

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5  
Amodei for Nevada

ADDRESS (number and street) 503 N Division St  
 Check if different than previously reported. (ACC) Carson City NV 89703

2. **FEC IDENTIFICATION NUMBER** ▼ C C00496760 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT  
NV 02

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M / D D / Y Y Y Y in the State of    
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y 01 / 01 / 2015 through M M / D D / Y Y Y Y 03 / 31 / 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 M M / D D / Y Y Y Y 04 / 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.

**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))....	51318.55	56718.55
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	8700.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	51318.55	48018.55
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	52208.64	98340.10
(b) Total Offsets to Operating Expenditures (from Line 14).....	4317.00	5477.74
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	47891.64	92862.36
8. Cash on Hand at Close of Reporting Period (from Line 27).....	198805.31	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	9000.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Amodei for Nevada**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	26800.00	32050.00
(ii) Unitemized.....	1150.00	1300.00
(iii) TOTAL of contributions from individuals ▶	27950.00	33350.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	23368.55	23368.55
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	51318.55	56718.55
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	4317.00	5477.74
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	55635.55	62196.29

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	52208.64	98340.10
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	8700.00
(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	8700.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	52208.64	139990.10

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	195378.40
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	55635.55
25. SUBTOTAL (add Line 23 and Line 24).....	251013.95
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	52208.64
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	198805.31

**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 50
	<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)  
**Leslie Adams**

Mailing Address 14100 Saddlebow

City State Zip Code  
Reno NV 89511

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

Name of Employer Occupation  
Adams & Associates President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 27 / 2015

**Transaction ID : SA11AI.12149**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)**

Mailing Address 1120 CONNECTICUT AVENUE NW  
SUITE 600

City State Zip Code  
WASHINGTON DC 20036

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

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  
03 / 30 / 2015

**Transaction ID : SA11AI.12187**

Amount of Each Receipt this Period  
2000.00  
contribution to federal candidate Primary 2016

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

Mailing Address PO Box 1984

City State Zip Code  
Carson City NV 89701

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

Name of Employer Occupation  
None 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  
03 / 27 / 2015

**Transaction ID : SA11AI.12158**

Amount of Each Receipt this Period  
500.00  
contribution

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 50
	<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)  
**Patricia D Cafferata**

Mailing Address 2636 Edgerock Rd

City Reno	State NV	Zip Code 89519
--------------	-------------	-------------------

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

Name of Employer State of Nevada	Occupation Communications Director
-------------------------------------	---------------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 27 / 2015

**Transaction ID : SA11AI.12168**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Severin Carlson**

Mailing Address 14745 Chartreuse Ct

City Reno	State NV	Zip Code 89511
--------------	-------------	-------------------

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

Name of Employer Kaempfer Crowell	Occupation Attorney
--------------------------------------	------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 18 / 2015

**Transaction ID : SA11AI.12125**

Amount of Each Receipt this Period  
250.00

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

Mailing Address Starr Valley

City Deeth	State NV	Zip Code 89823
---------------	-------------	-------------------

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

Name of Employer None	Occupation Rancher
--------------------------	-----------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 27 / 2015

**Transaction ID : SA11AI.12179**

Amount of Each Receipt this Period  
500.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 50
	<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. Michael C Dermody**  
Full Name (Last, First, Middle Initial)  
Mailing Address 226 California Ave

City Reno	State NV	Zip Code 89509
--------------	-------------	-------------------

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

Name of Employer Dermody Properties	Occupation Chairman & CEO
--	------------------------------

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  
 03 / 27 / 2015

**Transaction ID : SA11AI.12170**

Amount of Each Receipt this Period  
 250.00  
 donation

**B. Bruce E Dewing**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10475 Osage Road

City Reno	State NV	Zip Code 89508
--------------	-------------	-------------------

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

Name of Employer Self	Occupation Casino Manager
--------------------------	------------------------------

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  
 03 / 27 / 2015

**Transaction ID : SA11AI.12154**

Amount of Each Receipt this Period  
 250.00

**C. Norman Dianda**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2100 Holcomb Ranch Lane

City Reno	State NV	Zip Code 89511
--------------	-------------	-------------------

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

Name of Employer Q&D Construction	Occupation President
--------------------------------------	-------------------------

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015

**Transaction ID : SA11AI.12167**

Amount of Each Receipt this Period  
 1000.00  
 Fundraiser

**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 8 OF 50
	<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)  
**EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC**

Mailing Address 2980 FAIRVIEW PARK DRIVE

City State Zip Code  
FALLS CHURCH VA 22042

FEC ID number of contributing federal political committee. **C** C00088591

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  
03 / 30 / 2015

**Transaction ID : SA11AI.12186**

Amount of Each Receipt this Period  
2000.00

2016 Primary

**B.** 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 Self

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 18 / 2015

**Transaction ID : SA11AI.12141**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 10720 Summer Glen Drive

City State Zip Code  
Reno NV 89521

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

Name of Employer Occupation  
Nevada Trucking Association 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  
03 / 12 / 2015

**Transaction ID : SA11AI.12123**

Amount of Each Receipt this Period  
500.00

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

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

5100.00



**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 50
	<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)  
**Nancy Flanigan**

Mailing Address 2750 Holcomb Ranch Lane

City Reno State NV Zip Code 89511

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  
 03 / 27 / 2015

**Transaction ID : SA11AI.12151**

Amount of Each Receipt this Period  
 500.00

Donation

**B.** Full Name (Last, First, Middle Initial)  
**Fred Gibson**

Mailing Address 3204 Plaza De Rafael

City Las Vegas State NV Zip Code 89102

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  
 03 / 27 / 2015

**Transaction ID : SA11AI.12143**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 50 W Liberty St Ste 750

City Reno State NV Zip Code 89501

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

Name of Employer Parsons Behle & Latimer Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015

**Transaction ID : SA11AI.12178**

Amount of Each Receipt this Period  
 250.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 50
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Terry Graves**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2205 Plaza del Puerto

City Las Vegas	State NV	Zip Code 89102
-------------------	-------------	-------------------

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

Name of Employer Graves Communications	Occupation Consultant
---	--------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 18 / 2015

**Transaction ID : SA11AI.12131**

Amount of Each Receipt this Period  
500.00

re-election

**B. Jesse Haw**  
Full Name (Last, First, Middle Initial)  
Mailing Address 550 W. Plumb Lane Suite B, #505

City Reno	State NV	Zip Code 89509
--------------	-------------	-------------------

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

Name of Employer Hawco Properties	Occupation President
--------------------------------------	-------------------------

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  
03 / 18 / 2015

**Transaction ID : SA11AI.12127**

Amount of Each Receipt this Period  
500.00

**C. Mary Lau**  
Full Name (Last, First, Middle Initial)  
Mailing Address 410 S Minnesota St

City Carson City	State NV	Zip Code 89703
---------------------	-------------	-------------------

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

Name of Employer Retail Association of Nevada	Occupation Executive Director
--	----------------------------------

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  
03 / 18 / 2015

**Transaction ID : SA11AI.12126**

Amount of Each Receipt this Period  
500.00

**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 11 OF 50
	<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)  
**KEITH LEE**

Mailing Address 1941 Rolling Brook Lane

City Reno State NV Zip Code 89519

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

Name of Employer Law Offices of Keith Lee 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  
 03 / 18 / 2015

**Transaction ID : SA11AI.12128**

Amount of Each Receipt this Period  
500.00

Campaign Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Thomas A Maibenco**

Mailing Address 170 Second St  
PO Box 140097

City Duckwater State NV Zip Code 89314

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

Name of Employer Duckwater Clinic Occupation Physician

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  
 01 / 14 / 2015

**Transaction ID : SA11AI.12100**

Amount of Each Receipt this Period  
2000.00

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

Mailing Address 170 Second St  
PO Box 140097

City Duckwater State NV Zip Code 89314

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

Name of Employer Duckwater Clinic Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 01 / 26 / 2015

**Transaction ID : SA11AI.12110**

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 12 OF 50
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
**Thomas A Maibenco**

Mailing Address 170 Second St  
PO Box 140097

City Duckwater State NV Zip Code 89314

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

Name of Employer Duckwater Clinic Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 26 / 2015

**Transaction ID : SA11AI.12202**

Amount of Each Receipt this Period  
 \_\_\_\_\_ -900.00

Redesignate:  
**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**Thomas A Maibenco**

Mailing Address 170 Second St  
PO Box 140097

City Duckwater State NV Zip Code 89314

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

Name of Employer Duckwater Clinic Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 26 / 2015

**Transaction ID : SA11AI.12203**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 900.00

Redesignate: to General 2016  
**[MEMO ITEM]**

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

Mailing Address 170 Second St  
PO Box 140097

City Duckwater State NV Zip Code 89314

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

Name of Employer Duckwater Clinic Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 05 / 2015

**Transaction ID : SA11AI.12113**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1500.00

**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 50
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
**Thomas A Maibenco**

Mailing Address 170 Second St  
PO Box 140097

City Duckwater State NV Zip Code 89314

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

Name of Employer Duckwater Clinic Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 05 / 2015

**Transaction ID : SA11AI.12205**

Amount of Each Receipt this Period  
 -1500.00

Redesignate:

**[MEMO ITEM]**

**B.** Full Name (Last, First, Middle Initial)  
**Thomas A Maibenco**

Mailing Address 170 Second St  
PO Box 140097

City Duckwater State NV Zip Code 89314

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

Name of Employer Duckwater Clinic Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 05 / 2015

**Transaction ID : SA11AI.12206**

Amount of Each Receipt this Period  
 1500.00

Redesignate: to General

**[MEMO ITEM]**

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

Mailing Address 130 Juniper Hill Rd

City Reno State NV Zip Code 89519-7951

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

Name of Employer Mt Rose Development Company Occupation Accountant

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  
 03 / 27 / 2015

**Transaction ID : SA11AI.12153**

Amount of Each Receipt this Period  
 250.00  
 contribution

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

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

250.00

**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 50
	<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)  
**Rose N Meredith**

Mailing Address 150 Juniper Hill Road

City Reno State NV Zip Code 89519-7951

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  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2015

**Transaction ID : SA11AI.12152**

Amount of Each Receipt this Period  
 250.00  
 contribution

**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  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 18 / 2015

**Transaction ID : SA11AI.12133**

Amount of Each Receipt this Period  
 600.00

**C.** 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  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 18 / 2015

**Transaction ID : SA11AI.12132**

Amount of Each Receipt this Period  
 600.00

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

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

1450.00

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

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

FOR LINE NUMBER: PAGE 15 OF 50  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     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)  
**Marilyn McAdams Mora**  
 Mailing Address 4745 Sommerville Way  
 City State Zip Code  
 Reno NV 89519-0922  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Reno-Tahoe Airport Authority Executive VP/COO  
 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  
 03 / 06 / 2015  
**Transaction ID : SA11AI.12196**  
 Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Dillard Myers**  
 Mailing Address 14800 Chateau Ave  
 City State Zip Code  
 Reno NV 89511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Cisco Systems VP Global Service Supply Chain  
 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  
 03 / 12 / 2015  
**Transaction ID : SA11AI.12124**  
 Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL RIFLE ASSOCIATION OF AMERICA POLITICAL VICTORY FUND**  
 Mailing Address 11250 WAPLES MILL ROAD  
 City State Zip Code  
 FAIRFAX VA 22030  
 FEC ID number of contributing federal political committee. **C** C00053553  
 Name of Employer Occupation  
 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  
 03 / 30 / 2015  
**Transaction ID : SA11AI.12188**  
 Amount of Each Receipt this Period  
 500.00  
 2016 US Primary Election

**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 16 OF 50
	<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)  
**Sonny Newman**

Mailing Address 9400 Timothy Drive

City State Zip Code  
Reno NV 89511

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

Name of Employer Occupation  
EE Technologies President/CEO

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  
03 / 27 / 2015

**Transaction ID : SA11AI.12159**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 4485 Mountaingate Drive

City State Zip Code  
Reno NV 89519-7938

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

Name of Employer Occupation  
ERGS, Inc President

Receipt For: 2015  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 21 / 2015

**Transaction ID : SA11AI.12108**

Amount of Each Receipt this Period  
500.00  
see memo

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

Mailing Address 226 Franklin St

City State Zip Code  
Brooklyn NY 11222

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

Name of Employer Occupation  
Waterton Global Resource Manag Chief Strategist

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  
03 / 26 / 2015

**Transaction ID : SA11AI.12142**

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



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

Form/Schedule: SA11AI

Transaction ID : SA11AI.12108

\$500 Received from contributor George Peek via conduit VOTESANE PAC ID# C00484535, minus \$25 processing fee to VOTESANE, which is recorded as a disbursement.

Form/Schedule:

Transaction ID:

**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 50
	<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)  
**Julie A Schultz**

Mailing Address 14150 Saddlebow Drive

City Reno State NV Zip Code 89511

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

Name of Employer Reno Tahoe Airport Authority Occupation COO

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  
 03 / 06 / 2015

**Transaction ID : SA11AI.12195**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 703 D Street SE

City Washington State DC Zip Code 20003

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

Name of Employer S-3 Group Occupation Partner

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  
 03 / 16 / 2015

**Transaction ID : SA11AI.12208**

Amount of Each Receipt this Period  
500.00

In-kind - Beverages for event

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

Mailing Address 3610 Big Bend Lane

City Reno State NV Zip Code 89509

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

Name of Employer Struhsacker Consulting Occupation owner

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  
 03 / 18 / 2015

**Transaction ID : SA11AI.12129**

Amount of Each Receipt this Period  
500.00

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

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

1250.00

26800.00

**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 50
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES**

Mailing Address 80 F STREET

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C7000104

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  
 03 / 06 / 2015

**Transaction ID : SA11C.12119**

Amount of Each Receipt this Period  
 1000.00

2016 Primary US/HOUSE/NV/02

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

Mailing Address 208 S. AKARD STREET  
SUITE 2701

City DALLAS State TX Zip Code 75202

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 27 / 2015

**Transaction ID : SA11C.12176**

Amount of Each Receipt this Period  
 1000.00

2016 Primary

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

Mailing Address 136 E. SOUTH TEMPLE ST.  
SUITE 1300

City SALT LAKE CITY State UT Zip Code 84111

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : SA11C.12184**

Amount of Each Receipt this Period  
 2500.00

Primary 2016 US House

**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 50
	<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	

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)  
**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  
 \_\_\_\_\_ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : SA11C.12182**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 2000.00

2016 Primary

**B.** Full Name (Last, First, Middle Initial)  
**INTERNATIONAL PREMIUM CIGAR AND PIPE RETAILERS ASSOCIATION PAC**

Mailing Address 4 BRADLEY PARK COURT, SUITE 2H

City	State	Zip Code
COLUMBUS	GA	31904

FEC ID number of contributing federal political committee. **C** C00450239

Name of Employer	Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 169.20

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2015

**Transaction ID : SA11C.12190**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 169.20

In-kind - cigars for event on March 16, 2015

**C.** Full Name (Last, First, Middle Initial)  
**NAT'L TELECOMMUNICATIONS COOPERATIVE ASSN./TELECOMMUNICATIONS EDUCATION COMMITTEE ORG.**

Mailing Address 4121 WILSON BLVD.  
10TH FLOOR

City	State	Zip Code
ARLINGTON	VA	22203

FEC ID number of contributing federal political committee. **C** C00004473

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  
 03 / 30 / 2015

**Transaction ID : SA11C.12183**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1000.00

2016 Primary Congressional

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

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

\_\_\_\_\_ 3169.20

\_\_\_\_\_

**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 50			
	<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

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)  
**NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE**

Mailing Address 430 NORTH MICHIGAN AVENUE

City CHICAGO State IL Zip Code 60611

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

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  
 03 / 27 / 2015

**Transaction ID : SA11C.12147**

Amount of Each Receipt this Period  
500.00

Primary 2016

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 1101 KING STREET SUITE 600

City ALEXANDRIA State VA Zip Code 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  
199.35

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 16 / 2015

**Transaction ID : SA11C.12199**

Amount of Each Receipt this Period  
199.35

In-kind - beer for campaign event

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL CATTLEMEN'S BEEF ASSOCIATION POLITICAL ACTION COMMITTEE (NCBA-PAC)**

Mailing Address 9110 EAST NICHOLS AVENUE

City CENTENNIAL State CO Zip Code 80112

FEC ID number of contributing federal political committee. **C** C00028787

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 25 / 2015

**Transaction ID : SA11C.12181**

Amount of Each Receipt this Period  
5000.00

US House/NV/02

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5699.35
<b>TOTAL</b> 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 22 OF 50
	<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	

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)  
**PORTER GORDON SILVER PAC**

Mailing Address **PO Box 751271**

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

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 / 06 / 2015**

**Transaction ID : SA11C.12114**

Amount of Each Receipt this Period  
**2500.00**

**B.** Full Name (Last, First, Middle Initial)  
**REPUBLIC SVCS. INC. EMPLOYEES FOR BETTER GOVT. PAC**

Mailing Address **18500 NORTH ALLIED WAY**

City **PHOENIX** State **AZ** Zip Code **85054**

FEC ID number of contributing federal political committee. **C C00428391**

Name of Employer Occupation

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  
**03 / 27 / 2015**

**Transaction ID : SA11C.12161**

Amount of Each Receipt this Period  
**500.00**

primary 2016 REP-NV-02

**C.** Full Name (Last, First, Middle Initial)  
**REYNOLDS AMERICAN INC. POLITICAL ACTION COMMITTEE; RAI PAC**

Mailing Address **P. O. BOX 718**

City **WINSTON-SALEM** State **NC** Zip Code **27102**

FEC ID number of contributing federal political committee. **C C00042002**

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  
**03 / 06 / 2015**

**Transaction ID : SA11C.12115**

Amount of Each Receipt this Period  
**2500.00**

contribution to the committee - Primary 2016

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

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

**5500.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 50
	<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	

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)  
**SIERRA NEVADA CORPORATION PAC**

Mailing Address P.O. BOX 50193

City State Zip Code  
SPARKS NV 89434

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2015

**Transaction ID : SA11C.12185**

Amount of Each Receipt this Period  
 2500.00

2016 Prim

**B.** Full Name (Last, First, Middle Initial)  
**THE BOEING COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address 1200 WILSON BLVD

City State Zip Code  
ARLINGTON VA 22209

FEC ID number of contributing federal political committee. **C C00142711**

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  
 03 / 25 / 2015

**Transaction ID : SA11C.12180**

Amount of Each Receipt this Period  
 1000.00

2016 Primary

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

Mailing Address 1025 CONNECTICUT AVE SUITE 1000

City State Zip Code  
WASHINGTON DC 20036

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 06 / 2015

**Transaction ID : SA11C.12116**

Amount of Each Receipt this Period  
 1000.00

R NV/2NV

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

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

4500.00

23368.55

**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 50
	<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	

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)**  
**MGM Grand**

Mailing Address 3799 Las Vegas Boulevard South

City Las Vegas State NV Zip Code 89109

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 292.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 20 / 2015

**Transaction ID : SA14.12122**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 192.00

refund - travel expense

**B. Full Name (Last, First, Middle Initial)**  
**The Glenn Group**

Mailing Address 50 Washington Street

City Reno State NV Zip Code 89503

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

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 4125.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 20 / 2015

**Transaction ID : SA14.12105**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 4040.00

Refund - Amodei 2014 Campaign

**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).....

\_\_\_\_\_ 4232.00

\_\_\_\_\_ 4232.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 50	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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**

Full Name (Last, First, Middle Initial) <b>A. Adeles</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 10 / 2015</b>
Mailing Address <b>1112 N Carson St</b>		Amount of Each Disbursement this Period <b>150.00</b> <b>Transaction ID : SB17.12005</b>
City <b>Carson City</b> State <b>NV</b> Zip Code <b>89701</b>	Purpose of Disbursement <b>meals &amp; entertainment - campaign expense</b> Category/Type <b>003</b>	
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>B. Adeles</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 20 / 2015</b>
Mailing Address <b>1112 N Carson St</b>		Amount of Each Disbursement this Period <b>210.00</b> <b>Transaction ID : SB17.12011</b>
City <b>Carson City</b> State <b>NV</b> Zip Code <b>89701</b>	Purpose of Disbursement <b>meals &amp; entertainment - campaign expense</b> Category/Type <b>003</b>	
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>C. American Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 16 / 2015</b>
Mailing Address <b>4333 Amon Carter Blvd MD 5675</b>		Amount of Each Disbursement this Period <b>769.60</b> <b>Transaction ID : SB17.12065</b>
City <b>Fort Worth</b> State <b>TX</b> Zip Code <b>76155</b>	Purpose of Disbursement <b>Airfare - travel expense</b> Category/Type <b>002</b>	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1129.60</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 50	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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**

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2015
Mailing Address 300 First Street SE		Amount of Each Disbursement this Period 582.40 <b>Transaction ID : SB17.11976</b>
City Washington State DC Zip Code 20003	Purpose of Disbursement meals & entertainment - campaign expense Candidate Name Category/Type 003	
Office Sought: House Senate 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>B. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2015
Mailing Address 300 First Street SE		Amount of Each Disbursement this Period 285.30 <b>Transaction ID : SB17.11977</b>
City Washington State DC Zip Code 20003	Purpose of Disbursement meals & entertainment - campaign expense Candidate Name Category/Type 003	
Office Sought: House Senate 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>c. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2015
Mailing Address 300 First Street SE		Amount of Each Disbursement this Period 550.00 <b>Transaction ID : SB17.11989</b>
City Washington State DC Zip Code 20003	Purpose of Disbursement meals & entertainment - campaign expense Candidate Name Category/Type 003	
Office Sought: House Senate President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1417.70
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 50	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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**

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 20 / 2015</b>
Mailing Address <b>300 First Street SE</b>		Amount of Each Disbursement this Period <b>102.60</b> <b>Transaction ID : SB17.11990</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20003</b>	Purpose of Disbursement <b>meals &amp; entertainment - campaign expense</b> Category/Type <b>003</b>	
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>B. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 16 / 2015</b>
Mailing Address <b>300 First Street SE</b>		Amount of Each Disbursement this Period <b>2185.00</b> <b>Transaction ID : SB17.12009</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20003</b>	Purpose of Disbursement <b>meals &amp; entertainment - campaign expense</b> Category/Type <b>003</b>	
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>c. Carson Cigar Bar</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 09 / 2015</b>
Mailing Address <b>301 N Carson st</b>		Amount of Each Disbursement this Period <b>469.19</b> <b>Transaction ID : SB17.12002</b>
City <b>Carson City</b> State <b>NV</b> Zip Code <b>89071</b>	Purpose of Disbursement <b>Fundraising expenses</b> Category/Type <b>003</b>	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2756.79</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 50	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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**

Full Name (Last, First, Middle Initial) <b>A. Carson City Republican Club</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 22 / 2015</b>
Mailing Address <b>1931 California Street</b>		Amount of Each Disbursement this Period <b>500.00</b> <b>Transaction ID : SB17.12085</b>
City <b>Carson City</b> State <b>NV</b> Zip Code <b>89702</b>	Purpose of Disbursement <b>Contribution</b> Category/Type <b>011</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Amount of Each Disbursement this Period <b>2000.00</b> <b>Transaction ID : SB17.12096</b>
Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Casey Neilon &amp; Associates, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 04 / 2015</b>
Mailing Address <b>503 N Division St</b>		Amount of Each Disbursement this Period <b>800.00</b> <b>Transaction ID : SB17.12093</b>
City <b>Carson City</b> State <b>NV</b> Zip Code <b>89703</b>	Purpose of Disbursement <b>Professional Fees - Accounting</b> Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Amount of Each Disbursement this Period <b>3300.00</b>
Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Casey Neilon &amp; Associates, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 26 / 2015</b>
Mailing Address <b>503 N Division St</b>		Amount of Each Disbursement this Period <b>3300.00</b>
City <b>Carson City</b> State <b>NV</b> Zip Code <b>89703</b>	Purpose of Disbursement <b>Professional fees - accounting</b> Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Amount of Each Disbursement this Period <b>3300.00</b>
Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3300.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 50	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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**

Full Name (Last, First, Middle Initial) <b>A. Danielle Cherry</b>		Date of Disbursement MM / DD / YYYY 03 / 04 / 2015
Mailing Address 345 Sondrio Way		Amount of Each Disbursement this Period 8082.69 <b>Transaction ID : SB17.12097</b>
City Reno	State NV	
Zip Code 89521	Purpose of Disbursement Fundraising commissions and reimbursements - see memo detail	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2015	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Churchill County Republican Central Committee</b>		Date of Disbursement MM / DD / YYYY 01 / 22 / 2015
Mailing Address PO Box 1404		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.12082</b>
City Fallon	State NV	
Zip Code 89407	Purpose of Disbursement Contribution	Category/ Type 011
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>C. Del Frisco Grill</b>		Date of Disbursement MM / DD / YYYY 02 / 11 / 2015
Mailing Address 1201 Pennsylvania Ave NW		Amount of Each Disbursement this Period 1010.00 <b>Transaction ID : SB17.11982</b>
City Washington	State DC	
Zip Code 20004	Purpose of Disbursement Member Dinner - meals & entertainment	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9592.69
<b>TOTAL</b> This Period (last page this line number only).....	

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

Form/Schedule: SB17

Transaction ID : SB17.12097

Fundraising commissions \$7847.50; Reimbursement - Digiprint 4865 Longley Lane Suite C Reno NV 89502 \$235.19  
Xmas Party invites.

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 50	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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**

Full Name (Last, First, Middle Initial) <b>A. Delta Air</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 04 / 2015</b>
Mailing Address <b>P.O. Box 20706</b>		Amount of Each Disbursement this Period <b>677.20</b> <b>Transaction ID : SB17.12060</b>
City <b>Atlanda</b> State <b>GA</b> Zip Code <b>30320</b>	Purpose of Disbursement <b>Airfare - travel expense</b> Category/Type <b>002</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2016</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Douglas County Republican Central Committee</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 22 / 2015</b>
Mailing Address <b>1609 Hwy 395</b>		Amount of Each Disbursement this Period <b>500.00</b> <b>Transaction ID : SB17.12083</b>
City <b>Minden</b> State <b>NV</b> Zip Code <b>89423</b>	Purpose of Disbursement <b>Contribution</b> Category/Type <b>011</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2016</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Elko County Republican Central Committee</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 22 / 2015</b>
Mailing Address <b>P. O. Box 326</b>		Amount of Each Disbursement this Period <b>500.00</b> <b>Transaction ID : SB17.12076</b>
City <b>Elko</b> State <b>NV</b> Zip Code <b>89803</b>	Purpose of Disbursement <b>Contribution</b> Category/Type <b>011</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <b>2016</b>	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1677.20</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 50	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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**

Full Name (Last, First, Middle Initial) <b>A. Eureka County Republican Club</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 22 / 2015</b>
Mailing Address <b>PO Box 816</b>		Amount of Each Disbursement this Period <b>500.00</b> <b>Transaction ID : SB17.12075</b>
City <b>Eureka</b> State <b>NV</b> Zip Code <b>89316</b>	Purpose of Disbursement <b>Contribution</b> Category/Type <b>011</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Amount of Each Disbursement this Period <b>1790.00</b> <b>Transaction ID : SB17.12003</b>
Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Glen Eagles</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 09 / 2015</b>
Mailing Address <b>3700 North Carson Street</b>		Amount of Each Disbursement this Period <b>720.00</b> <b>Transaction ID : SB17.12006</b>
City <b>Carson City</b> State <b>NV</b> Zip Code <b>89706</b>	Purpose of Disbursement <b>legislative fundraiser event</b> Category/Type <b>007</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Amount of Each Disbursement this Period <b>3010.00</b>
Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Glen Eagles</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 11 / 2015</b>
Mailing Address <b>3700 North Carson Street</b>		Amount of Each Disbursement this Period <b>720.00</b> <b>Transaction ID : SB17.12006</b>
City <b>Carson City</b> State <b>NV</b> Zip Code <b>89706</b>	Purpose of Disbursement <b>Charitable donation - dinner for 7</b> Category/Type <b>003</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Amount of Each Disbursement this Period <b>3010.00</b>
Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3010.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 50			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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**

Full Name (Last, First, Middle Initial) <b>A. Richard Goddard</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 04 / 2015</b>
Mailing Address 215 Prince St		Amount of Each Disbursement this Period <b>560.03</b> <b>Transaction ID : SB17.12098</b>
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement travel expense and meals/ent reimbursement - see memo detail	Category/ Type <b>002</b>
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>B. Great Basin Gallery</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 10 / 2015</b>
Mailing Address 110 South Curry Street		Amount of Each Disbursement this Period <b>586.01</b> <b>Transaction ID : SB17.12024</b>
City Carson City	State NV	
Zip Code 89701	Purpose of Disbursement Framing	Category/ Type <b>001</b>
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>c. Great Basin Gallery</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 22 / 2015</b>
Mailing Address 110 South Curry Street		Amount of Each Disbursement this Period <b>1053.08</b> <b>Transaction ID : SB17.12071</b>
City Carson City	State NV	
Zip Code 89701	Purpose of Disbursement framing	Category/ Type <b>001</b>
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2199.12</b>
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A -G79 @C B9CI G`H9LH`F9 @ H98 `HC `5 `F9DCFH`G7 <98I @ `CF `H9A -N5 HCB

Form/Schedule: SB17

Transaction ID : SB17.12098

Reimbursements: Harrah's 15 Highway 50 Stateleine NV 89449 \$52.10 meals & ent; Eldorado PO Box 3399 Reno NV 89505 \$91.10 lodging; Landini Brothers 115 King Street Alexandria VA 22314 \$132.20 meals & ent; Hill Country BBQ Market 410 7th Street NW Washington DC 20004 \$69.71 meals & ent; Gunbarrel Tavern 1001 Park Ave South Lake Tahoe CA 96150 \$70.00 meals & ent; Peg's Glorified Ham & Eggs 420 S. Sierra St #1 Reno NV 89502 \$23.98 meals & ent; the Capital Grille 601 Pennsylvania Ave NW Washington DC 20004 \$36.25 meals & ent; Bullfeathers 410 First St SE Washington DC 20003 \$32.50 meals & ent; Smashburger Salt Lake Intl Airport \$16.19 meals & ent; Parking at Hartsfield-Jackson Atlanta Airport \$36.00 travel.

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 35 OF 50	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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**

Full Name (Last, First, Middle Initial) <b>A. Humboldt County Republican Central Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2015
Mailing Address PO Box 963		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.12078</b>
City Winnemucca	State NV Zip Code 89446	
Purpose of Disbursement Contribution	Category/Type 011	
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>B. Kaempfer Crowell Renshaw Gronauer &amp; Fiore</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2015
Mailing Address 8345 West Sunset Road Suire 250		Amount of Each Disbursement this Period 829.50 <b>Transaction ID : SB17.12094</b>
City Las Vegas	State NV Zip Code 89113	
Purpose of Disbursement Professional services - legal	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Lander County Republican Central Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2015
Mailing Address PO Box 1522		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.12077</b>
City Battle Mountain	State NV Zip Code 89820	
Purpose of Disbursement Contribution	Category/Type 011	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1829.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 36 OF 50	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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**

Full Name (Last, First, Middle Initial) <b>A. Lincoln County Republican Club</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 22 / 2015</b>
Mailing Address <b>PO Box 1005</b>		Amount of Each Disbursement this Period <b>500.00</b> <b>Transaction ID : SB17.12074</b>
City <b>Caliente</b> State <b>NV</b> Zip Code <b>89008</b>	Purpose of Disbursement Contribution Candidate Name <b>011</b> 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>B. Los Tios Grill</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 02 / 2015</b>
Mailing Address <b>2615 Mt Vernon Ave</b>		Amount of Each Disbursement this Period <b>321.00</b> <b>Transaction ID : SB17.11998</b>
City <b>Alexandria</b> State <b>VA</b> Zip Code <b>22301</b>	Purpose of Disbursement meals & entertainment - campaign expense Candidate Name <b>003</b> 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>c. Lyon County Republican Central Committee</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 22 / 2015</b>
Mailing Address <b>PO Box 619</b>		Amount of Each Disbursement this Period <b>500.00</b> <b>Transaction ID : SB17.12079</b>
City <b>Yerington</b> State <b>NV</b> Zip Code <b>89447</b>	Purpose of Disbursement Contribution Candidate Name <b>011</b> 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1321.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 OF 50	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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**

Full Name (Last, First, Middle Initial) <b>A. MGM Grand</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 18 / 2015</b>
Mailing Address <b>3799 Las Vegas Boulevard South</b>		Amount of Each Disbursement this Period <b>355.68</b> <b>Transaction ID : SB17.11987</b>
City <b>Las Vegas</b> State <b>NV</b> Zip Code <b>89109</b>	Purpose of Disbursement <b>Lodging - travel expense</b> Category/Type <b>002</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. MGM Grand</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 18 / 2015</b>
Mailing Address <b>3799 Las Vegas Boulevard South</b>		Amount of Each Disbursement this Period <b>44.80</b> <b>Transaction ID : SB17.11988</b>
City <b>Las Vegas</b> State <b>NV</b> Zip Code <b>89109</b>	Purpose of Disbursement <b>meals &amp; entertainment - campaign expense</b> Category/Type <b>003</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. National Capital Flag Company</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 02 / 2015</b>
Mailing Address <b>100 S Quaker Ln</b>		Amount of Each Disbursement this Period <b>303.20</b> <b>Transaction ID : SB17.11957</b>
City <b>Alexandria</b> State <b>VA</b> Zip Code <b>22314</b>	Purpose of Disbursement <b>Flags</b> Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>703.68</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 50		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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**

Full Name (Last, First, Middle Initial) <b>A. National Capital Flag Company</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2015
Mailing Address 100 S Quaker Ln		Amount of Each Disbursement this Period 123.07 <b>Transaction ID : SB17.12012</b>
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Flags	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Pershing County Republican Central Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2015
Mailing Address 1775 Looz Rd.,		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.12080</b>
City Lovelock	State NV	
Zip Code 89419	Purpose of Disbursement Contribution	Category/ Type 011
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>C. RAND PAUL VICTORY COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2015
Mailing Address PO BOX 72190		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.12068</b>
City NEWPORT	State KY	
Zip Code 41072	Purpose of Disbursement political contribution	Category/ Type 011
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	873.07
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 39 OF 50	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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**

Full Name (Last, First, Middle Initial) <b>A. Reno High Baseball</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 12 / 2015</b>
Mailing Address <b>395 Booth Street</b>		Amount of Each Disbursement this Period <b>550.00</b> <b>Transaction ID : SB17.12090</b>
City <b>Reno</b> State <b>NV</b> Zip Code <b>89509</b>	Purpose of Disbursement <b>Outfield sign sponsorship</b> Category/Type <b>004</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2015</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. John Scofield</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 16 / 2015</b>
Mailing Address <b>703 D Street SE</b>		Amount of Each Disbursement this Period <b>500.00</b> <b>Transaction ID : SB17.12209</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20003</b>	Purpose of Disbursement <b>In-kind - Beverages for event</b> Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Shell - Carson Cty</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 10 / 2015</b>
Mailing Address <b>Hwy 395</b>		Amount of Each Disbursement this Period <b>64.55</b> <b>Transaction ID : SB17.12058</b>
City <b>Carson City</b> State <b>NV</b> Zip Code <b>89703</b>	Purpose of Disbursement <b>gas in lieu of mileage - travel expense</b> Category/Type <b>002</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1114.55</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 50			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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**

Full Name (Last, First, Middle Initial) <b>A. Shell - Carson Cty</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2015
Mailing Address Hwy 395		Amount of Each Disbursement this Period 64.22
City Carson City	State NV	
Zip Code 89703	Purpose of Disbursement gas in lieu of mileage - travel expense	<b>Transaction ID : SB17.12042</b>
Candidate Name	Category/Type 002	
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>B. Shell - Carson Cty</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2015
Mailing Address Hwy 395		Amount of Each Disbursement this Period 64.44
City Carson City	State NV	
Zip Code 89703	Purpose of Disbursement gas in lieu of mileage - travel expense	<b>Transaction ID : SB17.12049</b>
Candidate Name	Category/Type 002	
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>c. Shell - Carson Cty</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2015
Mailing Address Hwy 395		Amount of Each Disbursement this Period 30.40
City Carson City	State NV	
Zip Code 89703	Purpose of Disbursement gas in lieu of mileage - travel expense	<b>Transaction ID : SB17.12052</b>
Candidate Name	Category/Type 002	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	159.06
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 50			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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**

Full Name (Last, First, Middle Initial) <b>A. Shell - Carson Cty</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2015
Mailing Address Hwy 395		Amount of Each Disbursement this Period 39.52
City Carson City	State NV	
Zip Code 89703	Purpose of Disbursement gas in lieu of mileage - travel expense	<b>Transaction ID : SB17.12055</b>
Candidate Name	Category/Type 002	
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>B. Shell - Carson Cty</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2015
Mailing Address Hwy 395		Amount of Each Disbursement this Period 81.70
City Carson City	State NV	
Zip Code 89703	Purpose of Disbursement gas in lieu of mileage - travel expense	<b>Transaction ID : SB17.12056</b>
Candidate Name	Category/Type 002	
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>C. Southwest Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2015
Mailing Address P.O. Box 36647-1CR		Amount of Each Disbursement this Period 592.60
City Dallas	State TX	
Zip Code 73235	Purpose of Disbursement Airfare - travel expense	<b>Transaction ID : SB17.12063</b>
Candidate Name	Category/Type 002	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	713.82
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 50	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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**

Full Name (Last, First, Middle Initial) <b>A. Southwest Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 20 / 2015</b>
Mailing Address <b>P.O. Box 36647-1CR</b>		Amount of Each Disbursement this Period <b>464.20</b>
City <b>Dallas</b>	State <b>TX</b>	Zip Code <b>73235</b>
Purpose of Disbursement <b>Airfare - travel expense</b>	<b>002</b>	<b>Transaction ID : SB17.12067</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Storey County Republican Central Committee</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 22 / 2015</b>
Mailing Address <b>PO Box 767</b>		Amount of Each Disbursement this Period <b>500.00</b>
City <b>Virginia City</b>	State <b>NV</b>	Zip Code <b>89440</b>
Purpose of Disbursement <b>Contribution</b>	<b>011</b>	<b>Transaction ID : SB17.12084</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Team Sports Ink</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 16 / 2015</b>
Mailing Address <b>5111 Grumman Dr, Ste 1b</b>		Amount of Each Disbursement this Period <b>4062.00</b>
City <b>Carson City</b>	State <b>NV</b>	Zip Code <b>89706</b>
Purpose of Disbursement <b>Custom campaign hats</b>	<b>006</b>	<b>Transaction ID : SB17.12070</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>5026.20</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 43 OF 50	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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**

Full Name (Last, First, Middle Initial) <b>A. The Congressional Institute</b>			Date of Disbursement MM / DD / YYYY <b>02 / 24 / 2015</b>	
Mailing Address <b>1700 Diagonal Road #730</b>			Amount of Each Disbursement this Period 738.00	
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SB17.12089</b>	
Purpose of Disbursement <b>Congress of Tomorrow retreat registration</b>		Category/ Type <b>001</b>		
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>B. The M Group</b>			Date of Disbursement MM / DD / YYYY <b>03 / 04 / 2015</b>	
Mailing Address <b>100 Luna Park #156</b>			Amount of Each Disbursement this Period 161.45	
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22305</b>	Transaction ID : <b>SB17.12095</b>	
Purpose of Disbursement <b>Reimbursement for Meals &amp; Entertainment - see memo</b>		Category/ Type <b>003</b>		
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>c. The M Group</b>			Date of Disbursement MM / DD / YYYY <b>03 / 26 / 2015</b>	
Mailing Address <b>100 Luna Park #156</b>			Amount of Each Disbursement this Period 8498.93	
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22305</b>	Transaction ID : <b>SB17.12092</b>	
Purpose of Disbursement <b>fundraising commissions and reimbursements: see memo detail</b>		Category/ Type <b>003</b>		
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9398.38
<b>TOTAL</b> This Period (last page this line number only).....	

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

Form/Schedule: SB17

Transaction ID : SB17.12095

reimbursement: Prime Rib 2020 K St NW Washington DC 20006 \$161.45 - meals & entertainment

Form/Schedule: SB17

Transaction ID: SB17.12092

Fundraising commissions \$700.00; Reimbursements: Del Frisco's Grille 1201 Pennsylvania Ave NW Washington DC 20004 \$1215.30 - event expense; Capitol Hill Club 300 First St SE Washington DC 20003 \$29.60 - meals & ent; Harrah's/Ceasar's 15 Hwy 50 Stateline NV 89449 \$1969.79 - lodging & meals & ent; Eldorado PO Box 3399 Reno NV 89505 \$91.10 - lodging; Harvey's 18 Us Hwy 50 Stateline NV 89449 \$1380.39 - meals & ent; Bucket of Blood Saloon 1 S C St Virginia City NV 89446 \$42.00 - meals & ent; Sage Room 18 US Hwy 50 Stateline NV 89449 \$2,450.37 - event expense & meals; US Airways \$678.40 Airfare. (\$170.65 of these receipts are paid in a subsequent period. An addition error was made on the invoice submitted by the M Group, causing the invoice total to be less than the receipts attached.)

**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 50	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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**

Full Name (Last, First, Middle Initial) <b>A. USAirways</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 16 / 2015</b>
Mailing Address <b>4000 E. Sky Harbor Blvd.</b>		Amount of Each Disbursement this Period <b>811.45</b> <b>Transaction ID : SB17.12066</b>
City <b>Phoenix</b> State <b>AZ</b> Zip Code <b>85034</b>	Purpose of Disbursement <b>Airfare - travel expense</b> Category/Type <b>002</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Washoe county Republican Party</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 22 / 2015</b>
Mailing Address <b>3652 South Virginia Street</b>		Amount of Each Disbursement this Period <b>500.00</b> <b>Transaction ID : SB17.12081</b>
City <b>Reno</b> State <b>NV</b> Zip Code <b>89502</b>	Purpose of Disbursement <b>Contribution</b> Category/Type <b>011</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Washoe county Republican Party</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 12 / 2015</b>
Mailing Address <b>3652 South Virginia Street</b>		Amount of Each Disbursement this Period <b>950.00</b> <b>Transaction ID : SB17.12099</b>
City <b>Reno</b> State <b>NV</b> Zip Code <b>89502</b>	Purpose of Disbursement <b>contribution</b> Category/Type <b>011</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2261.45</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 50			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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**

Full Name (Last, First, Middle Initial) <b>A. Wells Fargo</b>		Date of Disbursement MM / DD / YYYY 01 / 09 / 2015
Mailing Address PO Box 6995		Amount of Each Disbursement this Period 3.00 <b>Transaction ID : SB17.12020</b>
City Portland	State OR	
Zip Code 97228	Purpose of Disbursement bank service charges - deposit image	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>B. Wells Fargo</b>		Date of Disbursement MM / DD / YYYY 01 / 14 / 2015
Mailing Address PO Box 6995		Amount of Each Disbursement this Period 45.00 <b>Transaction ID : SB17.12028</b>
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>c. Wells Fargo</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2015
Mailing Address PO Box 6995		Amount of Each Disbursement this Period 3.00 <b>Transaction ID : SB17.12031</b>
City Portland	State OR	
Zip Code 97228	Purpose of Disbursement bank service charges - deposit image	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	51.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 47 OF 50	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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**

Full Name (Last, First, Middle Initial) <b>A. Wells Fargo</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 12 / 2015</b>
Mailing Address <b>PO Box 6995</b>		Amount of Each Disbursement this Period <b>62.76</b> <b>Transaction ID : SB17.12034</b>
City <b>Portland</b> State <b>OR</b> Zip Code <b>97228</b>	Purpose of Disbursement <b>Merchant Fees</b> <b>001</b> 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>B. Wells Fargo</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 12 / 2015</b>
Mailing Address <b>PO Box 6995</b>		Amount of Each Disbursement this Period <b>45.14</b> <b>Transaction ID : SB17.12035</b>
City <b>Portland</b> State <b>OR</b> Zip Code <b>97228</b>	Purpose of Disbursement <b>Merchant Fees</b> <b>001</b> 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>c. Wells Fargo</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 12 / 2015</b>
Mailing Address <b>PO Box 6995</b>		Amount of Each Disbursement this Period <b>73.00</b> <b>Transaction ID : SB17.12036</b>
City <b>Portland</b> State <b>OR</b> Zip Code <b>97228</b>	Purpose of Disbursement <b>Merchant Fees</b> <b>001</b> 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>180.90</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 OF 50	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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**

Full Name (Last, First, Middle Initial) <b>A. Wells Fargo</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 12 / 2015</b>
Mailing Address <b>PO Box 6995</b>		Amount of Each Disbursement this Period <b>52.14</b> <b>Transaction ID : SB17.12040</b>
City <b>Portland</b> State <b>OR</b> Zip Code <b>97228</b>	Purpose of Disbursement <b>Merchant Fees</b> Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. White Pine Republican Club</b>		Date of Disbursement M M / D D / Y Y Y Y <b>01 / 22 / 2015</b>
Mailing Address <b>570 First Street</b>		Amount of Each Disbursement this Period <b>500.00</b> <b>Transaction ID : SB17.12073</b>
City <b>Ely</b> State <b>NV</b> Zip Code <b>89301-1901</b>	Purpose of Disbursement <b>Contribution</b> Category/Type <b>011</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>552.14</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>49267.85</b>



**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 <b>Shirley &amp; Bannister</b>	Nature of Debt (Purpose): Public Relations Service
Mailing Address 122 South Patrick Street	
City State Zip Code Alexandria VA 22314	

Outstanding Balance Beginning This Period 4500.00	<b>Transaction ID : SD10.7593</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4500.00

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

Outstanding Balance Beginning This Period 1500.00	<b>Transaction ID : SD10.7279</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1500.00

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

Outstanding Balance Beginning This Period 3000.00	<b>Transaction ID : SD10.7284</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3000.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <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: