

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

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

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

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 06 / 12 / 2012 in the State of NV  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on 06 / 12 / 2012 in the State of NV

5. Covering Period 04 / 01 / 2012 through 05 / 23 / 2012

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 05 / 31 / 2012

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Amodei for Nevada**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	57325.00	955298.11
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	850.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	57325.00	954448.11
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	21181.02	834169.15
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	4012.04
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	21181.02	830157.11
8. Cash on Hand at Close of Reporting Period (from Line 27).....	124746.65	
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).....	55950.00	

**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).....	28100.00	449187.77
(ii) Unitemized.....	975.00	52704.40
(iii) TOTAL of contributions from individuals ▶	29075.00	501892.17
(b) Political Party Committees.....	0.00	9000.00
(c) Other Political Committees (such as PACs).....	28250.00	444405.94
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	57325.00	955298.11
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	955.65
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	4012.04
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	57325.00	960265.80

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 34

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	21181.02	834169.15
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	500.00	500.00
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	850.00
(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	850.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	21681.02	835519.15

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	89102.67
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	57325.00
25. SUBTOTAL (add Line 23 and Line 24).....	146427.67
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	21681.02
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	124746.65

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 34
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Phillip Bender**

Mailing Address 4593 Village Green Parkway

City Reno	State NV	Zip Code 89519
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FEC ID number of contributing federal political committee. **C**

Name of Employer Information requested	Occupation Information requested
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 11 / 2012

**Transaction ID : SA11AI.7859**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Bruce Breslow**

Mailing Address 4755 Chipwood Dr

City Sparks	State NV	Zip Code 89436
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Real Estate
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 09 / 2012

**Transaction ID : SA11AI.7854**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 4371Woodcrest Road

City Las Vegas	State NV	Zip Code 89121
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FEC ID number of contributing federal political committee. **C**

Name of Employer McDonald Carano Wilson	Occupation Attorney
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 30 / 2012

**Transaction ID : SA11AI.7872**

Amount of Each Receipt this Period  
1000.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 34
	<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. Michael Coster**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 150864

City Ely	State NV	Zip Code 89315
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Attorney
--------------------------	------------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 02 / 2012

**Transaction ID : SA11AI.7871**

Amount of Each Receipt this Period  
250.00

**B. Bobby Ellis**  
Full Name (Last, First, Middle Initial)  
Mailing Address 979 Camelia Dr

City Henderson	State NV	Zip Code 89015
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FEC ID number of contributing federal political committee. **C**

Name of Employer R&S Leasing	Occupation Owner
---------------------------------	---------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 11 / 2012

**Transaction ID : SA11AI.7862**

Amount of Each Receipt this Period  
2000.00

**C. Paul Enos**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1754 Cavern Dr

City Reno	State NV	Zip Code 89521
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FEC ID number of contributing federal political committee. **C**

Name of Employer Nevada Motor Transport Associa	Occupation Owner
--	---------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 09 / 2012

**Transaction ID : SA11AI.7794**

Amount of Each Receipt this Period  
1000.00

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

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

3250.00

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

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

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

Mailing Address 5 Golden Eagle Lane

City Littleton State CO Zip Code 80127

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

Name of Employer N/A Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 09 / 2012

**Transaction ID : SA11AI.7795**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Ben Farahi**

Mailing Address 3702 S. Virginia St. Suite G2

City Reno State NV Zip Code 89502

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

Name of Employer Maxum LLC Occupation Investor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 14 / 2012

**Transaction ID : SA11AI.7798**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Ben Farahi**

Mailing Address 3702 S. Virginia St. Suite G2

City Reno State NV Zip Code 89502

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

Name of Employer Maxum LLC Occupation Investor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 17 / 2012

**Transaction ID : SA11AI.7799**

Amount of Each Receipt this Period  
2500.00

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 34
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**John Farahi**

Mailing Address 3800 S. Virginia St.

City	State	Zip Code
Reno	NV	89502

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

Name of Employer	Occupation
Atlantis Casino Resort	General Manager

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2894.47

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 18 / 2012

**Transaction ID : SA11AI.7801**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1304 Chancel Place

City	State	Zip Code
Alexandria	VA	22314

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

Name of Employer	Occupation
Ogilby Government Relations	Govt Relations

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 23 / 2012

**Transaction ID : SA11AI.7867**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 686 S Richmond Ave

City	State	Zip Code
Carson City	NV	89703

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

Name of Employer	Occupation
None	Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 14 / 2012

**Transaction ID : SA11AI.7803**

Amount of Each Receipt this Period  
500.00

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

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

2000.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 34
	<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)  
**JERRY MATSUMURA**

Mailing Address 1394 Amado Ct

City Reno State NV Zip Code 89511

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

Name of Employer Self Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 05 / 2012

**Transaction ID : SA11AI.7793**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 4895 Convair Dr

City Carson City State NV Zip Code 89706

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

Name of Employer None Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 09 / 2012

**Transaction ID : SA11AI.7856**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
**Jarl Nielsen**

Mailing Address 610 Sierra Rose DR

City Reno State NV Zip Code 89511

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

Name of Employer NV Retina Association Occupation Opthamologist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 08 / 2012

**Transaction ID : SA11AI.7851**

Amount of Each Receipt this Period  
1000.00

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 34
	<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)  
**Ill George Ogilvie**

Mailing Address 9105 Sandy Bluff Ct

City Las Vegas State NV Zip Code 89134

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

Name of Employer McDonald Carano Wilson Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 11 / 2012

**Transaction ID : SA11AI.7864**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Sam Palazzolo**

Mailing Address 704 Wagner Drive

City Carson City State NV Zip Code 89703

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

Name of Employer None Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 10 / 2012

**Transaction ID : SA11AI.7800**

Amount of Each Receipt this Period  
 50.00

**C.** Full Name (Last, First, Middle Initial)  
**Sam Palazzolo**

Mailing Address 704 Wagner Drive

City Carson City State NV Zip Code 89703

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

Name of Employer None Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 16 / 2012

**Transaction ID : SA11AI.7804**

Amount of Each Receipt this Period  
 50.00

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 34
	<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)  
**Joan Patrick**

Mailing Address 2298 Cheshire Village Ct

City Henderson State NV Zip Code 89052

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

Name of Employer None Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 11 / 2012

**Transaction ID : SA11AI.7797**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**James Rappaport**

Mailing Address 6630 S McCarran Blvd Suite A-4

City Reno State NV Zip Code 89509

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

Name of Employer Sierra Spine Regional Institut Occupation Surgeon

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 06 / 2012

**Transaction ID : SA11AI.7852**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Dan Rowe**

Mailing Address 704 W Nye Ln 203

City Carson City State NV Zip Code 89703

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

Name of Employer Self Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 12 / 2012

**Transaction ID : SA11AI.7860**

Amount of Each Receipt this Period  
2500.00

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 34
	<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)  
**Dan Rowe**

Mailing Address 704 W Nye Ln 203

City Carson City State NV Zip Code 89703

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

Name of Employer Self Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 12 / 2012

**Transaction ID : SA11AI.7861**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Jeffrey Silvestri**

Mailing Address 2985 American River LN

City Las Vegas State NV Zip Code 89135

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

Name of Employer McDonald Carano Wilson Occupation Partner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 12 / 2012

**Transaction ID : SA11AI.7863**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Virginia Starrett**

Mailing Address 891 Stutler Creek Ct

City Gardnerville State NV Zip Code 89460

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

Name of Employer WNC Occupation Professor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 05 / 2012

**Transaction ID : SA11AI.7855**

Amount of Each Receipt this Period  
1000.00

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

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

3750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 34
	<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)  
**Barbara Vucanovich**

Mailing Address 4900 Plumas Street

City Reno State NV Zip Code 89509

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

Name of Employer None Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 09 / 2012

**Transaction ID : SA11AI.7792**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Patricia Wade**

Mailing Address 5525 Kietzke Lane #102

City Reno State NV Zip Code 89511

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

Name of Employer Wade Development Co Occupation Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 09 / 2012

**Transaction ID : SA11AI.7853**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Rolland Weddell**

Mailing Address 490 Hot Springs Road

City Carson City State NV Zip Code 89705

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

Name of Employer Pharmacy International Occupation Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 09 / 2012

**Transaction ID : SA11AI.7857**

Amount of Each Receipt this Period  
1000.00

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

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

3000.00

28100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 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. AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)**

Full Name (Last, First, Middle Initial)  
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: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 13 / 2012

**Transaction ID : SA11C.7807**

Amount of Each Receipt this Period  
5000.00

**B. Caesars Entertainment Political Action Committee**

Full Name (Last, First, Middle Initial)  
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: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 19 / 2012

**Transaction ID : SA11C.7810**

Amount of Each Receipt this Period  
1000.00

**C. CHEVRON EMPLOYEES POLITICAL ACTION COMMITTEE - CHEVRON CORPORATION**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 6016

City SAN RAMON State CA Zip Code 94583

FEC ID number of contributing federal political committee. **C C00035006**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 24 / 2012

**Transaction ID : SA11C.7809**

Amount of Each Receipt this Period  
2000.00

**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 15 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 State Zip Code  
 RICHMOND VA 23219  
 FEC ID number of contributing federal political committee. **C** C00384701  
 Name of Employer Occupation  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 15000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 03 / 2012  
**Transaction ID : SA11C.7808**  
 Amount of Each Receipt this Period  
 5000.00

**B. GRANITE CONSTRUCTION INC. EMPLOYEE PAC - GRANITEPAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 555 CAPITOL MALL, SUITE 1425  
 City State Zip Code  
 SACRAMENTO CA 95814  
 FEC ID number of contributing federal political committee. **C** C00337394  
 Name of Employer Occupation  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012  
**Transaction ID : SA11C.7811**  
 Amount of Each Receipt this Period  
 500.00

**C. GRANITE CONSTRUCTION INC. EMPLOYEE PAC - GRANITEPAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 555 CAPITOL MALL, SUITE 1425  
 City State Zip Code  
 SACRAMENTO CA 95814  
 FEC ID number of contributing federal political committee. **C** C00337394  
 Name of Employer Occupation  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date  
 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 30 / 2012  
**Transaction ID : SA11C.7812**  
 Amount of Each Receipt this Period  
 1000.00

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

6500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 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. GREENBERG TRAUIG, P.A. PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 54 STATE STREET  
 6TH FLOOR  
 City ALBANY State NY Zip Code 12207  
 FEC ID number of contributing federal political committee. **C** C00266585  
 Name of Employer Occupation  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 13 / 2012  
**Transaction ID : SA11C.7882**  
 Amount of Each Receipt this Period  
 1500.00

**B. LAS VEGAS SANDS CORP. POLITICAL ACTION COMMITTEE (SANDS PAC)**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3355 LAS VEGAS BLVD SOUTH  
 City LAS VEGAS State NV Zip Code 89109  
 FEC ID number of contributing federal political committee. **C** C00399642  
 Name of Employer Occupation  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 26 / 2012  
**Transaction ID : SA11C.7813**  
 Amount of Each Receipt this Period  
 1000.00

**C. MGM RESORTS INTERNATIONAL PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2350 KERNER BLVD., SUITE 250  
 City SAN RAFAEL State CA Zip Code 94901  
 FEC ID number of contributing federal political committee. **C** C00299321  
 Name of Employer Occupation  
 Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 11 / 2012  
**Transaction ID : SA11C.7814**  
 Amount of Each Receipt this Period  
 2500.00

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

5000.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 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**

Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF BROADCASTERS POLITICAL ACTION COMMITTEE (NABPAC)**

Mailing Address **1771 N STREET NW**

City State Zip Code  
**WASHINGTON DC 20036**

FEC ID number of contributing federal political committee. **C C00009985**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **3500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 04 / 2012**

**Transaction ID : SA11C.7806**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address **1125 EXECUTIVE CIRCLE**

City State Zip Code  
**IRVING TX 75038**

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **3500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 11 / 2012**

**Transaction ID : SA11C.7878**

Amount of Each Receipt this Period  
**2500.00**

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: 2012  
 Primary  General  
 Other (specify)  
 Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 16 / 2012**

**Transaction ID : SA11C.7881**

Amount of Each Receipt this Period  
**1000.00**

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

**4500.00**

**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 18 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)  
**POKER PLAYERS ALLIANCE POLITICAL ACTION COMMITTEE**

Mailing Address 1325 G STREET NW SUITE 500

City	State	Zip Code
WASHINGTON	DC	20005

FEC ID number of contributing federal political committee. **C** C00448688

Name of Employer	Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 10 / 2012

**Transaction ID : SA11C.7883**

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

**B.** Full Name (Last, First, Middle Initial)  
**SIERRA NEVADA CORPORATION PAC**

Mailing Address P.O. BOX 50193

City	State	Zip Code
SPARKS	NV	89434

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

Name of Employer	Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 09 / 2012

**Transaction ID : SA11C.7880**

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

**C.** Full Name (Last, First, Middle Initial)  
**THE RECORDING INDUSTRY ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE**

Mailing Address 1025 F STREET NW  
10TH FLOOR

City	State	Zip Code
WASHINGTON	DC	20004

FEC ID number of contributing federal political committee. **C** C00009357

Name of Employer	Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 07 / 2012

**Transaction ID : SA11C.7879**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 250.00

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

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

\_\_\_\_\_ 3250.00

\_\_\_\_\_

**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 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)  
**U.S. TRAVEL ASSOCIATION PAC**

Mailing Address 1100 NEW YORK AVENUE  
SUITE 450W

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00457754

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 02 / 2012

**Transaction ID : SA11C.7877**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

1000.00

28250.00

**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 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) <b>A. Cathleen Allison</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2012
Mailing Address 1410 Matthew Ct		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.7904</b>
City Gardnerville	State NV	
Zip Code 89460	Purpose of Disbursement Photography	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. American Express Collections</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address P.O. Box 981540		Amount of Each Disbursement this Period 7.95 <b>Transaction ID : SB17.7928</b>
City El Paso	State TX	
Zip Code 79998	Purpose of Disbursement Merchant fees	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. American Express Collections</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address P.O. Box 981540		Amount of Each Disbursement this Period 21.98 <b>Transaction ID : SB17.7922</b>
City El Paso	State TX	
Zip Code 79998	Purpose of Disbursement Merchant fees	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	279.93
<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 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) <b>A. Mark Eugene Amodei</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 17 / 2012</b>
Mailing Address 503 W Sunset		Amount of Each Disbursement this Period <b>5580.68</b>
City Carson City	State NV Zip Code 89703	
Purpose of Disbursement see memo entry	Category/Type <b>002</b>	<b>Transaction ID : SB17.7907</b>
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NV District: 02		

Full Name (Last, First, Middle Initial) <b>B. Aristotle</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 03 / 2012</b>
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period <b>1500.00</b>
City Washington	State DC Zip Code 20003	
Purpose of Disbursement Political campaign software	Category/Type <b>001</b>	<b>Transaction ID : SB17.7913</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <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 M M / D D / Y Y Y Y <b>04 / 03 / 2012</b>
Mailing Address P.O. Box 8999		Amount of Each Disbursement this Period <b>21.05</b>
City San Francisco	State CA Zip Code 94128	
Purpose of Disbursement Merchant fees	Category/Type <b>001</b>	<b>Transaction ID : SB17.7934</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <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>7101.73</b>
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A -G79 @C B9CI G`H9LH`F9 @ H98 `HC `5 `F9DCFH`ZG7 <98I @ `CF `H9A -N5 HCB

Form/Schedule: SB17

Transaction ID : SB17.7907

Capitol Hill Club 300 1st St SE Washington, DC 20003 Fundraising expenses and donor relations - \$2,643.50 (March 2012);Bullfeathers 401 1st St SE Washington DC 20003 Fundraising expenses and donor relations - \$568 (March 2012); Beltoki 405 Silver St Elko NV 89801 - \$330 (March 2012) Staff event ; Miscellaneous meals for donor relations and fundraising (under reportable limit per business) - \$1,176.68; Nevada Secretary of State 101 N Carson St, Carson City, NV 89701 - \$300 filing fees; National Capital Flag - \$161.71 - flag purchases (see detail of disbursements for address); Taxi receipts (under reportable limit per transaction) - \$60; Fuel purchases (under reportable limit per transaction) - \$416.91; miscellaneous office expenses (under reportable limit per transaction) - \$76.12

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 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) <b>A. Authnet Gateway</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2012
Mailing Address P.O. Box 8999		Amount of Each Disbursement this Period 22.85
City San Francisco	State CA	
Zip Code 94128	Purpose of Disbursement Merchant fees	<b>Transaction ID : SB17.7925</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Committee to Elect Neoma Jardon</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2012
Mailing Address 7530 Briargate Court		Amount of Each Disbursement this Period 500.00
City Reno	State NV	
Zip Code 89523	Purpose of Disbursement Political contribution to local candidate	<b>Transaction ID : SB17.7911</b>
Candidate Name	011 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. El Dorado Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2012
Mailing Address PO Box 3399		Amount of Each Disbursement this Period 240.38
City Reno	State NV	
Zip Code 89505	Purpose of Disbursement Hotel expenses for consultants	<b>Transaction ID : SB17.7885</b>
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	763.23
<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 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) <b>A. Flag Store Sign</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address 155 Glendale Ave		Amount of Each Disbursement this Period 407.20 <b>Transaction ID : SB17.7923</b>
City Sparks	State NV Zip Code 89431	
Purpose of Disbursement Flag purchase	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Kaempfer Crowell Renshaw Gronauer &amp; Fiore</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2012
Mailing Address 8345 West Sunset Road Suite 250		Amount of Each Disbursement this Period 670.45 <b>Transaction ID : SB17.7905</b>
City Las Vegas	State NV Zip Code 89113	
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: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Kaempfer Crowell Renshaw Gronauer &amp; Fiore</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2012
Mailing Address 8345 West Sunset Road Suite 250		Amount of Each Disbursement this Period 227.50 <b>Transaction ID : SB17.7895</b>
City Las Vegas	State NV Zip Code 89113	
Purpose of Disbursement Legal Expenditures	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1305.15
<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 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) <b>A. National Capital Flag Company</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 03 / 2012</b>
Mailing Address <b>100 S Quaker Ln</b>		Amount of Each Disbursement this Period <b>245.19</b>
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22314</b>
Purpose of Disbursement <b>Flag purchase</b>	Category/Type <b>001</b>	
Candidate Name	Transaction ID : <b>SB17.7926</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Redrock Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 08 / 2012</b>
Mailing Address <b>9500 W Flamingo Rd #203</b>		Amount of Each Disbursement this Period <b>6000.00</b>
City <b>Las Vegas</b>	State <b>NV</b>	Zip Code <b>89147</b>
Purpose of Disbursement <b>Fundraising quarterly retainer</b>	Category/Type <b>003</b>	
Candidate Name	Transaction ID : <b>SB17.7900</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Redrock Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 08 / 2012</b>
Mailing Address <b>9500 W Flamingo Rd #203</b>		Amount of Each Disbursement this Period <b>7.25</b>
City <b>Las Vegas</b>	State <b>NV</b>	Zip Code <b>89147</b>
Purpose of Disbursement <b>Travel expenses</b>	Category/Type <b>002</b>	
Candidate Name	Transaction ID : <b>SB17.7901</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <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>6252.44</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 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**

**A. Something Else Strategies**

Full Name (Last, First, Middle Initial)  
Mailing Address 112 Lantern Ridge Dr

City Easley State SC Zip Code 29642

Purpose of Disbursement  
Production costs for TV spots

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2011  
 Primary  General  
 Other (specify) Special-General

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
05 / 18 / 2012

Amount of Each Disbursement this Period  
1300.00

Transaction ID : SB17.7888

**B. Southwest Airlines**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 36647-1CR

City Dallas State TX Zip Code 73235

Purpose of Disbursement  
Travel expenses - candidate campaign travel

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2012  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
05 / 18 / 2012

Amount of Each Disbursement this Period  
20.00

Transaction ID : SB17.7919

**C. Southwest Airlines**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 36647-1CR

City Dallas State TX Zip Code 73235

Purpose of Disbursement  
Travel expenses - candidate campaign travel

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2012  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
05 / 21 / 2012

Amount of Each Disbursement this Period  
166.80

Transaction ID : SB17.7914

**SUBTOTAL** of Disbursements This Page (optional)..... 1486.80

**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 27 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) <b>A. Stutzman Public Affairs</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2012
Mailing Address 1415 L Street		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.7894</b>
City Sacramento	State CA	
Zip Code 95814	Purpose of Disbursement TV Production costs	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2011	State: District:	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input checked="" type="checkbox"/> Other (specify) Special-General	

Full Name (Last, First, Middle Initial) <b>B. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2012
Mailing Address 900 Grand Plaza Drive NHCCR		Amount of Each Disbursement this Period 236.80 <b>Transaction ID : SB17.7917</b>
City Houston	State TX	
Zip Code 77067	Purpose of Disbursement Travel expenses - candidate campaign travel	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	State: District:	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Virgin America</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2012
Mailing Address 555 Airport Blvd #200		Amount of Each Disbursement this Period 224.80 <b>Transaction ID : SB17.7915</b>
City Burlingame	State CA	
Zip Code 94010	Purpose of Disbursement Travel expenses - candidate campaign travel	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	State: District:	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1461.60
<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 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) <b>A. Wells Fargo</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2012
Mailing Address PO Box 6995		Amount of Each Disbursement this Period 3.00
City PORTland	State OR	
Zip Code 97228	Purpose of Disbursement Bank charges	<b>Transaction ID : SB17.7932</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Wells Fargo</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2012
Mailing Address PO Box 6995		Amount of Each Disbursement this Period 74.91
City PORTland	State OR	
Zip Code 97228	Purpose of Disbursement Merchant fees	<b>Transaction ID : SB17.7931</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Wells Fargo</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2012
Mailing Address PO Box 6995		Amount of Each Disbursement this Period 3.00
City PORTland	State OR	
Zip Code 97228	Purpose of Disbursement Bank charges	<b>Transaction ID : SB17.7921</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	80.91
<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 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) <b>A. Wells Fargo</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 11 / 2012</b>
Mailing Address <b>PO Box 6995</b>		Amount of Each Disbursement this Period <b>66.29</b> <b>Transaction ID : SB17.7920</b>
City <b>PORTland</b> State <b>OR</b> Zip Code <b>97228</b>	Purpose of Disbursement <b>Merchant fees</b> <b>001</b> Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Will Milligan Events</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 08 / 2012</b>
Mailing Address <b>601 13th St NW</b>		Amount of Each Disbursement this Period <b>2025.00</b> <b>Transaction ID : SB17.7903</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20005</b>	Purpose of Disbursement <b>Fundraising commissions</b> <b>003</b> Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2091.29</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>20823.08</b>

**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 type="checkbox"/> 17 20a	<input checked="" 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. HELLER FOR SENATE</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 23 / 2012</b>
Mailing Address <b>PO BOX 371907</b>		Amount of Each Disbursement this Period <b>500.00</b> <b>Transaction ID : SB18.7909</b>
City <b>LAS VEGAS</b>	State <b>NV</b> Zip Code <b>89137</b>	
Purpose of Disbursement Contribution	<b>011</b> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: <b>NV</b> District: <b>00</b>		

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>500.00</b>

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 31 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 <b>American Strategies</b>		Nature of Debt (Purpose): Professional Fees
Mailing Address 675 Sierra Rose Drive		
City	State	Zip Code
Reno	NV	89511

Outstanding Balance Beginning This Period	Transaction ID : SD10.7265	
20000.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	20000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Redrock Strategies</b>		Nature of Debt (Purpose): Consulting Retainer
Mailing Address 9500 W Flamingo Rd #203		
City	State	Zip Code
Las Vegas	NV	89147

Outstanding Balance Beginning This Period	Transaction ID : SD10.7595	
5000.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	5000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Redrock Strategies</b>		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	
5000.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	5000.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	30000.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

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

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

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

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

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Something Else Strategies</b>	Nature of Debt (Purpose): Production Costs
Mailing Address 112 Lantern Ridge Dr	
City State Zip Code Easley SC 29642	

Outstanding Balance Beginning This Period 10250.00	<b>Transaction ID : SD10.7266</b>	
Amount Incurred This Period 0.00	Payment This Period 1300.00	Outstanding Balance at Close of This Period 8950.00

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

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

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	14950.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	0.00



: 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:

**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>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		Transaction ID : SD10.7284	
12000.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	1000.00	11000.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):
Mailing Address		
City State	Zip Code	

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		Nature of Debt (Purpose):
Mailing Address		
City State	Zip Code	

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

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	11000.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	55950.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶		55950.00