

**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  
11 / 25 / 2014

through

M M / D D / Y Y Y Y  
12 / 31 / 2014

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  
01 / 31 / 2015

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))....	5400.00	696498.56
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	1500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	5400.00	694998.56
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	26659.93	549433.90
(b) Total Offsets to Operating Expenditures (from Line 14).....	1160.74	3818.66
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	25499.19	545615.24
8. Cash on Hand at Close of Reporting Period (from Line 27).....	195378.40	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	9000.00	

**For further information contact:**

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

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

**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:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5250.00	339625.00
(ii) Unitemized.....	150.00	19323.56
(iii) TOTAL of contributions from individuals ▶	5400.00	358948.56
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	337550.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	5400.00	696498.56
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	1160.74	3818.66
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	6560.74	700317.22

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	26659.93	549433.90
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	109600.00
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	1500.00
(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	1500.00
21. OTHER DISBURSEMENTS .....	0.00	7700.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	26659.93	668233.90

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	215477.59
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	6560.74
25. SUBTOTAL (add Line 23 and Line 24).....	222038.33
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	26659.93
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	195378.40

**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 21
	<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	

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)  
**Darrin D Badger**

Mailing Address 3455 Cliff Shadows Pkwy, Suite 220

City Las Vegas	State NV	Zip Code 89129
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FEC ID number of contributing federal political committee. **C**

Name of Employer Focus Commercial Group	Occupation President
--	-------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2014

**Transaction ID : SA11AI.11946**

Amount of Each Receipt this Period  
 1000.00  
 Amodei for Nevada

**B.** Full Name (Last, First, Middle Initial)  
**I Scott Bogatz**

Mailing Address 3800 Howard Hughes Pkwy Suite 1850

City Las Vegas	State NV	Zip Code 89169
-------------------	-------------	-------------------

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

Name of Employer Bogatz Law Group	Occupation Member
--------------------------------------	----------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2014

**Transaction ID : SA11AI.11943**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Larry W Bross**

Mailing Address 1421 18th Street

City Manhattan Beach	State CA	Zip Code 90266
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FEC ID number of contributing federal political committee. **C**

Name of Employer Focus Property Group	Occupation Exec VP, Development
--	------------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2014

**Transaction ID : SA11AI.11941**

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 6 OF 21	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

**A.** Full Name (Last, First, Middle Initial)  
**Mark H Fiorentino**

Mailing Address 296 Loomis St #R

City North Granby State CT Zip Code 06060-1204

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

Name of Employer Kaempfer Crowell Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2014

**Transaction ID : SA11AI.11939**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**John Ritter**

Mailing Address 3455 Cliff Shadows Pkwy

City Las Vegas State NV Zip Code 89129

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

Name of Employer Focus Property Group Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2014

**Transaction ID : SA11AI.11945**

Amount of Each Receipt this Period  
2000.00

Amodei for Nevada

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

2250.00

5250.00

**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 21
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" 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)  
**Southwest Airlines**

Mailing Address P.O. Box 36647-1CR

City Dallas State TX Zip Code 73235

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
233.10

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 16 / 2014

**Transaction ID : SA14.11927**

Amount of Each Receipt this Period  
233.10

Refund - Airfare

**B.** Full Name (Last, First, Middle Initial)  
**Southwest Airlines**

Mailing Address P.O. Box 36647-1CR

City Dallas State TX Zip Code 73235

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
466.20

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 18 / 2014

**Transaction ID : SA14.11925**

Amount of Each Receipt this Period  
233.10

Refund - Airfare

**C.** Full Name (Last, First, Middle Initial)  
**Southwest Airlines**

Mailing Address P.O. Box 36647-1CR

City Dallas State TX Zip Code 73235

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
699.30

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 18 / 2014

**Transaction ID : SA14.11926**

Amount of Each Receipt this Period  
233.10

Refund - Airfare

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

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

699.30

**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 21
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" 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)  
**Southwest Airlines**

Mailing Address P.O. Box 36647-1CR

City Dallas State TX Zip Code 73235

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
932.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2014

**Transaction ID : SA14.11928**

Amount of Each Receipt this Period  
233.10

Refund - Airfare

**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).....

233.10

932.40



**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 9 OF 21			
	<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) <b>A. Ahora Latino Journal</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014	
Mailing Address 9584 Autumn Leaf Way			Amount of Each Disbursement this Period 460.00	
City Reno	State NV	Zip Code 89506	Transaction ID : SB17.11932	
Purpose of Disbursement Advertising expense - campaign print ad		Category/ Type 004		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Capitol Hill Club</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2014	
Mailing Address 300 First Street SE			Amount of Each Disbursement this Period 473.00	
City Washington	State DC	Zip Code 20003	Transaction ID : SB17.11912	
Purpose of Disbursement Contributor relations - Meals & entertainment		Category/ Type 003		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Capitol Hill Club</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2014	
Mailing Address 300 First Street SE			Amount of Each Disbursement this Period 76.86	
City Washington	State DC	Zip Code 20003	Transaction ID : SB17.11913	
Purpose of Disbursement Contributor relations - Meals & entertainment		Category/ Type 003		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1009.86
<b>TOTAL</b> 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 10 OF 21	
	<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) <b>A. Casey Neilon &amp; Associates, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014	
Mailing Address 503 N Division St			Amount of Each Disbursement this Period 8600.00	
City Carson City	State NV	Zip Code 89703	Transaction ID : SB17.11935	
Purpose of Disbursement Professional fees - accounting		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Casey Neilon &amp; Associates, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014	
Mailing Address 503 N Division St			Amount of Each Disbursement this Period 274.91	
City Carson City	State NV	Zip Code 89703	Transaction ID : SB17.11936	
Purpose of Disbursement Postage - USPS and Fedex		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Danielle Cherry</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014	
Mailing Address 345 Sondrio Way			Amount of Each Disbursement this Period 707.69	
City Reno	State NV	Zip Code 89521	Transaction ID : SB17.11931	
Purpose of Disbursement expense reimbursements - see memo		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9582.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Form/Schedule: SB17

Transaction ID : SB17.11931

Constant Contact, email marketing February - December 2014, \$350.00. 11/22/14 Digiprint 4865 Longley Lane Suite C Reno NV 89502, invitations \$117.59. 11/11/14 Digiprint 4865 Longley Lane Suite C Reno NV 89502, envelopes \$125.10. 11/22/14 USPS Stamps for invitations \$115.00.

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 12 OF 21	
	<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) <b>A. House of Prime Rib</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 28 / 2014</b>
Mailing Address <b>1906 Van Ness Ave</b>		Amount of Each Disbursement this Period <b>650.00</b>
City <b>San Francisco</b>	State <b>CA</b>	Zip Code <b>94109</b>
Purpose of Disbursement <b>Contributor relations - Meals &amp; Entertainment</b>		Category/ Type <b>003</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

**Transaction ID : SB17.11877**

Full Name (Last, First, Middle Initial) <b>B. Maverik - Carson City</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 19 / 2014</b>
Mailing Address <b>1451 College Parkway</b>		Amount of Each Disbursement this Period <b>31.48</b>
City <b>Carson City</b>	State <b>NV</b>	Zip Code <b>89706</b>
Purpose of Disbursement <b>Travel expense - Gas in leiu of mileage</b>		Category/ Type <b>002</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

**Transaction ID : SB17.11901**

Full Name (Last, First, Middle Initial) <b>c. Maverik - Carson City</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 20 / 2014</b>
Mailing Address <b>1451 College Parkway</b>		Amount of Each Disbursement this Period <b>43.10</b>
City <b>Carson City</b>	State <b>NV</b>	Zip Code <b>89706</b>
Purpose of Disbursement <b>Travel expense - Gas in leiu of mileage</b>		Category/ Type <b>002</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____	District: _____	

**Transaction ID : SB17.11902**

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>724.58</b>
<b>TOTAL</b> 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 13 OF 21			
	<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) <b>A. MGM Grand</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2014
Mailing Address 3799 Las Vegas Boulevard South		Amount of Each Disbursement this Period 132.48 <b>Transaction ID : SB17.11890</b>
City Las Vegas	State NV Zip Code 89109	
Purpose of Disbursement Contributor relations - Meals & Entertainment	Category/Type 003	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Peppermill Resort Spa Casino</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2014
Mailing Address 2707 S. Virginia St.		Amount of Each Disbursement this Period 2000.00 <b>Transaction ID : SB17.11916</b>
City Reno	State NV Zip Code 89502	
Purpose of Disbursement Event for contributors	Category/Type 007	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Peppermill Resort Spa Casino</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2014
Mailing Address 2707 S. Virginia St.		Amount of Each Disbursement this Period 2705.87 <b>Transaction ID : SB17.11914</b>
City Reno	State NV Zip Code 89502	
Purpose of Disbursement Event for contributors	Category/Type 007	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4838.35
<b>TOTAL</b> 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 14 OF 21			
	<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. Picture This!**

Full Name (Last, First, Middle Initial)

Mailing Address 418 Commercial Street

City Elko State NV Zip Code 89801

Purpose of Disbursement Framing for office

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 22 / 2014

Amount of Each Disbursement this Period: 537.44

Transaction ID : SB17.11904

Category/Type: 001

**B. Sees Candies**

Full Name (Last, First, Middle Initial)

Mailing Address 5199 Meadowood Mall Circle

City Reno State NV Zip Code 89509

Purpose of Disbursement contributor gifts

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 19 / 2014

Amount of Each Disbursement this Period: 360.00

Transaction ID : SB17.11922

Category/Type: 003

**C. Southwest Airlines**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 36647-1CR

City Dallas State TX Zip Code 73235

Purpose of Disbursement Travel expense - Airfare

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 12 / 03 / 2014

Amount of Each Disbursement this Period: 233.10

Transaction ID : SB17.11905

Category/Type: 002

**SUBTOTAL** of Disbursements This Page (optional) ..... 1130.54

**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 15 OF 21			
	<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) <b>A. Southwest Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2014
Mailing Address P.O. Box 36647-1CR		Amount of Each Disbursement this Period 233.10 <b>Transaction ID : SB17.11906</b>
City Dallas	State TX	
Zip Code 73235	Purpose of Disbursement Travel expense - Airfare	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Southwest Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2014
Mailing Address P.O. Box 36647-1CR		Amount of Each Disbursement this Period 233.10 <b>Transaction ID : SB17.11907</b>
City Dallas	State TX	
Zip Code 73235	Purpose of Disbursement Travel expense - Airfare	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. Southwest Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2014
Mailing Address P.O. Box 36647-1CR		Amount of Each Disbursement this Period 233.10 <b>Transaction ID : SB17.11908</b>
City Dallas	State TX	
Zip Code 73235	Purpose of Disbursement Travel expense - Airfare	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	699.30
<b>TOTAL</b> 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 16 OF 21			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Amodei for Nevada**

Full Name (Last, First, Middle Initial) <b>A. Southwest Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2014
Mailing Address P.O. Box 36647-1CR		Amount of Each Disbursement this Period 233.10
City Dallas	State TX	Zip Code 73235
Purpose of Disbursement Travel expense - Airfare	Category/ Type 002	<b>Transaction ID : SB17.11910</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Southwest Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2014
Mailing Address P.O. Box 36647-1CR		Amount of Each Disbursement this Period 233.10
City Dallas	State TX	Zip Code 73235
Purpose of Disbursement Travel expense - Airfare	Category/ Type 002	<b>Transaction ID : SB17.11911</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

Full Name (Last, First, Middle Initial) <b>c. Tamarack Junction</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2014
Mailing Address 13101 S Virginia St		Amount of Each Disbursement this Period 260.00
City Reno	State NV	Zip Code 89521
Purpose of Disbursement Contributor relations - Meals & Entertainment	Category/ Type 003	<b>Transaction ID : SB17.11894</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	726.20
<b>TOTAL</b> 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 17 OF 21			
	<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) <b>A. The Italian Store</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2014
Mailing Address 3123 Lee Highway		Amount of Each Disbursement this Period 606.07 <b>Transaction ID : SB17.11885</b>
City Arlington	State VA	
Zip Code 22201-4207	Purpose of Disbursement Contributor relations - Meals & Entertainment	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. The M Group</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address 100 Luna Park #156		Amount of Each Disbursement this Period 1809.80 <b>Transaction ID : SB17.11930</b>
City Alexandria	State VA	
Zip Code 22305	Purpose of Disbursement Commissions & postage reimbursement - see memo	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. The Prime Rib</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2014
Mailing Address 2020 K Street NW		Amount of Each Disbursement this Period 2460.00 <b>Transaction ID : SB17.11881</b>
City Washington	State DC	
Zip Code 20006	Purpose of Disbursement Contributor relations - Meals & Entertainment	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4875.87
<b>TOTAL</b> This Period (last page this line number only).....	

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

Form/Schedule: SB17

Transaction ID : SB17.11930

Commission on funds raised, \$1,800.00. USPS Potomac Station Alexandria VA, stamps, \$9.80.

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 19 OF 21	
	<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) <b>A. Wells Fargo</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 11 / 2014</b>
Mailing Address <b>PO Box 6995</b>		Amount of Each Disbursement this Period <b>97.49</b> <b>Transaction ID : SB17.11921</b>
City <b>Portland</b> State <b>OR</b> Zip Code <b>97228</b>	Purpose of Disbursement <b>Merchant fees</b> Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Whispering Vine</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 15 / 2014</b>
Mailing Address <b>85 Foothill Rd</b>		Amount of Each Disbursement this Period <b>2045.21</b> <b>Transaction ID : SB17.11887</b>
City <b>Reno</b> State <b>NV</b> Zip Code <b>89511</b>	Purpose of Disbursement <b>Vendor thank you gifts</b> Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2142.70</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>25730.00</b>

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**Amodei for Nevada**

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

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

4500.00

Transaction ID : SD10.7593

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4500.00

B. 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

1500.00

Transaction ID : SD10.7279

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1500.00

C. 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

3000.00

Transaction ID : SD10.7284

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

- 1) **SUBTOTALS** This Period This Page (optional) ..... ▶
- 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) ▶

9000.00

9000.00

0.00

9000.00

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

Form/Schedule: SD10

Transaction ID : SD10.7593

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

Form/Schedule:

Transaction ID: