

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

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

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

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

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

5. Covering Period M M / D D / Y Y Y Y 01 / 01 / 2012 through M M / D D / Y Y Y Y 03 / 31 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Nicola Neilon  
Signature of Treasurer Nicola Neilon *[Electronically Filed]* Date M M / D D / Y Y Y Y 04 / 15 / 2012

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Amodei for Nevada**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	52955.00	897973.11
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	850.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	52955.00	897123.11
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	21025.22	812988.13
(b) Total Offsets to Operating Expenditures (from Line 14).....	61.13	4012.04
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	20964.09	808976.09
8. Cash on Hand at Close of Reporting Period (from Line 27).....	89102.67	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	58250.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Amodei for Nevada**

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	17500.00	421087.77
(ii) Unitemized.....	705.00	51729.40
(iii) TOTAL of contributions from individuals ▶	18205.00	472817.17
(b) Political Party Committees.....	0.00	9000.00
(c) Other Political Committees (such as PACs).....	34750.00	416155.94
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	52955.00	897973.11
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	955.65
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	61.13	4012.04
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	53016.13	902940.80

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	21025.22	812988.13
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	850.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	850.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	21025.22	813838.13

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	57111.76
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	53016.13
25. SUBTOTAL (add Line 23 and Line 24).....	110127.89
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	21025.22
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	89102.67

**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 35
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

**A.** Full Name (Last, First, Middle Initial)  
**Donna Bath**

Mailing Address 570-1st Street

City State Zip Code  
Ely NV 89301

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

Name of Employer Occupation Information requested  
Information requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 13 / 2012

**Transaction ID : SA11AI.7608**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 7280 Cheltenham Way

City State Zip Code  
Reno NV 89502

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

Name of Employer Occupation  
Dyonemic Diesel Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 23 / 2012

**Transaction ID : SA11AI.7652**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1783 Janie Court

City State Zip Code  
Elko NV 89801

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

Name of Employer Occupation  
Boys and Girls Club Vice President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11AI.7624**

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 6 OF 35
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Drennan, Maj. Gen. Clark**

Mailing Address 690 W. Patriot Blvd.

City Reno State NV Zip Code 89511

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

Name of Employer None Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 22 / 2012**

**Transaction ID : SA11AI.7636**

Amount of Each Receipt this Period  
**150.00**

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

Mailing Address 13105 Thuderbolt Dr

City Reno State NV Zip Code 89511

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

Name of Employer Clark & Associates Occupation Insurance Broker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 26 / 2012**

**Transaction ID : SA11AI.7615**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address PO 281210

City Lamoille State NV Zip Code 89828

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

Name of Employer None Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 01 / 2012**

**Transaction ID : SA11AI.7616**

Amount of Each Receipt this Period  
**500.00**

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

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

**1150.00**

**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 35
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Allen Freemeyer**

Mailing Address 2015 48th ST NW

City Washington State DC Zip Code 20007

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

Name of Employer Jim Hansen Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : SA11AI.7634**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 3104 Conners Drive

City Las Vegas State NV Zip Code 89103

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

Name of Employer None Occupation Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 16 / 2012

**Transaction ID : SA11AI.7642**

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 3104 Conners Drive

City Las Vegas State NV Zip Code 89103

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

Name of Employer South Point Casino Occupation Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : SA11AI.7641**

Amount of Each Receipt this Period  
2500.00

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 35
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Joseph Gibson**

Mailing Address 5040 Glenbrook Ter NW

City State Zip Code  
Washinton DC 20016

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

Name of Employer Occupation  
Constantine Cannon Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 01 / 2012

**Transaction ID : SA11AI.7653**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 2205 Plaza del Puerto

City State Zip Code  
Las Vegas NV 89102

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

Name of Employer Occupation  
Graves Communications Consultant

Receipt For: 2011  
 Primary  General  
 Other (specify) Special-General

Election Cycle-to-Date  
3500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 10 / 2012

**Transaction ID : SA11AI.7609**

Amount of Each Receipt this Period  
1000.00

Debt retirement

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

Mailing Address 150 Plantation Dr

City State Zip Code  
Carson City NV 89703

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

Name of Employer Occupation  
Hartman & Hartman Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 16 / 2012

**Transaction ID : SA11AI.7643**

Amount of Each Receipt this Period  
2500.00

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

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

4000.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 35
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Ken Inouye**

Mailing Address 8013 Herb Farm Drive

City: Bethesda State: MD Zip Code: 20817

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

Name of Employer: The Fritts Occupation: Lobbyist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 02 / 16 / 2012

**Transaction ID : SA11AI.7631**

Amount of Each Receipt this Period: 250.00

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

Mailing Address 1813 Riverside Rd

City: Alexandria State: VA Zip Code: 22308

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

Name of Employer: Washington Strategies, LLC Occupation: Partner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 01 / 15 / 2012

**Transaction ID : SA11AI.7691**

Amount of Each Receipt this Period: 500.00

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

Mailing Address 176 Tierra Bonita Ct

City: Henderson State: NV Zip Code: 89074

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

Name of Employer: None Occupation: Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1500.00

Date of Receipt: 03 / 06 / 2012

**Transaction ID : SA11AI.7637**

Amount of Each Receipt this Period: 1500.00

**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 10 OF 35
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 409 G Street SE

City Wahington State DC Zip Code 20003

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

Name of Employer Capital Mgmt Occupation Sr Vice Pres

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 01 / 2012

**Transaction ID : SA11AI.7639**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 4485 Mountaingate Drive

City Reno State NV Zip Code 89519-7938

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

Name of Employer ERGS, Inc Occupation President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 10 / 2012

**Transaction ID : SA11AI.7740**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 3541 Mont Blanc Court

City Carson City State NV Zip Code 89705

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

Name of Employer Information requested Occupation Information requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 12 / 2012

**Transaction ID : SA11AI.7630**

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

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.7740

This is an earmarked contribution through Votesane PAC as the conduit

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 35
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**Audrey Spratling**

Mailing Address **Starr Valley RT. PO BOX 27**

City **Deeth** State **NV** Zip Code **89823**

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

Name of Employer **Self Employed** Occupation **Veterinary clinic**

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 27 / 2012**

**Transaction ID : SA11Al.7628**

Amount of Each Receipt this Period  
**500.00**

**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 M / D 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 M / D 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).....

**500.00**

**17500.00**

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

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

FOR LINE NUMBER: PAGE 13 OF 35  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

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

Mailing Address 4250 NORTH FAIRFAX DRIVE 9TH FLOOR

City ARLINGTON State VA Zip Code 22203

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

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)    Special-Primary

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 10 / 2012

**Transaction ID : SA11C.7785**

Amount of Each Receipt this Period  
 2500.00

7500.00

**B.** Full Name (Last, First, Middle Initial)  
ASSOCIATED GENERAL CONTRACTORS OF AMERICA POLITICAL ACTION COMMITTEE

Mailing Address 2300 WILSON BLVD. SUITE 400

City ARLINGTON State VA Zip Code 22201

FEC ID number of contributing federal political committee. **C** C00082917

Name of Employer Occupation

Receipt For: 2011  
 Primary     General  
 Other (specify)    Special-General

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 10 / 2012

**Transaction ID : SA11C.7786**

Amount of Each Receipt this Period  
 2500.00

5000.00

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

Mailing Address 136 E. SOUTH TEMPLE ST. SUITE 1300

City SALT LAKE CITY State UT Zip Code 84111

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

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)    Special-Primary

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 27 / 2012

**Transaction ID : SA11C.7683**

Amount of Each Receipt this Period  
 2500.00

7500.00

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

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

7500.00

7500.00

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

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

FOR LINE NUMBER: PAGE 14 OF 35  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

Full Name (Last, First, Middle Initial)  
BUILD POLITICAL ACTION COMMITTEE OF THE NATIONAL ASSOCIATION OF HOME BUILDERS (BUILDPAAC)

A. Mailing Address 1201 15TH STREET, NW

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C00000901**

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date  
 7500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2012

Transaction ID : SA11C.7677

Amount of Each Receipt this Period  
 5000.00

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

Mailing Address 601 PENNSYLVANIA AVE NW SUITE 540

City State Zip Code  
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C C00423442**

Name of Employer Occupation

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 16 / 2012

Transaction ID : SA11C.7662

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 1701 JFK BLVD, 49TH FLOOR

City State Zip Code  
PHILADELPHIA PA 19103

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

Name of Employer Occupation

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 14 / 2012

Transaction ID : SA11C.7681

Amount of Each Receipt this Period  
 1000.00

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

7000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 35
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**COX ENTERPRISES PAC (COXPAC) INC.**

Mailing Address 975 F STREET, NW  
SUITE 300

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00477653**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 10 / 2012

**Transaction ID : SA11C.7669**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**DGA-PAC THE POLITICAL ACTION COMMITTEE OF THE DIRECTORS GUILD OF AMERICA INC.**

Mailing Address 7920 SUNSET BOULEVARD

City LOS ANGELES State CA Zip Code 90046

FEC ID number of contributing federal political committee. **C C00311944**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 09 / 2012

**Transaction ID : SA11C.7685**

Amount of Each Receipt this Period  
1500.00

**C.** Full Name (Last, First, Middle Initial)  
**EXXON MOBIL CORPORATION POLITICAL ACTION COMMITTEE (EXXONMOBIL PAC)**

Mailing Address PO BOX 20503

City INDIANAPOLIS State IN Zip Code 46220

FEC ID number of contributing federal political committee. **C C00121368**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 26 / 2012

**Transaction ID : SA11C.7684**

Amount of Each Receipt this Period  
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 16 OF 35
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
GENERAL CIGAR COMPANY, INC. POLITICAL ACTION COMMITTEE (GENERAL CIGAR PAC)

Mailing Address 10900 NUCKOLS ROAD  
SUITE 100

City State Zip Code  
GLEN ALLEN VA 23060

FEC ID number of contributing federal political committee. **C** C00488320

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11C.7660**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
NATIONAL RETAIL FEDERATION RETAILPAC

Mailing Address 325 7TH STREET NW SUITE #1100

City State Zip Code  
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00040329

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 22 / 2012

**Transaction ID : SA11C.7679**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
NEWS AMERICA HOLDINGS INC-FOX POL ACTION COMMITTEE (AKA NEWS AMERICA-FOX POL ACTION CMTE)

Mailing Address 444 N CAPITOL STREET - SUITE 740

City State Zip Code  
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C** C00330019

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 09 / 2012

**Transaction ID : SA11C.7668**

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 17 OF 35
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
R.J. REYNOLDS POLITICAL ACTION COMMITTEE; REYNOLDS AMERICAN INC.

Mailing Address P. O. BOX 718

City WINSTON-SALEM State NC Zip Code 27102

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 25 / 2012

**Transaction ID : SA11C.7659**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 4800 W. GATES PASS ROAD

City TUCSON State AZ Zip Code 85745

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3000.00

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

**Transaction ID : SA11C.7687**

Amount of Each Receipt this Period  
 2000.00

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

Mailing Address 4800 W. GATES PASS ROAD

City TUCSON State AZ Zip Code 85745

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 19 / 2012

**Transaction ID : SA11C.7675**

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 18 OF 35
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A. SPRINT NEXTEL CORPORATION POLITICAL ACTION COMMITTEE**

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

City OVERLAND PARK State KS Zip Code 66251

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 19 / 2012

**Transaction ID : SA11C.7611**

Amount of Each Receipt this Period  
1000.00

**B. THE COMMITTEE FOR THE PRESERVATION OF CAPITALISM**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 65314

City WASHINGTON State DC Zip Code 20035

FEC ID number of contributing federal political committee. **C C00328468**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 21 / 2012

**Transaction ID : SA11C.7664**

Amount of Each Receipt this Period  
2500.00

**C. THE WALT DISNEY PRODUCTIONS EMPLOYEES PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 425 3RD STREET SW, SUITE 1100

City WASHINGTON State DC Zip Code 20024

FEC ID number of contributing federal political committee. **C C00197749**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 16 / 2012

**Transaction ID : SA11C.7666**

Amount of Each Receipt this Period  
1000.00

**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 19 OF 35
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**UNION PACIFIC CORP. FUND FOR EFFECTIVE GOVERNMENT**

Mailing Address 600 13TH ST., NW  
SUITE 340

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00010470**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 09 / 2012

**Transaction ID : SA11C.7676**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**UNITED STATES TELECOM ASSOCIATION POLITICAL ACTION COMMITTEE (TELECOMPAC)**

Mailing Address 607 14TH STREET NORTHWEST  
SUITE 400

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00000984**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 15 / 2012

**Transaction ID : SA11C.7671**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1501 M STREET  
SUITE 1100

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00167759**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 29 / 2012

**Transaction ID : SA11C.7678**

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 20 OF 35
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**WAL-MART STORES INC. PAC FOR RESPONSIBLE GOVERNMENT**

Mailing Address 702 S.W. 8TH STREET

City Bentonville State AR Zip Code 72716

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 06 / 2012

**Transaction ID : SA11C.7673**

Amount of Each Receipt this Period  
 2000.00

**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).....

2000.00

34750.00

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

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

Full Name (Last, First, Middle Initial) <b>A. American Express Collections</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2012	
Mailing Address P.O. Box 981540			Amount of Each Disbursement this Period 4.95	
City El Paso	State TX	Zip Code 79998	Transaction ID : <b>SB17.7693</b>	
Purpose of Disbursement Merchant Fees		001	Category/ Type	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. American Express Collections</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2012	
Mailing Address P.O. Box 981540			Amount of Each Disbursement this Period 21.98	
City El Paso	State TX	Zip Code 79998	Transaction ID : <b>SB17.7696</b>	
Purpose of Disbursement Merchant Fees		001	Category/ Type	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>C. American Express Collections</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2012	
Mailing Address P.O. Box 981540			Amount of Each Disbursement this Period 7.95	
City El Paso	State TX	Zip Code 79998	Transaction ID : <b>SB17.7723</b>	
Purpose of Disbursement Merchant fees		001	Category/ Type	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	34.88
<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 22 OF 35			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. American Express Collections</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2012	
Mailing Address P.O. Box 981540			Amount of Each Disbursement this Period 14.60	
City El Paso	State TX	Zip Code 79998	Transaction ID : SB17.7725	
Purpose of Disbursement Merchant fees		001 Category/ Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. Mark Eugene Amodei</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2012	
Mailing Address 503 W Sunset			Amount of Each Disbursement this Period 6525.91	
City Carson City	State NV	Zip Code 89703	Transaction ID : SB17.7742	
Purpose of Disbursement See memo		003 Category/ Type		
Candidate Name				
Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NV	District: 02			

Full Name (Last, First, Middle Initial) <b>c. Aristotle</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2012	
Mailing Address 205 Pennsylvania Avenue SE			Amount of Each Disbursement this Period 1500.00	
City Washington	State DC	Zip Code 20003	Transaction ID : SB17.7699	
Purpose of Disbursement Software Licensing Fees		001 Category/ Type		
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8040.51
<b>TOTAL</b> This Period (last page this line number only).....	

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

Form/Schedule: SB17

Transaction ID : SB17.7742

Expense reimbursement Postage - \$315.73; travel - \$667.20; event and fundraising costs - \$5,398.18; Office supplies - \$144.80

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

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

Full Name (Last, First, Middle Initial) <b>A. AT &amp; T</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2012
Mailing Address PO Box 5025		Amount of Each Disbursement this Period 99.31
City Carol Stream	State IL	
Zip Code 60197	Purpose of Disbursement Phone service	<b>Transaction ID : SB17.7702</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AT &amp; T</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2012
Mailing Address PO Box 5025		Amount of Each Disbursement this Period 79.47
City Carol Stream	State IL	
Zip Code 60197	Purpose of Disbursement Telephone costs	<b>Transaction ID : SB17.7715</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AT &amp; T</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 29 / 2012
Mailing Address PO Box 5025		Amount of Each Disbursement this Period 79.47
City Carol Stream	State IL	
Zip Code 60197	Purpose of Disbursement Telephone costs	<b>Transaction ID : SB17.7722</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	258.25
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 35		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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

Full Name (Last, First, Middle Initial) <b>A. Authnet Gateway</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2012
Mailing Address P.O. Box 8999		Amount of Each Disbursement this Period 21.50
City San Francisco	State CA	
Zip Code 94128	Purpose of Disbursement Merchant Fees	<b>Transaction ID : SB17.7694</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Authnet Gateway</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2012
Mailing Address P.O. Box 8999		Amount of Each Disbursement this Period 20.70
City San Francisco	State CA	
Zip Code 94128	Purpose of Disbursement Merchant Fees	<b>Transaction ID : SB17.7706</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Authnet Gateway</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2012
Mailing Address P.O. Box 8999		Amount of Each Disbursement this Period 21.05
City San Francisco	State CA	
Zip Code 94128	Purpose of Disbursement Merchant fees	<b>Transaction ID : SB17.7724</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	63.25
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 35			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Casey Neilon &amp; Associates, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2012	
Mailing Address 503 N Division St			Amount of Each Disbursement this Period 172.19	
City Carson City	State NV	Zip Code 89703	Transaction ID : SB17.7716	
Purpose of Disbursement Postage		001	Category/ Type	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>B. Casey Neilon &amp; Associates, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2012	
Mailing Address 503 N Division St			Amount of Each Disbursement this Period 4000.00	
City Carson City	State NV	Zip Code 89703	Transaction ID : SB17.7717	
Purpose of Disbursement Professional fees		001	Category/ Type	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) <b>C. Cava Washington DC</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2012	
Mailing Address 527 8th St SE			Amount of Each Disbursement this Period 768.17	
City Washington	State DC	Zip Code 20003	Transaction ID : SB17.7719	
Purpose of Disbursement Food costs		003	Category/ Type	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4940.36
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 35	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Federal City Caterers</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2012
Mailing Address 1119 12 St SW		Amount of Each Disbursement this Period 555.65 <b>Transaction ID : SB17.7730</b>
City Washington State DC Zip Code 20005	Purpose of Disbursement Food costs 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)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. JM Studio</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2012
Mailing Address PO Box 1666		Amount of Each Disbursement this Period 236.25 <b>Transaction ID : SB17.7718</b>
City Reno State NV Zip Code 89703	Purpose of Disbursement Web design and updates 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)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Nevada Payroll Services</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2012
Mailing Address 8555 Double R Blvd #106		Amount of Each Disbursement this Period 18.00 <b>Transaction ID : SB17.7705</b>
City Reno State NV Zip Code 89511	Purpose of Disbursement Payroll processing fees 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)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	809.90
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 35		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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

Full Name (Last, First, Middle Initial) <b>A. Redrock Strategies</b>		Date of Disbursement MM / DD / YYYY 02 / 13 / 2012
Mailing Address 9500 W Flamingo Rd #203		Amount of Each Disbursement this Period 915.48 <b>Transaction ID : SB17.7732</b>
City Las Vegas	State NV	
Zip Code 89147	Purpose of Disbursement Mailers, postage and delivery	Category/ Type 006
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Redrock Strategies</b>		Date of Disbursement MM / DD / YYYY 02 / 24 / 2012
Mailing Address 9500 W Flamingo Rd #203		Amount of Each Disbursement this Period 90.00 <b>Transaction ID : SB17.7733</b>
City Las Vegas	State NV	
Zip Code 89147	Purpose of Disbursement Fundraising Commissions	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Redrock Strategies</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2012
Mailing Address 9500 W Flamingo Rd #203		Amount of Each Disbursement this Period 264.80 <b>Transaction ID : SB17.7735</b>
City Las Vegas	State NV	
Zip Code 89147	Purpose of Disbursement Fundraising commissions	Category/ Type 003
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1270.28
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 35		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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

Full Name (Last, First, Middle Initial) <b>A. Redrock Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2012
Mailing Address 9500 W Flamingo Rd #203		Amount of Each Disbursement this Period 127.78
City Las Vegas	State NV	
Zip Code 89147	Purpose of Disbursement Postage costs	<b>Transaction ID : SB17.7736</b>
Candidate Name	Category/ Type 003	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Redrock Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2012
Mailing Address 9500 W Flamingo Rd #203		Amount of Each Disbursement this Period 266.77
City Las Vegas	State NV	
Zip Code 89147	Purpose of Disbursement Travel costs	<b>Transaction ID : SB17.7737</b>
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Southwest Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2012
Mailing Address P.O. Box 36647-1CR		Amount of Each Disbursement this Period 16.00
City Dallas	State TX	
Zip Code 73235	Purpose of Disbursement Travel costs	<b>Transaction ID : SB17.7734</b>
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	410.55
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 35			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Wells Fargo</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2012
Mailing Address PO Box 6995		Amount of Each Disbursement this Period 3.00
City PORTland	State OR	
Zip Code 97228	Purpose of Disbursement Bank Fees	<b>Transaction ID : SB17.7698</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Wells Fargo</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2012
Mailing Address PO Box 6995		Amount of Each Disbursement this Period 76.26
City PORTland	State OR	
Zip Code 97228	Purpose of Disbursement Merchant fees	<b>Transaction ID : SB17.7701</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Wells Fargo</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 08 / 2012
Mailing Address PO Box 6995		Amount of Each Disbursement this Period 3.00
City PORTland	State OR	
Zip Code 97228	Purpose of Disbursement Bank fees	<b>Transaction ID : SB17.7709</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	82.26
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 35			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) <b>A. Wells Fargo</b>			Date of Disbursement M M / D D / Y Y Y Y <b>02 / 13 / 2012</b>		
Mailing Address <b>PO Box 6995</b>			Amount of Each Disbursement this Period <b>66.38</b>		
City <b>POrtland</b>	State <b>OR</b>	Zip Code <b>97228</b>	Transaction ID : <b>SB17.7711</b>		
Purpose of Disbursement <b>Bank fees</b>		Category/ Type <b>001</b>			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Wells Fargo</b>			Date of Disbursement M M / D D / Y Y Y Y <b>02 / 27 / 2012</b>		
Mailing Address <b>PO Box 6995</b>			Amount of Each Disbursement this Period <b>5.00</b>		
City <b>POrtland</b>	State <b>OR</b>	Zip Code <b>97228</b>	Transaction ID : <b>SB17.7721</b>		
Purpose of Disbursement <b>Bank fees</b>		Category/ Type <b>001</b>			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. Wells Fargo</b>			Date of Disbursement M M / D D / Y Y Y Y <b>03 / 08 / 2012</b>		
Mailing Address <b>PO Box 6995</b>			Amount of Each Disbursement this Period <b>3.00</b>		
City <b>POrtland</b>	State <b>OR</b>	Zip Code <b>97228</b>	Transaction ID : <b>SB17.7727</b>		
Purpose of Disbursement <b>Bank fees</b>		Category/ Type <b>001</b>			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>74.38</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 35			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Wells Fargo</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2012
Mailing Address PO Box 6995		Amount of Each Disbursement this Period 60.70
City PORTland	State OR	
Zip Code 97228	Purpose of Disbursement Merchant Fees	<b>Transaction ID : SB17.7728</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Wells Fargo</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2012
Mailing Address PO Box 6995		Amount of Each Disbursement this Period 12.00
City PORTland	State OR	
Zip Code 97228	Purpose of Disbursement Bank fees	<b>Transaction ID : SB17.7729</b>
Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Will Milligan Events</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2012
Mailing Address 601 13th St NW		Amount of Each Disbursement this Period 4736.00
City Washington	State DC	
Zip Code 20005	Purpose of Disbursement Fundraising commissions	<b>Transaction ID : SB17.7713</b>
Candidate Name	003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4808.70
<b>TOTAL</b> This Period (last page this line number only).....	20793.32



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

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>American Strategies</b>	Nature of Debt (Purpose): Professional Fees
Mailing Address 675 Sierra Rose Drive	
City State Zip Code Reno NV 89511	

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

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

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

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

Outstanding Balance Beginning This Period 5000.00	Transaction ID : SD10.7597	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5000.00

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

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

NAME OF COMMITTEE (In Full)

**Amodei for Nevada**

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

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

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

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.7266</b>	
<input type="text" value="10250.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="10250.00"/>

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

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

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="16250.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
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**

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

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

Outstanding Balance Beginning This Period 12000.00		<b>Transaction ID : SD10.7284</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 12000.00	

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

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

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

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

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	12000.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	58250.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	58250.00