

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

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

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

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

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on 11 / 04 / 2014 in the State of NV
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period 10 / 01 / 2014 through 10 / 15 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Nicola Neilon
Signature of Treasurer Nicola Neilon *[Electronically Filed]* Date 10 / 23 / 2014

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Amodei for Nevada

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	22827.56	671473.56
(b) Total Contribution Refunds (from Line 20(d))	1000.00	1500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	21827.56	669973.56
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	42065.16	526717.34
(b) Total Offsets to Operating Expenditures (from Line 14).....	12.50	3318.66
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	42052.66	523398.68
8. Cash on Hand at Close of Reporting Period (from Line 27).....	281490.68	
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).....	14300.00	

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).....	8350.00	329275.00
(ii) Unitemized.....	977.56	17148.56
(iii) TOTAL of contributions from individuals ▶	9327.56	346423.56
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	13500.00	325050.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	22827.56	671473.56
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.)	12.50	3318.66
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)..... ▶	22840.06	674792.22

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	42065.16	526717.34
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	109600.00
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	1000.00	1500.00
(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)).....	1000.00	1500.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	43065.16	637817.34

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	301715.78
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	22840.06
25. SUBTOTAL (add Line 23 and Line 24).....	324555.84
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	43065.16
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	281490.68

**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 25
	<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)
Gary Andreas

Mailing Address 3 Yorktown Dr

City Carson city State NV Zip Code 89703

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

Name of Employer State Farm Occupation Insurance Agent

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

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

Transaction ID : SA11AI.11627

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Fred Carlson

Mailing Address 90 Starburst Cir

City Sparks State NV Zip Code 89441-9252

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

Name of Employer Silver State International Occupation vice president

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **300.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 02 / 2014

Transaction ID : SA11AI.11620

Amount of Each Receipt this Period
200.00

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

Mailing Address 1111 W College Parkway #205

City Carson City State NV Zip Code 89703

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

Name of Employer None Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1150.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 13 / 2014

Transaction ID : SA11AI.11678

Amount of Each Receipt this Period
150.00
 political contribution

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

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

550.00

**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 25
	<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)
Stephen Hartman

Mailing Address 150 Plantation Dr

City Carson City State NV Zip Code 89703

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

Name of Employer Hartman & Hartman Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6100.00

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

Transaction ID : SA11AI.11621

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
Maizie Harris Jesse

Mailing Address 602 Martin St

City Carson City State NV Zip Code 89703

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

Name of Employer retired Occupation retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 13 / 2014

Transaction ID : SA11AI.11680

Amount of Each Receipt this Period
100.00

campaign

C. 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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 02 / 2014

Transaction ID : SA11AI.11597

Amount of Each Receipt this Period
500.00

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

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

3200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 25
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Amodei for Nevada

A. Full Name (Last, First, Middle Initial)
John O'Rourke

Mailing Address 11028 Stanmore Drive

City	State	Zip Code
Potomac	MD	20854

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

Name of Employer	Occupation
Self Employed	Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 13 / 2014

Transaction ID : SA11AI.11684

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Pamela A Peri

Mailing Address 96 Butte Way

City	State	Zip Code
Yerington	NV	89447

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

Name of Employer	Occupation
Peri & Sons Farms	Executive VP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 09 / 2014

Transaction ID : SA11AI.11617

Amount of Each Receipt this Period
2600.00

C. Full Name (Last, First, Middle Initial)
The Chicasaw Nation

Mailing Address 2020 Lonnie Abbott Blvd

City	State	Zip Code
Ada	OK	74820

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

Name of Employer	Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 09 / 2014

Transaction ID : SA11AI.11605

Amount of Each Receipt this Period
1000.00

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

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

4600.00

8350.00

**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 25
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Amodei for Nevada

Full Name (Last, First, Middle Initial)
AMERICAN QUARTER HORSE ASSOCIATION POLITICAL CMTE AKA AMERICAN QUARTER HORSE PAC (AQHPAC)

A. Mailing Address P.O. BOX 200

City State Zip Code
AMARILLO TX 79168

FEC ID number of contributing federal political committee. **C** C00409102

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 13 / 2014

Transaction ID : SA11C.11681

Amount of Each Receipt this Period
2000.00

Full Name (Last, First, Middle Initial)
DEERE & COMPANY PAC (AKA JOHN DEERE PAC)

B. Mailing Address ONE JOHN DEERE PLACE

City State Zip Code
MOLINE IL 61265

FEC ID number of contributing federal political committee. **C** C00204099

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 01 / 2014

Transaction ID : SA11C.11601

Amount of Each Receipt this Period
2500.00

General 2014 US House

Full Name (Last, First, Middle Initial)
FARM CREDIT COUNCIL POLITICAL ACTION COMMITTEE

C. Mailing Address 50 F STREET NW
SUITE 900

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C** C00193631

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 13 / 2014

Transaction ID : SA11C.11686

Amount of Each Receipt this Period
1000.00

2014 General R-NV-2

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

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

5500.00

**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 25
	<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. INTERNATIONAL GAME TECHNOLOGY (IGT) PAC

Full Name (Last, First, Middle Initial)
Mailing Address 9295 PROTOTYPE DRIVE

City RENO State NV Zip Code 89511

FEC ID number of contributing federal political committee. **C C00316331**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 09 / 2014

Transaction ID : SA11C.11607

Amount of Each Receipt this Period
5000.00

B. NOBLE ENERGY INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 100 GLENBOROUGH DRIVE SUITE 100

City HOUSTON State TX Zip Code 77067

FEC ID number of contributing federal political committee. **C C00479873**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

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

Transaction ID : SA11C.11629

Amount of Each Receipt this Period
2000.00

C. WINE AND SPIRITS WHOLESALERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 805 FIFTEENTH ST NW SUITE 430

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00147173**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 09 / 2014

Transaction ID : SA11C.11608

Amount of Each Receipt this Period
1000.00

2014 General

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

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

8000.00

13500.00

**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 25
	<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)
Southwest Airlines

Mailing Address P.O. Box 36647-1CR

City State Zip Code
Dallas TX 73235

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1371.90

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 02 / 2014

Transaction ID : SA14.11631

Amount of Each Receipt this Period
12.50
Travel expense - airfare - refund

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

12.50

12.50

**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 11 OF 25			
	<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. American Express Collections		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address P.O. Box 981540		Amount of Each Disbursement this Period 8.98 Transaction ID : SB17.11642
City El Paso	State TX	
Zip Code 79998	Purpose of Disbursement merchant fees	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. Aristotle International, Inc.		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 2762.50 Transaction ID : SB17.11669
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Campaign - back office expenses	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) C. Authnet Gateway		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2014
Mailing Address P.O. Box 8999		Amount of Each Disbursement this Period 22.30 Transaction ID : SB17.11632
City San Francisco	State CA	
Zip Code 94128	Purpose of Disbursement merchant fees	Category/ Type 001
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	2793.78
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 12 OF 25	
	<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. Bertha Miranda Scholarship Fund		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 336 Mill Street		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.11675
City Reno State NV Zip Code 89502	Purpose of Disbursement donation 012 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) B. Bill.com		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014
Mailing Address 3200 Ash Street		Amount of Each Disbursement this Period 35.23 Transaction ID : SB17.11643
City Palo Alto State CA Zip Code 94306	Purpose of Disbursement bank fees 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) c. Casey Neilon & Associates, LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 503 N Division St		Amount of Each Disbursement this Period 3236.01 Transaction ID : SB17.11666
City Carson City State NV Zip Code 89703	Purpose of Disbursement Professional fees - accounting 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3771.24
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 13 OF 25	
	<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 10 / 15 / 2014
Mailing Address 345 Sondrio Way		Amount of Each Disbursement this Period 14029.35 Transaction ID : SB17.11671
City Reno State NV Zip Code 89521	Purpose of Disbursement Fundraising commissions and reimbursement of expenses Category/Type 003	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) B. Maria C Davis		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 10050 Bronc COurt		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.11670
City Reno State NV Zip Code 89521	Purpose of Disbursement Professional fees - Hispanic relations Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) c. Eagle Promotional Solutions		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 1630 Karin Drive		Amount of Each Disbursement this Period 2805.10 Transaction ID : SB17.11663
City Carson City State NV Zip Code 89706	Purpose of Disbursement promotional campaign materials Category/Type 006	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	17834.45
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 14 OF 25			
	<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. El Dorado Hotel			Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address PO Box 3399			Amount of Each Disbursement this Period 215.46 Transaction ID : SB17.11668
City Reno	State NV	Zip Code 89505	
Purpose of Disbursement Events costs - catering		Category/ Type 007	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____ District: _____			

Full Name (Last, First, Middle Initial) B. Elisa Cafferata for Reno City Council 2			Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 550 W Plumb Lane c/o UPS Mail B-117			Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.11661
City Reno	State NV	Zip Code 89509	
Purpose of Disbursement political contribution		Category/ Type 011	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____ District: _____			

Full Name (Last, First, Middle Initial) C. FRIENDS OF JOE HECK			Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address PO BOX 750114			Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.11697
City LAS VEGAS	State NV	Zip Code 89136	
Purpose of Disbursement political contribution		Category/ Type 011	
Candidate Name FRIENDS OF JOE HECK			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: NV District: 03			

SUBTOTAL of Disbursements This Page (optional).....	3215.46
TOTAL This Period (last page this line number only).....	

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

Form/Schedule: SB17

Transaction ID : SB17.11697

\$500 excess contribution has been returned after 10/15 cut-off date. Will be accounted for on subsequent post-general report.

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 25	
	<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. Glen Eagles		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 3700 North Carson Street		Amount of Each Disbursement this Period 65.00 Transaction ID : SB17.11634
City Carson City State NV Zip Code 89706	Purpose of Disbursement Meals & entertainment - contributor relations Category/Type 003	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Kaempfer Crowell Renshaw Gronauer & Fiore		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 8345 West Sunset Road Suite 250		Amount of Each Disbursement this Period 70.00 Transaction ID : SB17.11664
City Las Vegas State NV Zip Code 89113	Purpose of Disbursement Professional Fees - Legal Category/Type 001	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Mark Hutchison for Lt. Governor		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 10080 West Alta Drive Suite 140		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.11660
City Las Vegas State NV Zip Code 89145	Purpose of Disbursement political contribution Category/Type 011	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1135.00
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 17 OF 25	
	<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 / 09 / 2014
Mailing Address 2445 Riverboat Rd		Amount of Each Disbursement this Period 95.79 Transaction ID : SB17.11637
City Dayton State NV Zip Code 89403	Purpose of Disbursement Travel expense - gas in lieu of mileage Candidate Name 002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Maverik - Winnemucca		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 863 E. Winnemuccas Blvd.		Amount of Each Disbursement this Period 68.99 Transaction ID : SB17.11641
City Winnemucca State NV Zip Code 89445	Purpose of Disbursement Travel expense - gas in lieu of mileage Candidate Name 002 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. PK O'Neill for Nevada Assembly District 40		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2014
Mailing Address 1216 Sonoma Street		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.11723
City Carson City State NV Zip Code 89701	Purpose of Disbursement political contribution Candidate Name 011 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	664.78
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 18 OF 25	
	<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. Robin Titus for Nevada Assembly District 38		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address PO Box 377		Amount of Each Disbursement this Period 500.00
City Wellington	State NV	Zip Code 89444
Purpose of Disbursement political contribution	Category/ Type 011	
Candidate Name		Transaction ID : SB17.11662
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Ron Knecht for Nevada State Controller		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 1009 Spencer Street		Amount of Each Disbursement this Period 1000.00
City Carson City	State NV	Zip Code 89703
Purpose of Disbursement political contribution	Category/ Type 011	
Candidate Name		Transaction ID : SB17.11658
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Shell - Carson Cty		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address Hwy 395		Amount of Each Disbursement this Period 58.08
City Carson City	State NV	Zip Code 89703
Purpose of Disbursement Travel expense - gas in lieu of mileage	Category/ Type 002	
Candidate Name		Transaction ID : SB17.11636
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1558.08
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 19 OF 25	
	<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 M Group		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 100 Luna Park #156		Amount of Each Disbursement this Period 10393.43 Transaction ID : SB17.11672
City Alexandria State VA Zip Code 22305	Purpose of Disbursement Fundraising commissions and reimbursement of expenses Candidate Name 003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) B. Twisted Fork		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 1911 Steamboat Pkwy		Amount of Each Disbursement this Period 61.00 Transaction ID : SB17.11635
City Reno State NV Zip Code 89521	Purpose of Disbursement Meals & entertainment - contributor relations Candidate Name 003 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) c. Wells Fargo		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address PO Box 6995		Amount of Each Disbursement this Period 3.00 Transaction ID : SB17.11644
City Portland State OR Zip Code 97228	Purpose of Disbursement bank fees - online dep image Candidate Name 001 Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: _____ District: _____		

SUBTOTAL of Disbursements This Page (optional).....	10457.43
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 20 OF 25			
	<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 10 / 14 / 2014
Mailing Address PO Box 6995		Amount of Each Disbursement this Period 35.73 Transaction ID : SB17.11647
City Portland State OR Zip Code 97228	Purpose of Disbursement merchant fees 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" 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 10 / 14 / 2014
Mailing Address PO Box 6995		Amount of Each Disbursement this Period 37.08 Transaction ID : SB17.11648
City Portland State OR Zip Code 97228	Purpose of Disbursement merchant fees 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" 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 / 2014
Mailing Address PO Box 6995		Amount of Each Disbursement this Period 93.39 Transaction ID : SB17.11649
City Portland State OR Zip Code 97228	Purpose of Disbursement merchant fees 001 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	166.20
TOTAL This Period (last page this line number only).....	41596.42

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

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

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NAME OF COMMITTEE (In Full)
Amodei for Nevada

Full Name (Last, First, Middle Initial) A. Robert Lissner		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2014
Mailing Address PO Box 7548		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB20A.11674
City Reno	State NV	
Zip Code 89510	Purpose of Disbursement refund of excess contribution	Category/ Type 010
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

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

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

SUBTOTAL of Disbursements This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	1000.00

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

NAME OF COMMITTEE (In Full)

Amodei for Nevada

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

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional)	5300.00
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) ▶	

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 Eagle Promotional Solutions		Nature of Debt (Purpose): Promotional items
Mailing Address 1630 Karin Drive		
City	State	Zip Code
Carson City	NV	89706

Outstanding Balance Beginning This Period	Transaction ID : SD10.11592	
<input type="text" value="2805.10"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="2805.10"/>	<input type="text" value="0.00"/>

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

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

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="6000.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

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

Form/Schedule: SD10

Transaction ID : SD10.7593

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

Form/Schedule:

Transaction ID:

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

NAME OF COMMITTEE (In Full)

Amodei for Nevada

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

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

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

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

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

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

1) SUBTOTALS This Period This Page (optional)	3000.00
2) TOTALS This Period (last page this line number only)	14300.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	14300.00