

# 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

Tarkanian For Congress

ADDRESS (number and street) 3008 Campbell Circle

Check if different than previously reported. (ACC)

Las Vegas

NV

89107

2. **FEC IDENTIFICATION NUMBER** ▼

C C00582320

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

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 Richard M Egan

Signature of Treasurer Richard M Egan

[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  
**Tarkanian For Congress**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	357200.02	357200.02
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	357200.02	357200.02
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	23640.00	23640.00
(b) Total Offsets to Operating Expenditures (from Line 14).....	19.91	19.91
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	23620.09	23620.09
8. Cash on Hand at Close of Reporting Period (from Line 27).....	333545.45	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	8305.66	

**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

**Tarkanian For Congress**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	339885.02	339885.02
(ii) Unitemized.....	7413.00	7413.00
(iii) TOTAL of contributions from individuals ▶	347298.02	347298.02
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	1000.00
(d) The Candidate.....	8902.00	8902.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	357200.02	357200.02
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	19.91	19.91
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	357219.93	357219.93

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	23640.00	23640.00
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(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	0.00
21. OTHER DISBURSEMENTS .....	34.48	34.48
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	23674.48	23674.48

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	357219.93
25. SUBTOTAL (add Line 23 and Line 24).....	357219.93
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	23674.48
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	333545.45

**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 125
	<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)  
**Tarkanian For Congress**

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

Mailing Address 851 So Rampart Blvd

City Las Vegas State NV Zip Code 89145

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

Name of Employer Cenegenics Occupation CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 15 / 2015

**Transaction ID : SA11AI.C4605429**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Advanstaff HR - Client Services Inc.**

Mailing Address 5632 Dorian Black Ave

City Las Vegas State NV Zip Code 89139-7477

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 26 / 2015

**Transaction ID : SA11AI.C4606061**

Amount of Each Receipt this Period  
 250.00

Allocation Below

**C.** Full Name (Last, First, Middle Initial)  
**Mark Cram**

Mailing Address 5632 Dorian Black Ave

City Las Vegas State NV Zip Code 89139

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

Name of Employer Advanstaff HR Occupation Business Division Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 26 / 2015

**Transaction ID : SA11AI.A4606061.0**

Amount of Each Receipt this Period  
 250.00

**[MEMO ITEM]**  
Allocation

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

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

1250.00

**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 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Tarkanian For Congress**

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

Mailing Address 1611 W Bonanza Rd

City Las Vegas State NV Zip Code 89106

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

Name of Employer Ahern Rental 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  
 09 / 30 / 2015

**Transaction ID : SA11AI.C4607725**

Amount of Each Receipt this Period  
 2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Pedram Rahimi Akbarabadi**

Mailing Address 5160 W Patrick Lane

City Las Vegas State NV Zip Code 89119

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

Name of Employer Hi-Tech LLC Occupation Partner/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  
 09 / 28 / 2015

**Transaction ID : SA11AI.C4607508**

Amount of Each Receipt this Period  
 5400.00

Redesignation Below

**C.** Full Name (Last, First, Middle Initial)  
**Pedram Rahimi Akbarabadi**

Mailing Address 5160 W Patrick Lane

City Las Vegas State NV Zip Code 89119

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

Name of Employer Hi-Tech LLC Occupation Partner/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  
 09 / 28 / 2015

**Transaction ID : SA11AI.RD4607508.0**

Amount of Each Receipt this Period  
 -2700.00

**[MEMO ITEM]**  
Redesignated

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

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

7900.00

**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 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Pedram Rahimi Akbarabadi**

Mailing Address 5160 W Patrick Lane

City State Zip Code  
Las Vegas NV 89119

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

Name of Employer Occupation  
Hi-Tech LLC Partner/Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 28 / 2015

**Transaction ID : SA11AI.RD4607508.1**

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**  
Redesignated

**B.** Full Name (Last, First, Middle Initial)  
**Louis Almeida**

Mailing Address 2370 Lynborough Ct

City State Zip Code  
Turlock CA 95382

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

Name of Employer Occupation  
Self-Employed Farmer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 28 / 2015

**Transaction ID : SA11AI.C4607506**

Amount of Each Receipt this Period  
5400.00

Reattribution Below

**C.** Full Name (Last, First, Middle Initial)  
**Louis Almeida**

Mailing Address 2370 Lynborough Ct

City State Zip Code  
Turlock CA 95382

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

Name of Employer Occupation  
Self-Employed Farmer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 28 / 2015

**Transaction ID : SA11AI.RA4607506.0**

Amount of Each Receipt this Period  
-2700.00

**[MEMO ITEM]**  
Reattribution Below

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

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

5400.00

**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 125
	<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)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Christina Almeida**

Mailing Address 2370 Lynborough Ct

City State Zip Code  
Turlock CA 95382

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 28 / 2015

**Transaction ID : SA11AI.RA4607506.1**

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**  
Reattribution

**B.** Full Name (Last, First, Middle Initial)  
**Francois Alvandi**

Mailing Address 3870 E Flamingo Road, Ste A-352

City State Zip Code  
Las Vegas NV 89121

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

Name of Employer Occupation  
Big Daddy Ichabod's I, Inc Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 21 / 2015

**Transaction ID : SA11AI.C4607209**

Amount of Each Receipt this Period  
5000.00

**C.** Full Name (Last, First, Middle Initial)  
**Jade Anderson**

Mailing Address 8681 W Sahara Ave Ste 100

City State Zip Code  
Las Vegas NV 89117

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

Name of Employer Occupation  
Capstone Brokerage CEO

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  
09 / 29 / 2015

**Transaction ID : SA11AI.C4607249**

Amount of Each Receipt this Period  
250.00

**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: PAGE 9 OF 125  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Damon Archibald**

Mailing Address 2 Hope Farm Road

City State Zip Code  
Missouri TX 77459-2480

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

Name of Employer Occupation  
Office Remedies CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 17 / 2015

**Transaction ID : SA11AI.C4603771**

Amount of Each Receipt this Period  
5400.00

Redesignation Below

**B.** Full Name (Last, First, Middle Initial)  
**Damon Archibald**

Mailing Address 2 Hope Farm Road

City State Zip Code  
Missouri TX 77459-2480

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

Name of Employer Occupation  
Office Remedies CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 17 / 2015

**Transaction ID : SA11AI.RD4603771.0**

Amount of Each Receipt this Period  
-2700.00

**[MEMO ITEM]**  
Redesignated

**C.** Full Name (Last, First, Middle Initial)  
**Damon Archibald**

Mailing Address 2 Hope Farm Road

City State Zip Code  
Missouri TX 77459-2480

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

Name of Employer Occupation  
Office Remedies CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 17 / 2015

**Transaction ID : SA11AI.RD4603771.1**

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**  
Redesignated

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

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

5400.00

**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 125
	<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)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Hera Armenian**

Mailing Address 2050 Troon Drive

City Henderson State NV Zip Code 89074

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

Name of Employer Harmon & Davis, P.C. Occupation Attorney

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  
 09 / 11 / 2015

**Transaction ID : SA11AI.C4606907**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Scott Ashjian**

Mailing Address 7346 Hollywood Park Ave

City Las Vegas State NV Zip Code 89129-6062

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

Name of Employer Henderson Kia Occupation Sales

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2015

**Transaction ID : SA11AI.C4612554**

Amount of Each Receipt this Period  
2500.00

In-Kind:Food and Drinks for Fundraiser

**C.** Full Name (Last, First, Middle Initial)  
**Darius Assemi**

Mailing Address 1396 W Herndon Ave., Ste 101

City Fresno State CA Zip Code 93711-7126

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

Name of Employer Granville Homes, Inc. Occupation Real Estate Developer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 12 / 2015

**Transaction ID : SA11AI.C4607516**

Amount of Each Receipt this Period  
2700.00

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

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

5450.00

**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 125  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Haig Atamian**

Mailing Address 6420 Sunset Corporate Dr

City State Zip Code  
Las Vegas NV 89120

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

Name of Employer Occupation  
Haig's Quality Printing CEO

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  
 09 / 11 / 2015

**Transaction ID : SA11AI.C4606922**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 4675 S Wynn Rd

City State Zip Code  
Las Vegas NV 89103

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

Name of Employer Occupation  
Desert Cab President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2015

**Transaction ID : SA11AI.C4607061**

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Becker Enterprises, LLC**

Mailing Address 50 S. Jones Blvd, Suite 100

City State Zip Code  
Las Vegas NV 89107

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

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  
 07 / 30 / 2015

**Transaction ID : SA11AI.C4605660**

Amount of Each Receipt this Period  
1000.00

Limited Liability Company, Allocation Below

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

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

4200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Bruce Becker**

Mailing Address 50 S Jones Blvd, Suite 100

City Las Vegas State NV Zip Code 89107

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

Name of Employer Becker Enterprises Occupation 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  
 07 / 30 / 2015

**Transaction ID : SA11AI.A4605660.0**

Amount of Each Receipt this Period  
500.00

**[MEMO ITEM]**  
Allocation - Member

**B.** Full Name (Last, First, Middle Initial)  
**Barry Becker**

Mailing Address 50 S Jones Blvd, Suite 100

City Las Vegas State NV Zip Code 89107

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

Name of Employer Becker Enterprises Occupation 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  
 07 / 30 / 2015

**Transaction ID : SA11AI.A4605660.1**

Amount of Each Receipt this Period  
500.00

**[MEMO ITEM]**  
Allocation - Member

**C.** Full Name (Last, First, Middle Initial)  
**Ernest A Becker IV**

Mailing Address 8090 S Durango Dr #115

City Las Vegas State NV Zip Code 89113

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

Name of Employer Self-Employed Occupation Real Estate

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  
 08 / 18 / 2015

**Transaction ID : SA11AI.C4605839**

Amount of Each Receipt this Period  
1000.00

**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 13 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Carlotta Bedrosian**

Mailing Address 999 Ahronian Street

City State Zip Code  
Fowler CA 93625

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

Name of Employer Occupation  
National Raisin Co. 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  
 08 / 19 / 2015

**Transaction ID : SA11AI.C4605953**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Rosie Bedrosian**

Mailing Address 351 N 4th Street

City State Zip Code  
Fowler CA 93625-2121

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

Name of Employer Occupation  
National Raisin Co. Ranch Manager

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  
 08 / 19 / 2015

**Transaction ID : SA11AI.C4605954**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Dayton B Blaine**

Mailing Address 3540 N 5th Street

City State Zip Code  
North Las Vegas NV 89032-8049

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

Name of Employer Occupation  
Blaine Equipment Co. President

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  
 09 / 21 / 2015

**Transaction ID : SA11AI.C4607208**

Amount of Each Receipt this Period  
500.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mark Borba**

Mailing Address 11054 W Mt Whitney

City Riverdale State CA Zip Code 93656

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

Name of Employer Borba Agribusiness Services Occupation Farmer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11AI.C4607610**

Amount of Each Receipt this Period  
 2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Lisa Boreta-Thompson**

Mailing Address 409 Golden Spear PI

City Henderson State NV Zip Code 89002

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

Name of Employer None Occupation None

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11AI.C4607715**

Amount of Each Receipt this Period  
 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Lisa Boreta-Thompson**

Mailing Address 409 Golden Spear PI

City Henderson State NV Zip Code 89002

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

Name of Employer None Occupation None

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11AI.C4607773**

Amount of Each Receipt this Period  
 2500.00

Reattribution Below

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

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

7700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 125
	<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)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Lisa Boreta-Thompson**

Mailing Address 409 Golden Spear PI

City Henderson State NV Zip Code 89002

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

Name of Employer None Occupation None

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11AI.RA4607773.0**

Amount of Each Receipt this Period  
-2500.00

**[MEMO ITEM]**  
Reattribution Below

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

Mailing Address 409 Golden Spear PI

City Henderson State NV Zip Code 89002

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11AI.RA4607773.1**

Amount of Each Receipt this Period  
2500.00

**[MEMO ITEM]**  
Reattribution

**C.** Full Name (Last, First, Middle Initial)  
**Boulevard Ventures LLC**

Mailing Address 3528 S Maryland Parkway

City Las Vegas State NV Zip Code 89169

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

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  
 08 / 31 / 2015

**Transaction ID : SA11AI.C4606618**

Amount of Each Receipt this Period  
1000.00

Limited Liability Company, Allocation Below

**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 16 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Roland Sansone**

Mailing Address 9017 S Pecos Road, #4500

City Henderson State NV Zip Code 89074

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

Name of Employer Boulevard Ventures, LLC Occupation Owner/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  
 08 / 31 / 2015

**Transaction ID : SA11AI.A4606618.0**

Amount of Each Receipt this Period  
1000.00

**[MEMO ITEM]**  
Allocation - Member

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

Mailing Address 3883 Howard Hughes Parkway  
9th Floor

City Las Vegas State NV Zip Code 89169

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

Name of Employer Boyd Gaming Corporation Occupation Executive Chairman of the Board

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  
 08 / 05 / 2015

**Transaction ID : SA11AI.C4605686**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**William Brady**

Mailing Address 25 Promontory Ridge Dr

City Las Vegas State NV Zip Code 89135

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

Name of Employer Brady Industries Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 27 / 2015

**Transaction ID : SA11AI.C4605442**

Amount of Each Receipt this Period  
5400.00

Reattribution Below

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

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

6400.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 125
	<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)  
**Tarkanian For Congress**

