

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

12FE4M5

Amodei for Nevada

ADDRESS (number and street) 503 N Division St

Check if different than previously reported. (ACC)

Carson City

NV

89703

2. **FEC IDENTIFICATION NUMBER** ▼

C C00496760

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

NV

02

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on / / in the State of

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

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

Election on / / in the State of

5. Covering Period

/ /

through

/ /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Nicola Neilon

Signature of Treasurer Nicola Neilon

[Electronically Filed]

Date

/ /

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

Office Use Only								
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Amodei for Nevada

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	45175.00	334493.55
(b) Total Contribution Refunds (from Line 20(d))	0.00	11100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	45175.00	323393.55
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	57540.04	271506.63
(b) Total Offsets to Operating Expenditures (from Line 14).....	2500.00	8679.30
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	55040.04	262827.33
8. Cash on Hand at Close of Reporting Period (from Line 27).....	304215.34	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	13000.00	

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).....	28350.00	197000.00
(ii) Unitemized	825.00	10925.00
(iii) TOTAL of contributions from individuals	29175.00	207925.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	16000.00	126568.55
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	45175.00	334493.55
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
	2500.00	8679.30
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).....	47675.00	343172.85

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	57540.04	271506.63
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	32950.00
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	11100.00
(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	11100.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	57540.04	315556.63

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	314080.38
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	47675.00
25. SUBTOTAL (add Line 23 and Line 24).....	361755.38
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	57540.04
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	304215.34

**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 57
	<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)
Leon Aberasturi

Mailing Address 1710 Short Oak Ct

City Fernley State NV Zip Code 89408

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

Name of Employer State of Nevada Occupation District Court Judge

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2015

Transaction ID : SA11AI.13241

Amount of Each Receipt this Period
 250.00

Memo Item donation

B. Full Name (Last, First, Middle Initial)
Gary Ackerman

Mailing Address 280 N Gibson Road

City Henderson State NV Zip Code 89014

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

Name of Employer Gaudin Automotive Group Occupation Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 04 / 2015

Transaction ID : SA11AI.13437

Amount of Each Receipt this Period
 2300.00

Memo Item
 Redesignate: to general

C. Full Name (Last, First, Middle Initial)
Gary Ackerman

Mailing Address 280 N Gibson Road

City Henderson State NV Zip Code 89014

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

Name of Employer Gaudin Automotive Group Occupation Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 07 / 2015

Transaction ID : SA11AI.13434

Amount of Each Receipt this Period
 5000.00

Memo Item

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

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

5250.00

**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 57
	<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)
Gary Ackerman

Mailing Address 280 N Gibson Road

City Henderson State NV Zip Code 89014

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

Name of Employer Gaudin Automotive Group Occupation Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 07 / 2015

Transaction ID : SA11AI.13436

Amount of Each Receipt this Period
 _____ -2300.00

Memo Item
 Redesignate:

B. Full Name (Last, First, Middle Initial)
Veronica N Bayduza

Mailing Address 854 Lakeshore Blvd

City Incline Village State NV Zip Code 89451

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

Name of Employer retired Occupation retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 16 / 2015

Transaction ID : SA11AI.13223

Amount of Each Receipt this Period
 _____ 250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Joyce Bock

Mailing Address PO Box 5262

City Incline Village State NV Zip Code 89450

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

Name of Employer requested Occupation requested

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2015

Transaction ID : SA11AI.13236

Amount of Each Receipt this Period
 _____ 250.00

Memo Item
 donation

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

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

_____ 500.00

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

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

FOR LINE NUMBER: PAGE 7 OF 57
(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)
Jamie D Burton

Mailing Address 4405 Bowman Drive

City State Zip Code
Colleyville TX 76034

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

Name of Employer Occupation
YCS Transportation Director

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 25 / 2015

Transaction ID : SA11AI.13368

Amount of Each Receipt this Period
 2000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Patricia D Cafferata

Mailing Address 2636 Edgerock Rd

City State Zip Code
Reno NV 89519

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

Name of Employer Occupation
State of Nevada Communications Director

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 16 / 2015

Transaction ID : SA11AI.13221

Amount of Each Receipt this Period
 250.00

Memo Item

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

Mailing Address 550 W. Plumb Ln Ste. B436

City State Zip Code
Reno NV 89509

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

Name of Employer Occupation
El Dorado Hotel Casino Executive Director

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 16 / 2015

Transaction ID : SA11AI.13230

Amount of Each Receipt this Period
 250.00

Memo Item

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 57
	<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)
Victoria Casella

Mailing Address 2845 West Moana Lane

City Reno State NV Zip Code 89509

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

Name of Employer requested Occupation requested

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 16 / 2015

Transaction ID : SA11AI.13215

Amount of Each Receipt this Period
 250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Ricardo E Cesped

Mailing Address 970 Wedge Ct

City Incline Village State NV Zip Code 89451-8947

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

Name of Employer requested Occupation requested
retired retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 25 / 2015

Transaction ID : SA11AI.13369

Amount of Each Receipt this Period
 250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Ray Chenowith

Mailing Address 5490 Cameron Street

City Las Vegas State NV Zip Code 89118

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

Name of Employer requested Occupation requested
Nellis Cab Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 14 / 2015

Transaction ID : SA11AI.13418

Amount of Each Receipt this Period
 1000.00

Memo Item

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 57
	<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)
James Clark

Mailing Address **PO Box 5596**

City **Incline Village** State **NV** Zip Code **89450**

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

Name of Employer **CT&E, Inc.** Occupation **Real Estate Consultant**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 16 / 2015

Transaction ID : SA11AI.13234

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address **PO Box 1923**

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

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

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

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 06 / 2015

Transaction ID : SA11AI.13208

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Robert Davidson

Mailing Address **PO Box 6761**

City **Incline Village** State **NV** Zip Code **89450**

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

Name of Employer **retired** Occupation **retired**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 04 / 2015

Transaction ID : SA11AI.13205

Amount of Each Receipt this Period
500.00

Memo Item

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

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

1000.00

**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 57
	<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)
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: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 10 / 2015

Transaction ID : SA11AI.13417

Amount of Each Receipt this Period
2000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Effie Eliades

Mailing Address **9101 W Sahara Ave Ste 105-C29**

City **Las Vegas** State **NV** Zip Code **89117**

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

Name of Employer **E3 Investements LLC** Occupation **Manager**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 23 / 2015

Transaction ID : SA11AI.13335

Amount of Each Receipt this Period
2000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Mendy K Elliott

Mailing Address **401 Ryland St. Suite 1105**

City **Reno** State **NV** Zip Code **89502**

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

Name of Employer **Capitol Partners LLC** Occupation **Partner**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 11 / 2015

Transaction ID : SA11AI.13424

Amount of Each Receipt this Period
100.00

Memo Item

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: PAGE 11 OF 57
(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)
Dennis R Haney

Mailing Address 240 Glen Way

City State Zip Code
Incline Village NV 89451

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

Name of Employer Occupation
retired retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 16 2015

Transaction ID : SA11AI.13222

Amount of Each Receipt this Period
250.00

Memo Item

B. 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: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
-1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 16 2015

Transaction ID : SA11AI.13220

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 825 Steneri Way

City State Zip Code
Sparks NV 89431-6312

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

Name of Employer Occupation
Jensen Precast CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 16 2015

Transaction ID : SA11AI.13225

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 12 OF 57
(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)
Michelle Langille

Mailing Address 5490 Cameron Street

City Las Vegas State NV Zip Code 89118

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

Name of Employer Nellis Cab Occupation Manager

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 14 / 2015

Transaction ID : SA11AI.13420

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Jan B Leggett

Mailing Address 12375 Creekcrest Drive

City Reno State NV Zip Code 89511

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

Name of Employer Moana Nursery Occupation General Manager-Construction Div.

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 03 / 2015

Transaction ID : SA11AI.13207

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Edward Leuthheuser

Mailing Address PO Box 3113

City Incline Village State NV Zip Code 89450-3113

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

Name of Employer retired Occupation retired

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 16 / 2015

Transaction ID : SA11AI.13232

Amount of Each Receipt this Period
500.00

Memo Item

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

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

1750.00

**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 57
	<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)
Greg Mckay

Mailing Address **PO Box 4720**

City **Incline Village** State **NV** Zip Code **89450**

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

Name of Employer **Retired** Occupation **None**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 16 / 2015

Transaction ID : SA11AI.13227

Amount of Each Receipt this Period
1000.00

Memo Item

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: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 30 / 2015

Transaction ID : SA11AI.13244

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Lee Moisio

Mailing Address **PO Box 12458**

City **Zephyr Cove** State **NV** Zip Code **89448**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 06 / 2015

Transaction ID : SA11AI.13209

Amount of Each Receipt this Period
250.00

Memo Item
event 10/13/15

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

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

1750.00

**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 57
(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)
Michael Moisia

Mailing Address **PO Box 12458**

City **Zephyr Cove** State **NV** Zip Code **89448**

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

Name of Employer **Vertex Chemical** Occupation **Executive**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 06 / 2015

Transaction ID : SA11AI.13210

Amount of Each Receipt this Period
250.00

Memo Item event 10-13-15

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

Mailing Address **14800 Chateau Ave**

City **Reno** State **NV** Zip Code **89511**

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

Name of Employer **Cisco Systems** Occupation **VP Global Service Supply Chain**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 03 / 2015

Transaction ID : SA11AI.13246

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Jim Nadeau

Mailing Address **8711 Rainbow Trout Court**

City **Reno** State **NV** Zip Code **89523**

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

Name of Employer **Carrara Nevada** Occupation **Government Affairs Director**

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
10 / 16 / 2015

Transaction ID : SA11AI.13231

Amount of Each Receipt this Period
250.00

Memo Item

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 15 OF 57
(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)
Claire J Price

Mailing Address 170 Village Blvd Unit 30

City Incline Village State NV Zip Code 89451-9585

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

Name of Employer requested Occupation requested

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 16 / 2015

Transaction ID : SA11AI.13228

Amount of Each Receipt this Period
250.00

Memo Item
Del Carlo Dinner

B. Full Name (Last, First, Middle Initial)
Lori C Rogich

Mailing Address 11847 Oakland Hills Dr.

City Las Vegas State NV Zip Code 89141

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

Name of Employer requested Occupation requested
Rogich Law Firm Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2015

Transaction ID : SA11AI.13338

Amount of Each Receipt this Period
2000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Sigmund Rogich

Mailing Address 11920 Southern Highlands Pkwy Suite 301

City Las Vegas State NV Zip Code 89141

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

Name of Employer requested Occupation requested
Rogich Communications Group CEO/President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2015

Transaction ID : SA11AI.13334

Amount of Each Receipt this Period
2000.00

Memo Item

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

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

4250.00

**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 57
	<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)
Sigmund Rogich

Mailing Address 11920 Southern Highlands Pkwy
Suite 301

City Las Vegas State NV Zip Code 89141

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

Name of Employer Rogich Communications Group Occupation CEO/President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2015

Transaction ID : SA11AI.13344

Amount of Each Receipt this Period
 -1600.00

Memo Item
 Redesignate:

B. Full Name (Last, First, Middle Initial)
Sigmund Rogich

Mailing Address 11920 Southern Highlands Pkwy
Suite 301

City Las Vegas State NV Zip Code 89141

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

Name of Employer Rogich Communications Group Occupation CEO/President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2015

Transaction ID : SA11AI.13345

Amount of Each Receipt this Period
 1600.00

Memo Item
 Redesignate: to General

C. Full Name (Last, First, Middle Initial)
Kathryn E Ruffalo

Mailing Address 20423 Rosemallow Ct

City Potomac Falls State VA Zip Code 20165

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

Name of Employer Self Occupation Consultant

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 04 / 2015

Transaction ID : SA11AI.13372

Amount of Each Receipt this Period
 500.00

Memo Item

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

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

500.00

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

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

FOR LINE NUMBER: PAGE 17 OF 57
(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)
A Jonathan Schwartz

Mailing Address 2293 Duneville Street

City State Zip Code
Las Vegas NV 89146

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

Name of Employer Occupation
Nevada Yellow Cab Corporation Director

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2015

Transaction ID : SA11AI.13337

Amount of Each Receipt this Period
 2000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Ken Tedford

Mailing Address PO Box 1330

City State Zip Code
Fallon NV 89407

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

Name of Employer Occupation
Tedford Tire Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2015

Transaction ID : SA11AI.13245

Amount of Each Receipt this Period
 500.00

Memo Item contribution

C. Full Name (Last, First, Middle Initial)
Svata Trossen

Mailing Address PO Box 5097

City State Zip Code
Incline Village NV 89450-5097

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

Name of Employer Occupation requested
requested

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2015

Transaction ID : SA11AI.13238

Amount of Each Receipt this Period
 250.00

Memo Item donation

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

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

2750.00

28350.00

**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 57
	<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)
ABBVIE POLITICAL ACTION COMMITTEE

Mailing Address **1 N. WAUKEGAN ROAD**

City **NORTH CHICAGO** State **IL** Zip Code **60064**

FEC ID number of contributing federal political committee. **C C00536573**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 07 / 2015

Transaction ID : SA11C.13414

Amount of Each Receipt this Period
1000.00

Memo Item
2016 Primary

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: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 28 / 2015

Transaction ID : SA11C.13450

Amount of Each Receipt this Period
1000.00

Memo Item
2016 Primary

C. Full Name (Last, First, Middle Initial)
AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)

Mailing Address **208 S. AKARD STREET
SUITE 2701**

City **DALLAS** State **TX** Zip Code **75202**

FEC ID number of contributing federal political committee. **C C00109017**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 29 / 2015

Transaction ID : SA11C.13453

Amount of Each Receipt this Period
4000.00

Memo Item
2016 Primary

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 19 OF 57
	<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)
BP CORPORATION NORTH AMERICA INC. POLITICAL ACTION COMMITTEE (BP EMPLOYEE PAC)

Mailing Address 501 WESTLAKE PARK BLVD

City HOUSTON State TX Zip Code 77079

FEC ID number of contributing federal political committee. **C** C00060103

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2015

Transaction ID : SA11C.13446

Amount of Each Receipt this Period
 1000.00

Memo Item
Primary 2016

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

Mailing Address 1201 15TH STREET, NW

City WASHINGTON State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 29 / 2015

Transaction ID : SA11C.13452

Amount of Each Receipt this Period
 2500.00

Memo Item
2016 Primary

C. Full Name (Last, First, Middle Initial)
COEUR MINING INC PAC

Mailing Address 104 S MICHIGAN AVENUE

City CHICAGO State IL Zip Code 60603

FEC ID number of contributing federal political committee. **C** C00563072

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 28 / 2015

Transaction ID : SA11C.13235

Amount of Each Receipt this Period
 500.00

Memo Item
Del Carlo 10/13/15

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 57
	<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 ELECTRIC COMPANY POLITICAL ACTION COMMITTEE (GEPAC)

Mailing Address 1299 PENNSYLVANIA AVE NW
SUITE 900W

City WASHINGTON State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 23 / 2015

Transaction ID : SA11C.13339

Amount of Each Receipt this Period
1000.00

Memo Item
Primary 2016

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

Mailing Address 1771 N STREET NW

City WASHINGTON State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 11 / 2015

Transaction ID : SA11C.13248

Amount of Each Receipt this Period
1000.00

Memo Item
Primary 2016

C. Full Name (Last, First, Middle Initial)
NEWMONT MINING CORPORATION PAC

Mailing Address 101 CONSTITUTION AVE. NW SUITE 800

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00206672**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2015

Transaction ID : SA11C.13455

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 57
	<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)
SIERRA NEVADA CORPORATION PAC

Mailing Address P.O. BOX 50193

City State Zip Code
SPARKS NV 89434

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 15 / 2015

Transaction ID : SA11C.13429

Amount of Each Receipt this Period
1000.00

Memo Item
2016 Primary

B. Full Name (Last, First, Middle Initial)
THE BOEING COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1200 WILSON BLVD

City State Zip Code
ARLINGTON VA 22209

FEC ID number of contributing federal political committee. **C C00142711**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 30 / 2015

Transaction ID : SA11C.13428

Amount of Each Receipt this Period
1000.00

Memo Item
2016 Primary

C. Full Name (Last, First, Middle Initial)
UNIVISION COMMUNICATIONS INC. POLITICAL ACTION COMMITTEE

Mailing Address 515 S. FIGUEROA ST., STE. 1110

City State Zip Code
LOS ANGELES CA 90071

FEC ID number of contributing federal political committee. **C C00435735**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 20 / 2015

Transaction ID : SA11C.13340

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

3000.00

16000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 57
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Amodei for Nevada

A. Eureka County Republican Club

Full Name (Last, First, Middle Initial)
Eureka County Republican Club

Mailing Address PO Box 816

City State Zip Code
Eureka NV 89316

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA14.13478

Amount of Each Receipt this Period
500.00

Memo Item
 Voiced check #2138

B. Lincoln County Republican Club

Full Name (Last, First, Middle Initial)
Lincoln County Republican Club

Mailing Address PO Box 1005

City State Zip Code
Caliente NV 89008

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA14.13476

Amount of Each Receipt this Period
500.00

Memo Item
 Voiced check #2137

C. Lyon County GOP

Full Name (Last, First, Middle Initial)
Lyon County GOP

Mailing Address PO Box 619

City State Zip Code
Yerington NV 89447

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA14.13474

Amount of Each Receipt this Period
500.00

Memo Item
 Voiced check #2142 dated 1/22/15

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 57
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" 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)
Storey County Republican Central Committee

Mailing Address PO Box 767

City Virginia City State NV Zip Code 89440

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA14.13475

Amount of Each Receipt this Period
500.00

Memo Item
 Voiced check #2147

B. Full Name (Last, First, Middle Initial)
White Pine Republican Club

Mailing Address 570 First Street

City Ely State NV Zip Code 89301-1901

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

Name of Employer Occupation

Receipt For: 2015
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA14.13477

Amount of Each Receipt this Period
500.00

Memo Item
 Voiced check #2135

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

Memo Item

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

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

1000.00

2500.00

**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 24 OF 57			
	<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) A. A Catered Affaire			Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2015	
Mailing Address 2811 South Carson Street			Amount of Each Disbursement this Period 365.00	
City Carson City	State NV	Zip Code 89701	Memo Item <input type="checkbox"/>	
Purpose of Disbursement catering for campaign event		Category/ Type 007	Transaction ID : SB17.13319	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B. American Express Collections			Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2015	
Mailing Address P.O. Box 981540			Amount of Each Disbursement this Period 7.38	
City El Paso	State TX	Zip Code 79998	Memo Item <input type="checkbox"/>	
Purpose of Disbursement merchant fees		Category/ Type 001	Transaction ID : SB17.13256	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) C. Authnet Gateway			Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015	
Mailing Address P.O. Box 8999			Amount of Each Disbursement this Period 20.35	
City San Francisco	State CA	Zip Code 94128	Memo Item <input type="checkbox"/>	
Purpose of Disbursement merchant fees		Category/ Type 001	Transaction ID : SB17.13255	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	392.73
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 57			
	<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) A. Authnet Gateway		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2015
Mailing Address P.O. Box 8999		Amount of Each Disbursement this Period 12345678901234567890 20.80
City San Francisco	State CA	
Zip Code 94128	Purpose of Disbursement merchant fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.13259
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Authnet Gateway		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2015
Mailing Address P.O. Box 8999		Amount of Each Disbursement this Period 12345678901234567890 20.70
City San Francisco	State CA	
Zip Code 94128	Purpose of Disbursement merchant fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.13402
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Bally's Hotel		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2015
Mailing Address 3655 Las Vegas Blvd		Amount of Each Disbursement this Period 12345678901234567890 120.96
City Las Vegas	State NV	
Zip Code 89109	Purpose of Disbursement Travel - lodging	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 002	Transaction ID : SB17.13283
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	12345678901234567890 162.46
TOTAL This Period (last page this line number only).....	12345678901234567890

**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 57	
	<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) A. Bally's Hotel		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2015
Mailing Address 3655 Las Vegas Blvd		Amount of Each Disbursement this Period 340.91
City Las Vegas State NV Zip Code 89109	Purpose of Disbursement Travel Expense - Lodging Category/Type 002	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.13349
State: District:		

Full Name (Last, First, Middle Initial) B. Bill.com		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2015
Mailing Address 3200 Ash Street		Amount of Each Disbursement this Period 28.98
City Palo Alto State CA Zip Code 94306	Purpose of Disbursement bank services charges Category/Type 001	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.13257
State: District:		

Full Name (Last, First, Middle Initial) c. Bill.com		Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2015
Mailing Address 3200 Ash Street		Amount of Each Disbursement this Period 30.27
City Palo Alto State CA Zip Code 94306	Purpose of Disbursement bank service charges Category/Type 001	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.13261
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	400.16
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 57	
	<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) A. Bill.com		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015
Mailing Address 3200 Ash Street		Amount of Each Disbursement this Period 29.96
City Palo Alto	State CA Zip Code 94306	
Purpose of Disbursement bank service charges	Category/Type 001	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.13408
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Bullfeathers		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2015
Mailing Address 410 1st Street		Amount of Each Disbursement this Period 40.00
City Washington	State DC Zip Code 20003	
Purpose of Disbursement Contributor relations - meals & entertainment	Category/Type 003	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.13273
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Bullfeathers		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015
Mailing Address 410 1st Street		Amount of Each Disbursement this Period 95.00
City Washington	State DC Zip Code 20003	
Purpose of Disbursement Contributor relations - meals & entertainment	Category/Type 003	<input type="checkbox"/> Memo Item
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : SB17.13274
State: District:	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	164.96
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 57			
	<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) A. Capital Grill			Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2015	
Mailing Address 601 Pennsylvania Ave NW			Amount of Each Disbursement this Period 260.00	
City Washington	State DC	Zip Code 20004	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Contributor relations - meals & entertainment		Category/ Type 003	Transaction ID : SB17.13286	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) B. Capital Grill			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015	
Mailing Address 601 Pennsylvania Ave NW			Amount of Each Disbursement this Period 4000.00	
City Washington	State DC	Zip Code 20004	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Staff Christmas party		Category/ Type 001	Transaction ID : SB17.13387	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

Full Name (Last, First, Middle Initial) c. Capital Grille Las Vegas			Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2015	
Mailing Address 3200 Las Vegas Blvd South, Space 3			Amount of Each Disbursement this Period 230.00	
City Las Vegas	State NV	Zip Code 89109	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Contributor relations - meals & entertainment		Category/ Type 003	Transaction ID : SB17.13389	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	4490.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 57	
	<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) A. Capitol Hill Club			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015	
Mailing Address 300 First Street SE			Amount of Each Disbursement this Period 480.00	
City Washington	State DC	Zip Code 20003	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Contributor relations - meals & entertainment		Category/Type 003		
Candidate Name			Transaction ID : SB17.13281	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) B. Capitol Hill Club			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015	
Mailing Address 300 First Street SE			Amount of Each Disbursement this Period 202.17	
City Washington	State DC	Zip Code 20003	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Contributor relations - meals & entertainment		Category/Type 003		
Candidate Name			Transaction ID : SB17.13282	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) c. Capitol Hill Club			Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2015	
Mailing Address 300 First Street SE			Amount of Each Disbursement this Period 822.06	
City Washington	State DC	Zip Code 20003	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Contributor relations - meals & entertainment		Category/Type 003		
Candidate Name			Transaction ID : SB17.13350	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional)	1504.23
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 57	
	<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) A. Capitol Hill Club			Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2015	
Mailing Address 300 First Street SE			Amount of Each Disbursement this Period 117.50	
City Washington	State DC	Zip Code 20003	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Contributor relations - meals & entertainment		Category/ Type 003	Transaction ID : SB17.13351	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

Full Name (Last, First, Middle Initial) B. Capitol Hill Club			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2015	
Mailing Address 300 First Street SE			Amount of Each Disbursement this Period 131.07	
City Washington	State DC	Zip Code 20003	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Contributor relations - meals & entertainment		Category/ Type 003	Transaction ID : SB17.13393	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

Full Name (Last, First, Middle Initial) c. Carson City Navy League			Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2015	
Mailing Address PO Box 4404			Amount of Each Disbursement this Period 4347.50	
City Carson City	State NV	Zip Code 89702	Memo Item <input type="checkbox"/>	
Purpose of Disbursement donation		Category/ Type 012	Transaction ID : SB17.13440	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	4596.07
TOTAL This Period (last page this line number only).....	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 57	
	<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) A. Casey Neilon Inc			Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2015	
Mailing Address 503 N Division St			Amount of Each Disbursement this Period 2000.00	
City Carson City	State NV	Zip Code 89703	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Professional fees - accounting		<input type="checkbox"/> Category/ Type 001		
Candidate Name			Transaction ID : SB17.13317	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Casey Neilon Inc			Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2015	
Mailing Address 503 N Division St			Amount of Each Disbursement this Period 2000.00	
City Carson City	State NV	Zip Code 89703	<input type="checkbox"/> Memo Item	
Purpose of Disbursement professional fees - accounting		<input type="checkbox"/> Category/ Type 001		
Candidate Name			Transaction ID : SB17.13325	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Casino Fandango			Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2015	
Mailing Address 3800 South Carson Street			Amount of Each Disbursement this Period 900.00	
City Carson City	State NV	Zip Code 89701	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Contributor relations - meals & entertainment		<input type="checkbox"/> Category/ Type 003		
Candidate Name			Transaction ID : SB17.13300	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	4900.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 57			
	<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) A. Charlie Palmer Steak - DC			Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015		
Mailing Address 101 Constitution Ave NW			Amount of Each Disbursement this Period 820.00		
City Washington	State DC	Zip Code 20001	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Contributor relations - meals & entertainment		Category/ Type 003			
Candidate Name			Transaction ID : SB17.13386		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. Charlie Palmer Steak - GSR			Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2015		
Mailing Address 2500 East 2nd St.			Amount of Each Disbursement this Period 800.00		
City Reno	State NV	Zip Code 89595	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Contributor realations - Meals & Entertainment		Category/ Type 003			
Candidate Name			Transaction ID : SB17.13381		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. Danielle Cherry			Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2015		
Mailing Address 385 Teramo Drive			Amount of Each Disbursement this Period 701.70		
City Reno	State NV	Zip Code 89521	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Expense reimbursements - for event - see memo		Category/ Type 007			
Candidate Name			Transaction ID : SB17.13318		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	2321.70
TOTAL This Period (last page this line number only).....	

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

Form/Schedule: SB17

Transaction ID : SB17.13318

Reimbursements for event costs total \$701.70. Digiprint 4865 Longley Ln Suite C Reno NV 89502 - invitations and envelopes \$456.70, Office Depot 1011 Steamboat Pkwy Reno NV 89521 - stamps \$196.00. USPS - Stamps \$49.00.

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 57			
	<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) A. Danielle Cherry		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2015
Mailing Address 385 Teramo Drive		Amount of Each Disbursement this Period 12225.00
City Reno State NV Zip Code 89521	Purpose of Disbursement Fundraising consulting - paid as a percentage of funds raised	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 003	Transaction ID : SB17.13323
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Chick-Fil-A		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2015
Mailing Address 6108C Arlington Rd		Amount of Each Disbursement this Period 889.61
City Falls Church State VA Zip Code 22044	Purpose of Disbursement catering for campaign event	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 007	Transaction ID : SB17.13289
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Constant Contact		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2015
Mailing Address 1601 Trapelo Road		Amount of Each Disbursement this Period 35.00
City Waltham State MA Zip Code 02451	Purpose of Disbursement email newsletter	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 004	Transaction ID : SB17.13265
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	13149.61
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 57			
	<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) A. Constant Contact		Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2015
Mailing Address 1601 Trapelo Road		Amount of Each Disbursement this Period 35.00
City Waltham State MA Zip Code 02451	Purpose of Disbursement Email newsletter	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 004	Transaction ID : SB17.13266
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Constant Contact		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015
Mailing Address 1601 Trapelo Road		Amount of Each Disbursement this Period 35.00
City Waltham State MA Zip Code 02451	Purpose of Disbursement email newsletter	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 004	Transaction ID : SB17.13409
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. CV Steak		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2015
Mailing Address 1627 US 395		Amount of Each Disbursement this Period 270.00
City Minden State NV Zip Code 89423	Purpose of Disbursement Contributor relations - meals & entertainment	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 003	Transaction ID : SB17.13277
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	340.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 36 OF 57	
	<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) A. Fumare Fine Cigar Boutique		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2015
Mailing Address 7530 Longley Lane #101		Amount of Each Disbursement this Period 879.55
City Reno State NV Zip Code 89511	Purpose of Disbursement fundraiser supplies	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 003	Transaction ID : SB17.13458
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Harveys		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2015
Mailing Address 18 Highway 50,		Amount of Each Disbursement this Period 460.00
City Stateline State NV Zip Code 89449	Purpose of Disbursement Contributor relations - meals & entertainment	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 003	Transaction ID : SB17.13354
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Hertz Rent-A-Car		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2015
Mailing Address 7200 Sahara Ave		Amount of Each Disbursement this Period 224.64
City Las Vegas State NV Zip Code 89119	Purpose of Disbursement Travel Expense - Car Rental	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 002	Transaction ID : SB17.13361
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1564.19
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 57			
	<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) A. Jimmy John's		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2015
Mailing Address 550 N Quincy St		Amount of Each Disbursement this Period 1149.31
City Arlington State VA Zip Code 22203	Category/Type 007	
Purpose of Disbursement Catering for campaign event	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.13287
State: District:		

Full Name (Last, First, Middle Initial) B. LOBIONDO FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2015
Mailing Address P. O. BOX 550		Amount of Each Disbursement this Period 1000.00
City VINELAND State NJ Zip Code 08362	Category/Type 011	
Purpose of Disbursement Contribution	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.13438
State: NJ District: 02		

Full Name (Last, First, Middle Initial) c. Maverik - Carson City		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2015
Mailing Address 1451 College Parkway		Amount of Each Disbursement this Period 70.02
City Carson City State NV Zip Code 89706	Category/Type 002	
Purpose of Disbursement travel - gas in lieu of mileage	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.13315
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2219.33
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 57			
	<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) A. Maverik - Dayton			Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2015	
Mailing Address 2445 Riverboat Rd			Amount of Each Disbursement this Period 65.36	
City Dayton	State NV	Zip Code 89403	<input type="checkbox"/> Memo Item	
Purpose of Disbursement travel - gas in lieu of mileage		Category/ Type 002	Transaction ID : SB17.13309	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Maverik - Dayton			Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2015	
Mailing Address 2445 Riverboat Rd			Amount of Each Disbursement this Period 65.17	
City Dayton	State NV	Zip Code 89403	<input type="checkbox"/> Memo Item	
Purpose of Disbursement travel - gas in lieu of mileage		Category/ Type 002	Transaction ID : SB17.13316	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Maverik - Dayton			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2015	
Mailing Address 2445 Riverboat Rd			Amount of Each Disbursement this Period 40.51	
City Dayton	State NV	Zip Code 89403	<input type="checkbox"/> Memo Item	
Purpose of Disbursement travel - gas in lieu of mileage		Category/ Type 002	Transaction ID : SB17.13333	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	171.04
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 39 OF 57	
	<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) A. Maverik - Fallon		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2015
Mailing Address 850 W. Williams Ave.		Amount of Each Disbursement this Period 67.95
City Fallon State NV Zip Code 89406	Purpose of Disbursement travel - gas in lieu of mileage	
Candidate Name	Category/Type 002	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.13310
State: District:		

Full Name (Last, First, Middle Initial) B. Maverik - Fallon		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2015
Mailing Address 850 W. Williams Ave.		Amount of Each Disbursement this Period 33.08
City Fallon State NV Zip Code 89406	Purpose of Disbursement travel - gas in lieu of mileage	
Candidate Name	Category/Type 002	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.13312
State: District:		

Full Name (Last, First, Middle Initial) c. Mom and Pops Diner		Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2015
Mailing Address 224 S. Carson Street #3		Amount of Each Disbursement this Period 49.00
City Carson City State NV Zip Code 89701	Purpose of Disbursement Contributor relations - meals & entertainment	
Candidate Name	Category/Type 003	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.13301
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	150.03
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 57	
	<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) A. Nevada Republican Party			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015	
Mailing Address 500 S. Rancho Dr, Suite 7			Amount of Each Disbursement this Period 250.00	
City Las Vegas	State NV	Zip Code 89106	<input type="checkbox"/> Memo Item	
Purpose of Disbursement donation		Category/Type 012		
Candidate Name		Transaction ID : SB17.13330		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Nevada Republican Party			Date of Disbursement M M / D D / Y Y Y Y 11 / 11 / 2015	
Mailing Address 500 S. Rancho Dr, Suite 7			Amount of Each Disbursement this Period 140.00	
City Las Vegas	State NV	Zip Code 89106	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Ticket for meeting		Category/Type 001		
Candidate Name		Transaction ID : SB17.13304		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Old Ebbitt Grill			Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2015	
Mailing Address 675 15th St NW			Amount of Each Disbursement this Period 420.00	
City Washington	State DC	Zip Code 20005	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Contributor relations - meals & entertainment		Category/Type 003		
Candidate Name		Transaction ID : SB17.13352		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	810.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 57			
	<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) A. Owens Wood Products			Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2015	
Mailing Address 55 Sunshine Lane			Amount of Each Disbursement this Period 995.00	
City Reno	State NV	Zip Code 89502	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Donation of firewood		Category/ Type 012	Transaction ID : SB17.13365	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) B. Owens Wood Products			Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2015	
Mailing Address 55 Sunshine Lane			Amount of Each Disbursement this Period 695.00	
City Reno	State NV	Zip Code 89502	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Donation of firewood		Category/ Type 012	Transaction ID : SB17.13367	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

Full Name (Last, First, Middle Initial) C. Peppermill Resort Spa Casino			Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2015	
Mailing Address 2707 S. Virginia St.			Amount of Each Disbursement this Period 50.00	
City Reno	State NV	Zip Code 89502	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Contributor relations - meals & entertainment		Category/ Type 003	Transaction ID : SB17.13348	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: _____	District: _____			

SUBTOTAL of Disbursements This Page (optional)	1740.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 57			
	<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) A. Pinocchio's Bar & Grill			Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2015		
Mailing Address 5995 S. Virginia Street			Amount of Each Disbursement this Period 60.00		
City Reno	State NV	Zip Code 89510	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Contributor relations - meals & entertainment		Category/ Type 003	Transaction ID : SB17.13459		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. PONDEROSA PAC			Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2015		
Mailing Address 824 S MILLEDGE AVE STE 101			Amount of Each Disbursement this Period 5000.00		
City ATHENS	State GA	Zip Code 30605	Memo Item <input type="checkbox"/>		
Purpose of Disbursement contribution		Category/ Type 011	Transaction ID : SB17.13443		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. See's Candies			Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2015		
Mailing Address 5199 Meadowood Mall Circle			Amount of Each Disbursement this Period 268.25		
City Reno	State NV	Zip Code 89502	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Volunteer thank yous		Category/ Type 001	Transaction ID : SB17.13462		
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	5328.25
TOTAL This Period (last page this line number only).....	

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

Form/Schedule: SB17

Transaction ID : SB17.13462

These items are of nominal value and were given to volunteers to thank them for contributing their time to the campaign

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 44 OF 57	
	<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) A. Shell - Carson Cty		Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2015
Mailing Address Hwy 395		Amount of Each Disbursement this Period 48.01
City Carson City	State NV	
Zip Code 89703	Purpose of Disbursement Gas in Lieu of Mileage - travel expense	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 002	Transaction ID : SB17.13363
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Shell - Carson Cty		Date of Disbursement M M / D D / Y Y Y Y 11 / 29 / 2015
Mailing Address Hwy 395		Amount of Each Disbursement this Period 51.43
City Carson City	State NV	
Zip Code 89703	Purpose of Disbursement Gas in lieu of mileage - travel expense	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 002	Transaction ID : SB17.13395
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Shell - Carson Cty		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2015
Mailing Address Hwy 395		Amount of Each Disbursement this Period 39.70
City Carson City	State NV	
Zip Code 89703	Purpose of Disbursement Gas in lieu of mileage - travel expense	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type 002	Transaction ID : SB17.13397
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	139.14
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 OF 57	
	<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)		Date of Disbursement
A. Target		M M / D D / Y Y Y Y 10 / 26 / 2015
Mailing Address 3101 Jefferson Davis Hwy		Amount of Each Disbursement this Period
City Alexandria State VA Zip Code 22305		135.64
Purpose of Disbursement supplies for campaign event	Category/Type 007	<input type="checkbox"/> Memo Item
Candidate Name	Transaction ID : SB17.13292	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. The Grill at Quail Corners		M M / D D / Y Y Y Y 10 / 13 / 2015
Mailing Address 6520 S. McCarran Blvd.		Amount of Each Disbursement this Period
City Reno State NV Zip Code 89509		54.00
Purpose of Disbursement Contributor relations - meals & entertainment	Category/Type 003	<input type="checkbox"/> Memo Item
Candidate Name	Transaction ID : SB17.13276	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
c. The Grill at Quail Corners		M M / D D / Y Y Y Y 11 / 09 / 2015
Mailing Address 6520 S. McCarran Blvd.		Amount of Each Disbursement this Period
City Reno State NV Zip Code 89509		140.00
Purpose of Disbursement Contributor relations - meals & entertainment	Category/Type 003	<input type="checkbox"/> Memo Item
Candidate Name	Transaction ID : SB17.13302	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	329.64
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 57	
	<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) A. The Grill at Quail Corners			Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2015	
Mailing Address 6520 S. McCarran Blvd.			Amount of Each Disbursement this Period 106.00	
City Reno	State NV	Zip Code 89509	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Contributor relations - meals & entertainment		Category/ Type 003	Transaction ID : SB17.13461	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. The M Group			Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2015	
Mailing Address 100 Luna Park #156			Amount of Each Disbursement this Period 3022.00	
City Alexandria	State VA	Zip Code 22305	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Fundraising consulting & reimbursements - see memo		Category/ Type 003	Transaction ID : SB17.13401	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Trattoria Alberto WA DC			Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015	
Mailing Address 506 8th St SE			Amount of Each Disbursement this Period 300.00	
City Washington	State DC	Zip Code 20003	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Contributor relations - meals & entertainment		Category/ Type 003	Transaction ID : SB17.13298	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	3428.00
TOTAL 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 : SB17.13401

Fundraising consulting - paid as a percentage of funds raised \$2,550.00. Reimbursements totalling \$472: USPS in Alexandria VA \$49.00 Postage; Chick-Fil-A 2200 Crystal Dr Ste G Arlington VA 22202 \$223.00 catering for fundraising breakfast; Porter Group 11 D Street SE Washington DC 20003 \$200.00 rental fee for fundraising event location.

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 48 OF 57			
	<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) A. Twisted Fork			Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2015		
Mailing Address 1911 Steamboat Pkwy			Amount of Each Disbursement this Period 54.00		
City Reno	State NV	Zip Code 89521	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Contributor relations - meals & entertainment		Category/ Type 003			
Candidate Name			Transaction ID : SB17.13460		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) B. Uber Technologies			Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2015		
Mailing Address 800 Market St			Amount of Each Disbursement this Period 10.14		
City San Francisco	State CA	Zip Code 94102	Memo Item <input type="checkbox"/>		
Purpose of Disbursement travel expense - car service		Category/ Type 002			
Candidate Name			Transaction ID : SB17.13308		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) c. Wells Fargo			Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2015		
Mailing Address PO Box 6995			Amount of Each Disbursement this Period 86.99		
City Portland	State OR	Zip Code 97228	Memo Item <input type="checkbox"/>		
Purpose of Disbursement merchant fees		Category/ Type 001			
Candidate Name			Transaction ID : SB17.13258		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

SUBTOTAL of Disbursements This Page (optional).....	151.13
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 49 OF 57	
	<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) A. Wells Fargo		Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2015
Mailing Address PO Box 6995		Amount of Each Disbursement this Period 3.00
City Portland	State OR	
Zip Code 97228	Purpose of Disbursement bank fee- deposit image	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.13260
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Wells Fargo		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2015
Mailing Address PO Box 6995		Amount of Each Disbursement this Period 12.34
City Portland	State OR	
Zip Code 97228	Purpose of Disbursement merchant fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.13262
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Wells Fargo		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2015
Mailing Address PO Box 6995		Amount of Each Disbursement this Period 14.12
City Portland	State OR	
Zip Code 97228	Purpose of Disbursement merchant fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.13263
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	29.46
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 50 OF 57	
	<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) A. Wells Fargo		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2015
Mailing Address PO Box 6995		Amount of Each Disbursement this Period 45.21 <input type="checkbox"/> Memo Item
City Portland State OR Zip Code 97228	Purpose of Disbursement merchant fees <input type="checkbox"/> 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.13264
State: District:		

Full Name (Last, First, Middle Initial) B. Wells Fargo		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2015
Mailing Address PO Box 6995		Amount of Each Disbursement this Period 11.22 <input type="checkbox"/> Memo Item
City Portland State OR Zip Code 97228	Purpose of Disbursement merchant fees <input type="checkbox"/> 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.13403
State: District:		

Full Name (Last, First, Middle Initial) c. Wells Fargo		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2015
Mailing Address PO Box 6995		Amount of Each Disbursement this Period 12.75 <input type="checkbox"/> Memo Item
City Portland State OR Zip Code 97228	Purpose of Disbursement merchant fees <input type="checkbox"/> 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : SB17.13405
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	69.18
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 57			
	<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) A. Wells Fargo		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2015
Mailing Address PO Box 6995		Amount of Each Disbursement this Period 90.95
City Portland	State OR	
Zip Code 97228	Purpose of Disbursement merchant fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.13406
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Whispering Vine		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2015
Mailing Address 85 Foothill Rd		Amount of Each Disbursement this Period 392.60
City Reno	State NV	
Zip Code 89511	Purpose of Disbursement Food and beverage for fundraising - see memo	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 003	Transaction ID : SB17.13383
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Whispering Vine		Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2015
Mailing Address 85 Foothill Rd		Amount of Each Disbursement this Period 525.69
City Reno	State NV	
Zip Code 89511	Purpose of Disbursement Food and beverage for fundraising - see memo	<input type="checkbox"/> Memo Item
Candidate Name	Category/ Type 001	Transaction ID : SB17.13465
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1009.24
TOTAL This Period (last page this line number only).....	

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFH`ZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.13383

This purchase was made with the intent of using for thank-yous, but the items were not distributed for this purpose.
The items were retained and used for fundraising events in the future.

Form/Schedule: SB17

Transaction ID: SB17.13465

This purchase was made with the intent of using for thank-yous, but the items were not distributed for this purpose.
The items were retained and used for fundraising events in the future.

**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 53 OF 57	
	<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) A. Whispering Vine		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2015
Mailing Address 85 Foothill Rd		Amount of Each Disbursement this Period 581.61 <input type="checkbox"/> Memo Item
City Reno	State NV	
Zip Code 89511	Purpose of Disbursement Food and beverage for fundraising - see memo	Transaction ID : SB17.13466
Candidate Name	001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Wyman & Associates		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2015
Mailing Address 1941 Radcliffe Drive		Amount of Each Disbursement this Period 4700.00 <input type="checkbox"/> Memo Item
City Carson City	State NV	
Zip Code 89703	Purpose of Disbursement Radio advertising	Transaction ID : SB17.13469
Candidate Name	004 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Wyman & Associates		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2015
Mailing Address 1941 Radcliffe Drive		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Memo Item
City Carson City	State NV	
Zip Code 89703	Purpose of Disbursement Radio advertising	Transaction ID : SB17.13471
Candidate Name	004 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5781.61
TOTAL This Period (last page this line number only).....	55342.16

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

Form/Schedule: SB17

Transaction ID : SB17.13466

This purchase was made with the intent of using for thank-yous, but the items were not distributed for this purpose. The items were retained and used for fundraising events in the future.

Form/Schedule:

Transaction ID:

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

NAME OF COMMITTEE (In Full)
Amodei for Nevada

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Casey Neilon Inc	Nature of Debt (Purpose): Accounting services November and December 2015
Mailing Address 503 N Division St	
City State Zip Code Carson City NV 89703	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.13479	
Amount Incurred This Period 4000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Shirley & Bannister	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	Transaction ID : SD10.7593	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Stutzman Public Affairs	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	Transaction ID : SD10.7279	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1500.00

1) SUBTOTALS This Period This Page (optional)	10000.00
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

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

Form/Schedule: SD10

Transaction ID : SD10.7593

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

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

Amodei for Nevada

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Stutzman Public Affairs

Mailing Address 1415 L Street

City State Zip Code
 Sacramento CA 95814

Nature of Debt (Purpose):
 Production Costs

Outstanding Balance Beginning This Period **Transaction ID : SD10.7284**

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

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

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

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="3000.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="13000.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="13000.00"/>