

# 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

Horsford for Congress

ADDRESS (number and street)

6100 Elton Ave, Suite 1000

Check if different than previously reported. (ACC)

Las Vegas

NV

89107

2. FEC IDENTIFICATION NUMBER ▼

C C00504613

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

NV

04

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 / 10 / 2014 in the State of NV

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

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

Election on / / in the State of

5. Covering Period

04 / 01 / 2014 through 05 / 21 / 2014

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 Mr. Michael Kern

Signature of Treasurer Mr. Michael Kern

[Electronically Filed]

Date

05 / 29 / 2014

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  
**Horsford for Congress**

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))....	94541.95	977988.31
(b) Total Contribution Refunds (from Line 20(d)) .....	900.00	4195.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	93641.95	973793.31
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	100360.43	704724.91
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	100360.43	704724.91
8. Cash on Hand at Close of Reporting Period (from Line 27).....	279719.36	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	454.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**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

**Horsford for Congress**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	51446.92	374133.74
(ii) Unitemized.....	4095.03	16652.97
(iii) TOTAL of contributions from individuals ▶	55541.95	390786.71
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	39000.00	587201.60
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	94541.95	977988.31
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	45.69	860.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	94587.64	978848.31

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	100360.43	704724.91
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	900.00	4195.00
(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)).....	900.00	4195.00
21. OTHER DISBURSEMENTS .....	925.00	14755.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	102185.43	723674.91

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	287317.15
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	94587.64
25. SUBTOTAL (add Line 23 and Line 24).....	381904.79
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	102185.43
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	279719.36

**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 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

NAME OF COMMITTEE (In Full)  
**Horsford for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Sharif Abdou**

Mailing Address 2604 Ragusa Ct

City Henderson State NV Zip Code 89052-4107

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

Name of Employer HealthCare Partners Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 02 / 2014

**Transaction ID : VN8PPCHQ5E2**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address PO Box 60327

City Las Vegas State NV Zip Code 89160-0327

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

Name of Employer LUNA AHMAD PC Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 04 / 2014

**Transaction ID : VN8PPCMBKG8**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 1704 Snow Flat Ct

City Las Vegas State NV Zip Code 89134-6422

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 19 / 2014

**Transaction ID : VN8PPCNQJW9**

Amount of Each Receipt this Period  
 1000.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 78
	<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)  
**Horsford for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Amy Ayoub**

Mailing Address 2955 Pinehurst Dr

City Las Vegas State NV Zip Code 89109-1524

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

Name of Employer Ayoub & Associates Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 13 / 2014

**Transaction ID : VN8PPCN6AE6**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 26 Promontory Ridge Dr

City Las Vegas State NV Zip Code 89135-1671

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

Name of Employer HealthCare Partners Nevada Occupation Chief Medical Officer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 10 / 2014

**Transaction ID : VN8PPCJQZZ3**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 9509 Canyon Mesa Dr

City Las Vegas State NV Zip Code 89144-1522

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

Name of Employer Pursiano Barry Lavelle Bruce Hassin, L Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 24 / 2014

**Transaction ID : VN8PPCKMNJ9**

Amount of Each Receipt this Period  
1000.00

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

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

2250.00

**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 78
	<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)  
**Horsford for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**QB Bush**

Mailing Address 1948 D St

City Las Vegas State NV Zip Code 89106-2603

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 01 / 2014

**Transaction ID : VN8PPCM7SZ0**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address PO Box 35500

City Las Vegas State NV Zip Code 89133-5500

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

Name of Employer Information Requested Occupation Information Requested  
 None-retired Retired lawyer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 26 / 2014

**Transaction ID : VN8PPCM7RK2**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address PO Box 35500

City Las Vegas State NV Zip Code 89133-5500

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

Name of Employer Information Requested Occupation Information Requested  
 None-retired Retired lawyer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 29 / 2014

**Transaction ID : VN8PPCKXYM5**

Amount of Each Receipt this Period  
 100.00

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

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

700.00

**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 78
	<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)  
**Horsford for Congress**

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

Mailing Address 7440 W Sahara Ave

City Las Vegas State NV Zip Code 89117-2740

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

Name of Employer Christensen Law Occupation Lawyer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 19 / 2014

**Transaction ID : VN8PPCNFNG8**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 1528 MacDonald Ranch Dr

City Henderson State NV Zip Code 89012-7249

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

Name of Employer Velstand Investments, LLC Occupation Principal

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 21 / 2014

**Transaction ID : VN8PPCKE5F1**

Amount of Each Receipt this Period  
 600.00

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

Mailing Address 1528 MacDonald Ranch Dr

City Henderson State NV Zip Code 89012-7249

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

Name of Employer Velstand Investments, LLC Occupation Principal

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 21 / 2014

**Transaction ID : VN8PPCKE5G9**

Amount of Each Receipt this Period  
 400.00

**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 9 OF 78
	<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)  
**Horsford for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jeffery Clemons**

Mailing Address 1140 N Town Center Dr  
Ste 350

City Las Vegas State NV Zip Code 89144-0501

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

Name of Employer MassMutual Financial Group Occupation Financial planner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 25 / 2014

**Transaction ID : VN8PPCKNT54**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Cohen & Padda LLP**

Mailing Address 420 West Flamingo Rd, Suite 220

City Las Vegas State NV Zip Code 89103

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 13 / 2014

**Transaction ID : VN8PPCN6AM4**

Amount of Each Receipt this Period  
2500.00

PARTNERSHIP--partners below if itemized

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

Mailing Address 259 Little Minah Ct

City Henderson State NV Zip Code 89052-5909

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

Name of Employer Cohen & Padda, LLP Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 13 / 2014

**Transaction ID : VN8PPCN6AN1**

Amount of Each Receipt this Period  
2500.00

**[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 78
	<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)  
**Horsford for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mary A. Dondero-Mele**

Mailing Address 9808 Winter Palace Dr

City Las Vegas	State NV	Zip Code 89145-8638
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FEC ID number of contributing federal political committee. **C**

Name of Employer R&R Partners	Occupation Marketing
----------------------------------	-------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 11 / 2014

**Transaction ID : VN8PPCJVA79**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 10526 Regal Stallion Ave

City Las Vegas	State NV	Zip Code 89135-2156
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FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
725.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 26 / 2014

**Transaction ID : VN8PPCM7RF1**

Amount of Each Receipt this Period  
200.00

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

Mailing Address 10526 Regal Stallion Ave

City Las Vegas	State NV	Zip Code 89135-2156
-------------------	-------------	------------------------

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

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
725.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 26 / 2014

**Transaction ID : VN8PPCM7SR5**

Amount of Each Receipt this Period  
25.00

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

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

725.00

**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 78
	<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)  
**Horsford for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Katherine M. Ferguson**

Mailing Address 2117 Silver Ave  
Address Line 2

City Las Vegas State NV Zip Code 89102-2221

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 21 / 2014

**Transaction ID : VN8PPCKE594**

Amount of Each Receipt this Period  
75.00

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

Mailing Address 2117 Silver Ave  
Address Line 2

City Las Vegas State NV Zip Code 89102-2221

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5200.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 21 / 2014

**Transaction ID : VN8PPCKE5A2**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 1820 Dawn Ridge Ave  
Ste 200

City Henderson State NV Zip Code 89074-5236

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

Name of Employer Consili Inc. Occupation Political Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 02 / 2014

**Transaction ID : VN8PPCM9RN5**

Amount of Each Receipt this Period  
1000.00

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

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

3675.00

**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 78
	<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)  
**Horsford for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jane Gale**

Mailing Address 6722 N Rainbow Blvd

City Las Vegas State NV Zip Code 89131-3100

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

Name of Employer Las Vegas Sun Occupation Columnist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 13 / 2014

**Transaction ID : VN8PPCN6A97**

Amount of Each Receipt this Period  
 2000.00

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

Mailing Address 410 S Rampart Blvd Ste 120

City Las Vegas State NV Zip Code 89145-5727

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

Name of Employer Menagh II, LLC Occupation Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : VN8PPCMSTQ8**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 410 S Rampart Blvd Ste 120

City Las Vegas State NV Zip Code 89145-5727

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

Name of Employer Menagh II, LLC Occupation Partner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : VN8PPCMSTS4**

Amount of Each Receipt this Period  
 2600.00

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

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

5600.00

**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)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 13 OF 78

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NAME OF COMMITTEE (In Full)  
**Horsford for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Lettie Green**

Mailing Address 10553 Shoalhaven Dr

City Las Vegas State NV Zip Code 89134-7425

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **550.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 09 / 2014**

**Transaction ID : VN8PPCJQA86**

Amount of Each Receipt this Period  
**200.00**

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

Mailing Address 10553 Shoalhaven Dr

City Las Vegas State NV Zip Code 89134-7425

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 21 / 2014**

**Transaction ID : VN8PPCKE5B0**

Amount of Each Receipt this Period  
**200.00**

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

Mailing Address 10553 Shoalhaven Dr

City Las Vegas State NV Zip Code 89134-7425

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **791.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 12 / 2014**

**Transaction ID : VN8PPCMSSZ9**

Amount of Each Receipt this Period  
**41.00**

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

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

**441.00**

**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 78
	<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)  
**Horsford for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Thelma Hall**

Mailing Address 4527 Whelk Pl

City North Las Vegas State NV Zip Code 89031-2264

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **535.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 01 / 2014

**Transaction ID : VN8PPCM7V40**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address 4527 Whelk Pl

City North Las Vegas State NV Zip Code 89031-2264

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **560.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 20 / 2014

**Transaction ID : VN8PPCNF5M5**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address 2287 Coral Ridge Ave

City Henderson State NV Zip Code 89052-2370

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

Name of Employer Shepherd Eye Center Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 19 / 2014

**Transaction ID : VN8PPCK8ZG8**

Amount of Each Receipt this Period  
**1000.00**

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

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

**1075.00**

**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 78
	<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)  
**Horsford for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ronald Jensen**

Mailing Address 767 Los Feliz St

City Las Vegas State NV Zip Code 89110-4213

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

Name of Employer retired Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
351.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 29 / 2014

**Transaction ID : VN8PPCKY0A0**

Amount of Each Receipt this Period  
41.00

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

Mailing Address 10075 E Desert Canyon Dr  
Ste A

City Reno State NV Zip Code 89511-5361

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

Name of Employer WJ Investments LLC Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 19 / 2014

**Transaction ID : VN8PPCNBTH4**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 2289 Candlestick Ave

City Henderson State NV Zip Code 89052-2361

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

Name of Employer ALEXANDER KALIFANO Occupation OWNER JEWELRY + GIFT WHOLESALE BUS

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 16 / 2014

**Transaction ID : VN8PPCNFNB9**

Amount of Each Receipt this Period  
1000.00

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

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

2041.00

**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 78
	<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)  
**Horsford for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Kilauea Trust**

Mailing Address 1801 White Hawk Ct

City Las Vegas State NV Zip Code 89134-6113

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : VN8PPCMSTC1**

Amount of Each Receipt this Period  
 1000.00

PARTNERSHIP--partners below if itemized

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

Mailing Address 3005 W Horizon Ridge Pkwy Ste 201

City Henderson State NV Zip Code 89052-5031

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

Name of Employer Occupation  
 Retina Consultants of Nevada Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : VN8PPCMSTF5**

Amount of Each Receipt this Period  
 1000.00

**[MEMO ITEM]**  
\*

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

Mailing Address 2121 Bogart Ct

City Las Vegas State NV Zip Code 89117-2156

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

Name of Employer Occupation  
 R&R Partners CFO & Principal

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 09 / 2014

**Transaction ID : VN8PPCJQA78**

Amount of Each Receipt this Period  
 1000.00

**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 17 OF 78
	<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)  
**Horsford for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Cherina Kleven**

Mailing Address 3973 Mojado Ct

City Las Vegas State NV Zip Code 89121-7417

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 13 / 2014

**Transaction ID : VN8PPCN6A89**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 1212 S Casino Center Blvd

City Las Vegas State NV Zip Code 89104-1016

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

Name of Employer Lavergne Law Group Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 13 / 2014

**Transaction ID : VN8PPCN6AD8**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 2260 Village Walk Dr # 1298

City Henderson State NV Zip Code 89052-5688

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **615.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 26 / 2014

**Transaction ID : VN8PPCM7ST0**

Amount of Each Receipt this Period  
**55.00**

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

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

**555.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 78
	<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)  
**Horsford for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Clifton Marshall**

Mailing Address 3426 Tiara Point Cir

City Las Vegas State NV Zip Code 89146-7924

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

Name of Employer Clifton Marshall, Architect Occupation Architect

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 21 / 2014

**Transaction ID : VN8PPCKE578**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 1005 Providence Ln

City Boulder City State NV Zip Code 89005-4203

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

Name of Employer Sherpard Eye Center Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : VN8PPCMSTK7**

Amount of Each Receipt this Period  
 1250.00

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

Mailing Address 7502 Lakewood Dr W Ste D2

City Lakewood State WA Zip Code 98499-8410

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 01 / 2014

**Transaction ID : VN8PPCM7T73**

Amount of Each Receipt this Period  
 2600.00

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

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

4350.00

**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 78
	<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)  
**Horsford for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Rosanna W. Orr**

Mailing Address 7502 Lakewood Dr W  
Ste D2

City Lakewood State WA Zip Code 98499-8410

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 01 / 2014

**Transaction ID : VN8PPCM7TB5**

Amount of Each Receipt this Period  
2600.00

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

Mailing Address 806 Sierra Vista Dr  
Unit 124

City Las Vegas State NV Zip Code 89169-9383

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

Name of Employer Nevada Real Estate Investments Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 13 / 2014

**Transaction ID : VN8PPCN6AB2**

Amount of Each Receipt this Period  
600.00

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

Mailing Address 806 Sierra Vista Dr  
Unit 124

City Las Vegas State NV Zip Code 89169-9383

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

Name of Employer Nevada Real Estate Investments Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 13 / 2014

**Transaction ID : VN8PPCN6AC0**

Amount of Each Receipt this Period  
400.00

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

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

3600.00

**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 78
	<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)  
**Horsford for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Xavier Peterson**

Mailing Address 10 Commerce Center Dr  
D-46

City Henderson State NV Zip Code 89014-2335

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

Name of Employer Quality Investigations, Inc. Occupation Security Management

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2941.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 01 / 2014

**Transaction ID : VN8PPCM72R4**

Amount of Each Receipt this Period  
141.00

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

Mailing Address 5 Caves Valley Ct

City Henderson State NV Zip Code 89052-6678

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

Name of Employer Clark County School District Occupation Teacher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 13 / 2014

**Transaction ID : VN8PPCN6AQ7**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1860 Jasmine Joy Ct

City Las Vegas State NV Zip Code 89117-1937

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

Name of Employer Rainbow Dreams Academy Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 12 / 2014

**Transaction ID : VN8PPCMS8S7**

Amount of Each Receipt this Period  
500.00

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

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

891.00

**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 78
	<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)  
**Horsford for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**William A. Prezant**

Mailing Address 990 Del Monte Ln

City Reno State NV Zip Code 89511-7527

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

Name of Employer Prezant & Mollath Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 19 / 2014

**Transaction ID : VN8PPCNBQW4**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 3455 Cliff Shadows Pkwy Ste 220

City Las Vegas State NV Zip Code 89129-1077

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

Name of Employer Focus Commercial Group Occupation Developer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 01 / 2014

**Transaction ID : VN8PPCM7ES8**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 3455 Cliff Shadows Pkwy Ste 220

City Las Vegas State NV Zip Code 89129-1077

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

Name of Employer Focus Commercial Group Occupation Developer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 01 / 2014

**Transaction ID : VN8PPCM7ET6**

Amount of Each Receipt this Period  
900.00

**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 22 OF 78
	<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)  
**Horsford for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Frank A. Schreck**

Mailing Address 3083 Red Arrow Dr

City Las Vegas State NV Zip Code 89135-1625

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

Name of Employer BrownsteinHyattFarberSchreck Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
443.92

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 21 / 2014

**Transaction ID : VN8PPCP4AY1**

Amount of Each Receipt this Period  
443.92

\* In-Kind: Fundraising Event - Food/Beverages/Venue

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

Mailing Address 2877 Paradise Rd  
Unit 1601

City Las Vegas State NV Zip Code 89109-5270

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : VN8PPCMSV67**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Sibley 1998 Trust**

Mailing Address 930 S 4th St  
Ste 100

City Las Vegas State NV Zip Code 89101-6845

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 13 / 2014

**Transaction ID : VN8PPCN6AF4**

Amount of Each Receipt this Period  
1000.00

PARTNERSHIP--partners below if itemized

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

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

1943.92

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 78
	<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)  
**Horsford for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Scott Sibley**

Mailing Address 930 S 4th St  
Ste 100

City Las Vegas State NV Zip Code 89101-6845

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

Name of Employer Nevada Legal News, LLC Occupation Publisher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 13 / 2014

**Transaction ID : VN8PPCN6AG2**

Amount of Each Receipt this Period  
1000.00

**[MEMO ITEM]**  
\*

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

Mailing Address 930 S 4th St  
Ste 100

City Las Vegas State NV Zip Code 89101-6845

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

Name of Employer Nevada Legal Support Services, LLC Occupation COO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 13 / 2014

**Transaction ID : VN8PPCN6AR5**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 4119 Cricket Ln

City N Las Vegas State NV Zip Code 89032-0107

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 30 / 2014

**Transaction ID : VN8PPCM3EN4**

Amount of Each Receipt this Period  
100.00

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

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

1100.00

**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 24 OF 78
	<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)  
**Horsford for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Christine Springer**

Mailing Address 2912 Kandahar Ave

City North Las Vegas State NV Zip Code 89081-2436

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

Name of Employer UNLV Occupation Professor/Director of Graduate Program

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 29 / 2014**

**Transaction ID : VN8PPCKXY31**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 1215 1/2 C St NE

City Washington State DC Zip Code 20002-6331

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

Name of Employer The Group Occupation Political Strategist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 21 / 2014**

**Transaction ID : VN8PPCNQJY5**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address 1209 C St NW #1

City Washington State DC Zip Code 20002

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

Name of Employer Credit Suisse Occupation Government Relations

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 29 / 2014**

**Transaction ID : VN8PPCMET84**

Amount of Each Receipt this Period  
**500.00**

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

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

**1600.00**



**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 25 OF 78
	<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)  
**Horsford for Congress**

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

Mailing Address 2714 Westwind Rd

City Las Vegas State NV Zip Code 89146-5458

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

Name of Employer Occupation  
Tingey & Tingey Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 13 / 2014

**Transaction ID : VN8PPCN6AH0**

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
**Valma A Von Holt**

Mailing Address PO Box 5737

City Pahrump State NV Zip Code 89041-5737

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 20 / 2014

**Transaction ID : VN8PPCNF2Q3**

Amount of Each Receipt this Period  
2600.00

**C.** Full Name (Last, First, Middle Initial)  
**Valma A Von Holt**

Mailing Address PO Box 5737

City Pahrump State NV Zip Code 89041-5737

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 20 / 2014

**Transaction ID : VN8PPCNG5H8**

Amount of Each Receipt this Period  
2400.00

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

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

5300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 78
	<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)  
**Horsford for Congress**

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

Mailing Address 1711 S 15th St

City Las Vegas State NV Zip Code 89104-3102

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

Name of Employer Wanderer Law Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : VN8PPCN6A63**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 2588 Fire Mesa St Ste 110

City Las Vegas State NV Zip Code 89128-9022

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

Name of Employer Arcata Associates, Inc Occupation President & CEO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 13 / 2014

**Transaction ID : VN8PPCN6AK6**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 2588 Fire Mesa St Ste 110

City Las Vegas State NV Zip Code 89128-9022

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

Name of Employer Arcata Associates, Inc Occupation Executive Vice President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 13 / 2014

**Transaction ID : VN8PPCN6AJ8**

Amount of Each Receipt this Period  
 1000.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 78			
	<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)  
**Horsford for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Imaad Zuberi**

Mailing Address 10166 Rush St

City El Monte State CA Zip Code 91733-3224

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

Name of Employer Avenue Ventures Occupation private equity

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 19 / 2014

**Transaction ID : VN8PPCK93H5**

Amount of Each Receipt this Period  
 2600.00

**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).....

2600.00

51446.92

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 78
	<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)  
**Horsford for Congress**

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

Mailing Address 1120 Connecticut Ave NW  
Ste 600

City Washington State DC Zip Code 20036-3971

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 29 / 2014

**Transaction ID : VN8PPCMET01**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN FEDERATION OF GOVT. EMPL. POLITICAL ACTION COMMITTEE**

Mailing Address 80 F St NW

City Washington State DC Zip Code 20001-1528

FEC ID number of contributing federal political committee. **C** C00009936

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 21 / 2014

**Transaction ID : VN8PPCKE5K3**

Amount of Each Receipt this Period  
1500.00

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Mailing Address 1625 L St NW

City Washington State DC Zip Code 20036-5665

FEC ID number of contributing federal political committee. **C** C00011114

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 02 / 2014

**Transaction ID : VN8PPCJMDV9**

Amount of Each Receipt this Period  
1500.00

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 78
	<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)  
**Horsford for Congress**

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN FEDERATION OF TEACHERS, AFL-CIO COMMITTEE ON POLITICAL EDUCATION

Mailing Address 555 New Jersey Ave NW

City Washington State DC Zip Code 20001-2029

FEC ID number of contributing federal political committee. **C** C00028860

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 21 / 2014

**Transaction ID : VN8PPCNT9N9**

Amount of Each Receipt this Period  
 2500.00

**B.** Full Name (Last, First, Middle Initial)  
AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS POLITICAL ACTION COMMITTEE

Mailing Address 220 Leigh Farm Rd  
220 LEIGH FARM RD

City Durham State NC Zip Code 27707-8110

FEC ID number of contributing federal political committee. **C** C00077321

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : VN8PPCMSVB6**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
BROTHERHOOD OF RAILROAD SIGNALMEN POLITICAL ACTION COMMITTEE

Mailing Address 917 Shenandoah Shores Rd

City Front Royal State VA Zip Code 22630-6418

FEC ID number of contributing federal political committee. **C** C00011262

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 21 / 2014

**Transaction ID : VN8PPCNT6Z1**

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 30 OF 78
	<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)  
**Horsford for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**CAPITAL ONE FINANCIAL CORP. ASSOC. POLITICAL FUND**

Mailing Address 1680 Capital One Dr  
ATTN: 19050-1204

City McLean State VA Zip Code 22102-3407

FEC ID number of contributing federal political committee. **C** C00326595

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 21 / 2014

**Transaction ID : VN8PPCNT6W8**

Amount of Each Receipt this Period  
 2000.00

5500.00

**B.** Full Name (Last, First, Middle Initial)  
**CAPITAL ONE FINANCIAL CORP. ASSOC. POLITICAL FUND**

Mailing Address 1680 Capital One Dr  
ATTN: 19050-1204

City McLean State VA Zip Code 22102-3407

FEC ID number of contributing federal political committee. **C** C00326595

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 21 / 2014

**Transaction ID : VN8PPCNT6X5**

Amount of Each Receipt this Period  
 500.00

5500.00

**C.** Full Name (Last, First, Middle Initial)  
**CASH AMERICA INTERNATIONAL INC. POLITICAL ACTION COMMITTEE**

Mailing Address 1600 W 7th St

City Fort Worth State TX Zip Code 76102-2504

FEC ID number of contributing federal political committee. **C** C00275529

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 29 / 2014

**Transaction ID : VN8PPCMET27**

Amount of Each Receipt this Period  
 1000.00

1000.00

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

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

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 78
	<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)  
**Horsford for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Committee to Elect Chris Guinchiliani**

Mailing Address 1717 S 15th St

City	State	Zip Code
Las Vegas	NV	89104-3102

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

Name of Employer	Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 13 / 2014

**Transaction ID : VN8PPCNFN85**

Amount of Each Receipt this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
**DUKE ENERGY CORPORATION PAC**

Mailing Address 550 S Tryon St

City	State	Zip Code
Charlotte	NC	28202-4200

FEC ID number of contributing federal political committee. **C** C00083535

Name of Employer	Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 29 / 2014

**Transaction ID : VN8PPCMESQ0**

Amount of Each Receipt this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
**GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE (GEPAC)**

Mailing Address 1299 Pennsylvania Ave NW  
Ste 900

City	State	Zip Code
Washington	DC	20004-2414

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer	Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : VN8PPCMRN32**

Amount of Each Receipt this Period

1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 78
	<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)  
**Horsford for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**HOLLAND & HART LLP FEDERAL PAC**

Mailing Address 555 17th St  
Ste 3200

City State Zip Code  
Denver CO 80202-3921

FEC ID number of contributing federal political committee. **C** C00137729

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 19 / 2014

**Transaction ID : VN8PPCNFND4**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**JPMORGAN CHASE & CO. FEDERAL POLITICAL ACTION COMMITTEE**

Mailing Address 10 S Dearborn St  
IL 1-0520

City State Zip Code  
Chicago IL 60603-2300

FEC ID number of contributing federal political committee. **C** C00104299

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 08 / 2014

**Transaction ID : VN8PPCMP1N6**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**JPMORGAN CHASE & CO. FEDERAL POLITICAL ACTION COMMITTEE**

Mailing Address 10 S Dearborn St  
IL 1-0520

City State Zip Code  
Chicago IL 60603-2300

FEC ID number of contributing federal political committee. **C** C00104299

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 20 / 2014

**Transaction ID : VN8PPCNFMX8**

Amount of Each Receipt this Period  
500.00

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

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

2500.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 78
	<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)  
**Horsford for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**K&L GATES LLP POLITICAL ACTION COMMITTEE (DC)**

Mailing Address 1601 K St NW

City Washington State DC Zip Code 20006-1682

FEC ID number of contributing federal political committee. **C** C00213173

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 29 / 2014

**Transaction ID : VN8PPCMET43**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Marijuana Policy Project PAC**

Mailing Address PO Box 77492

City Washington State DC Zip Code 20013-8492

FEC ID number of contributing federal political committee. **C** C00389882

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : VN8PPCMSV33**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF FEDERAL CREDIT UNIONS POLITICAL ACTION COMMITTEE**

Mailing Address 3138 10th St N

City Arlington State VA Zip Code 22201-2160

FEC ID number of contributing federal political committee. **C** C00040659

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 29 / 2014

**Transaction ID : VN8PPCMET76**

Amount of Each Receipt this Period  
 1000.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 78
	<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)  
**Horsford for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE**

Mailing Address 430 N Michigan Ave

City Chicago State IL Zip Code 60611-4011

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
6500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 21 / 2014

**Transaction ID : VN8PPCKE5D6**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address 51 Madison Ave  
Rm 1109

City New York State NY Zip Code 10010-1603

FEC ID number of contributing federal political committee. **C** C00158881

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
13500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 19 / 2014

**Transaction ID : VN8PPCNFNK2**

Amount of Each Receipt this Period  
3500.00

**C.** Full Name (Last, First, Middle Initial)  
**NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address 51 Madison Ave  
Rm 1109

City New York State NY Zip Code 10010-1603

FEC ID number of contributing federal political committee. **C** C00158881

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
13500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 19 / 2014

**Transaction ID : VN8PPCNFNP6**

Amount of Each Receipt this Period  
1500.00

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

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 78
	<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)  
**Horsford for Congress**

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

Mailing Address **PO Box 81500**  
**ATTN: JOHN J. VINSKI, TREASURER**

City **Las Vegas** State **NV** Zip Code **89180-1500**

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**11000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 21 / 2014**

**Transaction ID : VN8PPCNQKW0**

Amount of Each Receipt this Period  
**2000.00**

**B.** Full Name (Last, First, Middle Initial)  
**PRICEWATERHOUSECOOPERS POLITICAL ACTION COMMITTEE I**

Mailing Address **1301 K St NW**  
**Ste 800W**

City **Washington** State **DC** Zip Code **20005-3317**

FEC ID number of contributing federal political committee. **C C00107235**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 12 / 2014**

**Transaction ID : VN8PPCMSVK9**

Amount of Each Receipt this Period  
**2500.00**

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

Mailing Address **700 13th St NW**  
**Ste 600**

City **Washington** State **DC** Zip Code **20005-3960**

FEC ID number of contributing federal political committee. **C C00327395**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 21 / 2014**

**Transaction ID : VN8PPCNT9M1**

Amount of Each Receipt this Period  
**2500.00**

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

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

**7000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 78
	<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)  
**Horsford for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**THE COCA-COLA COMPANY NONPARTISAN COMMITTEE FOR GOOD GOVERNMENT**

Mailing Address 1 Coca Cola Plz NW

City Atlanta	State GA	Zip Code 30313-2420
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00012468

Name of Employer	Occupation
------------------	------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 21 / 2014

**Transaction ID : VN8PPCNQK17**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Toyota Motor North America, Inc PAC**

Mailing Address 601 Fourteenth St NW, Ste 910 S

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00542365

Name of Employer	Occupation
------------------	------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : VN8PPCN6A55**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1 Financial Plz

City Hartford	State CT	Zip Code 06103-2608
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C70004544

Name of Employer	Occupation
------------------	------------

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 08 / 2014

**Transaction ID : VN8PPCKCYD5**

Amount of Each Receipt this Period  
2500.00

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

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

4500.00

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 37 OF 78	
<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)  
**Horsford for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**XCEL ENERGY EMPLOYEE POLITICAL ACTION COMMITTEE (XPAC)**

Mailing Address 1800 Larimer St  
Ste 1600

City State Zip Code  
Denver CO 80202-1402

FEC ID number of contributing federal political committee. **C** C00107771

Name of Employer Occupation

Receipt For: 2014  
 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 / 2014

**Transaction ID : VN8PPCJQA61**

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

39000.00

**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 38 OF 78			
	<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)  
**Horsford for Congress**

Full Name (Last, First, Middle Initial) <b>A. A&amp;B Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2014
Mailing Address 2900 S Highland Dr 18 STE		Amount of Each Disbursement this Period 64.86
City Las Vegas	State NV Zip Code 89109-1091	
Purpose of Disbursement Graphic Design	Category/Type 001	<b>Transaction ID : VN7QE9S1BX4</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. A&amp;B Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 2900 S Highland Dr 18 STE		Amount of Each Disbursement this Period 1711.45
City Las Vegas	State NV Zip Code 89109-1091	
Purpose of Disbursement Printing - Office	Category/Type 001	<b>Transaction ID : VN7QE9S5GV9</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. ActBlue</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2014
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period 0.08
City Cambridge	State MA Zip Code 02138-5106	
Purpose of Disbursement Credit Card Processing	Category/Type 001	<b>Transaction ID : VN7QE9S2FT6</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1776.39
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 78			
	<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)  
**Horsford for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. ActBlue</b>		M M / D D / Y Y Y Y 05 / 04 / 2014
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period
City Cambridge	State MA	Zip Code 02138-5106
Purpose of Disbursement Credit Card Processing	Category/Type 001	Transaction ID : VN7QE9S4P69
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. ActBlue</b>		M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period
City Cambridge	State MA	Zip Code 02138-5106
Purpose of Disbursement Credit Card Processing	Category/Type 001	Transaction ID : VN7QE9S5ZE7
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. ActBlue</b>		M M / D D / Y Y Y Y 05 / 18 / 2014
Mailing Address 14 Arrow St		Amount of Each Disbursement this Period
City Cambridge	State MA	Zip Code 02138-5106
Purpose of Disbursement Credit Card Processing	Category/Type 001	Transaction ID : VN7QE9S5ZF5
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8.77
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 78	
	<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)  
**Horsford for Congress**

Full Name (Last, First, Middle Initial) <b>A. Angerholz Broz Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 499 S. Capitol Street S.W., #42		Amount of Each Disbursement this Period 2064.52
City Washington State DC Zip Code 20003	Purpose of Disbursement Fundraising Consultant Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>Transaction ID : VN7QE9RWBR4</b>

Full Name (Last, First, Middle Initial) <b>B. Angerholz Broz Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 499 S. Capitol Street S.W., #42		Amount of Each Disbursement this Period 25.73
City Washington State DC Zip Code 20003	Purpose of Disbursement Fundraising Consultant Expense Reimbursement Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>Transaction ID : VN7QE9RY3R3</b>

Full Name (Last, First, Middle Initial) <b>c. Angerholz Broz Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 499 S. Capitol Street S.W., #42		Amount of Each Disbursement this Period 295.43
City Washington State DC Zip Code 20003	Purpose of Disbursement Fundraising Consultant Expense Reimbursement Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>Transaction ID : VN7QE9S4NY6</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2385.63
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 41 OF 78	
	<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)  
**Horsford for Congress**

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address PO Box 6463		Amount of Each Disbursement this Period 446.89
City Carol Stream	State IL	
Zip Code 60197-6463	Purpose of Disbursement Utility - Phones	<b>Transaction ID : VN7QE9S1BS2</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Bank of Nevada Credit Services</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address PO Box 98809		Amount of Each Disbursement this Period 1432.43
City Las Vegas	State NV	
Zip Code 89193-8809	Purpose of Disbursement Credit Card Payment	<b>Transaction ID : VN7QE9S4DD3</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Bellagio Hotel Casino</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 3600 Las Vegas Blvd S		Amount of Each Disbursement this Period 1357.81
City Las Vegas	State NV	
Zip Code 89109-4303	Purpose of Disbursement Fundraiser Event Expense - Food, Beverages, Venue, Entertainment	<b>Transaction ID : VN7QE9S4DV4</b>
Candidate Name	Category/Type 001	
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)	<b>[MEMO ITEM]</b> *
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1879.32
<b>TOTAL</b> This Period (last page this line number only).....	

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

Form/Schedule: SB17

Transaction ID : VN7QE9S4DD3

Please Note that not all of the memo entries for his reimbursement meet the \$200.00 Reporting thresh

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 43 OF 78	
	<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)  
**Horsford for Congress**

Full Name (Last, First, Middle Initial) <b>A. Bank of Nevada Credit Services</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address PO Box 98809		Amount of Each Disbursement this Period 2291.02 <b>Transaction ID : VN7QE9S5X53</b>
City Las Vegas	State NV	
Zip Code 89193-8809	Purpose of Disbursement Credit Card Payment	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Bellagio Hotel Casino</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 3600 Las Vegas Blvd S		Amount of Each Disbursement this Period 1600.00 <b>Transaction ID : VN7QE9S5XA3</b>
City Las Vegas	State NV	
Zip Code 89109-4303	Purpose of Disbursement Fundraising Expense - Venue, Food, Beverage, Entertainment	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

**[MEMO ITEM]**  
\*

Full Name (Last, First, Middle Initial) <b>c. Google Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 1600 Amphitheatre Pkwy		Amount of Each Disbursement this Period 25.00 <b>Transaction ID : VN7QE9S5XB1</b>
City Mountain View	State CA	
Zip Code 94043-1351	Purpose of Disbursement E-mail Service	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

**[MEMO ITEM]**  
\*

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2291.02
<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 : VN7QE9S5X53

Please Note that not all of the memo entries for his reimbursement meet the \$200.00 Reporting thresh

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 45 OF 78	
	<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)  
**Horsford for Congress**

Full Name (Last, First, Middle Initial) <b>A. National Democratic Club</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 30 Ivy St SE		Amount of Each Disbursement this Period 420.89
City Washington	State DC	
Zip Code 20003-4071	Purpose of Disbursement Meetings Expense - Food	Transaction ID : VN7QE9S5X61
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Uber Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 405 Howard St		Amount of Each Disbursement this Period 216.59
City San Francisco	State CA	
Zip Code 94105-2625	Purpose of Disbursement Travel - Cab Fare	Transaction ID : VN7QE9S5X79
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Bank of Nevada Credit Services</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address PO Box 98809		Amount of Each Disbursement this Period 397.49
City Las Vegas	State NV	
Zip Code 89193-8809	Purpose of Disbursement Credit Card Payment	Transaction ID : VN7QE9S5XC9
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	397.49
<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 : VN7QE9S5XC9

Please Note that not all of the memo entries for his reimbursement meet the \$200.00 Reporting threshold.

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 47 OF 78			
	<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)  
**Horsford for Congress**

Full Name (Last, First, Middle Initial) <b>A. National Democratic Club</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 30 Ivy St SE		Amount of Each Disbursement this Period 152.75
City Washington State DC Zip Code 20003-4071	Purpose of Disbursement Meetings Expense - Meals	Transaction ID : VN7QE9S5XD6
Candidate Name	Category/Type 001	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	*
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Uber Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 405 Howard St		Amount of Each Disbursement this Period 157.84
City San Francisco State CA Zip Code 94105-2625	Purpose of Disbursement Travel - Cab Fare	Transaction ID : VN7QE9S5YE7
Candidate Name	Category/Type 002	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	*
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Bank of Nevada Credit Services</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address PO Box 98809		Amount of Each Disbursement this Period 109.50
City Las Vegas State NV Zip Code 89193-8809	Purpose of Disbursement Credit Card Payment	Transaction ID : VN7QE9S5YF5
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	109.50
<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 : VN7QE9S5YF5

Please Note that not all of the memo entries for his reimbursement meet the \$200.00 Reporting threshold.

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 49 OF 78	
	<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)  
**Horsford for Congress**

Full Name (Last, First, Middle Initial) <b>A. Google Inc.</b>		Date of Disbursement MM / DD / YYYY 05 / 05 / 2014
Mailing Address 1600 Amphitheatre Pkwy		Amount of Each Disbursement this Period 25.00
City Mountain View	State CA	Zip Code 94043-1351
Purpose of Disbursement E-mail Service	Category/Type 001	
Candidate Name	Transaction ID : VN7QE9S5YX6	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	[MEMO ITEM] *	

Full Name (Last, First, Middle Initial) <b>B. Bank of Nevada Credit Services</b>		Date of Disbursement MM / DD / YYYY 05 / 12 / 2014
Mailing Address PO Box 98809		Amount of Each Disbursement this Period 1468.42
City Las Vegas	State NV	Zip Code 89193-8809
Purpose of Disbursement Credit Card Payment	Category/Type 001	
Candidate Name	Transaction ID : VN7QE9S4E94	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Please Note that not all of the memo entries for his reimbursement meet the \$200.00 Reporting thresh	

Full Name (Last, First, Middle Initial) <b>C. Cricket Communications</b>		Date of Disbursement MM / DD / YYYY 05 / 12 / 2014
Mailing Address 5887 Copley Dr		Amount of Each Disbursement this Period 474.00
City San Diego	State CA	Zip Code 92111-7906
Purpose of Disbursement Equipment - Phones	Category/Type 001	
Candidate Name	Transaction ID : VN7QE9S5NR5	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	[MEMO ITEM] *	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1468.42
<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 50 OF 78	
	<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)  
**Horsford for Congress**

Full Name (Last, First, Middle Initial) <b>A. Southwest Airlines Co.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 2702 Love Field Dr		Amount of Each Disbursement this Period 692.00
City Dallas	State TX Zip Code 75235-1908	
Purpose of Disbursement Travel - Air Fare	Category/Type 002	Transaction ID : VN7QE9S5NS3
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 200.00
City Chicago	State IL Zip Code 60666-0100	
Purpose of Disbursement Travel - Air Fare	Category/Type 002	Transaction ID : VN7QE9S5NZ0
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Bank of Nevada Credit Services</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address PO Box 98809		Amount of Each Disbursement this Period 398.02
City Las Vegas	State NV Zip Code 89193-8809	
Purpose of Disbursement Credit Card Payment	Category/Type 001	Transaction ID : VN7QE9S5YY4
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	398.02
<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 51 OF 78	
	<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)  
**Horsford for Congress**

Full Name (Last, First, Middle Initial) <b>A. National Democratic Club</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 30 Ivy St SE		Amount of Each Disbursement this Period 10.00
City Washington	State DC	
Zip Code 20003-4071	Purpose of Disbursement Meeting Expense	Transaction ID : VN7QE9S5Z09
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Uber Taxi</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 405 Howard St		Amount of Each Disbursement this Period 94.52
City San Francisco	State CA	
Zip Code 94105-2625	Purpose of Disbursement Travel - Cab Fare	Transaction ID : VN7QE9S5Z17
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>C. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address PO Box 66100		Amount of Each Disbursement this Period 293.50
City Chicago	State IL	
Zip Code 60666-0100	Purpose of Disbursement Travel - Air Fare	Transaction ID : VN7QE9S5YZ1
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 52 OF 78	
	<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)  
**Horsford for Congress**

Full Name (Last, First, Middle Initial) <b>A. Bank of Nevada Credit Services</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address PO Box 98809		Amount of Each Disbursement this Period 2062.04
City Las Vegas	State NV	
Zip Code 89193-8809	Purpose of Disbursement Credit Card Payment	<b>Transaction ID : VN7QE9S5Q19</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Americas Best Inns</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 1402 5th St.		Amount of Each Disbursement this Period 280.00
City Hawthorne	State NV	
Zip Code 89415	Purpose of Disbursement Travel- Lodging	<b>Transaction ID : VN7QE9S5QJ3</b>
Candidate Name	Category/Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> *
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Amtrak</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 50 Massachusetts Ave NE		Amount of Each Disbursement this Period 205.00
City Washington	State DC	
Zip Code 20002-4278	Purpose of Disbursement Travel - Train Fare	<b>Transaction ID : VN7QE9S5QF9</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b> *
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2062.04
<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 : VN7QE9S5Q19

Please Note that not all of the memo entries for his reimbursement meet the \$200.00 Reporting threshold.

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 54 OF 78	
	<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)  
**Horsford for Congress**

Full Name (Last, First, Middle Initial) <b>A. The Greenbrier Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 300 W Main St		Amount of Each Disbursement this Period 1500.00
City White Sulphur Springs	State WV	
Zip Code 24986-2498	Purpose of Disbursement Fundraising Event	Transaction ID : VN7QE9S5QB8
Candidate Name	003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Bank of Nevada</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 7251 W Lake Mead Blvd Ste 108		Amount of Each Disbursement this Period 25.00
City Las Vegas	State NV	
Zip Code 89128-8358	Purpose of Disbursement Bank Service Fee	Transaction ID : VN7QE9S4P35
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Bank of Nevada</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 7251 W Lake Mead Blvd Ste 108		Amount of Each Disbursement this Period 28.00
City Las Vegas	State NV	
Zip Code 89128-8358	Purpose of Disbursement Bank Service Fee	Transaction ID : VN7QE9S4P27
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	53.00
<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 55 OF 78	
	<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)  
**Horsford for Congress**

Full Name (Last, First, Middle Initial) <b>A. CenturyLink</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address PO Box 2961		Amount of Each Disbursement this Period 252.42
City Phoenix	State AZ	
Zip Code 85062-2961	Purpose of Disbursement Phones	<b>Transaction ID : VN7QE9RX8E7</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CenturyLink</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address PO Box 2961		Amount of Each Disbursement this Period 236.55
City Phoenix	State AZ	
Zip Code 85062-2961	Purpose of Disbursement Phones	<b>Transaction ID : VN7QE9S5GY2</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Francesca Cox</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 1532 Brookhaven Dr		Amount of Each Disbursement this Period 1690.53
City McLean	State VA	
Zip Code 22101-4127	Purpose of Disbursement Fundraising Consultant Reimbursement	<b>Transaction ID : VN7QE9S4NR8</b>
Candidate Name	003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2179.53
<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 56 OF 78	
	<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)  
**Horsford for Congress**

Full Name (Last, First, Middle Initial) <b>A. El Mundo Newspaper</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014
Mailing Address 760 N Eastern Ave Ste 110		Amount of Each Disbursement this Period 650.00 <b>Transaction ID : VN7QE9S5GR5</b>
City Las Vegas	State NV Zip Code 89101-2888	
Purpose of Disbursement Newspaper Advertising	Category/Type 004	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. First Data USA</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period 499.38 <b>Transaction ID : VN7QE9S4P43</b>
City Atlanta	State GA Zip Code 30342-4756	
Purpose of Disbursement Credit Card Processing	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. First Data USA</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 5565 Glenridge Connector NE		Amount of Each Disbursement this Period 1314.07 <b>Transaction ID : VN7QE9S4P51</b>
City Atlanta	State GA Zip Code 30342-4756	
Purpose of Disbursement Credit Card Processing	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2463.45
<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 57 OF 78	
	<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)  
**Horsford for Congress**

Full Name (Last, First, Middle Initial) <b>A. Sonya Horsford</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 4120 Birchmont St		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : VN7QE9S5ZC1</b>
City Las Vegas	State NV	
Zip Code 89130-2638	Purpose of Disbursement Event Expense Reimbursement	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. The Congressional Club</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 2001 New Hampshire Ave., NW		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : VN7QE9S5ZD9</b>
City Washington	State DC	
Zip Code 20009	Purpose of Disbursement 1st Lady Luncheon	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	<b>[MEMO ITEM]</b> *

Full Name (Last, First, Middle Initial) <b>c. Steven Horsford</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 4120 Birchmont St		Amount of Each Disbursement this Period 297.49 <b>Transaction ID : VN7QE9S1M38</b>
City Las Vegas	State NV	
Zip Code 89107	Purpose of Disbursement Reimbursement Travel/Meals Expense	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	797.49
<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 58 OF 78	
	<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)  
**Horsford for Congress**

Full Name (Last, First, Middle Initial) <b>A. Triple George Grill</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 201 N 3rd St		Amount of Each Disbursement this Period 388.96
City Las Vegas	State NV	
Zip Code 89101-2909	Purpose of Disbursement Meeting Meals	Transaction ID : VN7QE9S1MN0
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Steven Horsford</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 4120 Birchmont St		Amount of Each Disbursement this Period 388.96
City Las Vegas	State NV	
Zip Code 89107	Purpose of Disbursement Reimbursement Travel - Car Rental	Transaction ID : VN7QE9S5ZA5
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. National Car Rental</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 6929 N Lakewood Ave Ste 10		Amount of Each Disbursement this Period 388.96
City Tulsa	State OK	
Zip Code 74117-1808	Purpose of Disbursement Travel - Car Rental	Transaction ID : VN7QE9S5ZB3
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	388.96
<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 59 OF 78	
	<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)  
**Horsford for Congress**

Full Name (Last, First, Middle Initial) <b>A. Institute for Debate Education</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 13106 Heritage Way		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : VN7QE9S1BW6</b>
City Apple Valley	State MN	
Purpose of Disbursement Campaign Consultant	Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Institute for Debate Education</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 13106 Heritage Way		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : VN7QE9S5GW7</b>
City Apple Valley	State MN	
Purpose of Disbursement Campaign Consultant	Candidate Name	Category/ Type 001
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Las Vegas Review Journal</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 1111 W Bonanza Rd		Amount of Each Disbursement this Period 860.00 <b>Transaction ID : VN7QE9S4NH3</b>
City Las Vegas	State NV	
Purpose of Disbursement Advertising	Candidate Name	Category/ Type 004
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2360.00
<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 60 OF 78	
	<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)  
**Horsford for Congress**

Full Name (Last, First, Middle Initial) <b>A. LOOC Holdings, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 3320 Palatine Hills Ave		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : VN7QE9RYZD6</b>
City North Las Vegas	State NV Zip Code 89081-6539	
Purpose of Disbursement Office Rent	001 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. LOOC Holdings, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 3320 Palatine Hills Ave		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : VN7QE9S4NZ4</b>
City North Las Vegas	State NV Zip Code 89081-6539	
Purpose of Disbursement Office Rent	001 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. National Democratic Club</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 30 Ivy St SE		Amount of Each Disbursement this Period 587.76 <b>Transaction ID : VN7QE9S61R2</b>
City Washington	State DC Zip Code 20003-4071	
Purpose of Disbursement Meetings Expense - Meals	001 Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5587.76
<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 61 OF 78	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Horsford for Congress**

Full Name (Last, First, Middle Initial) <b>A. National Insurance Consultants, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 04 / 2014</b>
Mailing Address <b>8687 W Sahara Ave Ste 2300</b>		Amount of Each Disbursement this Period <b>935.10</b>
City <b>Las Vegas</b>	State <b>NV</b>	Zip Code <b>89117-5832</b>
Purpose of Disbursement <b>Campaign Liability Insurance</b>	Category/Type <b>001</b>	
Candidate Name		<b>Transaction ID : VN7QE9RYZE4</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Nevada Department of Employment Training &amp; Rehabilitation</b>		Date of Disbursement M M / D D / Y Y Y Y <b>04 / 16 / 2014</b>
Mailing Address <b>Employment Security Division 500 E. Third Street</b>		Amount of Each Disbursement this Period <b>116.70</b>
City <b>Carson City</b>	State <b>NV</b>	Zip Code <b>89713-0001</b>
Purpose of Disbursement <b>Nevada Special Assesment/Payroll</b>	Category/Type <b>001</b>	
Candidate Name		<b>Transaction ID : VN7QE9S4P77</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. NEVADA STATE DEMOCRATIC PARTY</b>		Date of Disbursement M M / D D / Y Y Y Y <b>05 / 01 / 2014</b>
Mailing Address <b>1210 S Valley View Blvd Ste 114</b>		Amount of Each Disbursement this Period <b>15000.00</b>
City <b>Las Vegas</b>	State <b>NV</b>	Zip Code <b>89102-1857</b>
Purpose of Disbursement <b>Database Access</b>	Category/Type <b>001</b>	
Candidate Name <b>NEVADA STATE DEMOCRATIC PARTY</b>		<b>Transaction ID : VN7QE9S4P19</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>16051.80</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 62 OF 78	
	<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)  
**Horsford for Congress**

Full Name (Last, First, Middle Initial) <b>A. NGP Van, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 3150.00
City Washington	State DC	
Zip Code 20005-5006	Purpose of Disbursement Database/Credit Card Processing	<b>Transaction ID : VN7QE9RYZG0</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Nuria, LLP</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 1321 Corcoran St NW		Amount of Each Disbursement this Period 7500.00
City Washington	State DC	
Zip Code 20009-4310	Purpose of Disbursement Campaign Consultant	<b>Transaction ID : VN7QE9S61Z7</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Nuria, LLP</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2014
Mailing Address 1321 Corcoran St NW		Amount of Each Disbursement this Period 7500.00
City Washington	State DC	
Zip Code 20009-4310	Purpose of Disbursement Campaign Consultant	<b>Transaction ID : VN7QE9RYZJ5</b>
Candidate Name	Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	18150.00
<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 63 OF 78			
	<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)  
**Horsford for Congress**

Full Name (Last, First, Middle Initial) <b>A. Nuria, LLP</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2014
Mailing Address 1321 Corcoran St NW		Amount of Each Disbursement this Period 7500.00 <b>Transaction ID : VN7QE9S61S9</b>
City Washington State DC Zip Code 20009-4310	Purpose of Disbursement Campaign Consultant Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Nuria, LLP</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 1321 Corcoran St NW		Amount of Each Disbursement this Period 7500.00 <b>Transaction ID : VN7QE9S4NN5</b>
City Washington State DC Zip Code 20009-4310	Purpose of Disbursement Campaign Consultant Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Nuria, LLP</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 1321 Corcoran St NW		Amount of Each Disbursement this Period 525.00 <b>Transaction ID : VN7QE9S5GZ0</b>
City Washington State DC Zip Code 20009-4310	Purpose of Disbursement Campaign Consultant Expense Reimbursement Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	15525.00
<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 64 OF 78	
	<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)  
**Horsford for Congress**

Full Name (Last, First, Middle Initial) <b>A. NV Energy</b>		Date of Disbursement MM / DD / YYYY 04 / 04 / 2014
Mailing Address PO Box 30086		Amount of Each Disbursement this Period 37.17
City Reno	State NV	
Zip Code 89520-3086	Purpose of Disbursement Utility - Electric	<b>Transaction ID : VN7QE9RX8P0</b>
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. NV Energy</b>		Date of Disbursement MM / DD / YYYY 04 / 04 / 2014
Mailing Address PO Box 30086		Amount of Each Disbursement this Period 78.15
City Reno	State NV	
Zip Code 89520-3086	Purpose of Disbursement Utility - Electric	<b>Transaction ID : VN7QE9RX907</b>
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. NV Energy</b>		Date of Disbursement MM / DD / YYYY 05 / 02 / 2014
Mailing Address PO Box 30086		Amount of Each Disbursement this Period 131.57
City Reno	State NV	
Zip Code 89520-3086	Purpose of Disbursement Utility - Electric	<b>Transaction ID : VN7QE9S4NW0</b>
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	246.89
<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 65 OF 78	
	<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)  
**Horsford for Congress**

Full Name (Last, First, Middle Initial) <b>A. NV Energy</b>		Date of Disbursement MM / DD / YYYY 05 / 02 / 2014
Mailing Address PO Box 30086		Amount of Each Disbursement this Period 38.66
City Reno	State NV	
Zip Code 89520-3086	Category/ Type 001	<b>Transaction ID : VN7QE9S4NX8</b>
Purpose of Disbursement Utility - Electric		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Pahrump Valley Times</b>		Date of Disbursement MM / DD / YYYY 05 / 16 / 2014
Mailing Address 2160 E Calvada Blvd		Amount of Each Disbursement this Period 352.00
City Pahrump	State NV	
Zip Code 89048-5891	Category/ Type 004	<b>Transaction ID : VN7QE9S4NC4</b>
Purpose of Disbursement Advertising		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Paychex, Inc.</b>		Date of Disbursement MM / DD / YYYY 04 / 16 / 2014
Mailing Address 1175 John St		Amount of Each Disbursement this Period 1243.75
City West Henrietta	State NY	
Zip Code 14586-9102	Category/ Type 001	<b>Transaction ID : VN7QE9S5ZG3</b>
Purpose of Disbursement Payroll		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1634.41
<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 66 OF 78	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Horsford for Congress**

Full Name (Last, First, Middle Initial) <b>A. Paychex, Inc.</b>		Date of Disbursement MM / DD / YYYY 04 / 16 / 2014
Mailing Address 1175 John St		Amount of Each Disbursement this Period 167.25
City West Henrietta	State NY	
Zip Code 14586-9102	Purpose of Disbursement Payroll Processing	Transaction ID : VN7QE9S5ZP0
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. U.S. Treasury</b>		Date of Disbursement MM / DD / YYYY 04 / 16 / 2014
Mailing Address PO Box 9941		Amount of Each Disbursement this Period 76.50
City Ogden	State UT	
Zip Code 84409-0941	Purpose of Disbursement Employer Payroll Taxes	Transaction ID : VN7QE9S5ZM4
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Wendell P Williams</b>		Date of Disbursement MM / DD / YYYY 04 / 16 / 2014
Mailing Address 3701 Fortune Ave		Amount of Each Disbursement this Period 1000.00
City Las Vegas	State NV	
Zip Code 89107-2147	Purpose of Disbursement Salary	Transaction ID : VN7QE9S5ZJ9
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 67 OF 78	
	<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)  
**Horsford for Congress**

Full Name (Last, First, Middle Initial) <b>A. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 1175 John St		Amount of Each Disbursement this Period 1243.75
City West Henrietta	State NY Zip Code 14586-9102	
Purpose of Disbursement Payroll	Category/Type 001	<b>Transaction ID : VN7QE9S5ZH1</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Paychex, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 1175 John St		Amount of Each Disbursement this Period 167.25
City West Henrietta	State NY Zip Code 14586-9102	
Purpose of Disbursement Payroll Processing	Category/Type	<b>Transaction ID : VN7QE9S5ZQ8</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

**[MEMO ITEM]**  
\*

Full Name (Last, First, Middle Initial) <b>c. U.S. Treasury</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address PO Box 9941		Amount of Each Disbursement this Period 76.50
City Ogden	State UT Zip Code 84409-0941	
Purpose of Disbursement Employer Payroll Taxes	Category/Type	<b>Transaction ID : VN7QE9S5ZN2</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

**[MEMO ITEM]**  
\*

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1243.75
<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 68 OF 78			
	<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)  
**Horsford for Congress**

Full Name (Last, First, Middle Initial) <b>A. Wendell P Williams</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 3701 Fortune Ave		Amount of Each Disbursement this Period 1000.00
City Las Vegas	State NV	
Zip Code 89107-2147	Purpose of Disbursement Salary	Transaction ID : VN7QE9S5ZK6
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Piercy, Bowler, Tayler &amp; Kern</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 6100 Elton Ave Ste 1000		Amount of Each Disbursement this Period 2275.00
City Las Vegas	State NV	
Zip Code 89107-0123	Purpose of Disbursement Accounting Services	Transaction ID : VN7QE9RYZF2
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Piercy, Bowler, Tayler &amp; Kern</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 6100 Elton Ave Ste 1000		Amount of Each Disbursement this Period 2175.00
City Las Vegas	State NV	
Zip Code 89107-0123	Purpose of Disbursement Accounting Services	Transaction ID : VN7QE9S5GS3
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4450.00
<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 69 OF 78			
	<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)  
**Horsford for Congress**

Full Name (Last, First, Middle Initial) <b>A. Porter Gordon Silver</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 11 D St SE		Amount of Each Disbursement this Period 150.00 <b>Transaction ID : VN7QE9S5GX4</b>
City Washington	State DC Zip Code 20003-4003	
Purpose of Disbursement Event Venue Rental	Category/Type 007	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Kevin J Schmidt</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 1237 W Alexander Rd Apt 52		Amount of Each Disbursement this Period 131.84 <b>Transaction ID : VN7QE9S5GP9</b>
City North Las Vegas	State NV Zip Code 89032-9084	
Purpose of Disbursement Campaign Consulting Reimbursement	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Kevin J Schmidt</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 1237 W Alexander Rd Apt 52		Amount of Each Disbursement this Period 879.00 <b>Transaction ID : VN7QE9S5GQ7</b>
City North Las Vegas	State NV Zip Code 89032-9084	
Purpose of Disbursement Campaign Consulting	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1160.84
<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 70 OF 78	
	<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)  
**Horsford for Congress**

Full Name (Last, First, Middle Initial) <b>A. Frank A. Schreck</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 3083 Red Arrow Dr		Amount of Each Disbursement this Period 443.92
City Las Vegas	State NV	Zip Code 89135-1625
Purpose of Disbursement Fundraising Event - Food/Beverages/Venue	Category/Type	
Candidate Name	Transaction ID : VN8PPCP4AY11	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	* In-Kind Received
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jennifer L. Taylor</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 8158 Hawk Clan Ct Ste 202		Amount of Each Disbursement this Period 273.87
City Las Vegas	State NV	Zip Code 89131-1445
Purpose of Disbursement Campaign Consultant Expense Reimbursement	Category/Type 001	
Candidate Name	Transaction ID : VN7QE9RYZH7	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Jennifer L. Taylor</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 8158 Hawk Clan Ct Ste 202		Amount of Each Disbursement this Period 4500.00
City Las Vegas	State NV	Zip Code 89131-1445
Purpose of Disbursement Campaign Consultant	Category/Type 001	
Candidate Name	Transaction ID : VN7QE9S1BV8	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5217.79
<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 71 OF 78	
	<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)  
**Horsford for Congress**

Full Name (Last, First, Middle Initial) <b>A. Jennifer L. Taylor</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 8158 Hawk Clan Ct Ste 202		Amount of Each Disbursement this Period 307.72 <b>Transaction ID : VN7QE9S4NV2</b>
City Las Vegas State NV Zip Code 89131-1445	Purpose of Disbursement Campaign Consultant Expense Reimbursement Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Jennifer L. Taylor</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 8158 Hawk Clan Ct Ste 202		Amount of Each Disbursement this Period 1710.02 <b>Transaction ID : VN7QE9S5GT1</b>
City Las Vegas State NV Zip Code 89131-1445	Purpose of Disbursement Campaign Consultant Expense Reimbursement Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. The Wakem Group, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2014
Mailing Address 1532 Brookhaven Dr		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : VN7QE9S1BT0</b>
City McLean State VA Zip Code 22101-4127	Purpose of Disbursement Fundraising Consultant Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4517.74
<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 72 OF 78		
	<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)  
**Horsford for Congress**

Full Name (Last, First, Middle Initial) <b>A. The Wakem Group, LLC</b>		Date of Disbursement MM / DD / YYYY 05 / 05 / 2014
Mailing Address 1532 Brookhaven Dr		Amount of Each Disbursement this Period 5000.00
City McLean	State VA	
Zip Code 22101-4127	Purpose of Disbursement Fundraising Consultant	<b>Transaction ID : VN7QE9S4NQ0</b>
Candidate Name	Category/ Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5000.00
<b>TOTAL</b> This Period (last page this line number only).....	99805.03



**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 73 OF 78			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Horsford for Congress**

Full Name (Last, First, Middle Initial) <b>A. Elias Ghanem Jr.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 410 S Rampart Blvd Ste 120		Amount of Each Disbursement this Period 400.00 <b>Transaction ID : VN7QE9S4ND1</b>
City Las Vegas	State NV Zip Code 89145-5727	
Purpose of Disbursement Refund of Excessive Contribution	Category/Type 010	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Randy Morton</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 3600 Las Vegas Blvd S		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : VN7QE9S61Q4</b>
City Las Vegas	State NV Zip Code 89109-4303	
Purpose of Disbursement Refund of Contribution	Category/Type 010	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	900.00
<b>TOTAL</b> This Period (last page this line number only).....	900.00

**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 74 OF 78	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**Horsford for Congress**

Full Name (Last, First, Middle Initial) <b>A. Armed Forces &amp; Military Veteran's Appreciation, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 417 Horse Pointe Ave		Amount of Each Disbursement this Period 250.00
City North Las Vegas	State NV	
Zip Code 89084-1225	Purpose of Disbursement Contribution	<b>Transaction ID : VN7QE9S4NS6</b>
Candidate Name	012 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Southern Nevada Devil Pups, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address P.O. Box 60082		Amount of Each Disbursement this Period 575.00
City Boulder City	State NV	
Zip Code 89006	Purpose of Disbursement Charitable Contribution	<b>Transaction ID : VN7QE9S4P02</b>
Candidate Name	012 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>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	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	825.00
<b>TOTAL</b> This Period (last page this line number only).....	825.00

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**Horsford for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Genevieve G. Cornelius**

Mailing Address 9753 Glittering Star Ave

City State Zip Code  
Las Vegas NV 89147-8242

Nature of Debt (Purpose):  
Contributor requested refund of a portion of online contribution.

Outstanding Balance Beginning This Period **495.00** Transaction ID : VN5RY9H9B43

Amount Incurred This Period **-41.00** Payment This Period **0.00** Outstanding Balance at Close of This Period **454.00**

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<b>454.00</b>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<b>454.00</b>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<b>0.00</b>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<b>454.00</b>

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

Form/Schedule: SD9

Transaction ID : VN5RY9H9B43

Inadvertent contribution refund made by campaign check and by the credit card company.

Form/Schedule:

Transaction ID:

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

NAME OF COMMITTEE (In Full)  
**Horsford for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Angerholz Broz Consulting</b>		Nature of Debt (Purpose): Fundraising Consultant
Mailing Address 499 S. Capitol Street S.W., #42		
City	State	Zip Code
Washington	DC	20003

Outstanding Balance Beginning This Period	<b>Transaction ID : VN5RY9H9AB7</b>	
<input type="text" value="2064.52"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="2064.52"/>	<input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Angerholz Broz Consulting</b>		Nature of Debt (Purpose): Fundraising Consultant Expense
Mailing Address 499 S. Capitol Street S.W., #42		
City	State	Zip Code
Washington	DC	20003

Outstanding Balance Beginning This Period	<b>Transaction ID : VN5RY9H9AS6</b>	
<input type="text" value="25.73"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="25.73"/>	<input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>CenturyLink</b>		Nature of Debt (Purpose): Outstanding Utility Payment - Phones
Mailing Address PO Box 2961		
City	State	Zip Code
Phoenix	AZ	85062-2961

Outstanding Balance Beginning This Period	<b>Transaction ID : VN5RY9H9AN6</b>	
<input type="text" value="252.42"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="252.42"/>	<input type="text" value="0.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="0.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text" value="0.00"/>
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="0.00"/>

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**Horsford for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Nuria, LLP**

Mailing Address 1321 Corcoran St NW

City State Zip Code  
Washington DC 20009-4310

Nature of Debt (Purpose):  
Campaign Consultant

Outstanding Balance Beginning This Period **7500.00** Transaction ID : VN5RY9H9AA9

Amount Incurred This Period **0.00** Payment This Period **7500.00** Outstanding Balance at Close of This Period **0.00**

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

Mailing Address PO Box 30086

City State Zip Code  
Reno NV 89520-3086

Nature of Debt (Purpose):  
Outstanding Utility - Electric

Outstanding Balance Beginning This Period **37.17** Transaction ID : VN5RY9H9AP4

Amount Incurred This Period **0.00** Payment This Period **37.17** Outstanding Balance at Close of This Period **0.00**

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

Mailing Address PO Box 30086

City State Zip Code  
Reno NV 89520-3086

Nature of Debt (Purpose):  
Outstanding Utility - Electric

Outstanding Balance Beginning This Period **78.15** Transaction ID : VN5RY9H9AQ2

Amount Incurred This Period **0.00** Payment This Period **78.15** Outstanding Balance at Close of This Period **0.00**

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