

# 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  /  /  in the State of

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

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

Election on  /  /  in the State of

5. Covering Period

/  /

through

/  /

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

/  /

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:  /  /  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))....	73450.00	623807.02
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	16159.37
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	73450.00	607647.65
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	75597.44	520204.76
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	8993.28
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	75597.44	511211.48
8. Cash on Hand at Close of Reporting Period (from Line 27).....	280985.29	
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:  /  /

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).....	20450.00	315257.94
(ii) Unitemized.....	500.00	14200.00
(iii) TOTAL of contributions from individuals ▶	20950.00	329457.94
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	52500.00	294349.08
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	73450.00	623807.02
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	8993.28
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)..... ▶	73450.00	632800.30

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	75597.44	520204.76
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	92050.00
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	15507.94
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	651.43
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	16159.37
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	75597.44	628414.13

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	283132.73
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	73450.00
25. SUBTOTAL (add Line 23 and Line 24).....	356582.73
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	75597.44
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	280985.29

**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 38  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 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)  
**Kathleen Bennett**

Mailing Address **PO Box 311**

City **Silver Springs** State **NV** Zip Code **89429**

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

Name of Employer **Self** Occupation **Airport Manager**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2016**

**Transaction ID : SA11AI.14322**

Amount of Each Receipt this Period  
**500.00**

Memo Item donation

**B.** Full Name (Last, First, Middle Initial)  
**Douglas S Britton**

Mailing Address **PO Box 876**

City **Firebaugh** State **CA** Zip Code **93622**

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

Name of Employer **Britton Trucking Co** Occupation **Owner**

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  
**06 / 30 / 2016**

**Transaction ID : SA11AI.14315**

Amount of Each Receipt this Period  
**250.00**

Memo Item

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

Mailing Address **550 W. Plumb Ln Ste. B436**

City **Reno** State **NV** Zip Code **89509**

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

Name of Employer **El Dorado Hotel Casino** Occupation **Executive Director**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2016**

**Transaction ID : SA11AI.14328**

Amount of Each Receipt this Period  
**500.00**

Memo Item

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

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

**1250.00**

**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 38
	<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	

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

**A.** Full Name (Last, First, Middle Initial)  
**Terry Care**

Mailing Address 4371Woodcrest Road

City Las Vegas State NV Zip Code 89121

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

Name of Employer McDonald Carano Wilson Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 10 / 2016

**Transaction ID : SA11AI.14278**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 90 Starburst Cir

City Sparks State NV Zip Code 89441-9252

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

Name of Employer Silver State International Occupation vice president

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  
 06 / 30 / 2016

**Transaction ID : SA11AI.14317**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address PO Box 948

City Tahlequah State OK Zip Code 74465

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2016

**Transaction ID : SA11AI.14298**

Amount of Each Receipt this Period  
2000.00

Memo Item

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

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

2750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 38
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Patricia D Clark**

Mailing Address **PO Box 1923**

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

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

Name of Employer **Self** Occupation **Real Estate**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **950.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 31 / 2016**

**Transaction ID : SA11AI.14267**

Amount of Each Receipt this Period  
**200.00**

Memo Item political contribution

**B.** Full Name (Last, First, Middle Initial)  
**Susan M Davis**

Mailing Address **Po Box 335**

City **Battle Mountain** State **NV** Zip Code **89820-0335**

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

Name of Employer **Information Requested** Occupation **Information Requested**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2016**

**Transaction ID : SA11AI.14335**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

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

Mailing Address **3331 Bridgeberry Lane**

City **Houston** State **TX** Zip Code **77082**

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

Name of Employer **Self** Occupation **Attorney**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 13 / 2016**

**Transaction ID : SA11AI.14281**

Amount of Each Receipt this Period  
**250.00**

Memo Item

**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: (check only one)	PAGE 8 OF 38
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Dave Dow**

Mailing Address 18124 Wedge #427

City Reno State NV Zip Code 89511

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

Name of Employer Self Occupation Salesman

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  
 06 / 02 / 2016

**Transaction ID : SA11AI.14272**

Amount of Each Receipt this Period  
250.00

Memo Item

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

Mailing Address 7351 Granite Ridge Ct

City Washoe Valley State NV Zip Code 89704

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

Name of Employer none Occupation homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : SA11AI.14348**

Amount of Each Receipt this Period  
2000.00

Memo Item

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

Mailing Address 150 Plantation Dr

City Carson City State NV Zip Code 89703

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

Name of Employer Hartman & Hartman Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : SA11AI.14321**

Amount of Each Receipt this Period  
500.00

Memo Item

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

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

2750.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 38
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Karen Hohl**

Mailing Address 20482 Bordeaux Dr

City Reno State NV Zip Code 89511

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

Name of Employer Michael Hohl Mtr Co Occupation Owner

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  
 06 / 30 / 2016

**Transaction ID : SA11AI.14344**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Mary Lau**

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  
1550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : SA11AI.14345**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 12520 Westridge Dr.

City Reno State NV Zip Code 89511

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

Name of Employer Information requested Occupation Information requested

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : SA11AI.14334**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 38
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) <b>Thomas A Maibenco</b>		Date of Receipt MM / DD / YYYY 06 / 02 / 2016
Mailing Address 10640 North McCarran Blvd F-347		<b>Transaction ID : SA11AI.14271</b>
City Reno	State NV	
Zip Code 89502	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Physician	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4800.00	

Full Name (Last, First, Middle Initial) <b>JERRY MATSUMURA</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2016
Mailing Address 1394 Amado Ct		<b>Transaction ID : SA11AI.14427</b>
City Reno	State NV	
Zip Code 89511	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer Self	Occupation Physician	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1850.00	

Full Name (Last, First, Middle Initial) <b>Edwin Meyer</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2016
Mailing Address 2080 Palisade Dr		<b>Transaction ID : SA11AI.14339</b>
City Reno	State NV	
Zip Code 89509	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer Fundis Company	Occupation Owner	<input type="checkbox"/> Memo Item
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<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 11 OF 38
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Dillard Myers**

Mailing Address 14800 Chateau Ave

City	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  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 01 / 2016

**Transaction ID : SA11AI.14270**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**David Peri**

Mailing Address PO Box 35

City	State	Zip Code
Yerington	NV	89447

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

Name of Employer	Occupation
David Peri Family Farms, LLC	Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : SA11AI.14349**

Amount of Each Receipt this Period  
2500.00

Memo Item

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

Mailing Address 12785 Silver Wolf Rd

City	State	Zip Code
Reno	NV	89511

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

Name of Employer	Occupation
Chamion Chevrolet	Auto Dealer

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  
 06 / 30 / 2016

**Transaction ID : SA11AI.14340**

Amount of Each Receipt this Period  
1000.00

Memo Item

**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: PAGE 12 OF 38  
(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)  
**Dorothy Timian Palmer**

Mailing Address 2600 Manhattan Dr

City State Zip Code  
Carson City NV 89703

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

Name of Employer Occupation  
Vidler COO/President

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  
 06 / 30 / 2016

**Transaction ID : SA11AI.14314**

Amount of Each Receipt this Period  
 250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Edward H Vander Pol**

Mailing Address 33435 135th Place SE

City State Zip Code  
Auburn WA 98092

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

Name of Employer Occupation  
Oak Harbor Freight Lines Co-Owner

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  
 06 / 30 / 2016

**Transaction ID : SA11AI.14337**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

Mailing Address PO Box 2325

City State Zip Code  
Merced CA 95344

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

Name of Employer Occupation  
Wallace Cascade Transport Inc. Trucking Company Owner

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  
 06 / 30 / 2016

**Transaction ID : SA11AI.14318**

Amount of Each Receipt this Period  
 250.00

Memo Item  
donation

**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: PAGE 13 OF 38  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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

**A.** Full Name (Last, First, Middle Initial)  
**Donald E Weir Jr.**

Mailing Address 2250 Del Monte Lane

City State Zip Code  
Reno NV 89511-7509

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

Name of Employer Occupation  
Reno Dodge Sales 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  
 06 30 2016

**Transaction ID : SA11AI.14346**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 846 Victorian Ave

City State Zip Code  
Sparks NV 89431

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

Name of Employer Occupation  
Great Basin Brewing LP Owner

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  
 06 30 2016

**Transaction ID : SA11AI.14342**

Amount of Each Receipt this Period  
250.00

Memo Item

**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

Memo Item

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

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

1250.00

20450.00

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

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

FOR LINE NUMBER: PAGE 14 OF 38  
(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)  
**AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)**

Mailing Address 1120 CONNECTICUT AVENUE NW  
SUITE 600

City WASHINGTON State DC Zip Code 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  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 14 / 2016

**Transaction ID : SA11C.14286**

Amount of Each Receipt this Period  
3000.00

Memo Item  
Primary 2016

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

Mailing Address 1701 CLARENDON BLVD

City ARLINGTON State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00102764

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : SA11C.14324**

Amount of Each Receipt this Period  
500.00

Memo Item  
2016 House - General

**C.** Full Name (Last, First, Middle Initial)  
**ASSOCIATED BUILDERS AND CONTRACTORS POLITICAL ACTION COMMITTEE (ABC PAC)**

Mailing Address 4250 NORTH FAIRFAX DRIVE 9TH FLOOR

City ARLINGTON State VA Zip Code 22203

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : SA11C.14352**

Amount of Each Receipt this Period  
1500.00

Memo Item  
General 2016

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

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

5000.00

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

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

FOR LINE NUMBER: PAGE 15 OF 38  
(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)  
**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  
**8500.00**

Date of Receipt  
 M M /  D D /  Y Y Y Y Y Y  
**06 / 30 / 2016**

**Transaction ID : SA11C.14308**

Amount of Each Receipt this Period  
 Memo Item  
**1000.00**  
 2016 General

**B.** Full Name (Last, First, Middle Initial)  
**Caesars Entertainment Political Action Committee**

Mailing Address **One Caesars Palace Drive**

City **Las Vegas** State **NV** Zip Code **89109**

FEC ID number of contributing federal political committee. **C C00239947**

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  
**06 / 07 / 2016**

**Transaction ID : SA11C.14258**

Amount of Each Receipt this Period  
 Memo Item  
**2500.00**  
 2016 Primary

**C.** Full Name (Last, First, Middle Initial)  
**INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE (INSURP**

Mailing Address **412 FIRST STREET, SE, SUITE 300**

City **WASHINGTON** State **DC** Zip Code **20003**

FEC ID number of contributing federal political committee. **C C00022343**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1500.00**

Date of Receipt  
 M M /  D D /  Y Y Y Y Y Y  
**06 / 30 / 2016**

**Transaction ID : SA11C.14350**

Amount of Each Receipt this Period  
 Memo Item  
**1000.00**  
 2016 General

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

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

**4500.00**

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

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

FOR LINE NUMBER: PAGE 16 OF 38  
(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)  
**LOCKHEED MARTIN CORPORATION EMPLOYEES' POLITICAL ACTION COMMITTEE**

Mailing Address **2121 CRYSTAL DRIVE  
SUITE 100**

City State Zip Code  
**ARLINGTON VA 22202**

FEC ID number of contributing federal political committee. **C C00303024**

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 Y  
**05 / 27 / 2016**

**Transaction ID : SA11C.14213**

Amount of Each Receipt this Period  
**1000.00**

Memo Item  
2016 US Primary

B. Full Name (Last, First, Middle Initial)  
**MICROSOFT CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address **16011 NE 36TH WAY  
BOX 97017**

City State Zip Code  
**REDMOND WA 98073**

FEC ID number of contributing federal political committee. **C C00227546**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date **4000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2016**

**Transaction ID : SA11C.14351**

Amount of Each Receipt this Period  
**2000.00**

Memo Item  
2016 General

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

Mailing Address **1325 MASSACHUSETTS AVE., NW**

City State Zip Code  
**WASHINGTON DC 20005**

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date **5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 13 / 2016**

**Transaction ID : SA11C.14285**

Amount of Each Receipt this Period  
**500.00**

Memo Item

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

**3500.00**

**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 17 OF 38
	<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)  
**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 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 02 / 2016

**Transaction ID : SA11C.14252**

Amount of Each Receipt this Period  
 1000.00

Memo Item  
 Primary 2016

**B.** 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 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 09 / 2016

**Transaction ID : SA11C.14262**

Amount of Each Receipt this Period  
 2000.00

Memo Item  
 Primary 2016

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION POLITICAL ACTION COMMITTEE (NECAPAC)**

Mailing Address 3 BETHESDA METRO CENTER  
SUITE 1100

City BETHESDA State MD Zip Code 20814

FEC ID number of contributing federal political committee. **C** C00113811

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  
 06 / 30 / 2016

**Transaction ID : SA11C.14307**

Amount of Each Receipt this Period  
 2500.00

Memo Item  
 General 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: PAGE 18 OF 38  
(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. NATIONAL READY MIXED CONCRETE ASSN. PAC (CONCRETEPAC)**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 900 SPRING ST.  
 City SILVER SPRING State MD Zip Code 20910  
 FEC ID number of contributing federal political committee. **C** C00114025  
 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  
 06 / 14 / 2016  
**Transaction ID : SA11C.14294**  
 Amount of Each Receipt this Period  
 2000.00  
 Memo Item  
 2016 Primary

**B. NATIONAL STONE, SAND & GRAVEL ASSOCIATION ROCKPAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1605 KING STREET  
 City ALEXANDRIA State VA Zip Code 22314  
 FEC ID number of contributing federal political committee. **C** C00089458  
 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 Y  
 06 / 03 / 2016  
**Transaction ID : SA11C.14275**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item  
 2016 Primary Election

**C. NATIONAL TANK TRUCK CARRIERS INC POLITICAL ACTION COMMITTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 950 NORTH GLEBE RD STE 520  
 City ARLINGTON State VA Zip Code 22203  
 FEC ID number of contributing federal political committee. **C** C00188011  
 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  
 06 / 30 / 2016  
**Transaction ID : SA11C.14332**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

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

8000.00

**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 38
	<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. NEW CUBA PAC**

Full Name (Last, First, Middle Initial)  
**NEW CUBA PAC**

Mailing Address **700 13TH STREET, NW  
SUITE 600**

City **WASHINGTON** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00572628**

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  
**06 / 14 / 2016**

**Transaction ID : SA11C.14289**

Amount of Each Receipt this Period  
**2500.00**

Memo Item  
 2016 Primary

**B. NV ENERGY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
**NV ENERGY POLITICAL ACTION COMMITTEE**

Mailing Address **P.O. BOX 81500  
ATTN: JOHN J. VINSKI, TREASURER**

City **LAS VEGAS** State **NV** Zip Code **89180**

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **7000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 03 / 2016**

**Transaction ID : SA11C.14279**

Amount of Each Receipt this Period  
**5000.00**

Memo Item  
 2016 General

**C. NV ENERGY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
**NV ENERGY POLITICAL ACTION COMMITTEE**

Mailing Address **P.O. BOX 81500  
ATTN: JOHN J. VINSKI, TREASURER**

City **LAS VEGAS** State **NV** Zip Code **89180**

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **7500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 03 / 2016**

**Transaction ID : SA11C.14280**

Amount of Each Receipt this Period  
**500.00**

Memo Item  
 2016 Primary

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

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

**8000.00**

**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 38
	<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)  
**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: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

**Transaction ID : SA11C.14305**

Amount of Each Receipt this Period  
3000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**SCALISE FOR CONGRESS**

Mailing Address PO BOX 23219

City State Zip Code  
JEFFERSON LA 70183

FEC ID number of contributing federal political committee. **C** C00394957

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  
06 / 14 / 2016

**Transaction ID : SA11C.14296**

Amount of Each Receipt this Period  
2000.00

Memo Item  
2016 Primary

**C.** 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  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 09 / 2016

**Transaction ID : SA11C.14261**

Amount of Each Receipt this Period  
4000.00

Memo Item  
2016 General

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

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

9000.00

**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 21 OF 38
	<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)  
**THE HOME DEPOT INC. POLITICAL ACTION COMMITTEE**

Mailing Address 1155 F STREET, NW  
SUITE 400

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00284885**

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  
 06 / 06 / 2016

**Transaction ID : SA11C.14255**

Amount of Each Receipt this Period  
1000.00

Memo Item  
2016 Primary

**B.** Full Name (Last, First, Middle Initial)  
**TRALAPAC (TRUCK RENTING AND LEASING ASSOCIATION PAC)**

Mailing Address 675 N WASHINGTON STREET  
SUITE 410

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C C00499400**

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  
 06 / 30 / 2016

**Transaction ID : SA11C.14331**

Amount of Each Receipt this Period  
1000.00

Memo Item  
2016 General

**C.** Full Name (Last, First, Middle Initial)  
**TRUCKING POLITICAL ACTION COMMITTEE OF THE AMERICAN TRUCKING ASSOCIATIONS, INC.**

Mailing Address 430 FIRST ST. SE

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C C00002881**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 31 / 2016

**Transaction ID : SA11C.14266**

Amount of Each Receipt this Period  
1000.00

Memo Item  
2016 Primary

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 38
	<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)  
**VAIL RESORTS EMPLOYEE POLITICAL ACTION COMMITTEE**

Mailing Address 390 INTERLOCKEN CRESCENT

City BROOMFIELD State CO Zip Code 80021

FEC ID number of contributing federal political committee. **C** C00580894

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 Y  
 06 / 14 / 2016

**Transaction ID : SA11C.14287**

Amount of Each Receipt this Period  
 5000.00

Memo Item  
 Primary

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

Mailing Address 1300 I ST NW  
STE 400 WEST

City WASHINGTON State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : SA11C.14306**

Amount of Each Receipt this Period  
 1000.00

Memo Item  
 2016 General

**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

Memo Item

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

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

6000.00

52500.00

**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 23 OF 38	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Aaron Brothers Art &amp; Framing</b>			Date of Disbursement MM / DD / YYYY <b>06 / 27 / 2016</b>	
Mailing Address <b>4809 Kietzke Lane</b>			Amount of Each Disbursement this Period <b>500.23</b>	
City <b>Reno</b>	State <b>NV</b>	Zip Code <b>89509</b>	<input type="checkbox"/> Memo Item	
Purpose of Disbursement <b>Framing</b>		Category/ Type <b>001</b>	<b>Transaction ID : SB17.14400</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Arco Carson</b>			Date of Disbursement MM / DD / YYYY <b>05 / 29 / 2016</b>	
Mailing Address <b>1017 N Carson</b>			Amount of Each Disbursement this Period <b>55.14</b>	
City <b>Carson City</b>	State <b>NV</b>	Zip Code <b>89701</b>	<input type="checkbox"/> Memo Item	
Purpose of Disbursement <b>Gas in lieu of mileage - travel expense</b>		Category/ Type <b>002</b>	<b>Transaction ID : SB17.14382</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input checked="" 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. Authnet Gateway</b>			Date of Disbursement MM / DD / YYYY <b>06 / 02 / 2016</b>	
Mailing Address <b>P.O. Box 8999</b>			Amount of Each Disbursement this Period <b>21.50</b>	
City <b>San Francisco</b>	State <b>CA</b>	Zip Code <b>94128</b>	<input type="checkbox"/> Memo Item	
Purpose of Disbursement <b>Merchant Fees</b>		Category/ Type <b>001</b>	<b>Transaction ID : SB17.14390</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input checked="" 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>576.87</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 24 OF 38			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Bill.com</b>		Date of Disbursement MM / DD / YYYY 06 / 07 / 2016
Mailing Address 3200 Ash Street		Amount of Each Disbursement this Period 46.57
City Palo Alto	State CA	
Zip Code 94306	Purpose of Disbursement Bank service charges	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : SB17.14391</b>
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. Boys and Girls Club of Western Nevada</b>		Date of Disbursement MM / DD / YYYY 06 / 15 / 2016
Mailing Address 1870 Russell Way		Amount of Each Disbursement this Period 1250.00
City Carson City	State NV	
Zip Code 89706	Purpose of Disbursement Table at fundraising event	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 012	<b>Transaction ID : SB17.14405</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Bullys Carson City</b>		Date of Disbursement MM / DD / YYYY 06 / 20 / 2016
Mailing Address 3530 N. Carson Street		Amount of Each Disbursement this Period 37.00
City Carson City	State NV	
Zip Code 89706	Purpose of Disbursement Contributor relations - meals and entertainment	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 003	<b>Transaction ID : SB17.14370</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1333.57
<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 25 OF 38	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Bullys Carson City</b>		Date of Disbursement MM / DD / YYYY 06 / 27 / 2016
Mailing Address 3530 N. Carson Street		Amount of Each Disbursement this Period 48.00
City Carson City	State NV	
Zip Code 89706	Purpose of Disbursement Contributor relations - meals and entertainment	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 003	Transaction ID : <b>SB17.14374</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Capitol Hill Club</b>		Date of Disbursement MM / DD / YYYY 06 / 15 / 2016
Mailing Address 300 First Street SE		Amount of Each Disbursement this Period 848.52
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Contributor relations - meals and entertainment	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 003	Transaction ID : <b>SB17.14368</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Capitol Hill Club</b>		Date of Disbursement MM / DD / YYYY 06 / 15 / 2016
Mailing Address 300 First Street SE		Amount of Each Disbursement this Period 69.50
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Contributor relations - meals and entertainment	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 003	Transaction ID : <b>SB17.14369</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	966.02
<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 38	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Casey Neilon Inc</b>		Date of Disbursement MM / DD / YYYY <b>06 / 22 / 2016</b>
Mailing Address <b>503 N Division St</b>		Amount of Each Disbursement this Period <b>2000.00</b>
City <b>Carson City</b>	State <b>NV</b>	
Zip Code <b>89703</b>	Purpose of Disbursement <b>Professional fees - accounting</b>	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type <b>001</b>	<b>Transaction ID : SB17.14416</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Chevron - Carson City</b>		Date of Disbursement MM / DD / YYYY <b>05 / 31 / 2016</b>
Mailing Address <b>1102 North Carson Street</b>		Amount of Each Disbursement this Period <b>47.60</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>	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type <b>002</b>	<b>Transaction ID : SB17.14385</b>
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. Constant Contact</b>		Date of Disbursement MM / DD / YYYY <b>05 / 28 / 2016</b>
Mailing Address <b>1601 Trapelo Road</b>		Amount of Each Disbursement this Period <b>40.00</b>
City <b>Waltham</b>	State <b>MA</b>	
Zip Code <b>02451</b>	Purpose of Disbursement <b>Email newsletter</b>	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type <b>004</b>	<b>Transaction ID : SB17.14389</b>
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>2087.60</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 27 OF 38	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Constant Contact</b>		Date of Disbursement MM / DD / YYYY 06 / 27 / 2016
Mailing Address 1601 Trapelo Road		Amount of Each Disbursement this Period 40.00
City Waltham	State MA Zip Code 02451	
Purpose of Disbursement Email newsletter	Category/Type 004	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : SB17.14399</b>
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Harris Media LLC</b>		Date of Disbursement MM / DD / YYYY 06 / 03 / 2016
Mailing Address 611 S Congress Ave Suite 400		Amount of Each Disbursement this Period 50.00
City Austin	State TX Zip Code 78704	
Purpose of Disbursement Website domain renewal	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : SB17.14415</b>
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Kaempfer Crowell</b>		Date of Disbursement MM / DD / YYYY 06 / 22 / 2016
Mailing Address 1980 Festival Plaza Drive Suite 65		Amount of Each Disbursement this Period 2235.00
City Las Vegas	State NV Zip Code 89135-2958	
Purpose of Disbursement Professional fees - legal	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>Transaction ID : SB17.14417</b>
State: District:	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2325.00
<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 28 OF 38			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Maverik - Winnemucca</b>			Date of Disbursement MM / DD / YYYY 06 / 28 / 2016		
Mailing Address 863 E. Winnemuccas Blvd.			Amount of Each Disbursement this Period 61.90		
City Winnemucca	State NV	Zip Code 89445	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.14388</b>		
Purpose of Disbursement Gas in lieu of mileage - travel expense		Category/ Type 002			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Micasa Too</b>			Date of Disbursement MM / DD / YYYY 06 / 24 / 2016		
Mailing Address 3809 N. Carson St.			Amount of Each Disbursement this Period 55.00		
City Carson City	State NV	Zip Code 89706	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.14373</b>		
Purpose of Disbursement Contributor relations - meals and entertainment		Category/ Type 003			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Mom and Pops Diner</b>			Date of Disbursement MM / DD / YYYY 05 / 29 / 2016		
Mailing Address 224 S. Carson Street #3			Amount of Each Disbursement this Period 36.00		
City Carson City	State NV	Zip Code 89701	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.14361</b>		
Purpose of Disbursement Contributor relations - meals and 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).....	152.90
<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 38	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. M Resort</b>			Date of Disbursement MM / DD / YYYY 06 / 04 / 2016	
Mailing Address 12300 S Las Vegas Blvd			Amount of Each Disbursement this Period 229.31	
City Henderson	State NV	Zip Code 89044	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Lodging - travel expense		Category/ Type 002		
Candidate Name			Transaction ID : SB17.14364	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) <b>B. Nevada Military Support Alliance</b>			Date of Disbursement MM / DD / YYYY 05 / 27 / 2016	
Mailing Address 985 Damonte Ranch Pkwy			Amount of Each Disbursement this Period 2500.00	
City Reno	State NV	Zip Code 89521	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Donation - 2016 Gala sponsorship		Category/ Type 012		
Candidate Name			Transaction ID : SB17.14424	
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 MM / DD / YYYY 06 / 17 / 2016	
Mailing Address Hwy 395			Amount of Each Disbursement this Period 76.56	
City Carson City	State NV	Zip Code 89703	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Gas in lieu of mileage - travel expense		Category/ Type 002		
Candidate Name			Transaction ID : SB17.14386	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2805.87
<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 30 OF 38	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Sierra Mountain Graphics</b>			Date of Disbursement MM / DD / YYYY 06 / 28 / 2016	
Mailing Address 925 Railborne Drive			Amount of Each Disbursement this Period 714.21	
City Sparks	State NV	Zip Code 89434	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Custom printed T-shirts		Category/Type 006	<b>Transaction ID : SB17.14402</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Silver Stage Pop Warner</b>			Date of Disbursement MM / DD / YYYY 06 / 30 / 2016	
Mailing Address 5095 Maple St			Amount of Each Disbursement this Period 500.00	
City Silver Springs	State NV	Zip Code 89429	<input type="checkbox"/> Memo Item	
Purpose of Disbursement donation		Category/Type 012	<b>Transaction ID : SB17.14425</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Southwest Airlines</b>			Date of Disbursement MM / DD / YYYY 05 / 27 / 2016	
Mailing Address P.O. Box 36647-1CR			Amount of Each Disbursement this Period 492.20	
City Dallas	State TX	Zip Code 73235	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Airfare - travel expense		Category/Type 002	<b>Transaction ID : SB17.14356</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) .....	1706.41
<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 31 OF 38	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. TARKANIAN FOR CONGRESS</b>			Date of Disbursement MM / DD / YYYY <b>06 / 27 / 2016</b>	
Mailing Address <b>3008 CAMPBELL CIRCLE</b>			Amount of Each Disbursement this Period <b>2000.00</b>	
City <b>LAS VEGAS</b>	State <b>NV</b>	Zip Code <b>89107</b>	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Contribution		Category/Type <b>011</b>		
Candidate Name			<b>Transaction ID : SB17.14423</b>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: <b>NV</b>	District: <b>00</b>			

Full Name (Last, First, Middle Initial) <b>B. Team Sports Ink</b>			Date of Disbursement MM / DD / YYYY <b>05 / 26 / 2016</b>	
Mailing Address <b>5111 Grumman Dr, Ste 1b</b>			Amount of Each Disbursement this Period <b>1507.41</b>	
City <b>Carson City</b>	State <b>NV</b>	Zip Code <b>89706</b>	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Custom printed hats		Category/Type <b>006</b>		
Candidate Name			<b>Transaction ID : SB17.14411</b>	
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. Team Sports Ink</b>			Date of Disbursement MM / DD / YYYY <b>06 / 09 / 2016</b>	
Mailing Address <b>5111 Grumman Dr, Ste 1b</b>			Amount of Each Disbursement this Period <b>239.94</b>	
City <b>Carson City</b>	State <b>NV</b>	Zip Code <b>89706</b>	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Custom baseball Jerseys		Category/Type <b>001</b>		
Candidate Name			<b>Transaction ID : SB17.14407</b>	
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>3747.35</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 38	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Ted's Bulletin</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2016
Mailing Address 505 8th Street		Amount of Each Disbursement this Period 155.00
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Contributor relations - meals and entertainment	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 003	Transaction ID : <b>SB17.14367</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. The Abbi Agency</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2016
Mailing Address 1385 Haskell Street		Amount of Each Disbursement this Period 20000.00
City Reno	State NV	
Zip Code 89509	Purpose of Disbursement Social media management and advertising; website development and design	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 004	Transaction ID : <b>SB17.14420</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. The M Group</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2016
Mailing Address 100 Luna Park #156		Amount of Each Disbursement this Period 8063.88
City Alexandria	State VA	
Zip Code 22305	Purpose of Disbursement Commissions and expense reimbursements - please see memo	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	Transaction ID : <b>SB17.14412</b>
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) .....	28218.88
<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 : SB17.14412

Commissions on funds raised \$4,375.00. Expense reimbursements total \$3,688.88; Tortilla Coast 400 First Street SE Washington DC 20003 \$348.43 Fundraising breakfast catering, Joe's Seafood 750 15th Street NW Washington DC 20005 \$3,306.92 Fundraising dinner catering, Uber Washington DC \$33.53 transportation to fundraising dinner.

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 34 OF 38	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. VFW Post 3819</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2016
Mailing Address 75 Cowan		Amount of Each Disbursement this Period 7097.15
City Reno	State NV	
Zip Code 89501	Purpose of Disbursement Donation - replace GAR Cemetery fencing	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 012	Transaction ID : <b>SB17.14406</b>
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. Warren Engine Company #1</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2016
Mailing Address 777 South Stewart Street		Amount of Each Disbursement this Period 500.00
City Carson City	State NV	
Zip Code 89701	Purpose of Disbursement Donation	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 012	Transaction ID : <b>SB17.14403</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. W Curtis Draper Tobacconist</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 08 / 2016
Mailing Address 699 15th Street NW		Amount of Each Disbursement this Period 465.77
City Washington	State DC	
Zip Code 20005	Purpose of Disbursement Supplies for campaign event	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 007	Transaction ID : <b>SB17.14408</b>
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).....	8062.92
<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 35 OF 38			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Wells Fargo</b>		Date of Disbursement MM / DD / YYYY 06 / 08 / 2016
Mailing Address PO Box 6995		Amount of Each Disbursement this Period 3.00
City Portland	State OR	
Zip Code 97228	Purpose of Disbursement Bank service charge - deposit image	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : SB17.14392</b>
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 06 / 08 / 2016
Mailing Address PO Box 6995		Amount of Each Disbursement this Period 14.95
City Portland	State OR	
Zip Code 97228	Purpose of Disbursement Bank service charge - quickbooks banking	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : SB17.14393</b>
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 06 / 13 / 2016
Mailing Address PO Box 6995		Amount of Each Disbursement this Period 29.59
City Portland	State OR	
Zip Code 97228	Purpose of Disbursement Merchant fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 001	<b>Transaction ID : SB17.14395</b>
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).....	47.54
<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 38	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Wells Fargo</b>		Date of Disbursement MM / DD / YYYY 06 / 13 / 2016
Mailing Address PO Box 6995		Amount of Each Disbursement this Period 22,953.01 <input type="checkbox"/> Memo Item
City Portland	State OR	
Zip Code 97228	Purpose of Disbursement Merchant fees	Transaction ID : <b>SB17.14396</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Wells Fargo</b>		Date of Disbursement MM / DD / YYYY 06 / 13 / 2016
Mailing Address PO Box 6995		Amount of Each Disbursement this Period 52.35 <input type="checkbox"/> Memo Item
City Portland	State OR	
Zip Code 97228	Purpose of Disbursement Merchant Fees	Transaction ID : <b>SB17.14397</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Wyman &amp; Associates</b>		Date of Disbursement MM / DD / YYYY 06 / 01 / 2016
Mailing Address 1941 Radcliffe Drive		Amount of Each Disbursement this Period 22865.00 <input type="checkbox"/> Memo Item
City Carson City	State NV	
Zip Code 89703	Purpose of Disbursement Radio advertising	Transaction ID : <b>SB17.14414</b>
Candidate Name	Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	22953.01
<b>TOTAL</b> This Period (last page this line number only).....	74983.94

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

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <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	<b>Transaction ID : SD10.7279</b>	
<input type="text" value="1500.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="1500.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <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	<b>Transaction ID : SD10.7284</b>	
<input type="text" value="3000.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="3000.00"/>

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

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

Form/Schedule: SD10

Transaction ID : SD10.7593

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

Form/Schedule:

Transaction ID: