FFC I	REPORT ( ND DISE For An Auth	BURSE	EMENTS	Office	a Use Only
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT V	7	Example: If typing, typ over the lines.		
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 N	JMBER V	CITY		STATE	ZIP CODE ▲ STATE ▼ DISTRICT
С соо496760		3. IS THIS REPORT	(N) OF	× AMENDED (A)	
<ul> <li>4. TYPE OF REPORT (Ch</li> <li>(a) Quarterly Reports:</li> <li>April 15 Quarterly F</li> <li>July 15 Quarterly F</li> <li>October 15 Quarter</li> <li>January 31 Year-Er</li> <li>Termination Report</li> </ul>	(b) Report (Q1) eport (Q2) ly Report (Q3) d Report (YE) (c)	Election	on 11 04 OST-Election Report fo General (30G)	General (12G) Special (12S)	Runoff (12R) in the NV State of NV Special (30S) in the State of
5. Covering Period		2014 Y	through	M M / D D / Y 10 15 / Y	Y Y Y 2014
I certify that I have examined the Type or Print Name of Treasure		e best of my	knowledge and belief	M M /	D D / Y Y Y
	la Neilon		[Electronically Filed]	Date 11	25 2014
NOTE: Submission of false, error	eous, or incomplete i	ntormation m	ay subject the person si	F	EC FORM 3           Revised 02/2003)

11/25/2014 21 : 15

PAGE 1 / 27

	FEC Form 3 (Revised 02/2003)	SUMMARY PAGE of Receipts and Disbursements	PAGE 2 / 27
	Write or Type Committee Name Amodei for Nevada		
R	Report Covering the Period: From:	10 <sup>D</sup> / D D / Y Y Y Y 01 / 2014 To:	M 10 / D / Y Y Y Y 15 / 2014
		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))	22827.56	671473.56
	(b) Total Contribution Refunds (from Line 20(d))	1000.00	1500.00
	(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	21827.56	669973.56
7.	Net Operating Expenditures		
	(a) Total Operating Expenditures (from Line 17)	42065.16	526717.34
	(b) Total Offsets to Operating Expenditures (from Line 14)	12.50	3318.66
	(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	42052.66	523398.68
8.	Cash on Hand at Close of Reporting Period (from Line 27)	273790.68	
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)	14300.00	

## 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	
FEC Form 3 (Revised 12/2003)	of Receipts	PAGE 3 / 27
Write or Type Committee Name		
Amodei for Nevada		
Report Covering the Period: From:	To:	M M / D D / Y Y Y Y 10 15 / 2014
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)	8350.00	329275.00
(ii) Unitemized	977.56	17148.56
(iii) TOTAL of contributions from individuals	9327.56	346423.56
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	13500.00	325050.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans)		
(add Lines 11(a)(iii), (b), (c), and (d))	22827.56	671473.56
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.)	12.50	3318.66
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15)		
(Carry Total to Line 24, page 4)	22840.06	674792.22

FEC Form 3 (Revised 02/2003) COLUMN A COLUMN B **II. DISBURSEMENTS Total This Period Election Cycle-to-Date** 526717.34 42065.16 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER 109600.00 0.00 AUTHORIZED COMMITTEES ..... 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 0.00 0.00 by the Candidate..... 0.00 0.00 (b) Of All Other Loans ..... (c) TOTAL LOAN REPAYMENTS 0.00 0.00 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: Individuals/Persons Other (a) 1000.00 1500.00 Than Political Committees ..... 0.00 0.00 (b) Political Party Committees..... Other Political Committees (c) 0.00 0.00 (such as PACs) ..... (d) TOTAL CONTRIBUTION REFUNDS 1000.00 1500.00 (add Lines 20(a), (b), and (c))..... 7700.00 7700.00 21. OTHER DISBURSEMENTS ..... 22. TOTAL DISBURSEMENTS 50765.16 645517.34 (add Lines 17, 18, 19(c), 20(d), and 21) **III. CASH SUMMARY** 301715.78 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD .....

TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

25. SUBTOTAL (add Line 23 and Line 24) .....

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

(subtract Line 26 from Line 25).....

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD

Image# 14952622198

of Disbursements

22840.06

324555.84

50765.16

273790.68

24

S	SCHEDULE A (FEC Form 3)			FOR LINE NUMBER: PAGE 5 OF 27		
			Use separate schedule(s) for each category of the	(check only one)		
IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 11d		
_				12 13a 13b 14 15		
				person for the purpose of soliciting contributions ee to solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) Amodei for Nevada					
<u> </u>	Full Name (Last, First, Middle Initial)					
Α.	Gary Andreas Mailing Address 3 Yorktown Dr			Date of Receipt		
	City     State       Carson city     NV       FEC ID number of contributing federal political committee.     C			10 04 <u>Y Y Y Y</u> 2014		
			Zip Code 89703	Transaction ID : SA11AI.11627		
				Amount of Each Receipt this Period		
	Name of Employer	Occupation				
	State Farm Receipt For: 2014	Insurance A	Agent ycle-to-Date	_		
	Primary X General Other (specify)			1		
			500.00	1		
В.	Full Name (Last, First, Middle Initial) Fred Carlson			Date of Receipt		
D.	Mailing Address 90 Starburst Cir			M M / D D / Y Y Y Y 10 02 2014		
	City Sparks	State NV	Zip Code 89441-9252	Transaction ID : SA11AI.11620		
	FEC ID number of contributing	C		Amount of Each Receipt this Period		
	federal political committee.	С				
	Name of Employer	Occupatior	ו			
	Silver State International	vice preside	ent			
	Receipt For: 2014	Election C	ycle-to-Date			
	Primary X General	1.1.1.1		1		
	Other (specify)		300.00			
	Full Name (Last, First, Middle Initial)			Date of Receipt		
C.						
	Mailing Address 1111 W College Parkway #205	)		10 13 2014		
	City	State	Zip Code	Transaction ID : SA11AI.11678		
	Carson City	NV	89703			
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period		
	Name of Employer     Occupation       None     Retired       Receipt For:     2014       Primary     General		1	150.00		
				political contribution		
			ycle-to-Date	-		
				1		
	Other (specify)	L	1150.00			
Γ				550.00		
	<b>UBTOTAL</b> of Receipts This Page (optional)			-		
T	OTAL This Period (last page this line number o	only)				

S	SCHEDULE A (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 OF 27 (check only one)		
			for each category of the			
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 11d		
				12   13a   13b   14   15		
				person for the purpose of soliciting contributions be to solicit contributions from such committee.		
$\left \right\rangle$	NAME OF COMMITTEE (In Full)					
	Amodei for Nevada					
	Full Name (Last, First, Middle Initial) Stephen Hartman					
Α.	Mailing Address 150 Plantation Dr			Date of Receipt		
	City	State	Zip Code	10 10 2014		
	Carson City	NV	89703	Transaction ID : SA11AI.11621		
	FEC ID number of contributing federal political committee.			Amount of Each Receipt this Period		
	Name of Employer	Occupation	n	2600.00		
	Hartman & Hartman	Attorney				
			ycle-to-Date			
	Primary X General Other (specify)		6100.00			
_	Other (specify)					
в.	Full Name (Last, First, Middle Initial) Maizie Harris Jesse			Date of Receipt		
D.	Mailing Address 602 Martin St			10 13 2014		
	City	State	Zip Code	Transaction ID : SA11AI.11680		
	Carson City	NV	89703	_		
	FEC ID number of contributing federal political committee.	ů /·				
	regerar ponticar committee.			Amount of Each Receipt this Period		
	Name of Employer	Occupation	n	100.00		
	retired	retired		campaign		
	Receipt For: 2014	Election C	ycle-to-Date			
	Primary X General					
	Other (specify)	L	300.00			
_	Full Name (Last, First, Middle Initial) Dillard Myers			Date of Receipt		
C.	•					
	Mailing Address 14800 Chateau Ave			10 02 2014		
	City	State	Zip Code	Transaction ID : SA11AI.11597		
	Reno	NV	89511			
	FEC ID number of contributing	C		Amount of Each Descipt (Mr. Design)		
	federal political committee.	С		Amount of Each Receipt this Period		
	Name of Employer	Occupation	n	500.00		
	Cisco Systems VP Global		Service Supply Chain			
			ycle-to-Date			
	Other (specify)		1000.00			
Г						
5	<b>SUBTOTAL</b> of Receipts This Page (optional)			3200.00		
.	OTAL This Derind (last page this line surplus	only)				
1'	<b>OTAL</b> This Period (last page this line number	orliy)				

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS			Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         7         OF         27           (check only one)         X         11a         11b         11c         11d           12         13a         13b         14         15
				person for the purpose of soliciting contributions ee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Amodei for Nevada			
<u>А</u> .	Full Name (Last, First, Middle Initial) John O'Rourke			Date of Receipt
	Mailing Address 11028 Stanmore Drive			10 13 2014
	City Potomac	State MD	Zip Code 20854	Transaction ID : SA11AI.11684
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer Self Employed	Occupation Attorney	1	
	Receipt For: 2014	Election C	ycle-to-Date	
	Other (specify)		1650.00	
В.	Full Name (Last, First, Middle Initial) Pamela A Peri			Date of Receipt
5.	Mailing Address 96 Butte Way			M M / D D / Y Y Y Y 10 09 2014
	City Yerington	State NV	Zip Code 89447	Transaction ID : SA11AI.11617
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation	1	
	Peri & Sons Farms	Executive V		
	Receipt For: 2014	Election C	ycle-to-Date	
	Other (specify)		2600.00	
<u>с.</u>	Full Name (Last, First, Middle Initial) The Chicasaw Nation			Date of Receipt
•.	Mailing Address 2020 Lonnie Abbott Blvd			10 09 2014
	City Ada		Zip Code 74820	Transaction ID : SA11AI.11605
FEC ID number of contributing federal political committee.		C		Amount of Each Receipt this Period
	Name of Employer Oc		1	1000.00
	Receipt For: 2014 Primary X General Other (specify)	Election C	ycle-to-Date 1000.00	]
s	UBTOTAL of Receipts This Page (optional)			4600.00
Г	OTAL This Period (last page this line number of	only)		8350.00

I

IT	CHEDULE A (FEC Form 3) EMIZED RECEIPTS	2	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:         PAGE         8         OF         27           (check only one)         11a         11b         X         11c         11d           12         13a         13b         14         15
				person for the purpose of soliciting contributions see to solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial)         AMERICAN QUARTER HORSE ASSOCIATION POLITICAL C         Mailing Address P.O. BOX 200         City         AMARILLO         FEC ID number of contributing federal political committee.         Name of Employer         Receipt For: 2014         Primary       General         Other (appreciation)	State TX C C0 Occupation	Zip Code 79168 0409102	Date of Receipt
в.	Other (specify)         Full Name (Last, First, Middle Initial)         DEERE & COMPANY PAC (AKA)         Mailing Address ONE JOHN DEERE PLACE         City         MOLINE         FEC ID number of contributing federal political committee.	State IL	y y	Date of Receipt 10 / 2014 Transaction ID : SA11C.11601 Amount of Each Receipt this Period
	Name of Employer          Receipt For: 2014         Primary       General         Other (specify)         Full Name (Last, First, Middle Initial)	Occupation Election C	ycle-to-Date	General 2014 US House
C.	FARM CREDIT COUNCIL POLI Mailing Address 50 F STREET NW SUITE 900 City WASHINGTON	State DC	Zip Code 20001	Date of Receipt
	FEC ID number of contributing federal political committee.          Name of Employer         Receipt For: 2014         Primary       General         Other (specify)	Occupation	0193631	Amount of Each Receipt this Period 1000.00 2014 General R-NV-2
	CUBTOTAL of Receipts This Page (optional)		<i>y</i> · · <i>y</i> · · <i>e</i> ·	5500.00

SCHEDULE A (FEC Form 3)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 OF 27 (check only one)			
IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 11b X 11c			
An	y information copied from such Reports and St	atements m		12    13a    13b erson for the purpose of solic			
	for commercial purposes, other than using the						
$\left \right>$	NAME OF COMMITTEE (In Full) Amodei for Nevada						
<u> </u>	Full Name (Last, First, Middle Initial) INTERNATIONAL GAME TECHNOL	.ogy (ig <sup>.</sup>	T) PAC	_ Date of Receipt			
Λ.	Mailing Address 9295 PROTOTYPE DRIVE			10 09	2014		
	City RENO	State NV	Zip Code 89511	Transaction ID : SA11C.11	607		
	FEC ID number of contributing federal political committee.	C co	0316331	Amount of Each Receipt			
	Name of Employer	Occupation	1	_	5000.00		
	Receipt For: 2014	Election C	ycle-to-Date	_			
	Other (specify)		10000.00				
В.	Full Name (Last, First, Middle Initial) NOBLE ENERGY INC. POLITICAL		I COMMITTEE	Date of Receipt			
	Mailing Address 100 GLENBOROUGH DRIVE SUITE 100	M M / D D / 10 04	2014				
	City HOUSTON	State TX	Zip Code 77067	Transaction ID : SA11C.11	629		
	FEC ID number of contributing federal political committee.	C cod	0479873	Amount of Each Receipt	this Period		
	Name of Employer	Occupation	1	- L,,	2000.00		
	Receipt For: 2014	Election C	ycle-to-Date	_			
	Primary X General Other (specify)		2000.00				
<u>с.</u>	Full Name (Last, First, Middle Initial) WINE AND SPIRITS WHOLESALERS OF AMER	RICA, INC. P	OLITICAL ACTION COMMITTEE	Date of Receipt			
0.	Mailing Address 805 FIFTEENTH ST NW SUIT	E 430		M M / D D / 10 09	2014		
	City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SA11C.11	608		
	FEC ID number of contributing federal political committee.	C co	0147173	Amount of Each Receipt	this Period		
	Name of Employer     Occ       Receipt For:     2014       Primary     X General		1	2014 General	1000.00		
			ycle-to-Date				
	Other (specify)	L	1000.00				
s	UBTOTAL of Receipts This Page (optional)				8000.00		
	OTAL This Period (last page this line number o				13500.00		

	I						
SCHEDULE A (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 OF 27 (check only one)				
ITEMIZED RECEIPTS		for each category of the					
II EIVIIZED RECEIPIS		Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$				
			person for the purpose of soliciting contributions tee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)							
Amodei for Nevada							
Full Name (Last, First, Middle Initial)           Southwest Airlines							
Mailing Address P.O. Box 36647-1CR	Date of Receipt						
City	State	Zip Code	Transaction ID : SA14.11631				
Dallas	ТХ	73235					
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period				
Name of Employer	Name of Employer Occupation		Travel expense - airfare - refund				
Receipt For: 2014 Election C		vcle-to-Date					
Primary X General							
Other (specify)		1371.90					
Full Name (Last, First, Middle Initial)			Date of Receipt				
B. Mailing Address	M M / D D / Y Y Y Y Y						
City							
FEC ID number of contributing			_				
federal political committee.	С		Amount of Each Receipt this Period				
Name of Employer	Occupation	1					
Receipt For:	Election C	ycle-to-Date					
Primary General Other (specify)		, ,					
Full Name (Last, First, Middle Initial)			Date of Receipt				
C. Mailing Address							
			M M / D D / Y Y Y Y				
City	State	Zip Code					
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period				
Name of Employer	Occupation	1					
Primary General		ycle-to-Date					
			1				
Other (specify)		g	1				
			12.50				
SUBTOTAL of Receipts This Page (optiona	II)		-				
TOTAL This Period (last page this line num	iber only)		12.50				

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS					
	for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full) Amodei for Nevada				
Α.	Full Name (Last, First, Middle Initial) American Express Collections			Date of Disbursement	
	Mailing Address P.O. Box 981540			10 06 2014	
	City State El Paso TX	Zip Code 79998	1	Amount of Each Disbursement this Period	
	Purpose of Disbursement merchant fees		001	8.98 Transaction ID : SB17.11642	
	Candidate Name		Category/ Type		
	Office Sought: House Disbursement For Senate President Other (s	X General			
	State:         District:           Full Name (Last, First, Middle Initial)				
В.	Aristotle International, Inc.			Date of Disbursement	
	Mailing Address 205 Pennsylvania Avenue SE				
	City State Washington DC	Zip Code 20003		Amount of Each Disbursement this Period	
	Purpose of Disbursement Campaign - back office expenses		001	2762.50	
	Candidate Name	Category/ Type		Transaction ID : SB17.11669	
	Office Sought: House Disbursement For Senate President Other (s	X General			
	State:     District:       Full Name (Last, First, Middle Initial)				
C.	Authnet Gateway			Date of Disbursement	
	Mailing Address       P.O. Box 8999         City       State       Zip Code         San Francisco       CA       94128         Purpose of Disbursement merchant fees       Image: Comparison of the second			10 02 2014	
				Amount of Each Disbursement this Period	
				22.30	
	Candidate Name		001 Category/ Type	Transaction ID : SB17.11632	
	Office Sought: House Disbursement For Senate President Other (s State: District:	X General	<u> </u>		
s	UBTOTAL of Disbursements This Page (optional)			2793.78	
т	OTAL 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         12         OF         27           X         17         18         19a         19b           20a         20b         20c         21
	y information copied from such Reports and Statements m for commercial purposes, other than using the name and a			
	NAME OF COMMITTEE (In Full) Amodei for Nevada			
<u> </u>	Full Name (Last, First, Middle Initial)			Date of Disbursement
Α.	Bertha Miranda Scholarship Fund			
	Mailing Address 336 Mill Street			10 01 2014
	City State	Zip Code		Amount of Each Disbursement this Period
	Reno NV	89502		500.00
	Purpose of Disbursement donation		012	
	Candidate Name		Category/	Transaction ID : SB17.11675
			Туре	
	Office Sought: House Disbursement For Senate Primary President Other (s	X General		
	State: District:			
B.	Full Name (Last, First, Middle Initial) Bill.com			Date of Disbursement
	Mailing Address 3200 Ash Street			M M / D D / Y Y Y Y 10 07 2014
	City State	Zip Code		
	Palo Alto CA	94306		Amount of Each Disbursement this Period
	Purpose of Disbursement bank fees		001	35.23 Transaction ID : SB17.11643
	Candidate Name		Category/ Type	
	Office Sought: House Disbursement For Senate President Other (s State: District:	X General	1	
	Full Name (Last, First, Middle Initial)			
C.	Casey Neilon & Associates, LLC			Date of Disbursement
	Mailing Address 503 N Division St			10 / D D / Y Y Y Y 10 15 2014
		p Code		Amount of Each Disbursement this Period
	Carson City NV 8 Purpose of Disbursement Professional fees - accounting	9703		3236.01
	Candidate Name		001 Category/	Transaction ID : SB17.11666
	Office Sought: House Disbursement For Senate Primary President Other (s	X General	Туре	
_	State: District:			
	UBTOTAL of Disbursements This Page (optional)			
IΤ	OTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS		Use separate scl for each categor Detailed Summa	y of the	FOR LINE NUMBER: (check only one)         PAGE         13         OF         27           X         17         18         19a         19b         19b         20a         20b         20c         21
	y information copied from such Reports and Statements m for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full) Amodei for Nevada			
Α.	Full Name (Last, First, Middle Initial) Danielle Cherry Mailing Address 345 Sondrio Way			Date of Disbursement
	City     State       Reno     NV       Purpose of Disbursement     Fundraising commissions and reimbursment of expenses	Zip Code 89521	003	Amount of Each Disbursement this Period 14029.35 Transaction ID : SB17.11671
	Candidate Name Office Sought: House Disbursement For: Senate President Other (sp	X General	Category/ Type	
В.	State:       District:         Full Name (Last, First, Middle Initial)         Maria C Davis         Mailing Address       10050 Bronc COurt			Date of Disbursement
	City     State       Reno     NV       Purpose of Disbursement     Professional fees - Hispanic relations       Candidate Name	Zip Code 89521	001 Category/	Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.11670
	Office Sought: House Disbursement For: Senate Primary President Other (s	K General	Туре	
C.	Full Name (Last, First, Middle Initial)         Eagle Promotional Solutions         Mailing Address       1630 Karin Drive			Date of Disbursement
		o Code 9706	006	Amount of Each Disbursement this Period 2805.10 Transaction ID : SB17.11663
	Office Sought: House Disbursement For: Senate Primary President Other (s)	K General	Category/ Type	
	UBTOTAL of Disbursements This Page (optional)			

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER:         PAGE         14         OF         27           (check only one)         X         17         18         19a         19b           20a         20b         20c         21		
	ny information copied from such Reports and Statements r for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full) Amodei for Nevada					
A.	Full Name (Last, First, Middle Initial) EI Dorado Hotel			Date of Disbursement		
	Mailing Address PO Box 3399	Zip Code		10     15     2014       Amount of Each Disbursement this Period		
	Reno         NV           Purpose of Disbursement         Events costs - catering	89505	007	215.46		
	Candidate Name Office Sought: House Disbursement Fo	sr: 2014	Category/ Type			
	Senate Primary					
в.	Full Name (Last, First, Middle Initial) Elisa Cafferata for Reno City Council 2			Date of Disbursement		
	Mailing Address 550 W Plumb Lane c/o UPS Mail B-117 City State	M M / D D / Y Y Y Y 10 14 2014				
	Reno NV	Zip Code 89509		Amount of Each Disbursement this Period		
	Purpose of Disbursement political contribution	011 Category/	500.00 Transaction ID : SB17.11661			
	Office Sought: House Disbursement Fo Senate Primary State: District: Other (		Туре			
C.	Full Name (Last, First, Middle Initial) FRIENDS OF JOE HECK			Date of Disbursement		
	Mailing Address PO BOX 750114			10 14 2014		
		Zip Code 89136		Amount of Each Disbursement this Period		
			011	2500.00		
	Candidate Name         FRIENDS OF JOE HECK         Office Sought:       House         Senate       Primary         President       Other (         State:       NV		Category/ Type	Transaction ID : SB17.11697		
s	UBTOTAL of Disbursements This Page (optional)			3215.46		
т	OTAL This Period (last page this line number only)					

## :97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`=H9A=N5 H=CB

Form/Schedule: SB17 Transaction ID : SB17.11697

> \$500 excess contribution has been returned after 10/15 cut-off date. Will be accounted for on subsequent postgeneral report.

Form/Schedule: Transaction ID:

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER:         PAGE         16         OF         27           (check only one)         X         17         18         19a         19b           20a         20b         20c         21		
	ny information copied from such Reports and Statements m for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full) Amodei for Nevada					
Α.	Full Name (Last, First, Middle Initial) Glen Eagles Mailing Address 3700 North Carson Street		Date of Disbursement			
	City     State       Carson City     NV       Purpose of Disbursement     Meals & entertainment - contributor relations	Zip Code 89706	002	Amount of Each Disbursement this Period		
	Candidate Name Office Sought: House Disbursement For:		003 Category/ Type	Transaction ID : SB17.11634		
	Senate Primary President Other (s) State: District: Full Name (Last, First, Middle Initial)	General pecify)				
В.	Mailing Address 8345 West Sunset Road Suire 250	Fiore		Date of Disbursement		
	City     State       Las Vegas     NV       Purpose of Disbursement     Professional Fees - Legal	001	Amount of Each Disbursement this Period 70.00 Transaction ID : SB17.11664			
	Candidate Name Office Sought:  House Disbursement For: Senate Primary President Other (sp	K General	Category/ Type			
C.	Mailing Address	Date of Disbursement				
	Totolo West Ala DiveSuite 140CityStateLas VegasNV	o Code 9145		10     14     2014       Amount of Each Disbursement this Period		
	Purpose of Disbursement political contribution Candidate Name		011 Category/ Type	1000.00 Transaction ID : SB17.11660		
	Office Sought:     House     Disbursement For:       Senate     Primary       President     Other (s)	X General				
	UBTOTAL of Disbursements This Page (optional)			1135.00		

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)         PAGE         17         OF         27           X         17         18         19a         19b           20a         20b         20c         21		
	y information copied from such Reports and Statements m for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full) Amodei for Nevada					
Α.	Full Name (Last, First, Middle Initial) Maverik - Dayton	Date of Disbursement				
	Mailing Address 2445 Riverboat Rd			10 09 2014		
	City State Dayton NV	Zip Code 89403	I	Amount of Each Disbursement this Period		
	Purpose of Disbursement Travel expense - gas in lieu of mileage		002	95.79 Transaction ID : SB17.11637		
	Office Sought: House Disbursement For Senate Primary		Category/ Type			
	State: District: Other (s					
В.	Full Name (Last, First, Middle Initial) Maverik - Winnemucca			Date of Disbursement		
	Mailing Address 863 E. Winnemuccas Blvd.					
	City State Winnemucca NV	Zip Code 89445		Amount of Each Disbursement this Period		
	Purpose of Disbursement Travel expense - gas in lieu of mileage			68.99 Transaction ID : SB17.11641		
	Candidate Name		Category/ Type			
	Office Sought: House Disbursement For Senate Primary President Other (s	X General				
C.	Full Name (Last, First, Middle Initial) PK O'Neill for Nevada Assembly Distict 4	40		Date of Disbursement		
	Mailing Address 1216 Sonoma Street			10 10 2014		
	CityStateZip CodeCarson CityNV89701			Amount of Each Disbursement this Period		
Purpose of Disbursement political contribution			011	500.00		
	Candidate Name		Category/ Type			
	Office Sought:     House     Disbursement For       Senate     President     Other (s       State:     District:	X General				
s	UBTOTAL of Disbursements This Page (optional)			664.78		
т	OTAL This Period (last page this line number only)			, ,		

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS		Use separate scl for each categor Detailed Summa	y of the ry Page	FOR LINE NUMBER: (check only one)     PAGE     18     27       X     17     18     19a     19b       20a     20b     20c     21       person for the purpose of soliciting contributions				
		poses, other than us ITEE (In Full)				person for the purpose of soliciting contributions ee to solicit contributions from such committee.		
A.	Full Name (Last, Fi Robin Titus f	rst, Middle Initial) or Nevada Ass	sembly Distric	t 38		Date of Disbursement		
Mailing Address PO Box 377				10 14 2014				
	City Wellington		State NV	Zip Code 89444	1	Amount of Each Disbursement this Period		
	Purpose of Disburs political contributio				011	500.00 Transaction ID : SB17.11662		
	Candidate Name				Category/ Type			
	Office Sought:	House Senate President	Disbursement For Primary Other (s	X General				
	State: Full Name (Last, Fi	District:						
В.		for Nevada Sta	ate Controller			Date of Disbursement		
	Mailing Address 1009 Spencer Street					10 14 2014		
	City		State NV	Zip Code 89703		Amount of Each Disbursement this Period		
	Carson City Purpose of Disburs political contributio			69703		1000.00		
	Candidate Name			O11 Category/ Type		Transaction ID : SB17.11658		
	Office Sought:	House Senate President District:	Disbursement For Primary Other (s	K General				
	Full Name (Last, Fi							
C.	Shell - Carso	on Cty				Date of Disbursement		
	Mailing Address Hwy 395					10 06 Y Y Y Y 2014		
	City Carson City			p Code 9703		Amount of Each Disbursement this Period		
	Purpose of Disbursement Travel expense - gas in lieu of mileage Candidate Name		002		58.08			
				Category/ Type	Transaction ID : SB17.11636			
	Office Sought:	House Senate President District:	Disbursement For Primary Other (s	X General				
		rsements This Page	(optional)			1558.08		
		last page this line nu	,					

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS			FOR LINE NUMBER:         PAGE         19         OF         27           check only one)         X         17         18         19a         19b           20a         20b         20c         21		
	ny information copied from such Reports and Statements m for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full) Amodei for Nevada					
Α.	Full Name (Last, First, Middle Initial) The M Group Mailing Address 100 Luna Park #156			Date of Disbursement		
	City State Alexandria VA Purpose of Disbursement	Zip Code 22305		Amount of Each Disbursement this Period		
	Fundraising commissions and reimbursment of expenses Candidate Name		003 Category/ Type	Transaction ID : SB17.11672		
	Office Sought: House Disbursement For Senate Primary President Other (s State: District:	X General				
В.	Full Name (Last, First, Middle Initial)         Twisted Fork         Mailing Address       1911 Steamboat Pkwy			Date of Disbursement		
	City     State       Reno     NV       Purpose of Disbursement     Meals & entertainment - contributor relations       Candidate Name	Zip Code 89521	003	Amount of Each Disbursement this Period 61.00 Transaction ID : SB17.11635		
	Office Sought: House Disbursement For Senate President Other (s State: District:	X General	Category/ Type			
C.	Full Name (Last, First, Middle Initial)         Wells Fargo         Mailing Address       PO Box 6995	Date of Disbursement				
		p Code 7228	001	Amount of Each Disbursement this Period 3.00		
	Candidate Name Office Sought:   House Disbursement For Senate President Other (s State: District:	K General	Category/ Type	Transaction ID : SB17.11644		
	CUBTOTAL of Disbursements This Page (optional)           OTAL This Period (last page this line number only)			10457.43		

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS		for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)     PAGE     20     OF     27       X     17     18     19a     19t       20a     20b     20c     21	
	y information copied from such Reports and Statements m for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full) Amodei for Nevada				
A.	Full Name (Last, First, Middle Initial) Wells Fargo			Date of Disbursement	
	Mailing Address PO Box 6995			10 14 2014	
	City State Portland OR	Zip Code 97228		Amount of Each Disbursement this Period	
	Purpose of Disbursement merchant fees		001	35.73 Transaction ID : SB17.11647	
	Candidate Name		Category/ Type		
	Office Sought: House Disbursement For Senate Primary President Other (s	X General			
	State:         District:           Full Name (Last, First, Middle Initial)				
В.	Wells Fargo			Date of Disbursement	
	Mailing Address PO Box 6995	10 14 2014			
	City State Portland OR	Zip Code 97228		Amount of Each Disbursement this Period	
	Purpose of Disbursement merchant fees	01220	001	37.08	
	Candidate Name		Category/ Type		
	Office Sought: House Disbursement For Senate President Other (s State: District:	General			
	Full Name (Last, First, Middle Initial)				
C.	Wells Fargo			Date of Disbursement	
	Mailing Address PO Box 6995			10 / Y Y Y Y 10 14 2014	
		p Code 7228		Amount of Each Disbursement this Period	
	Purpose of Disbursement merchant fees	1/220	001	93.39	
	Candidate Name		Category/ Type	Transaction ID : SB17.11649	
	Office Sought: House Disbursement For Senate President Other (s State: District:	X General			
	UBTOTAL of Disbursements This Page (optional)			166.20	
	OTAL This Period (last page this line number only)			41596.42	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS				FOR LINE NUMBER: (check only one)         PAGE         21         OF         27           17         18         19a         19b           X         20a         20b         20c         21
	ny information copied from such Reports and Statements m for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full) Amodei for Nevada			
A.	Full Name (Last, First, Middle Initial) Robert Lissner			Date of Disbursement
	Mailing Address PO Box 7548			10 07 2014
	City State Reno NV	Zip Code 89510	1	Amount of Each Disbursement this Period
	Purpose of Disbursement refund of excess contribution Candidate Name		010 Category/	Transaction ID : SB20A.11674
	Office Sought: House Disbursement For Senate President Other (s State: District:	X General	Type	
в.	Full Name (Last, First, Middle Initial)			Date of Disbursement
	Mailing Address			M M / D D / Y Y Y Y
	City State Purpose of Disbursement	Zip Code		Amount of Each Disbursement this Period
	Candidate Name		Category/ Type	
	Office Sought: House Disbursement For Senate President Other (s	General		
<u>с.</u>	State:     District:       Full Name (Last, First, Middle Initial)			Date of Disbursement
	Mailing Address			M M / D D / Y Y Y
	City State Zij	p Code		Amount of Each Disbursement this Period
	Purpose of Disbursement		Catagony	
			Category/ Type	
	Office Sought: House Disbursement For Senate Primary President Other (s	General		
s	UBTOTAL of Disbursements This Page (optional)			1000.00
т	OTAL This Period (last page this line number only)			1000.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule( for each category of the Detailed Summary Page	e 17 18 19a 19b 20a 20b 20c X 21
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and NAME OF COMMITTEE (In Full) Amodei for Nevada		
Full Name (Last, First, Middle Initial)  A. Adjustment to cash on hand  Meiling Adduces		Date of Disbursement
Mailing Address City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement Adjustment to ending cash Candidate Name		regory/
Office Sought: House Disbursement F Senate Primar Office Sought: Other	or: 2012	<u>Гуре</u>
Full Name (Last, First, Middle Initial) B.		Date of Disbursement
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		egory/ Type
State:         District:           Full Name (Last, First, Middle Initial)		
C. Mailing Address		Date of Disbursement
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Name	Cat	regory/
Office Sought: House Disbursement F Senate President Other State: District:	or:	ype
SUBTOTAL of Disbursements This Page (optional)         TOTAL This Period (last page this line number only)		7700.00

## :97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`=H9A=N5 H=CB

Form/Schedule: SB21 Transaction ID : SB21.11754

An adjustment to ending cash was required on the Committee's most recently filed report based on the recommendation of the Federal Election Commission.

Form/Schedule: Transaction ID:

SCHEDULE D (FEC Form 3)			(1)		PAGE 24 OF 27
			``	eparate dule(s)	FOR LINE NUMBER:
DEBTS AND OBLIGATIONS				each	(check only one) 9
			numbe	red line)	X 10
NAME OF COMMITTEE (In Full)					
Amodei for Nevada					
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor				ebt (Purpose): al fees - accounting and reporting
Casey Neilon & Associates, LLC				FIDIESSIDIA	arrees - accounting and reporting
Mailing Address 503 N Division St					
City State	Zip Code				
Carson City	NV	89703			
Outstanding Balance Beginning This Period				Transactio	on ID : SD10.11595
1300.00					
Amount Incurred This Period	Pava	nent This Period		Outetandir	ng Balance at Close of This Period
	1 dyn		0.00	Outstandi	
0.00			0.00		1300.00
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		N	lature of D	ebt (Purpose):
Casey Neilon & Associates, LLC					al fees - accounting and reporting
Mailing Address 503 N Division St					
City State	Zip Code				
Carson City	NV	89703			
Outstanding Balance Beginning This Period				Transactio	on ID : SD10.11594
2000.00					
	Davia	ant This Daviad		Outoton dia	- Delense et Oless of This Deviad
Amount Incurred This Period	Payn	nent This Period		Outstandir	ng Balance at Close of This Period
0.00			0.00		2000.00
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		N	lature of D	ebt (Purpose):
Casey Neilon & Associates, LLC					al fees - accounting and reporting
Mailing Address 503 N Division St					
City	State	Zip Code			
Carson City	NV	89703			
Outstanding Balance Beginning This Period				Transacti	on ID : SD10.11593
2000.00					
Amount Incurred This Period	Pavn	nent This Period		Outstandir	ng Balance at Close of This Period
0.00	i uji		0.00		2000.00
, , , , , , , , , , , , , , , , , , , ,			0.00		, , , , , , , , , , , , , , , , , , , ,
					5000.00
1) SUBTOTALS This Period This Page (optional)			►	<u></u>	5300.00
2) TOTALS This Period (last page this line number of	only)		►		
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page onl	y)	<b>&gt;</b>		
4) ADD 2) and 3) and carry forward to appropriate I					
		, age was page			7 7 7 7

FEC Schedule D (Form 3) (Revised 02/2003)

SCHEDULE D (FEC Form 3)			(Use separate schedule(s)	PAGE 25 OF 27
DEBTS AND OBLIGATIONS			for each	(check only one) 9
Excluding Loans NAME OF COMMITTEE (In Full)			numbered line)	<b>X</b> 10
Amodei for Nevada				
A. Full Name (Last, First, Middle Initial) of Debtor Eagle Promotional Solutions	r or Creditor		Nature of D Promotiona	ebt (Purpose): al items
Mailing Address 1630 Karin Drive				
City State Carson City	Zip Code NV	89706		
Outstanding Balance Beginning This Period 2805.10			Transactio	on ID : SD10.11592
Amount Incurred This Period	Paym	ent This Period	Outstandi	ng Balance at Close of This Period
0.00		2805.	10	0.00
B. Full Name (Last, First, Middle Initial) of Debtor Shirley & Bannister	or Creditor			ebt (Purpose): itions Service
Mailing Address 122 South Patrick Street				
City State Alexandria	Zip Code VA	22314		
Outstanding Balance Beginning This Period 4500.00			Transactio	on ID : SD10.7593
Amount Incurred This Period	Paym	ent This Period	Outstandi	ng Balance at Close of This Period
0.00		0.	00	4500.00
C. Full Name (Last, First, Middle Initial) of Debtor Stutzman Public Affairs	r or Creditor		Nature of D Profession	ebt (Purpose): al Fees
Mailing Address 1415 L Street				
City Sacramento	State CA	Zip Code 95814		
Outstanding Balance Beginning This Period			Transact	ion ID : SD10.7279
1500.00				
Amount Incurred This Period	Paym	ent This Period	Outstandi	ng Balance at Close of This Period
0.00		0.	.00	1500.00
1) SUBTOTALS This Period This Page (optional)				6000.00
2) TOTALS This Period (last page this line number	only)			
3) TOTAL OUTSTANDING LOANS from Schedule 0	C (last page only	·)		<u><u> </u></u>
4) ADD 2) and 3) and carry forward to appropriate	line of Summary	Page (last page or	nly) 🕨	

FEC Schedule D (Form 3) (Revised 02/2003)

## :97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: SD10 Transaction ID : SD10.7593

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

Form/Schedule: Transaction ID:

CHEDULE D (FEC Form 3) EBTS AND OBLIGATIONS xcluding Loans		(Use separate schedule(s) for each numbered line)	PAGE 27 OF 27 FOR LINE NUMBER: (check only one) 9 X 10
Amodei for Nevada A. Full Name (Last, First, Middle Initial) of Debr Stutzman Public Affairs	tor or Creditor	Nature of D Production	ebt (Purpose):   Costs
Mailing Address 1415 L Street			
City State Sacramento	Zip Code CA 95814		
Outstanding Balance Beginning This Period 3000.00		Transacti	on ID : SD10.7284
Amount Incurred This Period 0.00	Payment This Period	Outstandi	ng Balance at Close of This Perio 3000.00
B. Full Name (Last, First, Middle Initial) of Debte	or or Creditor	Nature of D	Pebt (Purpose):
Mailing Address			
City State	Zip Code		
Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Perio
C. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor	Nature of D	Pebt (Purpose):
Mailing Address			
City	State Zip Code		
Outstanding Balance Beginning This Period Amount Incurred This Period	Payment This Period	Outstandi	ng Balance at Close of This Perio
<ol> <li>SUBTOTALS This Period This Page (optional).</li> </ol>			3000.00
2) TOTALS This Period (last page this line number	er only)	<b>&gt;</b>	, 14300.00
3) TOTAL OUTSTANDING LOANS from Schedule	C (last page only)	····· •	0.00
ADD 2) and 3) and carry forward to appropriat	e line of Summary Page (last page	e only) 🕨	14300.00

FEC Schedule D (Form 3) (Revised 02/2003)