

# 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 NV  
11 / 04 / 2014

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y  
10 / 16 / 2014 through 11 / 24 / 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 Nicola Neilon  
Signature of Treasurer Nicola Neilon *[Electronically Filed]* Date M M / D D / Y Y Y Y  
12 / 04 / 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.

**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))....	25025.00	696498.56
(b) Total Contribution Refunds (from Line 20(d)) .....	5200.00	1500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	19825.00	694998.56
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	42188.09	549433.90
(b) Total Offsets to Operating Expenditures (from Line 14).....	500.00	3818.66
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	41688.09	545615.24
8. Cash on Hand at Close of Reporting Period (from Line 27).....	218977.59	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	9000.00	

**For further information contact:**

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

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

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Amodei for Nevada

Report Covering the Period: From: 10 / 16 / 2014 To: 11 / 24 / 2014

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of 11 / 04 / 2014 (date of general election)	COLUMN C Total for 11 / 05 / 2014 (date after general election)
<b>11. CONTRIBUTIONS</b> (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
10350.00	339625.00	0.00
(ii) Unitemized		
2175.00	19323.56	0.00
(iii) Total of contributions from individuals		
12525.00	358948.56	0.00
(b) Political Party Committees		
0.00	0.00	0.00
(c) Other Political Committees		
12500.00	337550.00	0.00

# POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 32

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
25025.00	696498.56	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
500.00	3818.66	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
25525.00	700317.22	0.00

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 5 / 32

Write or Type Committee Name

Amodei for Nevada

Report Covering the Period: From:   /   /   To:   /   /  **II. DISBURSEMENTS**

	<b>COLUMN A</b> Total this Period	<b>COLUMN B</b> Election Cycle Total as of * (date of general election) (* See page 5 for date)	<b>COLUMN C</b> Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES	<input type="text" value="42188.09"/>	<input type="text" value="549433.90"/>	<input type="text" value="19471.53"/>
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	<input type="text" value="32950.00"/>	<input type="text" value="109600.00"/>	<input type="text" value="32950.00"/>
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Of All Other Loans	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees	<input type="text" value="5200.00"/>	<input type="text" value="1500.00"/>	<input type="text" value="5200.00"/>
(b) Political Party Committees	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 32

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

0.00	0.00	0.00
------	------	------

(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

5200.00	1500.00	5200.00
---------	---------	---------

21. OTHER DISBURSEMENTS

0.00	7700.00	0.00
------	---------	------

22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

80338.09	668233.90	57621.53
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**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

19825.00	694998.56	-5200.00
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**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

41688.09	545615.24	19471.53
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**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	273790.68
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	25525.00
25. SUBTOTAL (add Line 23 and Line 24).....	299315.68
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	80338.09
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	218977.59

**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 32
	<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)  
**AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 25 MASSACHUSETTS AVE, NW  
SUITE 600

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00000422

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  
10 / 21 / 2014

**Transaction ID : SA11AI.11692**

Amount of Each Receipt this Period  
2500.00

2014 General

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

Mailing Address 4405 Bowman Drive

City Colleyville State TX Zip Code 76034

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

Name of Employer Occupation  
YCS Transportation Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 01 / 2014

**Transaction ID : SA11AI.11762**

Amount of Each Receipt this Period  
1500.00

donation

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

Mailing Address 1912 Marian Ave.

City Carson City State NV Zip Code 89706

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  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 18 / 2014

**Transaction ID : SA11AI.11743**

Amount of Each Receipt this Period  
100.00

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

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

4100.00

**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 32
	<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)  
**Michael C Dermody**

Mailing Address **PO Box 7098**

City **Reno** State **NV** Zip Code **89510**

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

Name of Employer **LVR Capital** Occupation **Manager**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 16 / 2014**

**Transaction ID : SA11AI.11718**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address **2981 San Fernando St**

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

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  
**10 / 18 / 2014**

**Transaction ID : SA11AI.11721**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address **PO Box 139**  
**3327 Pipeline Rd**

City **Cleburne** State **TX** Zip Code **76033**

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

Name of Employer **Technical Chemical Company** Occupation **Director**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 01 / 2014**

**Transaction ID : SA11AI.11764**

Amount of Each Receipt this Period  
**1500.00**  
 contribution

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

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

**1850.00**



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

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

FOR LINE NUMBER: PAGE 9 OF 32  
(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)  
**Karl Hutter**

Mailing Address 175 Knightsbridge Ct

City Reno State NV Zip Code 89511

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

Name of Employer Click Bond Occupation COO

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 31 / 2014

**Transaction ID : SA11AI.11779**

Amount of Each Receipt this Period  
 1500.00

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

Mailing Address 410 S Minnesota St

City Carson City State NV Zip Code 89703

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

Name of Employer Retail Association of Nevada Occupation Executive Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 18 / 2014

**Transaction ID : SA11AI.11708**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 2000 N Meridian Rd

City Lovelock State NV Zip Code 89419

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

Name of Employer List Cattle Co Occupation Farmer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 10 / 18 / 2014

**Transaction ID : SA11AI.11705**

Amount of Each Receipt this Period  
 500.00

**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: PAGE 10 OF 32  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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

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

Mailing Address 4265 N. Pennsylvania

City Indianapolis State IN Zip Code 46205

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

Name of Employer Mervis Industrial Services Occupation Engineer

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  
 10 / 28 / 2014

**Transaction ID : SA11AI.11731**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 2912 Setting Sun St

City Las Vegas State NV Zip Code 89117

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  
 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 01 / 2014

**Transaction ID : SA11AI.11768**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 124 N Windsor Circle

City Bloomington State IL Zip Code 60108

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

Name of Employer NOW Foods Occupation Supply Chain Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 24 / 2014

**Transaction ID : SA11AI.11751**

Amount of Each Receipt this Period  
 500.00

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

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

2000.00

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

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

FOR LINE NUMBER: (check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 11 OF 32

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

**A.** Full Name (Last, First, Middle Initial)  
**Bob Weise**

Mailing Address **PO Box 5009**

City **Reno** State **NV** Zip Code **89513**

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

Name of Employer **Bobcat trust** Occupation **Rancher**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**350.00**

Date of Receipt  
**10 / 18 / 2014**

**Transaction ID : SA11AI.11709**

Amount of Each Receipt this Period  
**150.00**

**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

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

Amount of Each Receipt this Period

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

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

**150.00**

**10350.00**

**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 32
	<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)**  
**ASH GROVE CEMENT POLITICAL ACTION COMMITTEE**

Mailing Address P.O. BOX 25900

City OVERLAND PARK State KS Zip Code 66225

FEC ID number of contributing federal political committee. **C C00102517**

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  
 10 / 29 / 2014

**Transaction ID : SA11C.11752**

Amount of Each Receipt this Period  
 500.00  
 general election

**B. Full Name (Last, First, Middle Initial)**  
**CONSTELLATION BRANDS INC POLITICAL ACTION COMMITTEE**

Mailing Address 207 HIGH POINT DRIVE BUILDING 100

City VICTOR State NY Zip Code 14564

FEC ID number of contributing federal political committee. **C C00304832**

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  
 11 / 04 / 2014

**Transaction ID : SA11C.11772**

Amount of Each Receipt this Period  
 2000.00  
 General

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

Mailing Address 575 7th Street NW Suite 400

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00489534**

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  
 11 / 03 / 2014

**Transaction ID : SA11C.11775**

Amount of Each Receipt this Period  
 1000.00  
 2014 General

**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 13 OF 32
	<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. GRADIENT RESOURCES INC POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
Mailing Address 9670 GATEWAY DRIVE SUITE 200

City	State	Zip Code
RENO	NV	89521

FEC ID number of contributing federal political committee. **C** C00491381

Name of Employer	Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2014

**Transaction ID : SA11C.11755**

Amount of Each Receipt this Period  
2000.00

**B. KROGER POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
Mailing Address 1014 VINE STREET

City	State	Zip Code
CINCINNATI	OH	45202

FEC ID number of contributing federal political committee. **C** C00059238

Name of Employer	Occupation

Receipt For: 2014  
 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  
 10 / 22 / 2014

**Transaction ID : SA11C.11725**

Amount of Each Receipt this Period  
500.00

**C. NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS POLITICAL ACTION COMM**

Full Name (Last, First, Middle Initial)  
Mailing Address 2901 TELESTAR CT.

City	State	Zip Code
FALLS CHURCH	VA	22042

FEC ID number of contributing federal political committee. **C** C00005249

Name of Employer	Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 01 / 2014

**Transaction ID : SA11C.11769**

Amount of Each Receipt this Period  
2000.00  
2014 US General

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 32
	<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	

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)  
**PORTER GORDON SILVER PAC**

Mailing Address **PO Box 751271**

City **Las Vegas** State **NV** Zip Code **89136**

FEC ID number of contributing federal political committee. **C C00507913**

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  
**10 / 29 / 2014**

**Transaction ID : SA11C.11753**

Amount of Each Receipt this Period  
**2000.00**

**B.** Full Name (Last, First, Middle Initial)  
**THE HOME DEPOT INC. POLITICAL ACTION COMMITTEE**

Mailing Address **1155 F STREET, NW SUITE 400**

City **WASHINGTON** State **DC** Zip Code **20004**

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**11 / 03 / 2014**

**Transaction ID : SA11C.11780**

Amount of Each Receipt this Period  
**1000.00**

2014 General

**C.** Full Name (Last, First, Middle Initial)  
**UNITED PARCEL SERVICE INC. PAC**

Mailing Address **55 GLENLAKE PARKWAY NE**

City **ATLANTA** State **GA** Zip Code **30328**

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**10 / 21 / 2014**

**Transaction ID : SA11C.11749**

Amount of Each Receipt this Period  
**500.00**

General 2014

**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 15 OF 32
	<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)  
**WYNN RESORTS LIMITED PAC**

Mailing Address 3131 LAS VEGAS BLVD. SOUTH

City LAS VEGAS State NV Zip Code 89109

FEC ID number of contributing federal political committee. **C** C00475475

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  
 10 / 28 / 2014

**Transaction ID : SA11C.11727**

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

12500.00





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

Form/Schedule: SA14

Transaction ID : SA14.11736

excess offsets a disbursment in prior report

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 18 OF 32	
	<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. A Catered Affaire</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 16 / 2014</b>
Mailing Address <b>2811 South Carson Street</b>		Amount of Each Disbursement this Period <b>500.00</b> <b>Transaction ID : SB17.11784</b>
City <b>Carson City</b> State <b>NV</b> Zip Code <b>89701</b>	Purpose of Disbursement <b>Catering for fundraising event</b> Category/Type <b>007</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Adeles</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 22 / 2014</b>
Mailing Address <b>1112 N Carson St</b>		Amount of Each Disbursement this Period <b>550.00</b> <b>Transaction ID : SB17.11808</b>
City <b>Carson City</b> State <b>NV</b> Zip Code <b>89701</b>	Purpose of Disbursement <b>Meals &amp; Entertainment - contributor relations</b> Category/Type <b>003</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Authnet Gateway</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 04 / 2014</b>
Mailing Address <b>P.O. Box 8999</b>		Amount of Each Disbursement this Period <b>22.55</b> <b>Transaction ID : SB17.11827</b>
City <b>San Francisco</b> State <b>CA</b> Zip Code <b>94128</b>	Purpose of Disbursement <b>merchant 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: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1072.55</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 19 OF 32	
	<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. Brian Baluta</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 17 / 2014</b>
Mailing Address <b>70 I St SE Apt 1135</b>		Amount of Each Disbursement this Period <b>3000.00</b>
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20003</b>
Purpose of Disbursement <b>Stipend</b>	Category/Type <b>001</b>	
Candidate Name		<b>Transaction ID : SB17.11863</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 17 / 2014</b>
Mailing Address <b>300 First Street SE</b>		Amount of Each Disbursement this Period <b>400.00</b>
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20003</b>
Purpose of Disbursement <b>Meals &amp; Entertainment - contributor relations</b>	Category/Type <b>003</b>	
Candidate Name		<b>Transaction ID : SB17.11785</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 17 / 2014</b>
Mailing Address <b>300 First Street SE</b>		Amount of Each Disbursement this Period <b>378.26</b>
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20003</b>
Purpose of Disbursement <b>Meals &amp; Entertainment - contributor relations</b>	Category/Type <b>003</b>	
Candidate Name		<b>Transaction ID : SB17.11786</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3778.26</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 20 OF 32	
	<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 <b>10 / 16 / 2014</b>
Mailing Address 503 N Division St		Amount of Each Disbursement this Period <b>1300.00</b>
City Carson City	State NV Zip Code 89703	
Purpose of Disbursement professional fees - accounting & reporting	Candidate Name	<b>001</b> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Transaction ID : <b>SB17.11868</b>	

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 <b>10 / 16 / 2014</b>
Mailing Address 503 N Division St		Amount of Each Disbursement this Period <b>2000.00</b>
City Carson City	State NV Zip Code 89703	
Purpose of Disbursement professional fees - accounting & reporting	Candidate Name	<b>001</b> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Transaction ID : <b>SB17.11869</b>	

Full Name (Last, First, Middle Initial) <b>C. Casey Neilon &amp; Associates, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 16 / 2014</b>
Mailing Address 503 N Division St		Amount of Each Disbursement this Period <b>2000.00</b>
City Carson City	State NV Zip Code 89703	
Purpose of Disbursement professional fees - accounting & reporting	Candidate Name	<b>001</b> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Transaction ID : <b>SB17.11870</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>5300.00</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 21 OF 32	
	<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 <b>11 / 07 / 2014</b>
Mailing Address 503 N Division St		Amount of Each Disbursement this Period <b>2000.00</b> <b>Transaction ID : SB17.11856</b>
City Carson City	State NV Zip Code 89703	
Purpose of Disbursement professional fees - accounting	<b>001</b>	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Casino Fandango</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 03 / 2014</b>
Mailing Address 3800 South Carson Street		Amount of Each Disbursement this Period <b>33.00</b> <b>Transaction ID : SB17.11794</b>
City Carson City	State NV Zip Code 89701	
Purpose of Disbursement Meals & Entertainment - contributor relations	<b>003</b>	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Eagle Promotional Solutions</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 07 / 2014</b>
Mailing Address 1630 Karin Drive		Amount of Each Disbursement this Period <b>752.33</b> <b>Transaction ID : SB17.11855</b>
City Carson City	State NV Zip Code 89706	
Purpose of Disbursement Promotional materials - soccer balls with logo	<b>006</b>	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2785.33</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 22 OF 32	
	<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. El Sol De Nevada</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 17 / 2014</b>
Mailing Address <b>2450 Wrondel Way Suite G</b>		Amount of Each Disbursement this Period <b>1415.40</b> <b>Transaction ID : SB17.11861</b>
City <b>Reno</b> State <b>NV</b> Zip Code <b>89502</b>	Purpose of Disbursement <b>newspaper advertising</b> Category/Type <b>004</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Flag Store Sign</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2014</b>
Mailing Address <b>155 Glendale Ave</b>		Amount of Each Disbursement this Period <b>342.81</b> <b>Transaction ID : SB17.11820</b>
City <b>Sparks</b> State <b>NV</b> Zip Code <b>89431</b>	Purpose of Disbursement <b>flags</b> Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Arturo Garzon</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 17 / 2014</b>
Mailing Address <b>1011 Ricco Drive</b>		Amount of Each Disbursement this Period <b>2000.00</b> <b>Transaction ID : SB17.11857</b>
City <b>Sparks</b> State <b>NV</b> Zip Code <b>89434</b>	Purpose of Disbursement <b>Consulting - Campaign Coordinator</b> Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3758.21</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 23 OF 32	
	<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. Richard Goddard</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 17 / 2014</b>
Mailing Address 215 Prince St		Amount of Each Disbursement this Period <b>5000.00</b> <b>Transaction ID : SB17.11865</b>
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Stipend	Category/ Type <b>001</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Great Basin Gallery</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 21 / 2014</b>
Mailing Address 110 South Curry Street		Amount of Each Disbursement this Period <b>441.59</b> <b>Transaction ID : SB17.11818</b>
City Carson City	State NV	
Zip Code 89701	Purpose of Disbursement Framing for office	Category/ Type <b>001</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. La Famiglia Restaurante</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 17 / 2014</b>
Mailing Address 170 S. Virginia St.		Amount of Each Disbursement this Period <b>430.00</b> <b>Transaction ID : SB17.11783</b>
City Reno	State NV	
Zip Code 89501	Purpose of Disbursement Meals & Entertainment - contributor relations	Category/ Type <b>003</b>
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>5871.59</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 32	
	<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. La Voz Hispana</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 07 / 2014</b>
Mailing Address <b>PO Box 20156</b>		Amount of Each Disbursement this Period <b>1104.00</b> <b>Transaction ID : SB17.11859</b>
City <b>Reno</b> State <b>NV</b> Zip Code <b>89515-0156</b>	Purpose of Disbursement <b>Newspaper advertising</b> Category/Type <b>004</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Maverik - Carson City</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 31 / 2014</b>
Mailing Address <b>1451 College Parkway</b>		Amount of Each Disbursement this Period <b>86.19</b> <b>Transaction ID : SB17.11813</b>
City <b>Carson City</b> State <b>NV</b> Zip Code <b>89706</b>	Purpose of Disbursement <b>Travel - gas in lieu of mileage</b> Category/Type <b>002</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Micasa Too</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 23 / 2014</b>
Mailing Address <b>3809 N. Carson St.</b>		Amount of Each Disbursement this Period <b>105.00</b> <b>Transaction ID : SB17.11789</b>
City <b>Carson City</b> State <b>NV</b> Zip Code <b>89706</b>	Purpose of Disbursement <b>Meals &amp; Entertainment - contributor relations</b> Category/Type <b>003</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1295.19</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 25 OF 32		
	<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. Mings Restaurant</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 29 / 2014</b>
Mailing Address <b>2330 S. Carson Street</b>		Amount of Each Disbursement this Period <b>70.00</b> <b>Transaction ID : SB17.11792</b>
City <b>Carson City</b> State <b>NV</b> Zip Code <b>89701</b>	Purpose of Disbursement <b>Meals &amp; Entertainment - contributor relations</b> Category/Type <b>003</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Stacy Parobek</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 07 / 2014</b>
Mailing Address <b>4865 Ramcreek Trail</b>		Amount of Each Disbursement this Period <b>2000.00</b> <b>Transaction ID : SB17.11858</b>
City <b>Reno</b> State <b>NV</b> Zip Code <b>89519</b>	Purpose of Disbursement <b>Consultant - campaign coordinator</b> Category/Type <b>001</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Print N Copy Center</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 24 / 2014</b>
Mailing Address <b>565 W. Silver St.</b>		Amount of Each Disbursement this Period <b>804.14</b> <b>Transaction ID : SB17.11819</b>
City <b>Elko</b> State <b>NV</b> Zip Code <b>89801</b>	Purpose of Disbursement <b>Banner for Nevada Day Parade</b> Category/Type <b>007</b>	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2874.14</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 32	
	<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. Shell - Carson Cty</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 20 / 2014</b>
Mailing Address Hwy 395		Amount of Each Disbursement this Period <b>94.83</b>
City Carson City	State NV	Zip Code 89703
Purpose of Disbursement Travel - gas in lieu of mileage	Category/Type <b>002</b>	
Candidate Name	Transaction ID : <b>SB17.11809</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Shell - Carson Cty</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 21 / 2014</b>
Mailing Address Hwy 395		Amount of Each Disbursement this Period <b>66.83</b>
City Carson City	State NV	Zip Code 89703
Purpose of Disbursement Travel - gas in lieu of mileage	Category/Type <b>002</b>	
Candidate Name	Transaction ID : <b>SB17.11810</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Tamarack Junction</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 04 / 2014</b>
Mailing Address 13101 S Virginia St		Amount of Each Disbursement this Period <b>29.00</b>
City Reno	State NV	Zip Code 89521
Purpose of Disbursement Meals & Entertainment - contributor relations	Category/Type <b>003</b>	
Candidate Name	Transaction ID : <b>SB17.11797</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>190.66</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 32	
	<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. The Glenn Group</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 30 / 2014</b>
Mailing Address <b>50 Washington Street</b>		Amount of Each Disbursement this Period <b>5266.28</b>
City <b>Reno</b> State <b>NV</b> Zip Code <b>89503</b>	Purpose of Disbursement <b>Radio advertising and brochures</b>	<b>004</b> Category/ Type
Candidate Name	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	<b>Transaction ID : SB17.11828</b>

Full Name (Last, First, Middle Initial) <b>B. The Glenn Group</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 30 / 2014</b>
Mailing Address <b>50 Washington Street</b>		Amount of Each Disbursement this Period <b>7795.47</b>
City <b>Reno</b> State <b>NV</b> Zip Code <b>89503</b>	Purpose of Disbursement <b>radio advertising</b>	<b>004</b> Category/ Type
Candidate Name	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	<b>Transaction ID : SB17.11829</b>

Full Name (Last, First, Middle Initial) <b>c. Total Wine</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 24 / 2014</b>
Mailing Address <b>6671 S. Virginia St.</b>		Amount of Each Disbursement this Period <b>879.96</b>
City <b>Reno</b> State <b>NV</b> Zip Code <b>89511</b>	Purpose of Disbursement <b>Thank you gifts for campaign vendors</b>	<b>001</b> Category/ Type
Candidate Name	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	<b>Transaction ID : SB17.11840</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>13941.71</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>40867.64</b>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 32
	<input type="checkbox"/> 17 20a <input checked="" type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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

**A. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

Full Name (Last, First, Middle Initial)  
Mailing Address 320 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement transfer

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 11 / 06 / 2014

Amount of Each Disbursement this Period: 32950.00

Transaction ID : SB18.11867

Category/Type: 008

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

**SUBTOTAL** of Disbursements This Page (optional) ..... 32950.00

**TOTAL** This Period (last page this line number only) ..... 32950.00

**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 29 OF 32			
	<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)  
**Amodei for Nevada**

Full Name (Last, First, Middle Initial) <b>A. John Ying</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 24 / 2014</b>
Mailing Address <b>PO Box 7172 #228</b>		Amount of Each Disbursement this Period <b>2600.00</b> <b>Transaction ID : SB20A.11872</b>
City <b>Stateline</b> State <b>NV</b> Zip Code <b>89449</b>	Purpose of Disbursement <b>Unsettled credit card transaction</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)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. John Ying</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 24 / 2014</b>
Mailing Address <b>PO Box 7172 #228</b>		Amount of Each Disbursement this Period <b>2600.00</b> <b>Transaction ID : SB20A.11873</b>
City <b>Stateline</b> State <b>NV</b> Zip Code <b>89449</b>	Purpose of Disbursement <b>Unsettled credit card transaction</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" 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).....	<b>5200.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>5200.00</b>

**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>Casey Neilon &amp; Associates, LLC</b>	Nature of Debt (Purpose): Professional fees - accounting and reporting
Mailing Address 503 N Division St	
City State Zip Code Carson City NV 89703	

Outstanding Balance Beginning This Period 1300.00	<b>Transaction ID : SD10.11595</b>	
Amount Incurred This Period 0.00	Payment This Period 1300.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Casey Neilon &amp; Associates, LLC</b>	Nature of Debt (Purpose): Professional fees - accounting and reporting
Mailing Address 503 N Division St	
City State Zip Code Carson City NV 89703	

Outstanding Balance Beginning This Period 2000.00	<b>Transaction ID : SD10.11594</b>	
Amount Incurred This Period 0.00	Payment This Period 2000.00	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Casey Neilon &amp; Associates, LLC</b>	Nature of Debt (Purpose): Professional fees - accounting and reporting
Mailing Address 503 N Division St	
City State Zip Code Carson City NV 89703	

Outstanding Balance Beginning This Period 2000.00	<b>Transaction ID : SD10.11593</b>	
Amount Incurred This Period 0.00	Payment This Period 2000.00	Outstanding Balance at Close of This Period 0.00

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

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 31 OF 32
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**Amodei for Nevada**

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

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

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

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

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

Outstanding Balance Beginning This Period 3000.00	<b>Transaction ID : SD10.7284</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3000.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	9000.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	9000.00
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) ▶	9000.00

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

Form/Schedule: SD10

Transaction ID : SD10.7593

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

Form/Schedule:

Transaction ID: