

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Amodei for Nevada

ADDRESS (number and street)

503 N Division St

Check if different than previously reported. (ACC)

Carson City

NV

89703

2. FEC IDENTIFICATION NUMBER ▼

C C00496760

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) OR AMENDED (A)

NV

02

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on MM / DD / YYYY in the State of

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

- General (30G) Runoff (30R) Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period

MM / DD / YYYY 04 / 01 / 2013

through

MM / DD / YYYY 06 / 30 / 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Nicola Neilon

Signature of Treasurer Nicola Neilon

[Electronically Filed]

Date

MM / DD / YYYY 11 / 09 / 2013

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

Office Use Only									
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Amodei for Nevada

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2013 To: M M / D D / Y Y Y Y 06 / 30 / 2013

	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))....	20750.00	47250.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	20750.00	46750.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	29313.90	129624.23
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	29313.90	129624.23
8. Cash on Hand at Close of Reporting Period (from Line 27).....	161641.57	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	11000.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Amodei for Nevada

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2250.00	3250.00
(ii) Unitemized.....	0.00	450.00
(iii) TOTAL of contributions from individuals ▶	2250.00	3700.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	18500.00	43550.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	20750.00	47250.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	20750.00	47250.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	29313.90	129624.23
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	500.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	500.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	29313.90	130124.23

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	170205.47
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	20750.00
25. SUBTOTAL (add Line 23 and Line 24).....	190955.47
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	29313.90
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	161641.57

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

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

FOR LINE NUMBER: PAGE 5 OF 34
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Amodei for Nevada

A. Full Name (Last, First, Middle Initial)
Jeff Choudhry

Mailing Address **PO Box 1**

City **Moline** State **IL** Zip Code **61266**

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

Name of Employer **The Nickles Group** Occupation **VP**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
05 / 03 / 2013

Transaction ID : SA11AI.9246

Amount of Each Receipt this Period
250.00

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

Mailing Address **2205 Windsor Rd**

City **Alexandria** State **VA** Zip Code **22307**

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

Name of Employer **Navigators Global** Occupation **Principal**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
04 / 02 / 2013

Transaction ID : SA11AI.9698

Amount of Each Receipt this Period
1000.00

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

Mailing Address **3906 Aspen St**

City **Chevy Chase** State **MD** Zip Code **20815**

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

Name of Employer **American Continental Group** Occupation **Consultant**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

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

Transaction ID : SA11AI.9241

Amount of Each Receipt this Period
1000.00

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

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

2250.00

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 34
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Amodei for Nevada

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

Mailing Address 136 E. SOUTH TEMPLE ST.
SUITE 1300

City SALT LAKE CITY State UT Zip Code 84111

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

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

Transaction ID : SA11C.9242

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1701 JFK BLVD, 49TH FLOOR

City PHILADELPHIA State PA Zip Code 19103

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 11 / 2013

Transaction ID : SA11C.9237

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
DISTILLED SPIRITS COUNCIL OF THE UNITED STATES INC POLITICAL ACTION COMMITTEE

Mailing Address 1250 EYE ST., NW #400

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00030734

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 03 / 2013

Transaction ID : SA11C.9245

Amount of Each Receipt this Period
2500.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 34
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Amodei for Nevada

A. EVERY REPUBLICAN IS CRUCIAL (ERICPAC)
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 EAST MAIN STREET, SUITE 200
 City Richmond State VA Zip Code 23219
 FEC ID number of contributing federal political committee. **C** C00384701
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 11 / 2013
Transaction ID : SA11C.9238
 Amount of Each Receipt this Period
 5000.00

B. HDR, INC. POLITICAL ACTION COMMITTEE (HDR PAC)
 Full Name (Last, First, Middle Initial)
 Mailing Address 8404 INDIAN HILLS DRIVE
 City OMAHA State NE Zip Code 66114
 FEC ID number of contributing federal political committee. **C** C00103903
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 27 / 2013
Transaction ID : SA11C.9234
 Amount of Each Receipt this Period
 1000.00

C. LOWE'S COMPANIES, INC. POLITICAL ACTION COMMITTEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1000 LOWE'S BOULEVARD
 City MOORESVILLE State NC Zip Code 28117
 FEC ID number of contributing federal political committee. **C** C00251751
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 27 / 2013
Transaction ID : SA11C.9233
 Amount of Each Receipt this Period
 1000.00

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

7000.00

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

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

FOR LINE NUMBER: PAGE 8 OF 34
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Amodei for Nevada

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

Mailing Address 101 CONSTITUION AVE, NW
SUITE 500 EAST

City State Zip Code
WASHINGTON DC 20001

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 1000.00

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

Transaction ID : SA11C.9240

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
NATIONAL MUSIC PUBLISHERS' ASSOCIATION, INC. POLITICAL ACTION COMMITTEE (NMPAC)

Mailing Address 975 F STREET, NW
SUITE 375

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C C00412619**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 1000.00

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

Transaction ID : SA11C.9239

Amount of Each Receipt this Period
 1000.00

Full Name (Last, First, Middle Initial)
SAFARI CLUB INTERNATIONAL PAC (SCI-PAC)

Mailing Address 4800 W. GATES PASS ROAD

City State Zip Code
TUCSON AZ 85745

FEC ID number of contributing federal political committee. **C C00122101**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2013

Transaction ID : SA11C.9235

Amount of Each Receipt this Period
 1000.00

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

3000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 34
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Amodei for Nevada

A. SPRINT NEXTEL CORPORATION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address KSOPHN0304-3B311
6450 SPRINT PARKWAY

City OVERLAND PARK State KS Zip Code 66251

FEC ID number of contributing federal political committee. **C C00089342**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 03 / 2013

Transaction ID : SA11C.9244

Amount of Each Receipt this Period
 1000.00

B. UNITED PARCEL SERVICE INC. PAC

Full Name (Last, First, Middle Initial)
Mailing Address 55 GLENLAKE PARKWAY NE

City ATLANTA State GA Zip Code 30328

FEC ID number of contributing federal political committee. **C C00064766**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 09 / 2013

Transaction ID : SA11C.9243

Amount of Each Receipt this Period
 1000.00

C. WAL-MART STORES INC. PAC FOR RESPONSIBLE GOVERNMENT

Full Name (Last, First, Middle Initial)
Mailing Address 702 S.W. 8TH STREET

City BENTONVILLE State AR Zip Code 72716

FEC ID number of contributing federal political committee. **C C00093054**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 14 / 2013

Transaction ID : SA11C.9236

Amount of Each Receipt this Period
 2000.00

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

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

4000.00

18500.00

**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 10 OF 34			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Amodei for Nevada

Full Name (Last, First, Middle Initial) A. Arco		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2013
Mailing Address 4340 N Carson St		Amount of Each Disbursement this Period 87.22
City Carson City	State NV	
Zip Code 89703	Purpose of Disbursement Fuel in lieu of mileage - campaign travel	Transaction ID : SB17.9265
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Arco		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2013
Mailing Address 4340 N Carson St		Amount of Each Disbursement this Period 67.17
City Carson City	State NV	
Zip Code 89703	Purpose of Disbursement Fuel in lieu of mileage - campaign travel	Transaction ID : SB17.9250
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Aristotle		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2013
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 1625.00
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Campaign software	Transaction ID : SB17.9317
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1779.39
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 34		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Amodei for Nevada

Full Name (Last, First, Middle Initial) A. Bill.com		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2013
Mailing Address 3200 Ash Street		Amount of Each Disbursement this Period 26.97 Transaction ID : SB17.9346
City Palo Alto	State CA	
Zip Code 94306	Purpose of Disbursement Bank charges	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. BistroBis		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2013
Mailing Address 15 E Street NW		Amount of Each Disbursement this Period 370.00 Transaction ID : SB17.9247
City Washington	State DC	
Zip Code 20001	Purpose of Disbursement Fundraising/Constituent issue meeting	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Bull Feathers		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2013
Mailing Address 410 1st Street		Amount of Each Disbursement this Period 80.00 Transaction ID : SB17.9278
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Fundraising/Constituent Issue Meeting	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	476.97
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 34			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Amodei for Nevada

Full Name (Last, First, Middle Initial) A. Bull Feathers		Date of Disbursement M M / D D / Y Y Y Y 06 / 05 / 2013
Mailing Address 410 1st Street		Amount of Each Disbursement this Period 80.00
City Washington State DC Zip Code 20003	Purpose of Disbursement Fundraising/Constituent Issues Meeting Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Transaction ID : SB17.9370

Full Name (Last, First, Middle Initial) B. Bull Feathers		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2013
Mailing Address 410 1st Street		Amount of Each Disbursement this Period 180.00
City Washington State DC Zip Code 20003	Purpose of Disbursement Fundraising/Constituent Issues Meeting Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Transaction ID : SB17.9343

Full Name (Last, First, Middle Initial) c. Bull Feathers		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2013
Mailing Address 410 1st Street		Amount of Each Disbursement this Period 66.00
City Washington State DC Zip Code 20003	Purpose of Disbursement Fundraising/Constituent Issues Meeting Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Transaction ID : SB17.9362

SUBTOTAL of Disbursements This Page (optional).....	326.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Amodei for Nevada

Full Name (Last, First, Middle Initial) A. Casey Neilon & Associates, LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2013
Mailing Address 503 N Division St		Amount of Each Disbursement this Period 354.95
City Carson City State NV Zip Code 89703	Purpose of Disbursement Accounting fees Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Transaction ID : SB17.9318

Full Name (Last, First, Middle Initial) B. Casey Neilon & Associates, LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2013
Mailing Address 503 N Division St		Amount of Each Disbursement this Period 318.75
City Carson City State NV Zip Code 89703	Purpose of Disbursement Accounting fees Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Transaction ID : SB17.9349

Full Name (Last, First, Middle Initial) C. Casino Fandango		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2013
Mailing Address 3800 South Carson Street		Amount of Each Disbursement this Period 130.00
City Carson City State NV Zip Code 89701	Purpose of Disbursement Fundraising/Constituent Issues Meeting Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Transaction ID : SB17.9307

SUBTOTAL of Disbursements This Page (optional).....	803.70
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 34			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Amodei for Nevada

Full Name (Last, First, Middle Initial) A. Custom Ink T Shirts		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2013
Mailing Address 7902 Westpark Drive		Amount of Each Disbursement this Period 261.20 Transaction ID : SB17.9336
City McLean State VA Zip Code 22102	Purpose of Disbursement T Shirt Printing Category/Type 004	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Fishmarket		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2013
Mailing Address 105 King St, Alexandria		Amount of Each Disbursement this Period 59.00 Transaction ID : SB17.9316
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Fundraising/Constituent Issues Meeting Category/Type 003	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Glen Eagles		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2013
Mailing Address 3700 North Carson Street		Amount of Each Disbursement this Period 48.00 Transaction ID : SB17.9271
City Carson City State NV Zip Code 89706	Purpose of Disbursement Fundraising/Constituent Issue Meeting Category/Type 002	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	368.20
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Amodei for Nevada

Full Name (Last, First, Middle Initial) A. Glen Eagles		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2013
Mailing Address 3700 North Carson Street		Amount of Each Disbursement this Period 35.00
City Carson City	State NV	Zip Code 89706
Purpose of Disbursement Fundraising/Constituent Issues Meeting	Category/Type 003	
Candidate Name	Transaction ID : SB17.9296	
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. Great Basin Gallery		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2013
Mailing Address 110 South Curry Street		Amount of Each Disbursement this Period 503.68
City Carson City	State NV	Zip Code 89701
Purpose of Disbursement Framing	Category/Type 001	
Candidate Name	Transaction ID : SB17.9340	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Harrah's		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2013
Mailing Address 15 Highway 50		Amount of Each Disbursement this Period 304.58
City Stateline	State NV	Zip Code 89449
Purpose of Disbursement Lodging charges - campaign travel	Category/Type 002	
Candidate Name	Transaction ID : SB17.9284	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	843.26
TOTAL This Period (last page this line number only).....	

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

Form/Schedule: SB17

Transaction ID : SB17.9284

Paid as a reimbursement to Porter Group, LLC

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 17 OF 34			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Amodei for Nevada

Full Name (Last, First, Middle Initial) A. Harrah's		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2013
Mailing Address 15 Highway 50		Amount of Each Disbursement this Period 925.57 Transaction ID : SB17.9285
City Stateline NV 89449	Purpose of Disbursement Campaign Fundraising - meals 002 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Harrah's		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2013
Mailing Address 15 Highway 50		Amount of Each Disbursement this Period 291.54 Transaction ID : SB17.9371
City Stateline NV 89449	Purpose of Disbursement Campaign Travel - Lodging 002 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Harveys		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2013
Mailing Address 18 Highway 50,		Amount of Each Disbursement this Period 440.00 Transaction ID : SB17.9301
City Stateline NV 89449	Purpose of Disbursement Campaign Travel 002 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	925.57
TOTAL This Period (last page this line number only).....	

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

Form/Schedule: SB17

Transaction ID : SB17.9285

Paid as reimbursement to Porter Group, LLC

Form/Schedule: SB17

Transaction ID: SB17.9371

Reimbursed to the M Group

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 34			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Amodei for Nevada

Full Name (Last, First, Middle Initial) A. Hunan Dynasty Restaurant		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2013
Mailing Address 215 PENNSYLVANIA AVE SE		Amount of Each Disbursement this Period 80.00
City Washington State DC Zip Code 20003	Purpose of Disbursement Fundraising/Constituent Issues Meeting Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Transaction ID : SB17.9323

Full Name (Last, First, Middle Initial) B. Hunan Dynasty Restaurant		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2013
Mailing Address 215 PENNSYLVANIA AVE SE		Amount of Each Disbursement this Period 83.00
City Washington State DC Zip Code 20003	Purpose of Disbursement Fundraising/Constituent Issues Meeting Candidate Name Category/Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Transaction ID : SB17.9330

Full Name (Last, First, Middle Initial) c. Kaempfer Crowell Renshaw Gronauer & Fiore		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2013
Mailing Address 8345 West Sunset Road Suite 250		Amount of Each Disbursement this Period 455.00
City Las Vegas State NV Zip Code 89113	Purpose of Disbursement Legal fees Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	Transaction ID : SB17.9287

SUBTOTAL of Disbursements This Page (optional).....	618.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Amodei for Nevada

Full Name (Last, First, Middle Initial) A. Kaempfer Crowell Renshaw Gronauer & Fiore			Date of Disbursement M M / D D / Y Y Y Y 06 / 07 / 2013	
Mailing Address 8345 West Sunset Road Suite 250			Amount of Each Disbursement this Period 210.00	
City Las Vegas	State NV	Zip Code 89113	Transaction ID : SB17.9348	
Purpose of Disbursement Legal Fees		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Maverick			Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2013	
Mailing Address 2445 Riverboat Rd			Amount of Each Disbursement this Period 97.24	
City Dayton	State NV	Zip Code 89403	Transaction ID : SB17.9258	
Purpose of Disbursement Fuel in lieu of mileage - campaign travel		Category/ Type 002		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. National Capital Flag Company			Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2013	
Mailing Address 100 S Quaker Ln			Amount of Each Disbursement this Period 886.00	
City Alexandria	State VA	Zip Code 22314	Transaction ID : SB17.9331	
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: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	1193.24
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Amodei for Nevada

Full Name (Last, First, Middle Initial) A. National Capital Flag Company		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2013
Mailing Address 100 S Quaker Ln		Amount of Each Disbursement this Period 457.59
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Flags	001	Transaction ID : SB17.9332
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Oceanaire		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2013
Mailing Address 1201 F Street		Amount of Each Disbursement this Period 336.00
City Washington	State DC	Zip Code 20004
Purpose of Disbursement Fundraising/Constituent Issues Meeting	003	Transaction ID : SB17.9361
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. PORTer Group LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2013
Mailing Address PO Box 60246		Amount of Each Disbursement this Period 750.00
City Boulder City	State NV	Zip Code 89006
Purpose of Disbursement Fundraising commission	003	Transaction ID : SB17.9283
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1543.59
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 34			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Amodei for Nevada

Full Name (Last, First, Middle Initial) A. Rotary Club of Winnemucca			Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2013	
Mailing Address 625 Sheehan St Suite F			Amount of Each Disbursement this Period 500.00	
City Winnemucca	State NV	Zip Code 89445	Transaction ID : SB17.9366	
Purpose of Disbursement Donation		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. Shell Carson Cty			Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2013	
Mailing Address Hwy 395			Amount of Each Disbursement this Period 95.00	
City Carson City	State NV	Zip Code 89703	Transaction ID : SB17.9260	
Purpose of Disbursement Fuel in lieu of mileage - campaign travel		Category/ Type 002		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Shell Carson Cty			Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2013	
Mailing Address Hwy 395			Amount of Each Disbursement this Period 55.92	
City Carson City	State NV	Zip Code 89703	Transaction ID : SB17.9259	
Purpose of Disbursement Fuel in lieu of mileage - campaign travel		Category/ Type 002		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	650.92
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Amodei for Nevada

Full Name (Last, First, Middle Initial) A. Shell Carson Cty		Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2013
Mailing Address Hwy 395		Amount of Each Disbursement this Period 65.81 Transaction ID : SB17.9252
City Carson City	State NV	
Zip Code 89703	Purpose of Disbursement Fuel in lieu of mileage - campaign travel	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Shell Carson Cty		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2013
Mailing Address Hwy 395		Amount of Each Disbursement this Period 69.29 Transaction ID : SB17.9249
City Carson City	State NV	
Zip Code 89703	Purpose of Disbursement Fuel in lieu of mileage - campaign travel	Category/ Type 002
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Sonoma Restaurant		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2013
Mailing Address 233 Pennsylvania Ave		Amount of Each Disbursement this Period 2045.00 Transaction ID : SB17.9290
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Fundraising expense Amodei/Goodlatte	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2180.10
TOTAL This Period (last page this line number only).....	

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

Form/Schedule: SB17

Transaction ID : SB17.9290

Paid as reimbursment to The M Group

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 25 OF 34			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Amodei for Nevada

Full Name (Last, First, Middle Initial) A. Southwest Airlines			Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2013		
Mailing Address P.O. Box 36647-1CR			Amount of Each Disbursement this Period 425.80		
City Dallas	State TX	Zip Code 73235	Transaction ID : SB17.9276		
Purpose of Disbursement Campaign travel - airfare		Category/ Type 002			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. Southwest Airlines			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2013		
Mailing Address P.O. Box 36647-1CR			Amount of Each Disbursement this Period 214.90		
City Dallas	State TX	Zip Code 73235	Transaction ID : SB17.9302		
Purpose of Disbursement Campaign travel - airfare		Category/ Type 002			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) c. Stutzman Public Affairs			Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2013		
Mailing Address 1415 L Street			Amount of Each Disbursement this Period 8000.00		
City Sacramento	State CA	Zip Code 95814	Transaction ID : SB17.9320		
Purpose of Disbursement Media production costs		Category/ Type 004			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-General			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	8640.70
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 34			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Amodei for Nevada

Full Name (Last, First, Middle Initial) A. Tamarack Junction			Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2013		
Mailing Address 13101 S Virginia St			Amount of Each Disbursement this Period 66.00		
City Reno	State NV	Zip Code 89521	Transaction ID : SB17.9339		
Purpose of Disbursement Fundraising/Constituent Issues Meeting		003 Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. Team Sports Inc			Date of Disbursement M M / D D / Y Y Y Y 06 / 12 / 2013		
Mailing Address 5111 Grumman Dr, Ste 1b			Amount of Each Disbursement this Period 319.11		
City Carson City	State NV	Zip Code 89706	Transaction ID : SB17.9352		
Purpose of Disbursement		001 Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) c. The Capital Hill Club			Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2013		
Mailing Address 300 First St SE			Amount of Each Disbursement this Period 83.72		
City Washington	State DC	Zip Code 20003	Transaction ID : SB17.9289		
Purpose of Disbursement Fundraising team meeting		003 Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	468.83
TOTAL This Period (last page this line number only).....	

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

Form/Schedule: SB17

Transaction ID : SB17.9289

Paid as reimbursment to the M Group

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 28 OF 34		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Amodei for Nevada

Full Name (Last, First, Middle Initial) A. The M Group		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2013
Mailing Address 100 Luna Park #156		Amount of Each Disbursement this Period 1030.00 Transaction ID : SB17.9288
City Alexandria State VA Zip Code 22305	Purpose of Disbursement Fundraising commission Category/Type 003	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. The M Group		Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2013
Mailing Address 100 Luna Park #156		Amount of Each Disbursement this Period 2547.68 Transaction ID : SB17.9350
City Alexandria State VA Zip Code 22305	Purpose of Disbursement Fundraising commission Category/Type 003	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Tortilla Coast		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2013
Mailing Address 400 First Street SE		Amount of Each Disbursement this Period 77.00 Transaction ID : SB17.9351
City Washington State DC Zip Code 20003	Purpose of Disbursement Fundraising/Constituent Issues Meeting Category/Type 003	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	3654.68
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 34			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Amodei for Nevada

Full Name (Last, First, Middle Initial) A. United Airlines		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2013
Mailing Address 900 Grand Plaza Drive NHCCR		Amount of Each Disbursement this Period 25.00
City Houston	State TX Zip Code 77067	
Purpose of Disbursement Campaign travel - airfare	Category/Type 002	Transaction ID : SB17.9327
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. USAirways		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2013
Mailing Address 4000 E. Sky Harbor Blvd.		Amount of Each Disbursement this Period 198.90
City Phoenix	State AZ Zip Code 85034	
Purpose of Disbursement Campaign travel - airfare	Category/Type 002	Transaction ID : SB17.9328
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Villa De Este		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2013
Mailing Address 600 Montgomery St		Amount of Each Disbursement this Period 1162.00
City Alexandria	State VA Zip Code 22314	
Purpose of Disbursement Fundraising/Constituent Issues Meeting	Category/Type 003	Transaction ID : SB17.9359
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1385.90
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 34			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Amodei for Nevada

Full Name (Last, First, Middle Initial) A. Virgin America		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2013
Mailing Address 555 Airport Blvd #200		Amount of Each Disbursement this Period 443.90 Transaction ID : SB17.9277
City Burlingame State CA Zip Code 94010	Purpose of Disbursement Campaign travel - airfare Category/Type 002	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Wells Fargo		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2013
Mailing Address PO Box 6995		Amount of Each Disbursement this Period 45.81 Transaction ID : SB17.9275
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	
State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Wells Fargo		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2013
Mailing Address PO Box 6995		Amount of Each Disbursement this Period 3.00 Transaction ID : SB17.9315
City Portland State OR Zip Code 97228	Purpose of Disbursement Bank charges Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	492.71
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 34			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Amodei for Nevada

Full Name (Last, First, Middle Initial) A. Wells Fargo		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2013
Mailing Address PO Box 6995		Amount of Each Disbursement this Period 45.00 Transaction ID : SB17.9329
City Portland State OR Zip Code 97228	Purpose of Disbursement Merchant fees 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Wells Fargo		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2013
Mailing Address PO Box 6995		Amount of Each Disbursement this Period 45.00 Transaction ID : SB17.9357
City Portland State OR Zip Code 97228	Purpose of Disbursement Merchant fees 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

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

SUBTOTAL of Disbursements This Page (optional).....	90.00
TOTAL This Period (last page this line number only).....	26441.76

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 32 OF 34
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

Amodei for Nevada

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

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

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

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

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

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

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

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

Form/Schedule: SD10

Transaction ID : SD10.7593

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

Form/Schedule:

Transaction ID:

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

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

FOR LINE NUMBER:
(check only one)

9
 10

NAME OF COMMITTEE (In Full)

Amodei for Nevada

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Stutzman Public Affairs

Mailing Address 1415 L Street

City State Zip Code
Sacramento CA 95814

Nature of Debt (Purpose):
Production Costs

Outstanding Balance Beginning This Period **Transaction ID : SD10.7284**
11000.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
0.00 8000.00 3000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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

1) SUBTOTALS This Period This Page (optional)	3000.00
2) TOTALS This Period (last page this line number only)	11000.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	11000.00