

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Amodei for Nevada

ADDRESS (number and street)

503 N Division St

Check if different than previously reported. (ACC)

Carson City

NV

89703

2. FEC IDENTIFICATION NUMBER ▼

C C00496760

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) OR AMENDED (A)

NV

02

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on / / in the State of

(c) 30-Day POST-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

/ /

through

/ /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Nicola Neilon

Signature of Treasurer Nicola Neilon

[Electronically Filed]

Date

/ /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only								
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Amodei for Nevada

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	25025.00	696498.56
(b) Total Contribution Refunds (from Line 20(d))	8700.00	1500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	16325.00	694998.56
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	42188.09	549433.90
(b) Total Offsets to Operating Expenditures (from Line 14).....	500.00	3818.66
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	41688.09	545615.24
8. Cash on Hand at Close of Reporting Period (from Line 27).....	215477.59	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	9000.00	

For further information contact:

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

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

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Amodei for Nevada

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

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2014"/> (date of general election)	COLUMN C Total for <input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2014"/> (date after general election) through <input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/> (last day of reporting period)
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
<input type="text" value="10350.00"/>	<input type="text" value="339625.00"/>	<input type="text" value="0.00"/>
(ii) Unitemized		
<input type="text" value="2175.00"/>	<input type="text" value="19323.56"/>	<input type="text" value="0.00"/>
(iii) Total of contributions from individuals		
<input type="text" value="12525.00"/>	<input type="text" value="358948.56"/>	<input type="text" value="0.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Other Political Committees		
<input type="text" value="12500.00"/>	<input type="text" value="337550.00"/>	<input type="text" value="0.00"/>

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 32

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
25025.00	696498.56	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
500.00	3818.66	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
25525.00	700317.22	0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 32

Write or Type Committee Name

Amodei for Nevada

 Report Covering the Period: From: / / To: / /
II. DISBURSEMENTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES		
<input type="text" value="42188.09"/>	<input type="text" value="549433.90"/>	<input type="text" value="19471.53"/>
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
<input type="text" value="32950.00"/>	<input type="text" value="109600.00"/>	<input type="text" value="32950.00"/>
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Of All Other Loans		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
<input type="text" value="8700.00"/>	<input type="text" value="1500.00"/>	<input type="text" value="8700.00"/>
(b) Political Party Committees		
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 32

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

0.00	0.00	0.00
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(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

8700.00	1500.00	8700.00
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21. OTHER DISBURSEMENTS

0.00	7700.00	0.00
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22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

83838.09	668233.90	61121.53
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III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

16325.00	694998.56	-8700.00
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

41688.09	545615.24	19471.53
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	273790.68
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	25525.00
25. SUBTOTAL (add Line 23 and Line 24).....	299315.68
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	83838.09
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	215477.59

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 32
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
Amodei for Nevada

A. Full Name (Last, First, Middle Initial)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 25 MASSACHUSETTS AVE, NW
SUITE 600

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00000422

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 21 / 2014

Transaction ID : SA11AI.11692

Amount of Each Receipt this Period
2500.00
2014 General

B. Full Name (Last, First, Middle Initial)
Jamie D Burton

Mailing Address 4405 Bowman Drive

City Colleyville State TX Zip Code 76034

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

Name of Employer Occupation
YCS Transportation Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 01 / 2014

Transaction ID : SA11AI.11762

Amount of Each Receipt this Period
1500.00
donation

C. Full Name (Last, First, Middle Initial)
Donald L. Carlson

Mailing Address 1912 Marian Ave.

City Carson City State NV Zip Code 89706

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

Name of Employer Occupation
retired retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 18 / 2014

Transaction ID : SA11AI.11743

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....

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

4100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 32
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Amodei for Nevada

A. Full Name (Last, First, Middle Initial)
Michael C Dermody

Mailing Address **PO Box 7098**

City **Reno** State **NV** Zip Code **89510**

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

Name of Employer **LVR Capital** Occupation **Manager**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 16 / 2014

Transaction ID : SA11AI.11718

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Sherry Dilley

Mailing Address **2981 San Fernando St**

City **Minden** State **NV** Zip Code **89423**

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

Name of Employer **retired** Occupation **retired**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 18 / 2014

Transaction ID : SA11AI.11721

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Howard Dudley

Mailing Address **PO Box 139**
3327 Pipeline Rd

City **Cleburne** State **TX** Zip Code **76033**

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

Name of Employer **Technical Chemical Company** Occupation **Director**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 01 / 2014

Transaction ID : SA11AI.11764

Amount of Each Receipt this Period
1500.00
 contribution

SUBTOTAL of Receipts This Page (optional).....

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

1850.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 32
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Amodei for Nevada

A. Full Name (Last, First, Middle Initial)
Karl Hutter

Mailing Address 175 Knightsbridge Ct

City State Zip Code
Reno NV 89511

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

Name of Employer Occupation
Click Bond COO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 31 / 2014

Transaction ID : SA11AI.11779

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
Mary Lau

Mailing Address 410 S Minnesota St

City State Zip Code
Carson City NV 89703

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

Name of Employer Occupation
Retail Association of Nevada Executive Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 18 / 2014

Transaction ID : SA11AI.11708

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Alan List

Mailing Address 2000 N Meridian Rd

City State Zip Code
Lovelock NV 89419

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

Name of Employer Occupation
List Cattle Co Farmer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 18 / 2014

Transaction ID : SA11AI.11705

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

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

2250.00

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

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

FOR LINE NUMBER: PAGE 10 OF 32
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Amodei for Nevada

A. Full Name (Last, First, Middle Initial)
Phillip D Mervis

Mailing Address 4265 N. Pennsylvania

City Indianapolis State IN Zip Code 46205

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

Name of Employer Mervis Industrial Services Occupation Engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : SA11AI.11731

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Ulrika Miyashiro

Mailing Address 2912 Setting Sun St

City Las Vegas State NV Zip Code 89117

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 01 / 2014

Transaction ID : SA11AI.11768

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Michael Richard

Mailing Address 124 N Windsor Circle

City Bloomington State IL Zip Code 60108

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

Name of Employer NOW Foods Occupation Supply Chain Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 24 / 2014

Transaction ID : SA11AI.11751

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 32
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Amodei for Nevada

A. Full Name (Last, First, Middle Initial)
Bob Weise

Mailing Address **PO Box 5009**

City **Reno** State **NV** Zip Code **89513**

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

Name of Employer **Bobcat trust** Occupation **Rancher**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 18 / 2014

Transaction ID : SA11AI.11709

Amount of Each Receipt this Period
150.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

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

150.00

10350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 32
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Amodei for Nevada

A. Full Name (Last, First, Middle Initial)
ASH GROVE CEMENT POLITICAL ACTION COMMITTEE

Mailing Address P.O. BOX 25900

City OVERLAND PARK State KS Zip Code 66225

FEC ID number of contributing federal political committee. **C C00102517**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA11C.11752

Amount of Each Receipt this Period
 500.00
 general election

B. Full Name (Last, First, Middle Initial)
CONSTELLATION BRANDS INC POLITICAL ACTION COMMITTEE

Mailing Address 207 HIGH POINT DRIVE BUILDING 100

City VICTOR State NY Zip Code 14564

FEC ID number of contributing federal political committee. **C C00304832**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2014

Transaction ID : SA11C.11772

Amount of Each Receipt this Period
 2000.00
 General

C. Full Name (Last, First, Middle Initial)
FIRST SOLAR INC. POLITICAL ACTION COMMITTEE

Mailing Address 575 7th Street NW Suite 400

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00489534**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 03 / 2014

Transaction ID : SA11C.11775

Amount of Each Receipt this Period
 1000.00
 2014 General

SUBTOTAL of Receipts This Page (optional).....

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 32
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Amodei for Nevada

A. GRADIENT RESOURCES INC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 9670 GATEWAY DRIVE SUITE 200

City	State	Zip Code
RENO	NV	89521

FEC ID number of contributing federal political committee. **C** C00491381

Name of Employer	Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2014

Transaction ID : SA11C.11755

Amount of Each Receipt this Period
2000.00

B. KROGER POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 1014 VINE STREET

City	State	Zip Code
CINCINNATI	OH	45202

FEC ID number of contributing federal political committee. **C** C00059238

Name of Employer	Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2014

Transaction ID : SA11C.11725

Amount of Each Receipt this Period
500.00

C. NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS POLITICAL ACTION COMM

Full Name (Last, First, Middle Initial)
Mailing Address 2901 TELESTAR CT.

City	State	Zip Code
FALLS CHURCH	VA	22042

FEC ID number of contributing federal political committee. **C** C00005249

Name of Employer	Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2014

Transaction ID : SA11C.11769

Amount of Each Receipt this Period
2000.00

2014 US General

SUBTOTAL of Receipts This Page (optional).....

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 32
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Amodei for Nevada

A. Full Name (Last, First, Middle Initial)
PORTER GORDON SILVER PAC

Mailing Address **PO Box 751271**

City **Las Vegas** State **NV** Zip Code **89136**

FEC ID number of contributing federal political committee. **C C00507913**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 29 / 2014

Transaction ID : SA11C.11753

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
THE HOME DEPOT INC. POLITICAL ACTION COMMITTEE

Mailing Address **1155 F STREET, NW SUITE 400**

City **WASHINGTON** State **DC** Zip Code **20004**

FEC ID number of contributing federal political committee. **C C00284885**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y
11 / 03 / 2014

Transaction ID : SA11C.11780

Amount of Each Receipt this Period
1000.00

2014 General

C. Full Name (Last, First, Middle Initial)
UNITED PARCEL SERVICE INC. PAC

Mailing Address **55 GLENLAKE PARKWAY NE**

City **ATLANTA** State **GA** Zip Code **30328**

FEC ID number of contributing federal political committee. **C C00064766**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **3500.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 21 / 2014

Transaction ID : SA11C.11749

Amount of Each Receipt this Period
500.00

General 2014

SUBTOTAL of Receipts This Page (optional).....

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

3500.00

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

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

FOR LINE NUMBER: PAGE 15 OF 32
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Amodei for Nevada

A. Full Name (Last, First, Middle Initial)
WYNN RESORTS LIMITED PAC

Mailing Address 3131 LAS VEGAS BLVD. SOUTH

City LAS VEGAS State NV Zip Code 89109

FEC ID number of contributing federal political committee. **C** C00475475

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 28 / 2014

Transaction ID : SA11C.11727

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

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

1000.00

12500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="checked" type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Amodei for Nevada

A. Full Name (Last, First, Middle Initial)
FRIENDS OF JOE HECK

Mailing Address **PO BOX 750114**

City **LAS VEGAS** State **NV** Zip Code **89136**

FEC ID number of contributing federal political committee. **C C00468421**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 24 / 2014

Transaction ID : SA14.11736

Amount of Each Receipt this Period
500.00
refund of excess contribution

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....	500.00
TOTAL This Period (last page this line number only).....	500.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA14

Transaction ID : SA14.11736

excess offsets a disbursment in prior report

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 32	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Amodei for Nevada

Full Name (Last, First, Middle Initial) A. A Catered Affaire		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 2811 South Carson Street		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.11784
City Carson City State NV Zip Code 89701	Purpose of Disbursement Catering for fundraising event Category/Type 007	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) B. Adeles		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2014
Mailing Address 1112 N Carson St		Amount of Each Disbursement this Period 550.00 Transaction ID : SB17.11808
City Carson City State NV Zip Code 89701	Purpose of Disbursement Meals & Entertainment - contributor relations Category/Type 003	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) c. Authnet Gateway		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address P.O. Box 8999		Amount of Each Disbursement this Period 22.55 Transaction ID : SB17.11827
City San Francisco State CA Zip Code 94128	Purpose of Disbursement merchant fees Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1072.55
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 32	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Amodei for Nevada

Full Name (Last, First, Middle Initial) A. Brian Baluta		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014
Mailing Address 70 I St SE Apt 1135		Amount of Each Disbursement this Period 3000.00
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Stipend	001	Transaction ID : SB17.11863
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 300 First Street SE		Amount of Each Disbursement this Period 400.00
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Meals & Entertainment - contributor relations	003	Transaction ID : SB17.11785
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 300 First Street SE		Amount of Each Disbursement this Period 378.26
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Meals & Entertainment - contributor relations	003	Transaction ID : SB17.11786
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3778.26
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 32	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Amodei for Nevada

Full Name (Last, First, Middle Initial) A. Casey Neilon & Associates, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 503 N Division St		Amount of Each Disbursement this Period 1300.00 Transaction ID : SB17.11868
City Carson City State NV Zip Code 89703	Purpose of Disbursement professional fees - accounting & reporting Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Casey Neilon & Associates, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 503 N Division St		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.11869
City Carson City State NV Zip Code 89703	Purpose of Disbursement professional fees - accounting & reporting Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Casey Neilon & Associates, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 503 N Division St		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.11870
City Carson City State NV Zip Code 89703	Purpose of Disbursement professional fees - accounting & reporting Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 32	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Amodei for Nevada

Full Name (Last, First, Middle Initial) A. Casey Neilon & Associates, LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2014
Mailing Address 503 N Division St		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.11856
City Carson City State NV Zip Code 89703	Purpose of Disbursement professional fees - accounting Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Casino Fandango		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 3800 South Carson Street		Amount of Each Disbursement this Period 33.00 Transaction ID : SB17.11794
City Carson City State NV Zip Code 89701	Purpose of Disbursement Meals & Entertainment - contributor relations Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Eagle Promotional Solutions		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2014
Mailing Address 1630 Karin Drive		Amount of Each Disbursement this Period 752.33 Transaction ID : SB17.11855
City Carson City State NV Zip Code 89706	Purpose of Disbursement Promotional materials - soccer balls with logo Candidate Name Category/Type 006	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2785.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 32	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Amodei for Nevada

Full Name (Last, First, Middle Initial) A. El Sol De Nevada		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014
Mailing Address 2450 Wronde Way Suite G		Amount of Each Disbursement this Period 1415.40 Transaction ID : SB17.11861
City Reno	State NV Zip Code 89502	
Purpose of Disbursement newspaper advertising	Category/Type 004	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Flag Store Sign		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 155 Glendale Ave		Amount of Each Disbursement this Period 342.81 Transaction ID : SB17.11820
City Sparks	State NV Zip Code 89431	
Purpose of Disbursement flags	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Arturo Garzon		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014
Mailing Address 1011 Ricco Drive		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.11857
City Sparks	State NV Zip Code 89434	
Purpose of Disbursement Consulting - Campaign Coordinator	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3758.21
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 32	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Amodei for Nevada

Full Name (Last, First, Middle Initial) A. Richard Goddard		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2014
Mailing Address 215 Prince St		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB17.11865
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Stipend	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Great Basin Gallery		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 110 South Curry Street		Amount of Each Disbursement this Period 441.59 Transaction ID : SB17.11818
City Carson City	State NV	
Zip Code 89701	Purpose of Disbursement Framing for office	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. La Famiglia Restaurante		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 170 S. Virginia St.		Amount of Each Disbursement this Period 430.00 Transaction ID : SB17.11783
City Reno	State NV	
Zip Code 89501	Purpose of Disbursement Meals & Entertainment - contributor relations	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5871.59
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 32	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Amodei for Nevada

Full Name (Last, First, Middle Initial) A. La Voz Hispana		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2014
Mailing Address PO Box 20156		Amount of Each Disbursement this Period 1104.00 Transaction ID : SB17.11859
City Reno State NV Zip Code 89515-0156	Purpose of Disbursement Newspaper advertising Category/Type 004	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) B. Maverik - Carson City		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 1451 College Parkway		Amount of Each Disbursement this Period 86.19 Transaction ID : SB17.11813
City Carson City State NV Zip Code 89706	Purpose of Disbursement Travel - gas in lieu of mileage Category/Type 002	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) c. Micasa Too		Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address 3809 N. Carson St.		Amount of Each Disbursement this Period 105.00 Transaction ID : SB17.11789
City Carson City State NV Zip Code 89706	Purpose of Disbursement Meals & Entertainment - contributor relations Category/Type 003	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1295.19
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 32	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Amodei for Nevada

Full Name (Last, First, Middle Initial) A. Mings Restaurant		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 2330 S. Carson Street		Amount of Each Disbursement this Period 70.00 Transaction ID : SB17.11792
City Carson City State NV Zip Code 89701	Purpose of Disbursement Meals & Entertainment - contributor relations Candidate Name 003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) B. Stacy Parobek		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2014
Mailing Address 4865 Ramcreek Trail		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.11858
City Reno State NV Zip Code 89519	Purpose of Disbursement Consultant - campaign coordinator Candidate Name 001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) c. Print N Copy Center		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 565 W. Silver St.		Amount of Each Disbursement this Period 804.14 Transaction ID : SB17.11819
City Elko State NV Zip Code 89801	Purpose of Disbursement Banner for Nevada Day Parade Candidate Name 007 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____ District: _____		

SUBTOTAL of Disbursements This Page (optional)	2874.14
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 32	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Amodei for Nevada

Full Name (Last, First, Middle Initial) A. Shell - Carson Cty		Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2014
Mailing Address Hwy 395		Amount of Each Disbursement this Period 94.83
City Carson City	State NV	Zip Code 89703
Purpose of Disbursement Travel - gas in lieu of mileage	Category/Type 002	
Candidate Name		Transaction ID : SB17.11809
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Shell - Carson Cty		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address Hwy 395		Amount of Each Disbursement this Period 66.83
City Carson City	State NV	Zip Code 89703
Purpose of Disbursement Travel - gas in lieu of mileage	Category/Type 002	
Candidate Name		Transaction ID : SB17.11810
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Tamarack Junction		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 13101 S Virginia St		Amount of Each Disbursement this Period 29.00
City Reno	State NV	Zip Code 89521
Purpose of Disbursement Meals & Entertainment - contributor relations	Category/Type 003	
Candidate Name		Transaction ID : SB17.11797
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	190.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 32		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Amodei for Nevada

Full Name (Last, First, Middle Initial) A. The Glenn Group		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 50 Washington Street		Amount of Each Disbursement this Period 5266.28 Transaction ID : SB17.11828
City Reno	State NV	
Zip Code 89503	Purpose of Disbursement Radio advertising and brochures	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. The Glenn Group		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 50 Washington Street		Amount of Each Disbursement this Period 7795.47 Transaction ID : SB17.11829
City Reno	State NV	
Zip Code 89503	Purpose of Disbursement radio advertising	Category/ Type 004
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) c. Total Wine		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2014
Mailing Address 6671 S. Virginia St.		Amount of Each Disbursement this Period 879.96 Transaction ID : SB17.11840
City Reno	State NV	
Zip Code 89511	Purpose of Disbursement Thank you gifts for campaign vendors	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	13941.71
TOTAL This Period (last page this line number only).....	40867.64

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 32	
	<input type="checkbox"/> 17 20a	<input checked="" type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Amodei for Nevada

Full Name (Last, First, Middle Initial) A. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014
Mailing Address 320 FIRST STREET SE		Amount of Each Disbursement this Period 32950.00 Transaction ID : SB18.11867
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement transfer	
Candidate Name	008 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	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:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	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:		

SUBTOTAL of Disbursements This Page (optional).....	32950.00
TOTAL This Period (last page this line number only).....	32950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 32			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Amodei for Nevada

Full Name (Last, First, Middle Initial) A. Stephen Hartman		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2014
Mailing Address 150 Plantation Dr		Amount of Each Disbursement this Period 3500.00
City Carson City	State NV	Zip Code 89703
Purpose of Disbursement Refund of contribution	Category/Type	
Candidate Name	Transaction ID : SB20A.11951	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. John Ying		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2014
Mailing Address PO Box 7172 #228		Amount of Each Disbursement this Period 2600.00
City Stateline	State NV	Zip Code 89449
Purpose of Disbursement Unsettled credit card transaction	Category/Type	
Candidate Name	Transaction ID : SB20A.11872	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. John Ying		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2014
Mailing Address PO Box 7172 #228		Amount of Each Disbursement this Period 2600.00
City Stateline	State NV	Zip Code 89449
Purpose of Disbursement Unsettled credit card transaction	Category/Type	
Candidate Name	Transaction ID : SB20A.11873	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	8700.00
TOTAL This Period (last page this line number only).....	8700.00

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

Amodei for Nevada

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Casey Neilon & Associates, LLC

Mailing Address 503 N Division St

City State Zip Code
Carson City NV 89703

Nature of Debt (Purpose):
Professional fees - accounting and reporting

Outstanding Balance Beginning This Period 1300.00	Transaction ID : SD10.11595	
Amount Incurred This Period 0.00	Payment This Period 1300.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Casey Neilon & Associates, LLC

Mailing Address 503 N Division St

City State Zip Code
Carson City NV 89703

Nature of Debt (Purpose):
Professional fees - accounting and reporting

Outstanding Balance Beginning This Period 2000.00	Transaction ID : SD10.11594	
Amount Incurred This Period 0.00	Payment This Period 2000.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Casey Neilon & Associates, LLC

Mailing Address 503 N Division St

City State Zip Code
Carson City NV 89703

Nature of Debt (Purpose):
Professional fees - accounting and reporting

Outstanding Balance Beginning This Period 2000.00	Transaction ID : SD10.11593	
Amount Incurred This Period 0.00	Payment This Period 2000.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)	0.00
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

Amodei for Nevada

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Shirley & Bannister

Mailing Address 122 South Patrick Street

City State Zip Code
Alexandria VA 22314

Nature of Debt (Purpose):
Public Relations Service

Outstanding Balance Beginning This Period **Transaction ID : SD10.7593**
4500.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 0.00 4500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Stutzman Public Affairs

Mailing Address 1415 L Street

City State Zip Code
Sacramento CA 95814

Nature of Debt (Purpose):
Professional Fees

Outstanding Balance Beginning This Period **Transaction ID : SD10.7279**
1500.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 0.00 1500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Stutzman Public Affairs

Mailing Address 1415 L Street

City State Zip Code
Sacramento CA 95814

Nature of Debt (Purpose):
Production Costs

Outstanding Balance Beginning This Period **Transaction ID : SD10.7284**
3000.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 0.00 3000.00

1) SUBTOTALS This Period This Page (optional)	9000.00
2) TOTALS This Period (last page this line number only)	9000.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	9000.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.7593

This purported debt is disputed and is currently being addressed by legal counsel

Form/Schedule:

Transaction ID: