

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
Carson City NV 89703

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00496760
3. IS THIS REPORT NEW (N) OR AMENDED (A)
STATE NV DISTRICT 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 MM/DD/YYYY in the State of
(c) 30-Day POST-Election Report for the:
General (30G) Runoff (30R) Special (30S)
Election on MM/DD/YYYY in the State of

5. Covering Period MM/DD/YYYY through MM/DD/YYYY
07/01/2015 through 09/30/2015

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 MM/DD/YYYY 10/15/2015

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

Table with 8 columns for Office Use Only

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))....	112900.00	289318.55
(b) Total Contribution Refunds (from Line 20(d))	0.00	11100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	112900.00	278218.55
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	69857.19	213966.59
(b) Total Offsets to Operating Expenditures (from Line 14).....	201.60	6179.30
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	69655.59	207787.29
8. Cash on Hand at Close of Reporting Period (from Line 27).....	314080.38	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	9000.00	

For further information contact:

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

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

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).....	71700.00	168650.00
(ii) Unitemized.....	1200.00	10100.00
(iii) TOTAL of contributions from individuals ▶	72900.00	178750.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	40000.00	110568.55
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	112900.00	289318.55
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.)	201.60	6179.30
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)..... ▶	113101.60	295497.85

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	69857.19	213966.59
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	32950.00
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	11100.00
(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	11100.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	69857.19	258016.59

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	270835.97
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	113101.60
25. SUBTOTAL (add Line 23 and Line 24).....	383937.57
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	69857.19
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	314080.38

**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 73
	<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)
Dennis Albers

Mailing Address 1999 Harrison St #655

City: Oakland State: CA Zip Code: 94612

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

Name of Employer: Self Occupation: Investments

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 08 / 07 / 2015

Transaction ID : SA11AI.12910

Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
Susan J Anderson

Mailing Address PO Box 2294

City: Minden State: NV Zip Code: 89423

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

Name of Employer: E Squared C Inc Occupation: owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 1500.00

Date of Receipt: 08 / 25 / 2015

Transaction ID : SA11AI.12940

Amount of Each Receipt this Period: 1500.00

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

Mailing Address 4127 Talladega Drive

City: Sparks State: NV Zip Code: 89436

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

Name of Employer: NV Copper Occupation: VP Operations

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 08 / 25 / 2015

Transaction ID : SA11AI.12919

Amount of Each Receipt this Period: 500.00

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 73
	<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)
Wayne Beene

Mailing Address 351 MacGregor

City Winnemucca State NV Zip Code 89445

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

Name of Employer None Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 01 / 2015

Transaction ID : SA11AI.12846

Amount of Each Receipt this Period
 300.00

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

Mailing Address 6001 Estates Drive

City Oakland State CA Zip Code 94611

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

Name of Employer retired Occupation retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 14 / 2015

Transaction ID : SA11AI.12872

Amount of Each Receipt this Period
 1000.00

C. 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: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 20 / 2015

Transaction ID : SA11AI.12960

Amount of Each Receipt this Period
 3000.00

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

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

4300.00

**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 73
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Amodei for Nevada

A. Full Name (Last, First, Middle Initial)
Michael 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: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 20 / 2015

Transaction ID : SA11AI.12962

Amount of Each Receipt this Period
 -800.00

Redesignate: to General

[MEMO ITEM]

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: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 20 / 2015

Transaction ID : SA11AI.12963

Amount of Each Receipt this Period
 800.00

Redesignate: to General

[MEMO ITEM]

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

Mailing Address PO Box 948

City Tahlequah State OK Zip Code 74465

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

Name of Employer Occupation

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
 09 / 30 / 2015

Transaction ID : SA11AI.13173

Amount of Each Receipt this Period
 2000.00

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 8 OF 73
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Amodei for Nevada

A. Full Name (Last, First, Middle Initial)
Tim Crowley

Mailing Address 1212 Mark Twain Ave

City State Zip Code
Reno NV 89509-2630

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

Name of Employer Occupation
Crowley & Ferrato Public Affai Principal

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
 09 / 09 / 2015

Transaction ID : SA11AI.12977

Amount of Each Receipt this Period
250.00

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

Mailing Address 777 American Flat Road

City State Zip Code
Virginia City NV 89440

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

Name of Employer Occupation
Comstock Mining CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 25 / 2015

Transaction ID : SA11AI.12943

Amount of Each Receipt this Period
1500.00

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

Mailing Address 226 California Ave

City State Zip Code
Reno NV 89509

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

Name of Employer Occupation
Dermody Properties Chairman & CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2015

Transaction ID : SA11AI.13141

Amount of Each Receipt this Period
250.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 73
	<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)
Perry DiLoreto

Mailing Address 985 Damonte Ranch Pkwy Ste. 310

City	State	Zip Code
Reno	NV	89521

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

Name of Employer	Occupation
DiLoreto Construction	Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 25 / 2015

Transaction ID : SA11AI.12945

Amount of Each Receipt this Period
1500.00

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

Mailing Address 4171 Autumn Hills Drive

City	State	Zip Code
Winnemucca	NV	89445

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

Name of Employer	Occupation
Dolan Law	Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 25 / 2015

Transaction ID : SA11AI.12934

Amount of Each Receipt this Period
700.00

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

Mailing Address 6550 Peachtree Lane

City	State	Zip Code
Las Vegas	NV	89103

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

Name of Employer	Occupation
Information requested	Information requested

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
 09 / 09 / 2015

Transaction ID : SA11AI.13201

Amount of Each Receipt this Period
250.00

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

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

2450.00

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

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

FOR LINE NUMBER: PAGE 10 OF 73
(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)
Mendy K Elliott

Mailing Address 401 Ryland St. Suite 111

City State Zip Code
Reno NV 89502

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

Name of Employer Occupation
Capitol Partners LLC Partner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1650.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 25 / 2015

Transaction ID : SA11AI.12946

Amount of Each Receipt this Period
1500.00

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

Mailing Address 979 Camelia Dr

City State Zip Code
Henderson NV 89015

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

Name of Employer Occupation
R&S Leasing Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 09 / 2015

Transaction ID : SA11AI.13203

Amount of Each Receipt this Period
2000.00

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

Mailing Address 500 Mary St

City State Zip Code
Carson City NV 89703

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

Name of Employer Occupation
Self Writer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4350.00

Date of Receipt
 M M / D D / Y Y Y Y
 08 / 01 / 2015

Transaction ID : SA11AI.12903

Amount of Each Receipt this Period
1500.00

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

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

5000.00

**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 73
	<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 Writer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 01 / 2015

Transaction ID : SA11AI.13180

Amount of Each Receipt this Period
 _____ -1500.00

Redesignate:
[MEMO ITEM]

B. 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 Writer

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 01 / 2015

Transaction ID : SA11AI.13181

Amount of Each Receipt this Period
 _____ 1500.00

Redesignate: to general
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Ora M Enos

Mailing Address 7351 Granite Ridge Ct

City Washoe Valley State NV Zip Code 89704

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

Name of Employer none Occupation homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 25 / 2015

Transaction ID : SA11AI.12958

Amount of Each Receipt this Period
 _____ 1500.00

Reattribute: to Ora Enos per check memo

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

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

_____ 1500.00

**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 73
	<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)
Thomas Enos

Mailing Address 7351 Granite Ridge Ct

City Washoe Valley State NV Zip Code 89704

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

Name of Employer N/A Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 25 / 2015

Transaction ID : SA11AI.12954

Amount of Each Receipt this Period
 1500.00

'Ora'

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

Mailing Address 7351 Granite Ridge Ct

City Washoe Valley State NV Zip Code 89704

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

Name of Employer N/A Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 25 / 2015

Transaction ID : SA11AI.12955

Amount of Each Receipt this Period
 1500.00

'Tom'

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

Mailing Address 7351 Granite Ridge Ct

City Washoe Valley State NV Zip Code 89704

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

Name of Employer N/A Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 25 / 2015

Transaction ID : SA11AI.12957

Amount of Each Receipt this Period
 -1500.00

Reattribute: Ora Enos

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 73
	<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)
John Estill

Mailing Address **PO Box 320**

City **Gerlach** State **NV** Zip Code **89412**

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

Name of Employer **Self** Occupation **Rancher**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 28 / 2015

Transaction ID : SA11AI.13140

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Marcus G Faust

Mailing Address **3008 Apple Brook Lane**

City **Oakton** State **VA** Zip Code **22124**

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

Name of Employer **self-employed** Occupation **attorney**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 25 / 2015

Transaction ID : SA11AI.12925

Amount of Each Receipt this Period
1500.00

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

Mailing Address **1290 B Street Suite 210**

City **Hayward** State **CA** Zip Code **94541**

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

Name of Employer **Self** Occupation **Investments**

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
08 / 16 / 2015

Transaction ID : SA11AI.12918

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 14 OF 73
	<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)
David Fleisig

Mailing Address 1060 Amito Drive

City Berkeley State CA Zip Code 94705

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

Name of Employer retired Occupation retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2015

Transaction ID : SA11AI.12901

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 2660 W Lakeridge Shores

City Reno State NV Zip Code 89519

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

Name of Employer Dr. Forsythe Occupation Nurse Practitioner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 28 / 2015

Transaction ID : SA11AI.12893

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Gregory M French

Mailing Address PO Box 33039

City Reno State NV Zip Code 89533-3039

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

Name of Employer NV Copper Occupation VP Exploration

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 25 / 2015

Transaction ID : SA11AI.12921

Amount of Each Receipt this Period
 500.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 73
	<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)
Richard Goodman

Mailing Address 2090 Manzanita Drive

City State Zip Code
Oakland CA 94611

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

Name of Employer Occupation
Self Investements

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
 07 / 09 / 2015

Transaction ID : SA11AI.12859

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Theresa M Gruppo

Mailing Address 2120 Madrid Drive

City State Zip Code
Sparks NV 89436-2680

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

Name of Employer Occupation
LDS Trucking CFO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 25 / 2015

Transaction ID : SA11AI.12950

Amount of Each Receipt this Period
1500.00

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

Mailing Address 620 Sand Hill Rd Apt 412G

City State Zip Code
Palo Alto CA 94304

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

Name of Employer Occupation
retired retired

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
 09 / 30 / 2015

Transaction ID : SA11AI.13187

Amount of Each Receipt this Period
250.00

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 16 OF 73
	<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)
Alan Humphrey

Mailing Address 11650 Meadowood Lane

City State Zip Code
Reno NV 89506

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

Name of Employer Information requested
Occupation Information requested

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 25 / 2015

Transaction ID : SA11AI.12947

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
Claude B Hutchison Jr.

Mailing Address PO Box 500

City State Zip Code
Glenbrook NV 89413

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

Name of Employer Information requested
Self Occupation consultant

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
 09 / 26 / 2015

Transaction ID : SA11AI.13137

Amount of Each Receipt this Period
250.00

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

Mailing Address 175 Knightsbridge Ct

City State Zip Code
Reno NV 89511

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

Name of Employer Information requested
KAP Group Occupation Principal

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2015

Transaction ID : SA11AI.13132

Amount of Each Receipt this Period
300.00
Reattribute: from Karl Hutter

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

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

2050.00

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

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

FOR LINE NUMBER: PAGE 17 OF 73
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Amodei for Nevada

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

Mailing Address 175 Knightsbridge Ct

City State Zip Code
Reno NV 89511

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

Name of Employer Occupation
Click Bond COO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2015

Transaction ID : SA11AI.13128

Amount of Each Receipt this Period
3000.00

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

Mailing Address 175 Knightsbridge Ct

City State Zip Code
Reno NV 89511

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

Name of Employer Occupation
Click Bond COO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 23 / 2015

Transaction ID : SA11AI.13131

Amount of Each Receipt this Period
-300.00

Reattribute: to Jennifer Hutter

C. Full Name (Last, First, Middle Initial)
John F Ianucci

Mailing Address PO Box 5975

City State Zip Code
Incline Village NV 89450

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

Name of Employer Occupation
retired retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2015

Transaction ID : SA11AI.13144

Amount of Each Receipt this Period
500.00

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

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

3200.00

**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 73
	<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)
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: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 08 / 2015

Transaction ID : SA11AI.12971

Amount of Each Receipt this Period
3000.00
 700 Primary 2300 General - per Bruce James

B. 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: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 08 / 2015

Transaction ID : SA11AI.12973

Amount of Each Receipt this Period
-2300.00
 Redesignate: 700 Primary 2300 General - per Bruce James
[MEMO ITEM]

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: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 08 / 2015

Transaction ID : SA11AI.12974

Amount of Each Receipt this Period
2300.00
 Redesignate: to General
[MEMO ITEM]

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 19 OF 73
	<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)
Alan E Jurkonis

Mailing Address 1134 Jo Lane

City State Zip Code
Gardenerville NV 89410

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

Name of Employer Occupation
AVK Company Presidenyt

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 25 / 2015

Transaction ID : SA11AI.12959

Amount of Each Receipt this Period
 1500.00

B. Full Name (Last, First, Middle Initial)
Christopher A. Kassity

Mailing Address 1844 Wellington West

City State Zip Code
Carson City NV 89701

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

Name of Employer Occupation
McDonalds Franchisee

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 01 / 2015

Transaction ID : SA11AI.12967

Amount of Each Receipt this Period
 3000.00

C. Full Name (Last, First, Middle Initial)
Christopher A. Kassity

Mailing Address 1844 Wellington West

City State Zip Code
Carson City NV 89701

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

Name of Employer Occupation
McDonalds Franchisee

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 01 / 2015

Transaction ID : SA11AI.12969

Amount of Each Receipt this Period
 -300.00

Redesignate: to General

[MEMO ITEM]

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 20 OF 73
	<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. Christopher A. Kassity		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 01 / 2015	
Mailing Address 1844 Wellington West		Transaction ID : SA11AI.12970	
City Carson City	State NV	Zip Code 89701	Amount of Each Receipt this Period _____ 300.00 Redesignate: to General [MEMO ITEM]
FEC ID number of contributing federal political committee. C			
Name of Employer McDonalds	Occupation Franchisee		
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____		

Full Name (Last, First, Middle Initial) B. Roberta Klein		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 28 / 2015	
Mailing Address PO Box 6118		Transaction ID : SA11AI.13142	
City Incline Village	State NV	Zip Code 89450	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer retired	Occupation retired		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

Full Name (Last, First, Middle Initial) C. Peter Krueger		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 25 / 2015	
Mailing Address 401 Ryland St. Suite 111		Transaction ID : SA11AI.12953	
City Reno	State NV	Zip Code 89502	Amount of Each Receipt this Period _____ 1500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Lobbyist		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1500.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 1750.00
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 21 OF 73
	<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)
Elliot Lepler

Mailing Address 1569 Wakefield Terrace

City Los Altos State CA Zip Code 94024

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

Name of Employer Self Occupation MD

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 29 / 2015

Transaction ID : SA11AI.12899

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 465 MiIDrae Lane

City Reno State NV Zip Code 89511

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

Name of Employer Lepori Construction Occupation owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 08 / 2015

Transaction ID : SA11AI.12857

Amount of Each Receipt this Period
 500.00

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

Mailing Address 1475 Powell St #201

City Emeryville State CA Zip Code 94608

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

Name of Employer self Occupation Real Estate

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 09 / 2015

Transaction ID : SA11AI.12865

Amount of Each Receipt this Period
 1000.00

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: PAGE 22 OF 73
(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)
Robert Lissner

Mailing Address **PO Box 7548**

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

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

Name of Employer **Lifestyle Homes** Occupation **President/CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 28 / 2015

Transaction ID : SA11AI.12891

Amount of Each Receipt this Period

1000.00

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

Mailing Address **PO Box 7548**

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

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

Name of Employer **Lifestyle Homes** Occupation **President/CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.13185

Amount of Each Receipt this Period

4400.00

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

Mailing Address **PO Box 7548**

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

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

Name of Employer **Lifestyle Homes** Occupation **President/CEO**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11AI.13195

Amount of Each Receipt this Period

-2700.00

Redesignate:
[MEMO ITEM]

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

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

5400.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 OF 73

(check only one)

<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)
Robert Lissner

Mailing Address **PO Box 7548**

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

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

Name of Employer **Lifestyle Homes** Occupation **President/CEO**

Receipt For: 2016
 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	/	2015

Transaction ID : SA11AI.13196

Amount of Each Receipt this Period

2700.00

Redesignate: to general

[MEMO ITEM]

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

Mailing Address **2000 N Meridian Rd**

City **Lovelock** State **NV** Zip Code **89419**

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

Name of Employer **List Cattle Co** Occupation **Farmer**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2015

Transaction ID : SA11AI.12847

Amount of Each Receipt this Period

250.00

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

Mailing Address **817 Melville Ave**

City **Palo Alto** State **CA** Zip Code **94301**

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

Name of Employer **Self** Occupation **Business Executive**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2015

Transaction ID : SA11AI.12895

Amount of Each Receipt this Period

1000.00

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 24 OF 73
	<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)
Robert B McDougal

Mailing Address **PO Box 1001**

City **Lovelock** State **NV** Zip Code **89419-1001**

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

Name of Employer **Nevada Nile Ranch** Occupation **Executive**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 01 / 2015

Transaction ID : SA11AI.12844

Amount of Each Receipt this Period
500.00

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

Mailing Address **4895 Convair Drive**

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

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

Name of Employer **BME** Occupation **Owner**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 25 / 2015

Transaction ID : SA11AI.12948

Amount of Each Receipt this Period
1000.00

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

Mailing Address **1088 Wisteria Dr.**

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

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

Name of Employer **Winco Mfg Co., Inc** Occupation **Owner**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1650.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 28 / 2015

Transaction ID : SA11AI.12890

Amount of Each Receipt this Period
1500.00
 barbeque

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: PAGE 25 OF 73
(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)
Vergie Miller

Mailing Address 4895 Convair Dr

City Carson City State NV Zip Code 89706

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

Name of Employer None Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 25 / 2015

Transaction ID : SA11AI.12949

Amount of Each Receipt this Period
1000.00

B. 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: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 25 / 2015

Transaction ID : SA11AI.12924

Amount of Each Receipt this Period
1500.00

C. 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: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 25 / 2015

Transaction ID : SA11AI.12923

Amount of Each Receipt this Period
1500.00

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

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

4000.00

**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 73
	<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)
Dillard Myers

Mailing Address 14800 Chateau Ave

City Reno State NV Zip Code 89511

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

Name of Employer Cisco Systems Occupation VP Global Service Supply Chain

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
 07 / 16 / 2015

Transaction ID : SA11AI.12878

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Douglas R Nappi

Mailing Address 6007 Grove Drive

City Alexandria State VA Zip Code 22307-1140

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

Name of Employer O'Rourke & Nappi Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 15 / 2015

Transaction ID : SA11AI.12883

Amount of Each Receipt this Period
500.00

C. 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 Self Employed Occupation Attorney

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
 07 / 15 / 2015

Transaction ID : SA11AI.12877

Amount of Each Receipt this Period
1000.00
In-kind - event

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 73
	<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)
Terrance W Oliver

Mailing Address 1550 Delmonte Lane

City Reno State NV Zip Code 89511

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

Name of Employer Unique Infrastructure Group Occupation Principal

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 09 / 24 / 2015

Transaction ID : SA11AI.13138

Amount of Each Receipt this Period
 300.00

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

Mailing Address 2298 Cheshire Village Ct

City Henderson State NV Zip Code 89052

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

Name of Employer None Occupation retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 25 / 2015

Transaction ID : SA11AI.12938

Amount of Each Receipt this Period
 1500.00

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

Mailing Address 2298 Cheshire Village Ct

City Henderson State NV Zip Code 89052

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

Name of Employer None Occupation Retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 08 / 25 / 2015

Transaction ID : SA11AI.12939

Amount of Each Receipt this Period
 1500.00

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

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

3300.00

**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 73
	<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)
Jon Porter

Mailing Address **PO Box 60246**

City **Boulder City** State **NV** Zip Code **89006**

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

Name of Employer **Porter, Gordon, Silver Comm** Occupation **Attorney**

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
09 / 28 / 2015

Transaction ID : SA11AI.13127

Amount of Each Receipt this Period
1000.00

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

Mailing Address **3 Richardson Way**

City **Piedmont** State **CA** Zip Code **94611**

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

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

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
07 / 09 / 2015

Transaction ID : SA11AI.12863

Amount of Each Receipt this Period
1000.00

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

Mailing Address **3049 Oakraider Drive**

City **Alamo** State **CA** Zip Code **94507**

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

Name of Employer **Primera Capital** Occupation **Investor**

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
07 / 09 / 2015

Transaction ID : SA11AI.12855

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 29 OF 73
	<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)
Linda W Smith

Mailing Address 930 Tahoe Blvd #802-117

City Incline Village State NV Zip Code 89451

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

Name of Employer ACA Occupation Director

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
950.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2015

Transaction ID : SA11AI.13133

Amount of Each Receipt this Period
500.00

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

Mailing Address 2856 Vallejo St

City San Francisco State CA Zip Code 94123

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

Name of Employer Self Occupation Real Estate Investor

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
 07 / 29 / 2015

Transaction ID : SA11AI.12897

Amount of Each Receipt this Period
1000.00

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

Mailing Address 255 W Julian St #403

City San Jose State CA Zip Code 95110

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

Name of Employer Self Occupation Insurance

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
 07 / 09 / 2015

Transaction ID : SA11AI.12853

Amount of Each Receipt this Period
1000.00

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: PAGE 30 OF 73
(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)
Gerald Yanowitz

Mailing Address 30 Merrill Circle South

City Moraga State CA Zip Code 94556

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

Name of Employer Self Occupation Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 09 / 2015

Transaction ID : SA11Al.12861

Amount of Each Receipt this Period
 1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

1000.00

71700.00

**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 31 OF 73
	<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)
AIRCRAFT OWNERS AND PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 421 AVIATION WAY

City State Zip Code
FREDERICK MD 21701

FEC ID number of contributing federal political committee. **C** C00131185

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 29 2015

Transaction ID : SA11C.12905

Amount of Each Receipt this Period
1000.00

2016 Primary

B. Full Name (Last, First, Middle Initial)
AMERICAN ROAD & TRANSPORTATION BUILDERS ASSOCIATION PAC

Mailing Address 1219 28TH STREET NW

City State Zip Code
WASHINGTON DC 20007

FEC ID number of contributing federal political committee. **C** C00118208

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 23 2015

Transaction ID : SA11C.12886

Amount of Each Receipt this Period
1000.00

2016 P

C. Full Name (Last, First, Middle Initial)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS

Mailing Address 520 N NORTHWEST HIGHWAY

City State Zip Code
PARK RIDGE IL 60068-2538

FEC ID number of contributing federal political committee. **C** C70004684

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 25 2015

Transaction ID : SA11C.12936

Amount of Each Receipt this Period
1500.00

2016 Primary

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 32 OF 73
	<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)
ASSOCIATED BUILDERS AND CONTRACTORS POLITICAL ACTION COMMITTEE (ABC PAC)

Mailing Address 4250 NORTH FAIRFAX DRIVE 9TH FLOOR

City ARLINGTON State VA Zip Code 22203

FEC ID number of contributing federal political committee. **C** C00010421

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 28 / 2015

Transaction ID : SA11C.13147

Amount of Each Receipt this Period
 1000.00

2016 Primary

B. Full Name (Last, First, Middle Initial)
BOYD GAMING POLITICAL ACTION COMMITTEE

Mailing Address 6465 S RAINBOW BLVD

City LAS VEGAS State NV Zip Code 89118

FEC ID number of contributing federal political committee. **C** C00142315

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 25 / 2015

Transaction ID : SA11C.12942

Amount of Each Receipt this Period
 1500.00

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

Mailing Address 1201 15TH STREET, NW

City WASHINGTON State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 24 / 2015

Transaction ID : SA11C.13125

Amount of Each Receipt this Period
 2500.00

2016 Primary

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

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

5000.00

**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 33 OF 73
	<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)
CALPORTLAND COMPANY POLITICAL ACTION COMMITTEE (CPCC-PAC)

Mailing Address 2025 E. FINANCIAL WAY
SUITE 200

City State Zip Code
GLEN DORA CA 91741

FEC ID number of contributing federal political committee. **C C00389429**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 25 / 2015

Transaction ID : SA11C.12932

Amount of Each Receipt this Period
2500.00
C00389429

B. Full Name (Last, First, Middle Initial)
COMCAST CORPORATION POLITICAL ACTION COMMITTEE- FEDERAL

Mailing Address 1701 JFK BLVD, 49TH FLOOR

City State Zip Code
PHILADELPHIA PA 19103

FEC ID number of contributing federal political committee. **C C00248716**

Name of Employer Occupation

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
07 / 29 / 2015

Transaction ID : SA11C.12906

Amount of Each Receipt this Period
1000.00
2016 Primary

C. 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: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 26 / 2015

Transaction ID : SA11C.12965

Amount of Each Receipt this Period
1000.00
2016 General

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 73
	<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: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
7000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11C.13183

Amount of Each Receipt this Period
1000.00

2016 General

B. Full Name (Last, First, Middle Initial)
FREEMPORT-MCMORAN COPPER & GOLD INC. CITIZENSHIP COMMITTEE

Mailing Address 333 N. CENTRAL AVENUE

City State Zip Code
PHOENIX AZ 85004

FEC ID number of contributing federal political committee. **C C00320101**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 28 / 2015

Transaction ID : SA11C.12930

Amount of Each Receipt this Period
2500.00

Primary 2016

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: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 15 / 2015

Transaction ID : SA11C.12881

Amount of Each Receipt this Period
2500.00

2016 Primary

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 35 OF 73
	<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)
LOWE'S COMPANIES, INC. POLITICAL ACTION COMMITTEE

Mailing Address 1000 LOWE'S BOULEVARD

City State Zip Code
MOORESVILLE NC 28117

FEC ID number of contributing federal political committee. **C** C00251751

Name of Employer Occupation

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
 07 / 15 / 2015

Transaction ID : SA11C.12882

Amount of Each Receipt this Period
 1000.00

2016 Primary

B. Full Name (Last, First, Middle Initial)
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION PAC

Mailing Address 1325 MASSACHUSETTS AVE., NW

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00238725

Name of Employer Occupation

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
 09 / 30 / 2015

Transaction ID : SA11C.13175

Amount of Each Receipt this Period
 1000.00

2016 Primary

C. Full Name (Last, First, Middle Initial)
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION PAC

Mailing Address 1325 MASSACHUSETTS AVE., NW

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00238725

Name of Employer Occupation

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
 09 / 30 / 2015

Transaction ID : SA11C.13176

Amount of Each Receipt this Period
 1000.00

2016 Primary

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: PAGE 36 OF 73
(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)
NATIONAL BEER WHOLESALEERS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1101 KING STREET
SUITE 600

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C C00144766**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2699.35

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : SA11C.13184

Amount of Each Receipt this Period
2500.00

Primary 2016

B. Full Name (Last, First, Middle Initial)
NATIONAL EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE

Mailing Address 1125 EXECUTIVE CIRCLE

City State Zip Code
IRVING TX 75038

FEC ID number of contributing federal political committee. **C C00140061**

Name of Employer Occupation

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
07 / 29 / 2015

Transaction ID : SA11C.12907

Amount of Each Receipt this Period
1000.00

2016 Primary

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

Mailing Address 101 CONSTITUTION AVE. NW SUITE 800

City State Zip Code
WASHINGTON DC 20001

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 10 / 2015

Transaction ID : SA11C.12913

Amount of Each Receipt this Period
2500.00

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 37 OF 73
	<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. NV ENERGY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 81500
ATTN: JOHN J. VINSKI, TREASURER

City LAS VEGAS State NV Zip Code 89180

FEC ID number of contributing federal political committee. **C C00153379**

Name of Employer Occupation

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
09 / 30 / 2015

Transaction ID : SA11C.13186

Amount of Each Receipt this Period
2000.00

Primary

B. PIONEER POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 701 8TH STREET, NW
SUITE 500

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00325357**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 10 / 2015

Transaction ID : SA11C.12915

Amount of Each Receipt this Period
2500.00

2016 Primary

C. SOUTHWEST GAS CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 5241 SPRING MOUNTAIN ROAD

City LAS VEGAS State NV Zip Code 89150

FEC ID number of contributing federal political committee. **C C00076737**

Name of Employer Occupation

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
09 / 09 / 2015

Transaction ID : SA11C.13121

Amount of Each Receipt this Period
2000.00

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

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

6500.00

**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 38 OF 73
	<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)
UNION PACIFIC CORP. FUND FOR EFFECTIVE GOVERNMENT

Mailing Address 600 13TH ST., NW
SUITE 340

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00010470**

Name of Employer Occupation

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
09 / 28 / 2015

Transaction ID : SA11C.13172

Amount of Each Receipt this Period
2000.00
2016 Primary

B. Full Name (Last, First, Middle Initial)
VERIZON COMMUNICATIONS INC./VERIZON WIRELESS GOOD GOVERNMENT CLUB (VERIZON/VERIZON WIRELES

Mailing Address 1300 I ST NW
STE 400 WEST

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00186288**

Name of Employer Occupation

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
07 / 28 / 2015

Transaction ID : SA11C.12888

Amount of Each Receipt this Period
1000.00
2016 Primary

C. Full Name (Last, First, Middle Initial)
ZUFFA POLITICAL ACTION COMMITTEE

Mailing Address 2350 KERNER BLVD., SUITE 250

City SAN RAFAEL State CA Zip Code 94901

FEC ID number of contributing federal political committee. **C C00459693**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 09 / 2015

Transaction ID : SA11C.13120

Amount of Each Receipt this Period
2500.00
Primary 2016

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

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

5500.00

40000.00

**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 39 OF 73
	<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)
Orleans Hotel & Casino

Mailing Address 4500 W Tropicana Ave

City Las Vegas State NV Zip Code 89103

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
201.60

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 27 / 2015

Transaction ID : SA14.13178

Amount of Each Receipt this Period
 201.60
 refund of travel expense

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

201.60

201.60

**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 73			
	<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. 39 North Downtown			Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2015	
Mailing Address 1645 D Street			Amount of Each Disbursement this Period 800.00	
City Sparks	State NV	Zip Code 89431	Transaction ID : SB17.13016	
Purpose of Disbursement one table - Nevada Veterans Memorial fundraiser		Category/Type 012		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B. Adele's			Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2015	
Mailing Address 1112 North Carson Street			Amount of Each Disbursement this Period 100.00	
City Carson City	State NV	Zip Code 89701	Transaction ID : SB17.13000	
Purpose of Disbursement Meals & entertainment - contributor relations		Category/Type 003		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) C. Adele's			Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2015	
Mailing Address 1112 North Carson Street			Amount of Each Disbursement this Period 138.79	
City Carson City	State NV	Zip Code 89701	Transaction ID : SB17.13151	
Purpose of Disbursement meals & entertainment - contributor relations		Category/Type 003		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	1038.79
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 41 OF 73	
	<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. American Express Collections		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2015
Mailing Address P.O. Box 981540		Amount of Each Disbursement this Period 127.23 Transaction ID : SB17.13057
City El Paso State TX Zip Code 79998	Purpose of Disbursement merchant fees 001 Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. American Express Collections		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2015
Mailing Address P.O. Box 981540		Amount of Each Disbursement this Period 116.20 Transaction ID : SB17.13061
City El Paso State TX Zip Code 79998	Purpose of Disbursement merchant fees 001 Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Authnet Gateway		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2015
Mailing Address P.O. Box 8999		Amount of Each Disbursement this Period 21.25 Transaction ID : SB17.13170
City San Francisco State CA Zip Code 94128	Purpose of Disbursement merchant fees 001 Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	264.68
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 73
	<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 M M / D D / Y Y Y Y 07 / 07 / 2015
Mailing Address 3200 Ash Street		Amount of Each Disbursement this Period 22.49 Transaction ID : SB17.13051
City Palo Alto	State CA	
Zip Code 94306	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: 2016 <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 M M / D D / Y Y Y Y 08 / 07 / 2015
Mailing Address 3200 Ash Street		Amount of Each Disbursement this Period 25.25 Transaction ID : SB17.13058
City Palo Alto	State CA	
Zip Code 94306	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: 2016 <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 09 / 08 / 2015
Mailing Address 3200 Ash Street		Amount of Each Disbursement this Period 25.49 Transaction ID : SB17.13060
City Palo Alto	State CA	
Zip Code 94306	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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	73.23
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 73			
	<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. Capitol Hill Club			Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2015
Mailing Address 300 First Street SE			Amount of Each Disbursement this Period 210.00 Transaction ID : SB17.12987
City Washington	State DC	Zip Code 20003	
Purpose of Disbursement Meals & entertainment - contributor relations		Category/ Type 003	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. Capitol Hill Club			Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2015
Mailing Address 300 First Street SE			Amount of Each Disbursement this Period 181.19 Transaction ID : SB17.12988
City Washington	State DC	Zip Code 20003	
Purpose of Disbursement Meals & entertainment - contributor relations		Category/ Type 003	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) c. Capitol Hill Club			Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2015
Mailing Address 300 First Street SE			Amount of Each Disbursement this Period 176.55 Transaction ID : SB17.13010
City Washington	State DC	Zip Code 20003	
Purpose of Disbursement Meals & entertainment - contributor relations		Category/ Type 003	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	567.74
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 73		
	<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. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2015
Mailing Address 300 First Street SE		Amount of Each Disbursement this Period 204.00 Transaction ID : SB17.13011
City Washington State DC Zip Code 20003	Purpose of Disbursement Meals & entertainment - contributor relations Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2015
Mailing Address 300 First Street SE		Amount of Each Disbursement this Period 140.45 Transaction ID : SB17.13021
City Washington State DC Zip Code 20003	Purpose of Disbursement Meals & entertainment - contributor relations Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2015
Mailing Address 300 First Street SE		Amount of Each Disbursement this Period 67.50 Transaction ID : SB17.13116
City Washington State DC Zip Code 20003	Purpose of Disbursement Meals & entertainment - campaign expense Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	411.95
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 73	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Amodei for Nevada

Full Name (Last, First, Middle Initial) A. Casey Neilon & Associates, LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 07 / 2015
Mailing Address 503 N Division St		Amount of Each Disbursement this Period 5600.00 Transaction ID : SB17.13096
City Carson City State NV Zip Code 89703	Purpose of Disbursement Professional fees - accounting Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <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 08 / 04 / 2015
Mailing Address 503 N Division St		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.13097
City Carson City State NV Zip Code 89703	Purpose of Disbursement professional fees - accounting Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <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 09 / 17 / 2015
Mailing Address 503 N Division St		Amount of Each Disbursement this Period 4000.00 Transaction ID : SB17.13118
City Carson City State NV Zip Code 89703	Purpose of Disbursement professional fees - accounting Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	11600.00
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 46 OF 73	
	<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 M M / D D / Y Y Y Y 08 / 04 / 2015
Mailing Address 345 Sondrio Way		Amount of Each Disbursement this Period 9395.46 Transaction ID : SB17.13188
City Reno State NV Zip Code 89521	Purpose of Disbursement see memo- fundraising commisions and reimbursements Category/Type 003	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Constant Contact		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2015
Mailing Address 1601 Trapelo Road		Amount of Each Disbursement this Period 35.00 Transaction ID : SB17.13063
City Waltham State MA Zip Code 02451	Purpose of Disbursement Email Newsletter Category/Type 004	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Constant Contact		Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2015
Mailing Address 1601 Trapelo Road		Amount of Each Disbursement this Period 35.00 Transaction ID : SB17.13073
City Waltham State MA Zip Code 02451	Purpose of Disbursement email newsletter Category/Type 004	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	9465.46
TOTAL 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 : SB17.13188

Commissions on funds raised \$9,120. Reimbursement of expenses: Digiprint 4865 Longley Lane Suite C Reno NV 89502 envelopes \$128.46; USPS 300 stamps @ .49 = \$147.00.

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 48 OF 73		
	<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. Constant Contact

Full Name (Last, First, Middle Initial)
Mailing Address 1601 Trapelo Road

City Waltham State MA Zip Code 02451

Purpose of Disbursement email newsletter

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 02 / 2015

Amount of Each Disbursement this Period: 35.00

Transaction ID : SB17.13095

Category/Type: 004

B. Costco Wholesale

Full Name (Last, First, Middle Initial)
Mailing Address 700n Old Clear Creek Road

City Carson City State NV Zip Code 89701

Purpose of Disbursement Supplies for contributor dinner

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 08 / 13 / 2015

Amount of Each Disbursement this Period: 484.92

Transaction ID : SB17.13085

Category/Type: 007

C. Creative Direct

Full Name (Last, First, Middle Initial)
Mailing Address 25 E Main Street

City Richmond State VA Zip Code 23219

Purpose of Disbursement Notecards and envelopes

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify)

State: District:

Date of Disbursement: 07 / 20 / 2015

Amount of Each Disbursement this Period: 1127.00

Transaction ID : SB17.13161

Category/Type: 001

SUBTOTAL of Disbursements This Page (optional) 1646.92

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 73		
	<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. CRESENT HARDY FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 753941

City LAS VEGAS State NV Zip Code 89136

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: NV District: 04

Disbursement For: 2016
 Primary General
 Other (specify)

Date of Disbursement: 09 / 28 / 2015

Amount of Each Disbursement this Period: 2000.00

Transaction ID : SB17.13160

Category/Type: 011

B. El Dorado Hotel

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 3399

City Reno State NV Zip Code 89505

Purpose of Disbursement
beverage service for event

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify)

Date of Disbursement: 07 / 07 / 2015

Amount of Each Disbursement this Period: 1155.50

Transaction ID : SB17.13098

Category/Type: 007

C. FRIENDS OF JOE HECK

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 750114

City LAS VEGAS State NV Zip Code 89136

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: NV District: 03

Disbursement For: 2016
 Primary General
 Other (specify)

Date of Disbursement: 09 / 28 / 2015

Amount of Each Disbursement this Period: 1000.00

Transaction ID : SB17.13159

Category/Type: 011

SUBTOTAL of Disbursements This Page (optional) 4155.50

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 73		
	<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 MM / DD / YYYY 08 / 13 / 2015
Mailing Address 3700 North Carson Street		Amount of Each Disbursement this Period 690.00 Transaction ID : SB17.12999
City Carson City	State NV	
Zip Code 89706	Purpose of Disbursement Meals & entertainment - contributor relations	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Gold Country Inn		Date of Disbursement MM / DD / YYYY 08 / 28 / 2015
Mailing Address 2050 Idaho St		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.13015
City Elko	State NV	
Zip Code 89801	Purpose of Disbursement Meals & entertainment - contributor relations	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<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 MM / DD / YYYY 08 / 19 / 2015
Mailing Address 2500 E Second St		Amount of Each Disbursement this Period 557.41 Transaction ID : SB17.13040
City Reno	State NV	
Zip Code 89595	Purpose of Disbursement Fund raising luncheon	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1272.41
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 73		
	<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. Great Basin Gallery		Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2015
Mailing Address 110 South Curry Street		Amount of Each Disbursement this Period 710.00 Transaction ID : SB17.13091
City Carson City	State NV Zip Code 89701	
Purpose of Disbursement framing	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Hawk N Dove		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2015
Mailing Address 329 Pennsylvania Ave SE		Amount of Each Disbursement this Period 140.00 Transaction ID : SB17.13105
City Washington	State DC Zip Code 20003	
Purpose of Disbursement Meals & entertainment - campaign expense	Category/Type 003	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Incline Village GID		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address 893 Southwood Blvd		Amount of Each Disbursement this Period 48.00 Transaction ID : SB17.13163
City Incline Village	State NV Zip Code 89451	
Purpose of Disbursement drink tahoe tap water bottles	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	898.00
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 52 OF 73		
	<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. Lucas Wharf Restaurant and Bar		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2015
Mailing Address 595 CA-1		Amount of Each Disbursement this Period 145.43 Transaction ID : SB17.13027
City Bodega Bay	State CA	
Zip Code 94923	Purpose of Disbursement Meals & entertainment - contributor relations	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Maverik - Carson City		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2015
Mailing Address 1451 College Parkway		Amount of Each Disbursement this Period 32.84 Transaction ID : SB17.13048
City Carson City	State NV	
Zip Code 89706	Purpose of Disbursement Travel expense - gas in lieu of mileage	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Maverik - Fallon		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2015
Mailing Address 850 W. Williams Ave.		Amount of Each Disbursement this Period 77.45 Transaction ID : SB17.13042
City Fallon	State NV	
Zip Code 89406	Purpose of Disbursement Travel expense - gas in lieu of mileage	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	255.72
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 53 OF 73		
	<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. Maverik - Winnemucca			Date of Disbursement MM / DD / YYYY 07 / 02 / 2015
Mailing Address 863 E. Winnemuccas Blvd.			Amount of Each Disbursement this Period \$ 51.65 Transaction ID : SB17.13031
City Winnemucca	State NV	Zip Code 89445	
Purpose of Disbursement Travel expense - gas in lieu of mileage		Category/ Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. Maverik - Winnemucca			Date of Disbursement MM / DD / YYYY 08 / 29 / 2015
Mailing Address 863 E. Winnemuccas Blvd.			Amount of Each Disbursement this Period \$ 31.19 Transaction ID : SB17.13044
City Winnemucca	State NV	Zip Code 89445	
Purpose of Disbursement Travel expense - gas in lieu of mileage		Category/ Type 002	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) c. MGM Grand			Date of Disbursement MM / DD / YYYY 07 / 01 / 2015
Mailing Address 3799 Las Vegas Boulevard South			Amount of Each Disbursement this Period \$ 710.00 Transaction ID : SB17.12981
City Las Vegas	State NV	Zip Code 89109	
Purpose of Disbursement Meals & entertainment - contributor relations		Category/ Type 003	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	\$ 792.84
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 54 OF 73		
	<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. Mom and Pops Diner		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2015
Mailing Address 224 S. Carson Street #3		Amount of Each Disbursement this Period 65.00 Transaction ID : SB17.13009
City Carson City State NV Zip Code 89701	Purpose of Disbursement Meals & entertainment - contributor relations 003 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Nevada Republican Party		Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2015
Mailing Address 500 S. Rancho Dr, Suite 7		Amount of Each Disbursement this Period 10000.00 Transaction ID : SB17.13090
City Las Vegas State NV Zip Code 89106	Purpose of Disbursement donation 012 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Nevada Women's Fund		Date of Disbursement M M / D D / Y Y Y Y 07 / 06 / 2015
Mailing Address 770 Smithridge Dr. Suite 300		Amount of Each Disbursement this Period 1250.00 Transaction ID : SB17.13064
City Reno State NV Zip Code 89502	Purpose of Disbursement table for 10 - Women of Achievement luncheon 012 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	11315.00
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 55 OF 73			
	<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. John O'Rourke			Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2015		
Mailing Address 11028 Stanmore Drive			Amount of Each Disbursement this Period 1000.00		
City Potomac	State MD	Zip Code 20854	Transaction ID : SB17.12880		
Purpose of Disbursement In-kind - event		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. Oceanaire			Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2015		
Mailing Address 1201 F Street			Amount of Each Disbursement this Period 635.00		
City Washington	State DC	Zip Code 20004	Transaction ID : SB17.13107		
Purpose of Disbursement Meals & entertainment - campaign expense		Category/ Type 003			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) c. Orleans Hotel & Casino			Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2015		
Mailing Address 4500 W Tropicana Ave			Amount of Each Disbursement this Period 201.60		
City Las Vegas	State NV	Zip Code 89103	Transaction ID : SB17.12990		
Purpose of Disbursement travel expense - lodging		Category/ Type 002			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	1836.60
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 56 OF 73		
	<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. Orleans Hotel & Casino		Date of Disbursement M M / D D / Y Y Y Y 07 / 26 / 2015
Mailing Address 4500 W Tropicana Ave		Amount of Each Disbursement this Period 88.48 Transaction ID : SB17.12996
City Las Vegas	State NV Zip Code 89103	
Purpose of Disbursement Meals & entertainment - contributor relations	Category/Type 003	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B. Ormachea's Dinner House		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2015
Mailing Address 180 Melarkey Street		Amount of Each Disbursement this Period 1172.83 Transaction ID : SB17.12982
City Winnemucca	State NV Zip Code 89445	
Purpose of Disbursement Contributor dinner	Category/Type 003	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C. POLIQUIN FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2015
Mailing Address PO BOX 50		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.13156
City OAKLAND	State ME Zip Code 04963	
Purpose of Disbursement	Category/Type 011	
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: ME	District: 00	

SUBTOTAL of Disbursements This Page (optional).....	2261.31
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 57 OF 73	
	<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. Rotary Club of Winnemucca		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2015
Mailing Address 625 Sheehan St Suite F		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.13065
City Winnemucca	State NV Zip Code 89445	
Purpose of Disbursement Golf tournament	Category/Type 012	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <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 07 / 03 / 2015
Mailing Address Hwy 395		Amount of Each Disbursement this Period 91.31 Transaction ID : SB17.13032
City Carson City	State NV Zip Code 89703	
Purpose of Disbursement Travel expense - gas in lieu of mileage	Category/Type 002	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <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 / 25 / 2015
Mailing Address Hwy 395		Amount of Each Disbursement this Period 95.00 Transaction ID : SB17.13033
City Carson City	State NV Zip Code 89703	
Purpose of Disbursement Travel expense - gas in lieu of mileage	Category/Type 002	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	436.31
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 58 OF 73		
	<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 / 07 / 2015
Mailing Address Hwy 395		Amount of Each Disbursement this Period 49.67 Transaction ID : SB17.13036
City Carson City	State NV	
Zip Code 89703	Purpose of Disbursement Travel expense - gas in lieu of mileage	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <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 08 / 13 / 2015
Mailing Address Hwy 395		Amount of Each Disbursement this Period 99.00 Transaction ID : SB17.13037
City Carson City	State NV	
Zip Code 89703	Purpose of Disbursement Travel expense - gas in lieu of mileage	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <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 08 / 17 / 2015
Mailing Address Hwy 395		Amount of Each Disbursement this Period 43.69 Transaction ID : SB17.13038
City Carson City	State NV	
Zip Code 89703	Purpose of Disbursement Travel expense - gas in lieu of mileage	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	192.36
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 59 OF 73	
	<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 MM / DD / YYYY 08 / 22 / 2015
Mailing Address Hwy 395		Amount of Each Disbursement this Period 40.87 Transaction ID : SB17.13041
City Carson City	State NV	
Zip Code 89703	Purpose of Disbursement Travel expense - gas in lieu of mileage	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <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 MM / DD / YYYY 09 / 04 / 2015
Mailing Address Hwy 395		Amount of Each Disbursement this Period 49.66 Transaction ID : SB17.13047
City Carson City	State NV	
Zip Code 89703	Purpose of Disbursement Travel expense - gas in lieu of mileage	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <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 MM / DD / YYYY 09 / 23 / 2015
Mailing Address Hwy 395		Amount of Each Disbursement this Period 34.78 Transaction ID : SB17.13148
City Carson City	State NV	
Zip Code 89703	Purpose of Disbursement travel expense - gas in lieu of mileage	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	125.31
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 60 OF 73			
	<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 09 / 27 / 2015
Mailing Address Hwy 395		Amount of Each Disbursement this Period 34.15
City Carson City	State NV	Zip Code 89703
Purpose of Disbursement travel expense - gas in lieu of mileage	Category/Type 002	
Candidate Name	Transaction ID : SB17.13149	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Sign Pro		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2015
Mailing Address 1501 North Carson		Amount of Each Disbursement this Period 257.94
City Carson City	State NV	Zip Code 89706
Purpose of Disbursement Banner for BBQ	Category/Type 007	
Candidate Name	Transaction ID : SB17.13094	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Silver Stage Pop Warner		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2015
Mailing Address 5095 Maple St		Amount of Each Disbursement this Period 500.00
City Silver Springs	State NV	Zip Code 89429
Purpose of Disbursement donation for safety gear	Category/Type 012	
Candidate Name	Transaction ID : SB17.13112	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	792.00
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 61 OF 73		
	<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 07 / 24 / 2015
Mailing Address P.O. Box 36647-1CR		Amount of Each Disbursement this Period 240.10 Transaction ID : SB17.12994
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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Southwest Airlines		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2015
Mailing Address P.O. Box 36647-1CR		Amount of Each Disbursement this Period 240.10 Transaction ID : SB17.12995
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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Southwest Airlines		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2015
Mailing Address P.O. Box 36647-1CR		Amount of Each Disbursement this Period 252.00 Transaction ID : SB17.13070
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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	732.20
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 62 OF 73			
	<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 07 / 28 / 2015	
Mailing Address P.O. Box 36647-1CR			Amount of Each Disbursement this Period 252.00	
City Dallas	State TX	Zip Code 73235	Transaction ID : SB17.13072	
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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Southwest Airlines			Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2015	
Mailing Address P.O. Box 36647-1CR			Amount of Each Disbursement this Period 252.00	
City Dallas	State TX	Zip Code 73235	Transaction ID : SB17.13075	
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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. Southwest Airlines			Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2015	
Mailing Address P.O. Box 36647-1CR			Amount of Each Disbursement this Period 240.10	
City Dallas	State TX	Zip Code 73235	Transaction ID : SB17.13076	
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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	744.10
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 63 OF 73			
	<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. Team Sports Ink		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2015
Mailing Address 5111 Grumman Dr, Ste 1b		Amount of Each Disbursement this Period 89.32 Transaction ID : SB17.13074
City Carson City State NV Zip Code 89706	Purpose of Disbursement custom baseball jersey Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Team Sports Ink		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2015
Mailing Address 5111 Grumman Dr, Ste 1b		Amount of Each Disbursement this Period 1800.07 Transaction ID : SB17.13089
City Carson City State NV Zip Code 89706	Purpose of Disbursement custom PICON Hats Candidate Name Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <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 M M / D D / Y Y Y Y 08 / 10 / 2015
Mailing Address 100 Luna Park #156		Amount of Each Disbursement this Period 9489.08 Transaction ID : SB17.13190
City Alexandria State VA Zip Code 22305	Purpose of Disbursement see memo - fundraising commissions and reimbursements Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	11378.47
TOTAL 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 : SB17.13190

Commissions on funds raised \$4,570. Reimbursement of expenses: Del Frisco's Double Eagle 950 I Street NW Suite 501 Washington DC 20001 Fundraising Dinner \$4,208.51; Fedex 685 N Washington St Alexandria VA 22314 Postage \$28.13; USPS Postage \$3.94; Shoppers Food and Pharmacy - supplies for fundraising reception \$47.47; Cairo Wine & Liquor 1618 17th St NW Washington DC 20009 - beverages for fundraising reception \$216.33; Simplicity Catering 6402 Arlington Blvd Suite 150B Falls Church VA 22042 - catering for event \$414.70.

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 65 OF 73		
	<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 M Group		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2015
Mailing Address 100 Luna Park #156		Amount of Each Disbursement this Period 2041.71 Transaction ID : SB17.13192
City Alexandria State VA Zip Code 22305	Purpose of Disbursement see memo - fundraising commissions and reimbursements	
Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. The Tides Wharf Restaurant		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2015
Mailing Address 835 Highway 1		Amount of Each Disbursement this Period 85.00 Transaction ID : SB17.13024
City Bodega Bay State CA Zip Code 94923	Purpose of Disbursement Meals & entertainment - contributor relations	
Candidate Name	Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. The Tobacco Company		Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2015
Mailing Address 829 State St		Amount of Each Disbursement this Period 581.60 Transaction ID : SB17.13168
City Lemoyne State PA Zip Code 17043	Purpose of Disbursement Supplies for contributor dinner	
Candidate Name	Category/Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2708.31
TOTAL 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 : SB17.13192

Commissions on funds raised \$1900.00; Reimbursements of expenses: Fedex Office 685 N Washington St Alexandria VA 22314, Postage \$32.29; USPS, Stamps \$49.00; Staples 3301 Jefferson Davis Hwy Alexandria VA 22305, Custom Letterhead \$60.42.

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 67 OF 73	
	<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. Twisted Fork		Date of Disbursement MM / DD / YYYY 08 / 21 / 2015
Mailing Address 1911 Steamboat Pkwy		Amount of Each Disbursement this Period 50.00 Transaction ID : SB17.13007
City Reno	State NV	
Zip Code 89521	Purpose of Disbursement Meals & entertainment - contributor relations	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Uber Technologies		Date of Disbursement MM / DD / YYYY 09 / 13 / 2015
Mailing Address 800 Market St		Amount of Each Disbursement this Period 15.00 Transaction ID : SB17.13108
City San Francisco	State CA	
Zip Code 94102	Purpose of Disbursement travel expense - ride	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <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 MM / DD / YYYY 07 / 13 / 2015
Mailing Address PO Box 6995		Amount of Each Disbursement this Period 21.06 Transaction ID : SB17.13053
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: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	86.06
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 68 OF 73		
	<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 07 / 13 / 2015
Mailing Address PO Box 6995		Amount of Each Disbursement this Period 21.43 Transaction ID : SB17.13054
City Portland State OR Zip Code 97228	Purpose of Disbursement merchant fees 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <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 / 13 / 2015
Mailing Address PO Box 6995		Amount of Each Disbursement this Period 46.50 Transaction ID : SB17.13055
City Portland State OR Zip Code 97228	Purpose of Disbursement merchant fees 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <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 / 13 / 2015
Mailing Address PO Box 6995		Amount of Each Disbursement this Period 52.82 Transaction ID : SB17.13082
City Portland State OR Zip Code 97228	Purpose of Disbursement merchant fees 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	120.75
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 69 OF 73			
	<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 / 2015
Mailing Address PO Box 6995		Amount of Each Disbursement this Period 119.25 Transaction ID : SB17.13083
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: 2016 <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 08 / 13 / 2015
Mailing Address PO Box 6995		Amount of Each Disbursement this Period 120.90 Transaction ID : SB17.13084
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: 2016 <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 / 14 / 2015
Mailing Address PO Box 6995		Amount of Each Disbursement this Period 12.00 Transaction ID : SB17.13059
City Portland	State OR	
Zip Code 97228	Purpose of Disbursement returned item fee- bank charge	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	252.15
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 70 OF 73			
	<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 09 / 11 / 2015
Mailing Address PO Box 6995		Amount of Each Disbursement this Period 3.00
City Portland	State OR	
Zip Code 97228	Purpose of Disbursement bank service charges - image	Transaction ID : SB17.13104
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <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 / 14 / 2015
Mailing Address PO Box 6995		Amount of Each Disbursement this Period 54.75
City Portland	State OR	
Zip Code 97228	Purpose of Disbursement merchant fee	Transaction ID : SB17.13109
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <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 09 / 14 / 2015
Mailing Address PO Box 6995		Amount of Each Disbursement this Period 56.10
City Portland	State OR	
Zip Code 97228	Purpose of Disbursement merchant fee	Transaction ID : SB17.13110
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	113.85
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 71 OF 73		
	<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 09 / 14 / 2015
Mailing Address PO Box 6995		Amount of Each Disbursement this Period 56.70
City Portland	State OR	
Zip Code 97228	Purpose of Disbursement merchant fee	Transaction ID : SB17.13111
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Whispering Vine		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2015
Mailing Address 85 Foothill Rd		Amount of Each Disbursement this Period 1303.34
City Reno	State NV	
Zip Code 89511	Purpose of Disbursement supplies for garage dinner event	Transaction ID : SB17.13086
Candidate Name	Category/ Type 007	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

SUBTOTAL of Disbursements This Page (optional).....	1360.04
TOTAL This Period (last page this line number only).....	66898.15

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 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"/>

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	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"/>

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	Transaction ID : SD10.7284	
<input type="text" value="3000.00"/>		
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="3000.00"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="9000.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="9000.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="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: