  
 City SAVANNAH State GA Zip Code 31404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	400.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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 10 / 22 / 2018

FEC Identification Number C

Transaction ID : SB21B-77415

Amount of Each Disbursement this Period 461.75

Memo Item

**B. American Technology Services LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 125 North 2nd Street Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement Software Licensing

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 10 / 19 / 2018

FEC Identification Number C

Transaction ID : SB21B-77369

Amount of Each Disbursement this Period 1577.12

Memo Item

**C. American Technology Services LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 125 North 2nd Street Unit 110 Box 241

City Phoenix State AZ Zip Code 85250

Purpose of Disbursement Software Licensing

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 10 / 27 / 2018

FEC Identification Number C

Transaction ID : SB21B-77371

Amount of Each Disbursement this Period 1216.96

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3255.83

**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) <b>A. American Technology Services LLC</b>			Date of Disbursement MM / DD / YYYY 11 / 06 / 2018	
Mailing Address 125 North 2nd Street Unit 110 Box 241			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-77373</b> Amount of Each Disbursement this Period [REDACTED] 411.68	
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>B. American Technology Services LLC</b>			Date of Disbursement MM / DD / YYYY 11 / 13 / 2018	
Mailing Address 125 North 2nd Street Unit 110 Box 241			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-77375</b> Amount of Each Disbursement this Period [REDACTED] 471.20	
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>C. American Technology Services LLC</b>			Date of Disbursement MM / DD / YYYY 11 / 20 / 2018	
Mailing Address 125 North 2nd Street Unit 110 Box 241			FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B-77377</b> Amount of Each Disbursement this Period [REDACTED] 581.92	
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)..... ▶

1464.80

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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. C. Terry Raben, LTD.**

Full Name (Last, First, Middle Initial)

Mailing Address 3140 S. Rainbow Blvd #403

City Las Vegas State NV Zip Code 89146-6234

Purpose of Disbursement Business Services

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 14 / 2018

FEC Identification Number: C

Transaction ID : SB21B-77407

Amount of Each Disbursement this Period: 500.00

Memo Item

**B. Compliance Consultants LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1345 Jefferson St Suite #454

City Milwaukee State WI Zip Code 53020

Purpose of Disbursement credit card pmt processing and verifications

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 19 / 2018

FEC Identification Number: C

Transaction ID : SB21B-77379

Amount of Each Disbursement this Period: 2238.53

Memo Item

**C. Compliance Consultants LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1345 Jefferson St Suite #454

City Milwaukee State WI Zip Code 53020

Purpose of Disbursement credit card pmt processing and verifications

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 27 / 2018

FEC Identification Number: C

Transaction ID : SB21B-77381

Amount of Each Disbursement this Period: 1727.32

Memo Item

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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
11		06		2018

City Milwaukee

State WI

Zip Code 53020

FEC Identification Number

Purpose of Disbursement  
credit card pmt processing and verifications

C
001
Category/ Type

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

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Memo Item

### B. Compliance Consultants LLC

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1345 Jefferson St  
Suite #454

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

City Milwaukee

State WI

Zip Code 53020

FEC Identification Number

Purpose of Disbursement  
credit card pmt processing and verifications

C
001
Category/ Type

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

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Memo Item

### C. Compliance Consultants LLC

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1345 Jefferson St  
Suite #454

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

City Milwaukee

State WI

Zip Code 53020

FEC Identification Number

Purpose of Disbursement  
credit card pmt processing and verifications

C
001
Category/ Type

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

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Memo Item

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

2079.10
---------

**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	/	D	D	/	Y	Y	Y	Y
11			21			2018			

Mailing Address 6205-B Peachtree Dunwoody Road NE

FEC Identification Number

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

City Atlanta State GA Zip Code 30328

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

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

Memo Item

Full Name (Last, First, Middle Initial)

**B. NV Employment, Training & Rehabilitation**

Date of Disbursement

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

Mailing Address 500 E. 3rd St.

FEC Identification Number

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

City Carson City State NV Zip Code 89713

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

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

Memo Item

Full Name (Last, First, Middle Initial)

**C. NV Employment, Training & Rehabilitation**

Date of Disbursement

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

Mailing Address 500 E. 3rd St.

FEC Identification Number

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

City Carson City State NV Zip Code 89713

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

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

Memo Item

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

[ ] 530.24

**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. Unified Data Services LLC**

Date of Disbursement

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

Mailing Address 1350 W. Southport Road  
Box 130

City Indianapolis State TN Zip Code 46217

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

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

FEC Identification Number

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

Memo Item

Full Name (Last, First, Middle Initial)

**B. Unified Data Services LLC**

Date of Disbursement

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

Mailing Address 1350 W. Southport Road  
Box 130

City Indianapolis State TN Zip Code 46217

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

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

FEC Identification Number

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

Memo Item

Full Name (Last, First, Middle Initial)

**C. Unified Data Services LLC**

Date of Disbursement

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

Mailing Address 1350 W. Southport Road  
Box 130

City Indianapolis State TN Zip Code 46217

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

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

FEC Identification Number

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

Memo Item

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

1474.20

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

**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**

Mailing Address 1350 W. Southport Road  
Box 130

City Indianapolis State TN Zip Code 46217

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

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

Date of Disbursement  
MM / DD / YYYY  
11 / 13 / 2018

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

Memo Item

Full Name (Last, First, Middle Initial)

**B. Unified Data Services LLC**

Mailing Address 1350 W. Southport Road  
Box 130

City Indianapolis State TN Zip Code 46217

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

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

Date of Disbursement  
MM / DD / YYYY  
11 / 20 / 2018

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

Memo Item

Full Name (Last, First, Middle Initial)

**C. United States Treasury**

Mailing Address 1500 Pennsylvania Avenue  
NW

City Washington State DC Zip Code 20003

Purpose of Disbursement Taxes  
Candidate Name  
Category/Type **001**

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

Date of Disbursement  
MM / DD / YYYY  
11 / 01 / 2018

FEC Identification Number  
**C**  
Transaction ID : **SB21B-77395**  
Amount of Each Disbursement this Period  
467.00

Memo Item

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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. United States Treasury**

Full Name (Last, First, Middle Initial)

Mailing Address 1500 Pennsylvania Avenue NW

City Washington State DC Zip Code 20003

Purpose of Disbursement Taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 05 / 2018

FEC Identification Number: C

Transaction ID : SB21B-77401

Amount of Each Disbursement this Period: 1010.50

Memo Item

**B. United States Treasury**

Full Name (Last, First, Middle Initial)

Mailing Address 1500 Pennsylvania Avenue NW

City Washington State DC Zip Code 20003

Purpose of Disbursement Taxes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 08 / 2018

FEC Identification Number: C

Transaction ID : SB21B-77403

Amount of Each Disbursement this Period: 563.00

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

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