

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

M M /

D D /

Y Y Y Y

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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

M M /

D D /

Y Y Y Y

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

FEC FORM 3 (Revised 02/2003)

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))....	78550.00	124800.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	78550.00	124300.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	28365.41	157864.64
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	28365.41	157864.64
8. Cash on Hand at Close of Reporting Period (from Line 27).....	210951.16	
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).....	14567.52	

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

FEC Form 3 (Revised 12/2003)

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-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	39975.00	42225.00
(ii) Unitemized.....	4575.00	5025.00
(iii) TOTAL of contributions from individuals ▶	44550.00	47250.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	34000.00	77550.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	78550.00	124800.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	78550.00	124800.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	28365.41	157864.64
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	500.00
(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 20(a), (b), and (c)).....	0.00	500.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	28365.41	158364.64

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	160766.57
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	78550.00
25. SUBTOTAL (add Line 23 and Line 24).....	239316.57
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	28365.41
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	210951.16

**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 5 OF 56
	<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)
Lex Adams

Mailing Address **PO Box 19696**

City **reno** State **NV** Zip Code **89511**

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

Name of Employer **Resorts West** Occupation **President**

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
09 / 20 / 2013

Transaction ID : SA11AI.9480

Amount of Each Receipt this Period
2500.00

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

Mailing Address **2614 Bohr Rd**

City **Carson City** State **NV** Zip Code **89706**

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

Name of Employer **Carson City** Occupation **Supervisor**

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
09 / 27 / 2013

Transaction ID : SA11AI.9490

Amount of Each Receipt this Period
500.00

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

Mailing Address **4622 Asbury Place**

City **Washington** State **DC** Zip Code **20016**

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

Name of Employer **Cassidy and Associates** Occupation **Lobbyist**

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
09 / 27 / 2013

Transaction ID : SA11AI.9498

Amount of Each Receipt this Period
500.00

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 6 OF 56
	<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)
Stavros Anthony

Mailing Address 9104 Terrace Ridge Ct

City	State	Zip Code
Las Vegas	NV	89129

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

Name of Employer	Occupation
Las Vegas Metro	Police Officer

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
 09 / 10 / 2013

Transaction ID : SA11AI.9429

Amount of Each Receipt this Period
250.00

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

Mailing Address 11035 Winnetka

City	State	Zip Code
Chatsworth	CA	91311

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

Name of Employer	Occupation
Natel	President

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
 08 / 19 / 2013

Transaction ID : SA11AI.9401

Amount of Each Receipt this Period
500.00

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

Mailing Address 8090 South Durango Drive, # 115

City	State	Zip Code
Las Vegas	NV	89113

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

Name of Employer	Occupation
Self employed	Information requested

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
 09 / 10 / 2013

Transaction ID : SA11AI.9423

Amount of Each Receipt this Period
500.00

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

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

1250.00

**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 7 OF 56
	<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)
K.J. Buchanan

Mailing Address **PO Box 1749**

City **Reno** State **NV** Zip Code **89505**

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

Name of Employer **HB Engineering, Inc.** Occupation **Engineer**

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
09 / 12 / 2013

Transaction ID : SA11AI.9454

Amount of Each Receipt this Period
1000.00

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

Mailing Address **2620 Spinnaker Dr**

City **Reno** State **NV** Zip Code **89519**

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

Name of Employer **Patricia Cafferata Esquire** Occupation **Lawyer**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 20 / 2013

Transaction ID : SA11AI.9475

Amount of Each Receipt this Period
300.00

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

Mailing Address **7280 Cheltenman Way**

City **Reno** State **NV** Zip Code **89502**

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

Name of Employer **Dynonemic Diesel** Occupation **Owner**

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
09 / 19 / 2013

Transaction ID : SA11AI.9470

Amount of Each Receipt this Period
500.00

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

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

1800.00

**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 56
	<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)
Angelo Cassaro

Mailing Address 7470 Ullom Dr

City Las Vegas State NV Zip Code 89139

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

Name of Employer Information requested Occupation Information requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 10 / 2013

Transaction ID : SA11AI.9437

Amount of Each Receipt this Period
 250.00

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

Mailing Address 9185 Mile Circle

City Reno State NV Zip Code 89511

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

Name of Employer Pavers Plus Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 12 / 2013

Transaction ID : SA11AI.9447

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 9185 Mile Circle Dr.

City Reno State NV Zip Code 89511

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

Name of Employer J&J Mechanical Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 12 / 2013

Transaction ID : SA11AI.9448

Amount of Each Receipt this Period
 1000.00

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: (check only one)	PAGE 9 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Amodei for Nevada

A. Full Name (Last, First, Middle Initial)
Kirsten Chadwick

Mailing Address 601 President Ford Lane

City Alexandria State VA Zip Code 22302

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

Name of Employer Fierce, Iskowitz & Blalock Occupation Lobbyist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 16 / 2013

Transaction ID : SA11AI.9382

Amount of Each Receipt this Period
 750.00

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

Mailing Address 13105 Thuderbolt Dr

City Reno State NV Zip Code 89511

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

Name of Employer Clark & Associates Occupation Insurance Broker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 19 / 2013

Transaction ID : SA11AI.9455

Amount of Each Receipt this Period
 1000.00

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

Mailing Address PO Box 12907

City Reno State NV Zip Code 89510

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

Name of Employer Lud Corrao, LLC Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 30 / 2013

Transaction ID : SA11AI.9415

Amount of Each Receipt this Period
 1000.00

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

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

2750.00

**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 10 OF 56
	<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)
James Costa

Mailing Address 7 Marlette Dr

City Carson City State NV Zip Code 89703

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

Name of Employer None Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 19 / 2013

Transaction ID : SA11AI.9460

Amount of Each Receipt this Period
 500.00

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

Mailing Address 6550 Peachtree Lane

City Las Vegas State NV Zip Code 89103

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

Name of Employer Information requested Occupation Information requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 19 / 2013

Transaction ID : SA11AI.9684

Amount of Each Receipt this Period
 250.00

In-kind - event costs

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

Mailing Address 979 Camelia Dr

City Henderson State NV Zip Code 89015

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

Name of Employer R&S Leasing Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 10 / 2013

Transaction ID : SA11AI.9420

Amount of Each Receipt this Period
 1000.00

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

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

1750.00

**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 56
	<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)
Andrea Engleman

Mailing Address 500 Mary St

City Carson City State NV Zip Code 89703

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

Name of Employer Self Occupation Self

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 10 / 2013

Transaction ID : SA11AI.9421

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 262 Sandrock Pointe Ln

City Henderson State NV Zip Code 89012

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

Name of Employer None 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
 09 / 10 / 2013

Transaction ID : SA11AI.9434

Amount of Each Receipt this Period
 250.00

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

Mailing Address 5010 S Valley View Blvd

City Las Vegas State NV Zip Code 89118

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

Name of Employer N/A 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
 08 / 16 / 2013

Transaction ID : SA11AI.9399

Amount of Each Receipt this Period
 2600.00

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

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

3850.00

**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 56
	<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

Full Name (Last, First, Middle Initial) A. Bruce Gescheider		Date of Receipt M M / D D / Y Y Y Y 09 / 09 / 2013
Mailing Address 14250 Sorrel Lane		Transaction ID : SA11AI.9416
City Reno	State NV	
Zip Code 89511		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Moana Nursery	Occupation Business Owner	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) B. Fred Gibson		Date of Receipt M M / D D / Y Y Y Y 08 / 05 / 2013
Mailing Address 3204 Plaza De Rafael		Transaction ID : SA11AI.9393
City Las Vegas	State NV	
Zip Code 89102		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer None	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) C. Stan Goodin		Date of Receipt M M / D D / Y Y Y Y 08 / 15 / 2013
Mailing Address 245 E. Liberty St. Ste 405		Transaction ID : SA11AI.9405
City Reno	State NV	
Zip Code 89501		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Information requested	Occupation Information requested	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

**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 56
	<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)
Terry Graves

Mailing Address 2205 Plaza del Puerto

City Las Vegas State NV Zip Code 89102

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

Name of Employer Graves Communications Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 19 / 2013

Transaction ID : SA11AI.9686

Amount of Each Receipt this Period
225.00

In-kind -

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

Mailing Address 2205 Plaza del Puerto

City Las Vegas State NV Zip Code 89102

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

Name of Employer Graves Communications Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1725.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 10 / 2013

Transaction ID : SA11AI.9431

Amount of Each Receipt this Period
1500.00

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

Mailing Address POB 1427

City Crystal Bay State NV Zip Code 89402

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

Name of Employer Nevada NewTech Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 12 / 2013

Transaction ID : SA11AI.9452

Amount of Each Receipt this Period
1000.00

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

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

2725.00

**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 56
	<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)
Mark James

Mailing Address 4001 S Decatur Blvd

City Las Vegas State NV Zip Code 89103

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

Name of Employer Mark A James LTD Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 16 / 2013

Transaction ID : SA11AI.9400

Amount of Each Receipt this Period
 2600.00

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

Mailing Address PO Box 3479

City Reno State NV Zip Code 89505

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

Name of Employer Crisis Collections Management Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 19 / 2013

Transaction ID : SA11AI.9466

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 10668 Arundel Ave

City Las Vegas State NV Zip Code 89135

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

Name of Employer Emmel and Klegerman PC Occupation Lawyer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 05 / 2013

Transaction ID : SA11AI.9395

Amount of Each Receipt this Period
 250.00

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

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

3850.00

**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 56
(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)
John LaGatta

Mailing Address 50 West Liberty St. Suite 1080

City State Zip Code
Reno NV 89501

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

Name of Employer Occupation
Self Investments

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 19 / 2013

Transaction ID : SA11AI.9464

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1475 Hymer Avenue

City State Zip Code
Sparks NV 89431

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

Name of Employer Occupation
Frank Lepori Construction Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 19 / 2013

Transaction ID : SA11AI.9463

Amount of Each Receipt this Period
1000.00

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
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 27 / 2013

Transaction ID : SA11AI.9485

Amount of Each Receipt this Period
500.00

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

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

2500.00

**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 16 OF 56
	<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)
Paul Lowden

Mailing Address 9004 Greensboro Ln

City Las Vegas State NV Zip Code 89134

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

Name of Employer Archon Corp Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 10 / 2013

Transaction ID : SA11AI.9442

Amount of Each Receipt this Period
 250.00

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

Mailing Address PO Box 42156

City Las Vegas State NV Zip Code 89116-0156

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

Name of Employer Las Vegas Volvo Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 26 / 2013

Transaction ID : SA11AI.9411

Amount of Each Receipt this Period
 250.00

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

Mailing Address 840 S Rancho Dr Ste 4334

City Las Vegas State NV Zip Code 89106

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

Name of Employer Information requested Occupation Information requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 30 / 2013

Transaction ID : SA11AI.9413

Amount of Each Receipt this Period
 250.00

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

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

750.00

**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 17 OF 56
	<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)
Krystle Mckeon

Mailing Address 10120 W Flamingo Rd #4135

City Las Vegas	State NV	Zip Code 89147
-------------------	-------------	-------------------

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

Name of Employer Information requested	Occupation Information requested
---	-------------------------------------

Receipt For: 2013
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 19 / 2013

Transaction ID : SA11AI.9403

Amount of Each Receipt this Period
250.00

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

Mailing Address 420 Saint Andrews Ct

City Las Vegas	State NV	Zip Code 89144
-------------------	-------------	-------------------

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

Name of Employer Castle Properties	Occupation Developer
---------------------------------------	-------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 26 / 2013

Transaction ID : SA11AI.9409

Amount of Each Receipt this Period
250.00

C. 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
700.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 10 / 2013

Transaction ID : SA11AI.9432

Amount of Each Receipt this Period
500.00

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

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

1000.00

**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 18 OF 56
	<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)
Lee Moisio

Mailing Address **PO Box 12458**

City **Zephyr Cove** State **NV** Zip Code **89448**

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
09 / 30 / 2013

Transaction ID : SA11AI.9673

Amount of Each Receipt this Period

1000.00

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

Mailing Address **PO Box 12458**

City **Zephyr Cove** State **NV** Zip Code **89448**

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

Name of Employer **Vertex Chemical** Occupation **Executive**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
09 / 30 / 2013

Transaction ID : SA11AI.9672

Amount of Each Receipt this Period

1000.00

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

Mailing Address **9455 Double R Blvd**

City **Reno** State **NV** Zip Code **89521**

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

Name of Employer **EE Technologies** Occupation **President/CEO**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
09 / 10 / 2013

Transaction ID : SA11AI.9418

Amount of Each Receipt this Period

2600.00

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

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

4600.00

**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 19 OF 56
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
Amodei for Nevada

A. Full Name (Last, First, Middle Initial)
Swadeep Nigam

Mailing Address 8334 Belmont Valley St,

City Las Vegas State NV Zip Code 89123

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

Name of Employer Information requested Occupation Information requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 10 / 2013

Transaction ID : SA11AI.9427

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
John O'Rourke

Mailing Address 11028 Stanmore Drive

City Potomac State MD Zip Code 20854

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

Name of Employer Information requested Occupation Information requested
Self Employed Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
650.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 18 / 2013

Transaction ID : SA11AI.9687

Amount of Each Receipt this Period
650.00

In-kind -

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

Mailing Address 1390 Creek Drive

City Reno State NV Zip Code 89410

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

Name of Employer Information requested Occupation Information requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 27 / 2013

Transaction ID : SA11AI.9494

Amount of Each Receipt this Period
2000.00

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

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

2900.00

**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 20 OF 56
	<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)
Ronald Parratt

Mailing Address 2190 Augusta Ave

City	State	Zip Code
Reno	NV	89509

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

Name of Employer Information Requested	Occupation Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 19 / 2013

Transaction ID : SA11AI.9469

Amount of Each Receipt this Period
1000.00

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

Mailing Address 2259 Aragon Canyon St

City	State	Zip Code
Las Vegas	NV	89135

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

Name of Employer Integrated Medical Management	Occupation Anesthesiologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 10 / 2013

Transaction ID : SA11AI.9444

Amount of Each Receipt this Period
250.00

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

Mailing Address 101 Constitution Ave NW Ste 500E

City	State	Zip Code
Washington	DC	20001

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

Name of Employer National Mining Association	Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 07 / 24 / 2013

Transaction ID : SA11AI.9384

Amount of Each Receipt this Period
1000.00

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: (check only one)	PAGE 21 OF 56
	<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)
Luella Simpson

Mailing Address 6205 Shadywood Dr

City Las Vegas State NV Zip Code 89146

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

Name of Employer None 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
 09 / 10 / 2013

Transaction ID : SA11AI.9433

Amount of Each Receipt this Period
 250.00

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

Mailing Address 2101 Twin Falls Dr.

City Henderson State NV Zip Code 89044

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

Name of Employer Information requested Occupation Information requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 10 / 2013

Transaction ID : SA11AI.9441

Amount of Each Receipt this Period
 250.00

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

Mailing Address 1806 Industrial Rd

City Las Vegas State NV Zip Code 89102

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

Name of Employer Tiberti Cosntruction Occupation Cosntruction

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 21 / 2013

Transaction ID : SA11AI.9406

Amount of Each Receipt this Period
 500.00

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

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

1000.00

39975.00

**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 22 OF 56
	<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)
AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)

Mailing Address 1120 CONNECTICUT AVENUE NW
SUITE 600

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00004275**

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
 09 / 10 / 2013

Transaction ID : SA11C.9425

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)

Mailing Address 208 S. AKARD STREET
SUITE 2701

City DALLAS State TX Zip Code 75202

FEC ID number of contributing federal political committee. **C C00109017**

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 Y Y
 08 / 08 / 2013

Transaction ID : SA11C.9389

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
BARRICK GOLD OF NORTH AMERICA INC. EMPLOYEES PAF

Mailing Address 136 E. SOUTH TEMPLE ST.
SUITE 1300

City SALT LAKE CITY State UT Zip Code 84111

FEC ID number of contributing federal political committee. **C C00320580**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 24 / 2013

Transaction ID : SA11C.9383

Amount of Each Receipt this Period
1500.00

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

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

6000.00

**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 23 OF 56
	<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)
BARRICK GOLD OF NORTH AMERICA INC. EMPLOYEES PAF

Mailing Address 136 E. SOUTH TEMPLE ST.
SUITE 1300

City State Zip Code
SALT LAKE CITY UT 84111

FEC ID number of contributing federal political committee. **C** C00320580

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 27 / 2013

Transaction ID : SA11C.9500

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
BUILD POLITICAL ACTION COMMITTEE OF THE NATIONAL ASSOCIATION OF HOME BUILDERS (BUILDPAAC)

Mailing Address 1201 15TH STREET, NW

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00000901

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
 08 / 07 / 2013

Transaction ID : SA11C.9397

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
BUILD POLITICAL ACTION COMMITTEE OF THE NATIONAL ASSOCIATION OF HOME BUILDERS (BUILDPAAC)

Mailing Address 1201 15TH STREET, NW

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00000901

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
 08 / 26 / 2013

Transaction ID : SA11C.9408

Amount of Each Receipt this Period
2500.00

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

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

5500.00

**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 24 OF 56
	<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)
CULAC THE PAC OF CREDIT UNION NATIONAL ASSOCIATION

Mailing Address 604 PENNSYLVANIA AVENUE, NW

City	State	Zip Code
WASHINGTON	DC	20004-2601

FEC ID number of contributing federal political committee. **C** C00007880

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
 09 / 10 / 2013

Transaction ID : SA11C.9417

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)
GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE (GEPAC)

Mailing Address 1299 PENNSYLVANIA AVE NW
SUITE 900W

City	State	Zip Code
WASHINGTON	DC	20004

FEC ID number of contributing federal political committee. **C** C00024869

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
 09 / 24 / 2013

Transaction ID : SA11C.9482

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
INTERNATIONAL GAME TECHNOLOGY (IGT) PAC

Mailing Address 9295 PROTOTYPE DRIVE

City	State	Zip Code
RENO	NV	89511

FEC ID number of contributing federal political committee. **C** C00316331

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
 09 / 30 / 2013

Transaction ID : SA11C.9501

Amount of Each Receipt this Period

5000.00

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

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

7000.00

**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 25 OF 56
	<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)
LIONEL SAWYER & COLLINS PAC

Mailing Address 300 SOUTH FOURTH STREET SUITE 1700

City LAS VEGAS State NV Zip Code 89101

FEC ID number of contributing federal political committee. **C C00266460**

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
 09 / 10 / 2013

Transaction ID : SA11C.9419

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
MICROSOFT CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 16011 NE 36TH WAY
BOX 97017

City REDMOND State WA Zip Code 98073

FEC ID number of contributing federal political committee. **C C00227546**

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
 09 / 30 / 2013

Transaction ID : SA11C.9683

Amount of Each Receipt this Period
 2000.00

C. Full Name (Last, First, Middle Initial)
MINEPAC, A POLITICAL ACTION COMMITTEE OF THE NATIONAL MINING ASSOCIATION

Mailing Address 101 CONSTITUION AVE, NW
SUITE 500 EAST

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00304634**

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
 08 / 05 / 2013

Transaction ID : SA11C.9388

Amount of Each Receipt this Period
 4000.00

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

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

7000.00

**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 26 OF 56
	<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)
NATIONAL ASSOCIATION OF CHAIN DRUG STORES POLITICAL ACTION COMMITTEE

Mailing Address **413 N. LEE STREET**

City **ALEXANDRIA** State **VA** Zip Code **22314**

FEC ID number of contributing federal political committee. **C C00022368**

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
09 / 30 / 2013

Transaction ID : SA11C.9681

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
NEWMONT MINING CORPORATION PAC

Mailing Address **101 CONSTITUTION AVE. NW SUITE 800**

City **WASHINGTON** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C C00206672**

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
08 / 09 / 2013

Transaction ID : SA11C.9398

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
NEXTERA ENERGY, INC. POLITICAL ACTION COMMITTEE

Mailing Address **700 UNIVERSE BLVD.**

City **JUNO BEACH** State **FL** Zip Code **33408**

FEC ID number of contributing federal political committee. **C C00064774**

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
09 / 30 / 2013

Transaction ID : SA11C.9682

Amount of Each Receipt this Period
 1000.00

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 27 OF 56
	<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)
SIERRA NEVADA CORPORATION PAC

Mailing Address P.O. BOX 50193

City State Zip Code
SPARKS NV 89434

FEC ID number of contributing federal political committee. **C** C00367995

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 Y Y
 08 / 30 / 2013

Transaction ID : SA11C.9412

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
THE ASCAP LEGISLATIVE FUND FOR THE ARTS

Mailing Address ONE LINCOLN PLAZA

City State Zip Code
NEW YORK NY 10023

FEC ID number of contributing federal political committee. **C** C00228296

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
 08 / 05 / 2013

Transaction ID : SA11C.9392

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
TURKISH COALITON USA PAC (TC-USA PAC)

Mailing Address 1025 CONNECTICUT AVE SUITE 1000

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00432526

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
 07 / 24 / 2013

Transaction ID : SA11C.9387

Amount of Each Receipt this Period
1000.00

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

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

3000.00

**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 28 OF 56
	<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)
U.S. TRAVEL ASSOCIATION PAC

Mailing Address 1100 NEW YORK AVENUE
SUITE 450W

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00457754

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : SA11C.9504

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 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).....

1000.00

34000.00

**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 56			
	<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. 7 eleven			Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2013
Mailing Address 3701 N Carson St			Amount of Each Disbursement this Period 67.67
City Carson City	State NV	Zip Code 89703	Transaction ID : SB17.9522
Purpose of Disbursement Fuel 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) B. 7 eleven			Date of Disbursement M M / D D / Y Y Y Y 08 / 23 / 2013
Mailing Address 3701 N Carson St			Amount of Each Disbursement this Period 40.00
City Carson City	State NV	Zip Code 89703	Transaction ID : SB17.9507
Purpose of Disbursement Fuel 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) c. Mark Eugene Amodei			Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2013
Mailing Address 503 W Sunset			Amount of Each Disbursement this Period 712.02
City Carson City	State NV	Zip Code 89703	Transaction ID : SB17.9665
Purpose of Disbursement Reimbursement of expenses		Category/Type 002	
Candidate Name			
Office Sought: <input checked="" type="checkbox"/> House <input 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: NV	District: 02		

SUBTOTAL of Disbursements This Page (optional).....	819.69
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.9665

Bullys Sports Bar 3530 N Carson St Carson City, NV 89703 \$66.33 Consituent mtg; WE the Pizza 305 Pennsylvania Ave Washington DC 20003 \$53.28 Mtg re Web design; Mom and Pop's 224 S Carson St Carson City, NV 89703 \$43.00 State Legislative Issues; JJs Pie Co 555 W 5th St Reno NV 89503 \$44.90 Fundraising meeting; Five Guys 1400 I St Washington, DC 20005 \$26.78 Fundraising meeting; Stan's Restaurant 1029 Vermont Ave Washington DC 20005 \$48.73 Fundraising meeting; Grimaldi's Pizzeria 3200 Las Vegas Blvd Las Vegas, NV 58 - NRCC meeting Taxicab receipts - \$289.00;

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 31 OF 56			
	<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. Aristotle		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2013
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 1625.00 Transaction ID : SB17.9641
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Campaign software	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input 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) B. AT & T		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2013
Mailing Address PO Box 5025		Amount of Each Disbursement this Period 23.90 Transaction ID : SB17.9643
City Carol Stream	State IL	
Zip Code 60197	Purpose of Disbursement Telephone costs	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input 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. AT & T		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2013
Mailing Address PO Box 5025		Amount of Each Disbursement this Period 22.71 Transaction ID : SB17.9566
City Carol Stream	State IL	
Zip Code 60197	Purpose of Disbursement Telephone expense	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input 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:	

SUBTOTAL of Disbursements This Page (optional).....	1671.61
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 32 OF 56	
	<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. AT & T		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2013
Mailing Address PO Box 5025		Amount of Each Disbursement this Period 29.26 Transaction ID : SB17.9564
City Carol Stream	State IL	
Zip Code 60197	Purpose of Disbursement Telephone expenses	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input 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) B. Authnet Gateway		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2013
Mailing Address P.O. Box 8999		Amount of Each Disbursement this Period 21.05 Transaction ID : SB17.9663
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Bill.com		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2013
Mailing Address 3200 Ash Street		Amount of Each Disbursement this Period 26.96 Transaction ID : SB17.9613
City Palo Alto	State CA	
Zip Code 94306	Purpose of Disbursement Bill processing	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input 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:	

SUBTOTAL of Disbursements This Page (optional).....	77.27
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 33 OF 56	
	<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. Bill.com		Date of Disbursement MM / DD / YYYY 08 / 07 / 2013
Mailing Address 3200 Ash Street		Amount of Each Disbursement this Period 24.95 Transaction ID : SB17.9652
City Palo Alto	State CA	
Zip Code 94306	Purpose of Disbursement bill processing	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input 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) B. Bill.com		Date of Disbursement MM / DD / YYYY 09 / 09 / 2013
Mailing Address 3200 Ash Street		Amount of Each Disbursement this Period 23.47 Transaction ID : SB17.9574
City Palo Alto	State CA	
Zip Code 94306	Purpose of Disbursement Payment processing fees	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input 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. Bobby Van's		Date of Disbursement MM / DD / YYYY 08 / 01 / 2013
Mailing Address 809 15th St NW		Amount of Each Disbursement this Period 490.00 Transaction ID : SB17.9620
City Washington	State DC	
Zip Code 20005	Purpose of Disbursement Fundraising - meals and entertainment	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input 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:	

SUBTOTAL of Disbursements This Page (optional).....	538.42
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 34 OF 56			
	<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. Bull Feathers		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2013
Mailing Address 410 1st Street		Amount of Each Disbursement this Period 46.64 Transaction ID : SB17.9540
City Washington State DC Zip Code 20003	Purpose of Disbursement Fundraising meeting Candidate Name Category/Type 002	
Office Sought: <input type="checkbox"/> House <input 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) B. Bull Feathers		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2013
Mailing Address 410 1st Street		Amount of Each Disbursement this Period 101.00 Transaction ID : SB17.9572
City Washington State DC Zip Code 20003	Purpose of Disbursement Staff meeting Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input 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. Capital Grill		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2013
Mailing Address 601 Pennsylvania Ave NW		Amount of Each Disbursement this Period 590.00 Transaction ID : SB17.9549
City Washington State DC Zip Code 20004	Purpose of Disbursement Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input 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:	

SUBTOTAL of Disbursements This Page (optional).....	737.64
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 35 OF 56	
	<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. Capital Grill		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2013
Mailing Address 601 Pennsylvania Ave NW		Amount of Each Disbursement this Period 120.70 Transaction ID : SB17.9551
City Washington State DC Zip Code 20004	Purpose of Disbursement Fundraising meeting - meals and entertainment Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input 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) B. Casey Neilon & Associates, LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2013
Mailing Address 503 N Division St		Amount of Each Disbursement this Period 83.44 Transaction ID : SB17.9640
City Carson City State NV Zip Code 89703	Purpose of Disbursement Reimbursement for postage Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input 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. Casey Neilon & Associates, LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2013
Mailing Address 503 N Division St		Amount of Each Disbursement this Period 1551.25 Transaction ID : SB17.9642
City Carson City State NV Zip Code 89703	Purpose of Disbursement Accounting fees Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input 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:	

SUBTOTAL of Disbursements This Page (optional).....	1755.39
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 36 OF 56	
	<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. Casino Fandango		Date of Disbursement MM / DD / YYYY 08 / 09 / 2013
Mailing Address 3800 South Carson Street		Amount of Each Disbursement this Period 232.00 Transaction ID : SB17.9630
City Carson City	State NV	
Zip Code 89701	Purpose of Disbursement Fundraising planning meeting	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input 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) B. Casino Fandango		Date of Disbursement MM / DD / YYYY 09 / 16 / 2013
Mailing Address 3800 South Carson Street		Amount of Each Disbursement this Period 230.00 Transaction ID : SB17.9569
City Carson City	State NV	
Zip Code 89701	Purpose of Disbursement Fundraising meeting	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input 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. Chart House		Date of Disbursement MM / DD / YYYY 08 / 28 / 2013
Mailing Address 392 Nevada State Route 207		Amount of Each Disbursement this Period 290.00 Transaction ID : SB17.9596
City Stateline	State NV	
Zip Code 89449	Purpose of Disbursement Fundraising - meals and entertainment	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input 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:	

SUBTOTAL of Disbursements This Page (optional).....	752.00
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 37 OF 56			
	<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. Danielle Cherry			Date of Disbursement MM / DD / YYYY 08 / 06 / 2013	
Mailing Address 345 Sondrio Way			Amount of Each Disbursement this Period 2500.00	
City Reno	State NV	Zip Code 89521	Transaction ID : SB17.9651	
Purpose of Disbursement Fundraising commission		003 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input 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) B. Danielle Cherry			Date of Disbursement MM / DD / YYYY 09 / 09 / 2013	
Mailing Address 345 Sondrio Way			Amount of Each Disbursement this Period 725.94	
City Reno	State NV	Zip Code 89521	Transaction ID : SB17.9565	
Purpose of Disbursement Office supplies		001 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input 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. Chevron			Date of Disbursement MM / DD / YYYY 08 / 19 / 2013	
Mailing Address 1102 North Carson Street			Amount of Each Disbursement this Period 60.52	
City Carson City	State NV	Zip Code 89703	Transaction ID : SB17.9601	
Purpose of Disbursement Fuel in lieu of mileage		002 Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input 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:				

SUBTOTAL of Disbursements This Page (optional).....	3286.46
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 38 OF 56		
	<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

A. Congressional Liquors

Full Name (Last, First, Middle Initial)
Mailing Address 404 First St SE

City Washington, State DC Zip Code 20003

Purpose of Disbursement Fundraising expenses

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 30 / 2013

Amount of Each Disbursement this Period: 216.96

Transaction ID : SB17.9544

Category/Type: 003

B. Del Frisco Grill

Full Name (Last, First, Middle Initial)
Mailing Address 1201 Pennsylvania Ave NW

City Washington, State DC Zip Code 20004

Purpose of Disbursement Fundraising - meals and entertainment

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 24 / 2013

Amount of Each Disbursement this Period: 700.00

Transaction ID : SB17.9606

Category/Type: 003

c. Maria Donald

Full Name (Last, First, Middle Initial)
Mailing Address 6550 Peachtree Lane

City Las Vegas, State NV Zip Code 89103

Purpose of Disbursement In-kind - event costs

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 19 / 2013

Amount of Each Disbursement this Period: 250.00

Transaction ID : SB17.9691

Category/Type:

SUBTOTAL of Disbursements This Page (optional) 1166.96

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 39 OF 56	
	<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. Eagle Eye Embroidery		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2013
Mailing Address 222 Ninth St		Amount of Each Disbursement this Period 344.66 Transaction ID : SB17.9576
City Elko	State NV	
Zip Code 89801	Purpose of Disbursement Embroidered caps	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input 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) B. El Aguila Real		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2013
Mailing Address 3220 Us Highway 50 E		Amount of Each Disbursement this Period 72.00 Transaction ID : SB17.9614
City Carson City	State NV	
Zip Code 89701	Purpose of Disbursement Meeting re CD 4	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input 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. Flag Store Sign		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2013
Mailing Address 155 Glendale Ave		Amount of Each Disbursement this Period 269.31 Transaction ID : SB17.9548
City Sparks	State NV	
Zip Code 89431	Purpose of Disbursement Flag purchase	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input 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:	

SUBTOTAL of Disbursements This Page (optional).....	685.97
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 40 OF 56	
	<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. Glen Eagles		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2013
Mailing Address 3700 North Carson Street		Amount of Each Disbursement this Period 4,567,890.12 50.00
City Carson City	State NV	
Zip Code 89706	Purpose of Disbursement Fundraising - meals and entertainment	Transaction ID : SB17.9636
Candidate Name	003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input 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) B. Glen Eagles		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2013
Mailing Address 3700 North Carson Street		Amount of Each Disbursement this Period 4,567,890.12 65.00
City Carson City	State NV	
Zip Code 89706	Purpose of Disbursement Constituent Meeting	Transaction ID : SB17.9595
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input 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. Grand Sierra Resort		Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2013
Mailing Address 2500 E Second St		Amount of Each Disbursement this Period 4,567,890.12 315.90
City Reno	State NV	
Zip Code 89595	Purpose of Disbursement Fund raising - meals and entertainment	Transaction ID : SB17.9622
Candidate Name	003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input 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:		

SUBTOTAL of Disbursements This Page (optional).....	430.90
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 42 OF 56	
	<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. Hunan Dynasty Restaurant		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2013
Mailing Address 215 PENNSYLVANIA AVE SE		Amount of Each Disbursement this Period 43.00
City Washington State DC Zip Code 20003	Purpose of Disbursement Fundraising meeting 003 Category/Type	
Candidate Name		Transaction ID : SB17.9541
Office Sought: House Senate 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) B. Kaempfer Crowell Renshaw Gronauer & Fiore		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2013
Mailing Address 8345 West Sunset Road Suite 250		Amount of Each Disbursement this Period 73.15
City Las Vegas State NV Zip Code 89113	Purpose of Disbursement Legal Fees 001 Category/Type	
Candidate Name		Transaction ID : SB17.9638
Office Sought: House Senate 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. Kaempfer Crowell Renshaw Gronauer & Fiore		Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2013
Mailing Address 8345 West Sunset Road Suite 250		Amount of Each Disbursement this Period 211.46
City Las Vegas State NV Zip Code 89113	Purpose of Disbursement Legal Fees 001 Category/Type	
Candidate Name		Transaction ID : SB17.9588
Office Sought: House Senate President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	327.61
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 43 OF 56			
	<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. Maverick			Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2013		
Mailing Address 2445 Riverboat Rd			Amount of Each Disbursement this Period 89.73		
City Dayton	State NV	Zip Code 89403	Transaction ID : SB17.9648		
Purpose of Disbursement Fuel in lieu of mileage		002 Category/ Type			
Candidate Name					
Office Sought:	House <input 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) B. Nevada Federation of Republican Women			Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2013		
Mailing Address 1858 Deep Creek Dr			Amount of Each Disbursement this Period 1000.00		
City Sparks	State NV	Zip Code 89434	Transaction ID : SB17.9658		
Purpose of Disbursement Membership		001 Category/ Type			
Candidate Name					
Office Sought:	House <input 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 O'Rourke			Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2013		
Mailing Address 11028 Stanmore Drive			Amount of Each Disbursement this Period 650.00		
City Potomac	State MD	Zip Code 20854	Transaction ID : SB17.9688		
Purpose of Disbursement In-kind -					
Candidate Name					
Office Sought:	House <input 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:				

SUBTOTAL of Disbursements This Page (optional).....	1739.73
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 44 OF 56			
	<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. Rayburn C1118			Date of Disbursement M M / D D / Y Y Y Y 07 / 27 / 2013		
Mailing Address 1 1st St. NE			Amount of Each Disbursement this Period 40.00		
City Washington	State DC	Zip Code 20543	Transaction ID : SB17.9611		
Purpose of Disbursement Issues meeting		Category/ Type 001			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input 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) B. Rayburn C1118			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2013		
Mailing Address 1 1st St. NE			Amount of Each Disbursement this Period 56.00		
City Washington	State DC	Zip Code 20543	Transaction ID : SB17.9547		
Purpose of Disbursement Fundraising meeting		Category/ Type 003			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input 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. San Marcos Grill			Date of Disbursement M M / D D / Y Y Y Y 08 / 30 / 2013		
Mailing Address 260 E Winnie Ln			Amount of Each Disbursement this Period 140.00		
City Carson City	State NV	Zip Code 89706	Transaction ID : SB17.9587		
Purpose of Disbursement Fundraising planning meeting		Category/ Type 003			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input 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:					

SUBTOTAL of Disbursements This Page (optional).....	236.00
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 45 OF 56			
	<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. Savemart		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2013
Mailing Address 3620 N Carson St		Amount of Each Disbursement this Period 351.48 Transaction ID : SB17.9535
City Carson City	State NV	
Zip Code 89703	Purpose of Disbursement DCRCC Barbeque	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input 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) B. Savemart		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2013
Mailing Address 3620 N Carson St		Amount of Each Disbursement this Period 104.87 Transaction ID : SB17.9536
City Carson City	State NV	
Zip Code 89703	Purpose of Disbursement DCRCC Barbeque	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input 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. Shell Carson Cty		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2013
Mailing Address Hwy 395		Amount of Each Disbursement this Period 95.00 Transaction ID : SB17.9664
City Carson City	State NV	
Zip Code 89703	Purpose of Disbursement Fuel 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	551.35
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 46 OF 56	
	<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 08 / 12 / 2013
Mailing Address Hwy 395		Amount of Each Disbursement this Period 898.13 Transaction ID : SB17.9655
City Carson City	State NV	
Zip Code 89703	Purpose of Disbursement Fuel 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 checked="" type="checkbox"/> Primary <input 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 09 / 23 / 2013
Mailing Address Hwy 395		Amount of Each Disbursement this Period 68.62 Transaction ID : SB17.9557
City Carson City	State NV	
Zip Code 89703	Purpose of Disbursement Fuel 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Silver Legacy		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2013
Mailing Address 407 N Virginia St		Amount of Each Disbursement this Period 772.88 Transaction ID : SB17.9618
City Reno	State NV	
Zip Code 89501	Purpose of Disbursement Fundraising - meals and entertainment	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input 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:	

SUBTOTAL of Disbursements This Page (optional).....	898.13
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 47 OF 56			
	<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. Southwest Airlines			Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2013	
Mailing Address P.O. Box 36647-1CR			Amount of Each Disbursement this Period 439.80	
City Dallas	State TX	Zip Code 73235	Transaction ID : SB17.9649	
Purpose of Disbursement Campaign travel - airfare		002 Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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) B. Tamarack Junction			Date of Disbursement M M / D D / Y Y Y Y 07 / 14 / 2013	
Mailing Address 13101 S Virginia St			Amount of Each Disbursement this Period 37.00	
City Reno	State NV	Zip Code 89521	Transaction ID : SB17.9530	
Purpose of Disbursement Political Status meeting		003 Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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. Tamarack Junction			Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2013	
Mailing Address 13101 S Virginia St			Amount of Each Disbursement this Period 42.00	
City Reno	State NV	Zip Code 89521	Transaction ID : SB17.9603	
Purpose of Disbursement Constituent Meeting		003 Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	518.80
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 48 OF 56		
	<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. Tamarack Junction			Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2013
Mailing Address 13101 S Virginia St			Amount of Each Disbursement this Period 39.00 Transaction ID : SB17.9585
City Reno	State NV	Zip Code 89521	
Purpose of Disbursement Constituent Meeting		Category/ Type 003	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input 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) B. Tamarack Junction			Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2013
Mailing Address 13101 S Virginia St			Amount of Each Disbursement this Period 28.49 Transaction ID : SB17.9581
City Reno	State NV	Zip Code 89521	
Purpose of Disbursement Constituent meeting		Category/ Type 003	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input 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. Tamarack Junction			Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2013
Mailing Address 13101 S Virginia St			Amount of Each Disbursement this Period 33.00 Transaction ID : SB17.9567
City Reno	State NV	Zip Code 89521	
Purpose of Disbursement Constituent meeting		Category/ Type 003	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input 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:			

SUBTOTAL of Disbursements This Page (optional).....	100.49
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 49 OF 56	
	<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 Martin Hotel		Date of Disbursement MM / DD / YYYY 08 / 06 / 2013
Mailing Address 94 W Railroad S		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.9628
City Winnemucca	State NV Zip Code 89445	
Purpose of Disbursement Staff lunch	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input 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) B. The M Group		Date of Disbursement MM / DD / YYYY 07 / 16 / 2013
Mailing Address 100 Luna Park #156		Amount of Each Disbursement this Period 1198.29 Transaction ID : SB17.9644
City Alexandria	State VA Zip Code 22305	
Purpose of Disbursement Fundraising commissions	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input 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. The M Group		Date of Disbursement MM / DD / YYYY 08 / 06 / 2013
Mailing Address 100 Luna Park #156		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.9589
City Alexandria	State VA Zip Code 22305	
Purpose of Disbursement Fundraising Commission	Category/Type 003	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input 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:		

SUBTOTAL of Disbursements This Page (optional).....	2748.29
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 50 OF 56			
	<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. Tortilla Coast			Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2013
Mailing Address 400 First Street SE			Amount of Each Disbursement this Period 168.00 Transaction ID : SB17.9604
City Washington	State DC	Zip Code 20003	
Purpose of Disbursement Staff issue meeting		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input 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) B. Wells Fargo			Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2013
Mailing Address PO Box 6995			Amount of Each Disbursement this Period 45.00 Transaction ID : SB17.9616
City Portland	State OR	Zip Code 97228	
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____ District: _____			

Full Name (Last, First, Middle Initial) c. Wells Fargo			Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2013
Mailing Address PO Box 6995			Amount of Each Disbursement this Period 3.00 Transaction ID : SB17.9653
City Portland	State OR	Zip Code 97228	
Purpose of Disbursement Bank charges		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input 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: _____			

SUBTOTAL of Disbursements This Page (optional).....	216.00
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 51 OF 56			
	<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. Wells Fargo		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2013
Mailing Address PO Box 6995		Amount of Each Disbursement this Period 45.00 Transaction ID : SB17.9656
City Portland	State OR	
Zip Code 97228	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Wells Fargo		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2013
Mailing Address PO Box 6995		Amount of Each Disbursement this Period 54.37 Transaction ID : SB17.9570
City Portland	State OR	
Zip Code 97228	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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. W Millar & Co		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2013
Mailing Address 1335 14th St. NW		Amount of Each Disbursement this Period 262.20 Transaction ID : SB17.9590
City Washington	State DC	
Zip Code 20005	Purpose of Disbursement Catering costs	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input 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:	

SUBTOTAL of Disbursements This Page (optional).....	361.57
TOTAL This Period (last page this line number only).....	26095.28

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

Form/Schedule: SB17

Transaction ID : SB17.9590

Reimbursement of expense paid to the M Group

Form/Schedule:

Transaction ID:

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	Nature of Debt (Purpose): Accounting fees
Mailing Address 503 N Division St	
City State Zip Code Carson City NV 89703	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.9692	
Amount Incurred This Period 1081.27	Payment This Period 0.00	Outstanding Balance at Close of This Period 1081.27

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Casey Neilon & Associates, LLC	Nature of Debt (Purpose): Accounting fees
Mailing Address 503 N Division St	
City State Zip Code Carson City NV 89703	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.9693	
Amount Incurred This Period 595.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 595.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Casey Neilon & Associates, LLC	Nature of Debt (Purpose): Accounting fees
Mailing Address 503 N Division St	
City State Zip Code Carson City NV 89703	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.9694	
Amount Incurred This Period 1891.25	Payment This Period 0.00	Outstanding Balance at Close of This Period 1891.25

1) SUBTOTALS This Period This Page (optional)	3567.52
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

NAME OF COMMITTEE (In Full)

Amodei for Nevada

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Redrock Strategies		Nature of Debt (Purpose): Special Election Win Bonus
Mailing Address 9500 W Flamingo Rd #203		
City	State	Zip Code
Las Vegas	NV	89147

Outstanding Balance Beginning This Period	Transaction ID : SD10.7597	
<input type="text" value="2000.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="2000.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Shirley & Bannister		Nature of Debt (Purpose): Public Relations Service
Mailing Address 122 South Patrick Street		
City	State	Zip Code
Alexandria	VA	22314

Outstanding Balance Beginning This Period	Transaction ID : SD10.7593	
<input type="text" value="4500.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="4500.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Stutzman Public Affairs		Nature of Debt (Purpose): Professional Fees
Mailing Address 1415 L Street		
City	State	Zip Code
Sacramento	CA	95814

Outstanding Balance Beginning This Period	Transaction ID : SD10.7279	
<input type="text" value="1500.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="1500.00"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="8000.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <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:

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 Stutzman Public Affairs		Nature of Debt (Purpose): Production Costs
Mailing Address 1415 L Street		
City State	Zip Code	
Sacramento	CA 95814	

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	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional)	3000.00
2) TOTALS This Period (last page this line number only)	14567.52
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) ▶	14567.52