Full Name (Last, First, Middle Initial) <b>A. William Brady</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 27 / 2015	
Mailing Address 25 Promontory Ridge Dr		<b>Transaction ID : SA11AI.RA4605442.0</b>	
City Las Vegas	State NV	Zip Code 89135	Amount of Each Receipt this Period _____ -2700.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Brady Industries	Occupation Owner		<b>[MEMO ITEM]</b> Reattribution Below
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2700.00		

Full Name (Last, First, Middle Initial) <b>B. Cynthia Brady</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 27 / 2015	
Mailing Address 25 Promontory		<b>Transaction ID : SA11AI.RA4605442.1</b>	
City Las Vegas	State NV	Zip Code 89135-1670	Amount of Each Receipt this Period _____ 2700.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer N/A	Occupation Homemaker		<b>[MEMO ITEM]</b> Reattribution
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2700.00		

Full Name (Last, First, Middle Initial) <b>C. Travis Brady</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 18 / 2015	
Mailing Address 25 Ridge Blossom Road		<b>Transaction ID : SA11AI.C4607059</b>	
City Las Vegas	State NV	Zip Code 89135	Amount of Each Receipt this Period _____ 2700.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Brady Industries	Occupation Vice President		<b>[MEMO ITEM]</b> Reattribution
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2700.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 2700.00
<b>TOTAL</b> This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 125
	<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)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Charles C Brennan**

Mailing Address 41 Painted Feather Way

City Las Vegas	State NV	Zip Code 89135-7856
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FEC ID number of contributing federal political committee. **C**

Name of Employer Dollar Loan Center	Occupation President
--	-------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 04 / 2015

**Transaction ID : SA11AI.C4606745**

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Gary R Brennan**

Mailing Address 1348 Enchanted River Dr.

City Hernderson	State NV	Zip Code 89012
--------------------	-------------	-------------------

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

Name of Employer SGG Management	Occupation Small Business Owner
------------------------------------	------------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2015

**Transaction ID : SA11AI.C4606785**

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Breslin Builders**

Mailing Address 5525 Polaris Avenue, Suite B

City Las Vegas	State NV	Zip Code 89118
-------------------	-------------	-------------------

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

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

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  
 08 / 26 / 2015

**Transaction ID : SA11AI.C4606058**

Amount of Each Receipt this Period  
250.00

Partnership, Allocation Below

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

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

5650.00

**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 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jack Breslin**

Mailing Address 5525 Polaris Ave., Suite B

City Las Vegas State NV Zip Code 89118

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

Name of Employer Breslin Builders Occupation Owner

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  
 08 / 26 / 2015

**Transaction ID : SA11AI.A4606058.0**

Amount of Each Receipt this Period  
250.00

**[MEMO ITEM]**  
Allocation - Partner

**B.** Full Name (Last, First, Middle Initial)  
**Kevin M Buckley**

Mailing Address 2333 Pinto Lane

City Las Vegas State NV Zip Code 89107

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

Name of Employer First Real Estate Companies Occupation Real Estate Broker

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  
 08 / 19 / 2015

**Transaction ID : SA11AI.C4605955**

Amount of Each Receipt this Period  
1500.00

**C.** Full Name (Last, First, Middle Initial)  
**Buddy Byrd**

Mailing Address 4935 Geist Ave

City Las Vegas State NV Zip Code 89115

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

Name of Employer Byrd Underground LLC Occupation Contractor

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  
 09 / 12 / 2015

**Transaction ID : SA11AI.C4606782**

Amount of Each Receipt this Period  
1000.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 125
	<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)  
**Tarkanian For Congress**

Full Name (Last, First, Middle Initial) <b>A. CDF Property Holdings, LLC</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 21 / 2015	
Mailing Address 310 N Gibson Road		<b>Transaction ID : SA11AI.C4605996</b>	
City Henderson	State NV	Zip Code 89014	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00	
Name of Employer Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Election Cycle-to-Date 5000.00		
Partnership, Allocation Below, Redesignation Below			

Full Name (Last, First, Middle Initial) <b>B. Donna Findlay</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 21 / 2015	
Mailing Address 310 N Gibson Road		<b>Transaction ID : SA11AI.A4605996.0</b>	
City Henderson	State NV	Zip Code 89014	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1350.00	
Name of Employer Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Election Cycle-to-Date 2500.00		
[MEMO ITEM] Allocation - Partner			

Full Name (Last, First, Middle Initial) <b>C. Donna Findlay</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 21 / 2015	
Mailing Address 310 N Gibson Road		<b>Transaction ID : SA11AI.A4605996.1</b>	
City Henderson	State NV	Zip Code 89014	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1150.00	
Name of Employer Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Occupation Election Cycle-to-Date 2500.00		
[MEMO ITEM] Allocation - Partner			

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

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

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

FOR LINE NUMBER: PAGE 21 OF 125  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Clifford Findlay**

Mailing Address 310 N Gibson Road

City Henderson State NV Zip Code 89014

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

Name of Employer Findlay Automotive Group Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2015

**Transaction ID : SA11AI.A4605996.2**

Amount of Each Receipt this Period  
1150.00

**[MEMO ITEM]**  
Allocation - Partner

**B.** Full Name (Last, First, Middle Initial)  
**Clifford Findlay**

Mailing Address 310 N Gibson Road

City Henderson State NV Zip Code 89014

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

Name of Employer Findlay Automotive Group Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 21 / 2015

**Transaction ID : SA11AI.A4605996.3**

Amount of Each Receipt this Period  
1350.00

**[MEMO ITEM]**  
Allocation - Partner

**C.** Full Name (Last, First, Middle Initial)  
**CDF Property Holdings, LLC**

Mailing Address 310 N Gibson Road

City Henderson State NV Zip Code 89014

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

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  
 08 / 21 / 2015

**Transaction ID : SA11AI.RD4605996.0**

Amount of Each Receipt this Period  
-2300.00

**[MEMO ITEM]**  
Redesignated

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

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

0.00

**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 125
	<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)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**CDF Property Holdings, LLC**

Mailing Address 310 N Gibson Road

City Henderson State NV Zip Code 89014

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

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  
 08 / 21 / 2015

**Transaction ID : SA11AI.RD4605996.1**

Amount of Each Receipt this Period  
2300.00

**[MEMO ITEM]**  
Redesignated

**B.** Full Name (Last, First, Middle Initial)  
**Evelyn Cannestra**

Mailing Address 1833 Gelnwillow Drive

City Las Vegas State NV Zip Code 89117-5345

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

Name of Employer Occupation  
N/A 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  
 09 / 16 / 2015

**Transaction ID : SA11AI.C4607063**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Ivan B Cannon**

Mailing Address 444s S Pecos Rd

City Las Vegas State NV Zip Code 89121-5030

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

Name of Employer Occupation  
Big Bear Equipment Rental, Inc. President

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  
 08 / 19 / 2015

**Transaction ID : SA11AI.C4605948**

Amount of Each Receipt this Period  
1000.00

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

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

1250.00

**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 125
	<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)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Stephen Cavallaro**

Mailing Address 10133 Summit Canyon Dr

City Las Vegas	State NV	Zip Code 89144-4336
-------------------	-------------	------------------------

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

Name of Employer Station Casinos	Occupation President
-------------------------------------	-------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 25 / 2015

**Transaction ID : SA11AI.C4607485**

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Edward Cholakian**

Mailing Address 10445 Schirlls St

City Las Vegas	State NV	Zip Code 89141
-------------------	-------------	-------------------

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

Name of Employer All Cadillacs of the 40s and 50s	Occupation Sales
--	---------------------

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  
 09 / 17 / 2015

**Transaction ID : SA11AI.C4607176**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Alicia Coffey**

Mailing Address 20316 Umbria Way

City Yorba Linda	State CA	Zip Code 92886
---------------------	-------------	-------------------

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  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 24 / 2015

**Transaction ID : SA11AI.C4607170**

Amount of Each Receipt this Period  
2700.00

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

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

6400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 125
	<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)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Adam Coffey**

Mailing Address 20316 Umbria Way

City State Zip Code  
Yorba Linda CA 92886

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

Name of Employer Occupation  
WASH Multifamily Laundry President & CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 24 / 2015

**Transaction ID : SA11AI.C4607171**

Amount of Each Receipt this Period  
2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Douglas Cohen**

Mailing Address 2411 Harlequin Circle

City State Zip Code  
Henderson NV 89074-6292

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

Name of Employer Occupation  
Fennemore Craig Attorney

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  
09 / 16 / 2015

**Transaction ID : SA11AI.C4607054**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Lud J Corrao**

Mailing Address P.O. Box 12907

City State Zip Code  
Reno NV 89510

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

Name of Employer Occupation  
None Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 16 / 2015

**Transaction ID : SA11AI.C4603769**

Amount of Each Receipt this Period  
2700.00

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

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

6400.00



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

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

FOR LINE NUMBER: PAGE 25 OF 125  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Brian Cruden**

Mailing Address 11585 Evergreen Creek Lane

City Las Vegas State NV Zip Code 89135-1649

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

Name of Employer Brown and Brown Insurance of NV Occupation CEO

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2015

**Transaction ID : SA11AI.C4607475**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Berge Dadourian**

Mailing Address 1901 Realeza Court

City Las Vegas State NV Zip Code 89102

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

Name of Employer Ameli Heart Center Occupation Physician

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 03 / 2015

**Transaction ID : SA11AI.C4607182**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Robert F Darling**

Mailing Address 477 Indigo Springs St

City Henderson State NV Zip Code 89014

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

Name of Employer First Federal Realty Occupation Real Estate Agent

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11AI.C4607697**

Amount of Each Receipt this Period  
 250.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 125
	<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)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Michael Der Manouel**

Mailing Address 7447 N First St. Suite, 101

City Fresno	State CA	Zip Code 93720
----------------	-------------	-------------------

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

Name of Employer M.D. Manouel Insurance Agency	Occupation President
---	-------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 26 / 2015

**Transaction ID : SA11AI.C4606060**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Janet Desimone**

Mailing Address 2380 W Horizon Ridge Pkwy Ste 110

City Henderson	State NV	Zip Code 89052
-------------------	-------------	-------------------

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  
 09 / 30 / 2015

**Transaction ID : SA11AI.C4607698**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Joseph M Desimone, Jr.**

Mailing Address 42 Kittansett Loop

City Henderson	State NV	Zip Code 89052
-------------------	-------------	-------------------

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

Name of Employer First Federal Realty DeSimone	Occupation Self Employed
---	-----------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2015

**Transaction ID : SA11AI.C4606620**

Amount of Each Receipt this Period  
1500.00

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

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

4500.00

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

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

FOR LINE NUMBER: PAGE 27 OF 125  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Joseph M Desimone, Jr.**

Mailing Address 42 Kittansett Loop

City Henderson State NV Zip Code 89052

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

Name of Employer First Federal Realty DeSimone Occupation Self Employed

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11AI.C4607692**

Amount of Each Receipt this Period  
 1500.00

Redesignation Below

**B.** Full Name (Last, First, Middle Initial)  
**Joseph M Desimone, Jr.**

Mailing Address 42 Kittansett Loop

City Henderson State NV Zip Code 89052

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

Name of Employer First Federal Realty DeSimone Occupation Self Employed

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11AI.RD4607692.0**

Amount of Each Receipt this Period  
 -300.00

**[MEMO ITEM]**  
Redesignated

**C.** Full Name (Last, First, Middle Initial)  
**Joseph M Desimone, Jr.**

Mailing Address 42 Kittansett Loop

City Henderson State NV Zip Code 89052

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

Name of Employer First Federal Realty DeSimone Occupation Self Employed

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **3000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11AI.RD4607692.1**

Amount of Each Receipt this Period  
 300.00

**[MEMO ITEM]**  
Redesignated

**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 28 OF 125
	<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)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Josephine Diamant**

Mailing Address 200 Canyon Drive

City Las Vegas State NV Zip Code 89107

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

Name of Employer Sahara Surgery Center Occupation Nurse

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  
**08 / 31 / 2015**

**Transaction ID : SA11AI.C4606617**

Amount of Each Receipt this Period  
**1000.00**

**B.** Full Name (Last, First, Middle Initial)  
**Josephine Diamant**

Mailing Address 200 Canyon Drive

City Las Vegas State NV Zip Code 89107

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

Name of Employer Sahara Surgery Center Occupation Nurse

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  
**09 / 30 / 2015**

**Transaction ID : SA11AI.C4607966**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address 787 Marita Dr.

City Boulder City State NV Zip Code 89005

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

Name of Employer Dielco Crane Service, LLC Occupation Owner

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  
**07 / 30 / 2015**

**Transaction ID : SA11AI.C4605661**

Amount of Each Receipt this Period  
**1000.00**

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

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

**3000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 125
	<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)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Brad Englert**

Mailing Address 8673 Rising Rock Circle

City Las Vegas State NV Zip Code 89129

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

Name of Employer Ideal Supply Co. Occupation 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  
 09 / 18 / 2015

**Transaction ID : SA11AI.C4607060**

Amount of Each Receipt this Period  
 2000.00

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

Mailing Address P.O. Box 2717

City Merced State CA Zip Code 95344

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

Name of Employer Cressey River LLC 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  
 08 / 11 / 2015

**Transaction ID : SA11AI.C4612605**

Amount of Each Receipt this Period  
 2000.00

**C.** Full Name (Last, First, Middle Initial)  
**Marc Falcone**

Mailing Address 9103 Alta Drive, Unit 404

City Las Vegas State NV Zip Code 89145-8550

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

Name of Employer Fertita Entertainment Occupation Vice 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  
 09 / 25 / 2015

**Transaction ID : SA11AI.C4607482**

Amount of Each Receipt this Period  
 2700.00

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

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

6700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Tarkanian For Congress**

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

Mailing Address 1420 San Saba

City State Zip Code  
Dallas TX 75208

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

Name of Employer Occupation  
Self-Employed Oil and Gas Operator

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2015

**Transaction ID : SA11AI.C4607202**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Michael D Ferry**

Mailing Address 1 Hughes Center Dr., Unit 1403

City State Zip Code  
Las Vegas NV 89169-6735

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

Name of Employer Occupation  
The Mike Ferry Organization Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2015

**Transaction ID : SA11AI.C4605656**

Amount of Each Receipt this Period  
5400.00

Redesignation Below

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

Mailing Address 1 Hughes Center Dr., Unit 1403

City State Zip Code  
Las Vegas NV 89169-6735

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

Name of Employer Occupation  
The Mike Ferry Organization Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2015

**Transaction ID : SA11AI.RD4605656.0**

Amount of Each Receipt this Period  
-2700.00

**[MEMO ITEM]**  
Redesignated

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

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

6400.00

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

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

FOR LINE NUMBER: PAGE 31 OF 125  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Michael D Ferry**

Mailing Address 1 Hughes Center Dr., Unit 1403

City Las Vegas State NV Zip Code 89169-6735

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

Name of Employer The Mike Ferry Organization Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 30 / 2015

**Transaction ID : SA11AI.RD4605656.1**

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**  
Redesignated

**B.** Full Name (Last, First, Middle Initial)  
**Sabrina Ferry**

Mailing Address 1 Hughes Center Dr., Unit 1403

City Las Vegas State NV Zip Code 89169-6735

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

Name of Employer The Mike Ferry Organization Occupation Co-owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 30 / 2015

**Transaction ID : SA11AI.C4605664**

Amount of Each Receipt this Period  
5400.00

Redesignation Below

**C.** Full Name (Last, First, Middle Initial)  
**Sabrina Ferry**

Mailing Address 1 Hughes Center Dr., Unit 1403

City Las Vegas State NV Zip Code 89169-6735

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

Name of Employer The Mike Ferry Organization Occupation Co-owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 30 / 2015

**Transaction ID : SA11AI.RD4605664.0**

Amount of Each Receipt this Period  
-2700.00

**[MEMO ITEM]**  
Redesignated

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

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

5400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 125
	<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)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Sabrina Ferry**

Mailing Address 1 Hughes Center Dr., Unit 1403

City Las Vegas	State NV	Zip Code 89169-6735
-------------------	-------------	------------------------

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

Name of Employer The Mike Ferry Organization	Occupation Co-owner
---	------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 30 / 2015

**Transaction ID : SA11AI.RD4605664.1**

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**  
Redesignated

**B.** Full Name (Last, First, Middle Initial)  
**Jill Ann Fertitta**

Mailing Address P.O. Box 379045

City Las Vegas	State NV	Zip Code 89137-9045
-------------------	-------------	------------------------

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 25 / 2015

**Transaction ID : SA11AI.C4607489**

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Teresa Fertitta**

Mailing Address P.O. Box 379045

City Las Vegas	State NV	Zip Code 89137-9045
-------------------	-------------	------------------------

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 25 / 2015

**Transaction ID : SA11AI.C4607491**

Amount of Each Receipt this Period  
2700.00

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

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

5400.00



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

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

FOR LINE NUMBER: PAGE 33 OF 125  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Kelley Ann Fertitta**

Mailing Address 10801 W Charleston Blvd., Ste 600

City Las Vegas State NV Zip Code 89135

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

Name of Employer Station Casinos Occupation Marketing

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2015

**Transaction ID : SA11AI.C4607501**

Amount of Each Receipt this Period  
 2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Frank Fertitta, III**

Mailing Address P.O. Box 379045

City Las Vegas State NV Zip Code 89137-9045

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

Name of Employer Fertitta Enterprises Occupation Business 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  
 09 / 25 / 2015

**Transaction ID : SA11AI.C4607494**

Amount of Each Receipt this Period  
 2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Lorenzo Fertitta**

Mailing Address P.O. Box 379045

City Las Vegas State NV Zip Code 89137-9045

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

Name of Employer Fertitta Entertainment Occupation Vice Chairman

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 25 / 2015

**Transaction ID : SA11AI.C4607490**

Amount of Each Receipt this Period  
 2700.00

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

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

8100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 125
	<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)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Findlay Toyota**

Mailing Address 7733 Eastgate Road

City Henderson State NV Zip Code 89011

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2015

**Transaction ID : SA11AI.C4606902**

Amount of Each Receipt this Period  
2500.00

Limited Liability Company, Allocation Below

**B.** Full Name (Last, First, Middle Initial)  
**Rich Abajian**

Mailing Address 7733 Eastgate Road

City Henderson State NV Zip Code 89011

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

Name of Employer Occupation  
Findlay Toyota Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2015

**Transaction ID : SA11AI.A4606902.0**

Amount of Each Receipt this Period  
2500.00

**[MEMO ITEM]**  
Allocation - Member

**C.** Full Name (Last, First, Middle Initial)  
**Jonathan Fine**

Mailing Address 7120 Rafael Ridge Way

City Las Vegas State NV Zip Code 89119

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

Name of Employer Occupation  
Sting Alarm President

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  
 08 / 11 / 2015

**Transaction ID : SA11AI.C4605716**

Amount of Each Receipt this Period  
1000.00

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

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

3500.00

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

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

FOR LINE NUMBER: PAGE 35 OF 125  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Gloria Fine**

Mailing Address 11727 Morning Grove Dr

City Las Vegas State NV Zip Code 89135-1542

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 16 / 2015

**Transaction ID : SA11AI.C4607065**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 8285 W Arby Ave Ste #220

City Las Vegas State NV Zip Code 89113

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

Name of Employer Las Vegas Neurosurgery and Spine Care 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  
 09 / 30 / 2015

**Transaction ID : SA11AI.C4612557**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Joby Flynn**

Mailing Address 5246 Lisagayle Ct. #115

City Las Vegas State NV Zip Code 89103

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

Name of Employer Rio Hotel Occupation Casino Floor Supervisor

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 16 / 2015

**Transaction ID : SA11AI.C4607058**

Amount of Each Receipt this Period  
 500.00

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 36 OF 125  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Caesar Fonte**

Mailing Address 2 Highland Creek Drive

City Henderson State NV Zip Code 89052-6609

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

Name of Employer 5 F Logistics, Inc. Occupation President

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 19 / 2015

**Transaction ID : SA11AI.C4605949**

Amount of Each Receipt this Period  
 2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Brett M Foy**

Mailing Address 672 Magnolia Ave

City Pasadena State CA Zip Code 91106

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

Name of Employer Zelman Group Occupation Real Estate

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11AI.C4607706**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 1740 S Claremont Ave

City Fresno State CA Zip Code 93727-6205

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

Name of Employer Mid Valley Packing 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  
 08 / 26 / 2015

**Transaction ID : SA11AI.C4606063**

Amount of Each Receipt this Period  
 500.00

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

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

4200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Tamara Gephardt**

Mailing Address 3138 Bel Air Drive

City Las Vegas	State NV	Zip Code 89109
-------------------	-------------	-------------------

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

Name of Employer Nevada Compassionate Pain Care	Occupation Office Manager
--	------------------------------

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  
 09 / 16 / 2015

**Transaction ID : SA11AI.C4607229**

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
**Babe Gialketsis**

Mailing Address 6333 Ensworth Street

City Las Vegas	State NV	Zip Code 89119
-------------------	-------------	-------------------

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

Name of Employer Bonanza Beverage	Occupation Wholesale Distributor
--------------------------------------	-------------------------------------

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  
 08 / 05 / 2015

**Transaction ID : SA11AI.C4605688**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Julie Gialketsis**

Mailing Address 1429 Sun Copper Drive

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

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

Name of Employer Bonanza Beverage	Occupation Wholesale Distributor
--------------------------------------	-------------------------------------

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  
 08 / 05 / 2015

**Transaction ID : SA11AI.C4605689**

Amount of Each Receipt this Period  
1000.00

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

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

2300.00

**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 38 OF 125
	<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)  
**Tarkanian For Congress**

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

Mailing Address 200 Satin Mist Court

City Las Vegas State NV Zip Code 89144

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

Name of Employer Bonanza Beverage Occupation Wholesale Distributor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 05 / 2015

**Transaction ID : SA11AI.C4605690**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 7409 Doe Avenue

City Las Vegas State NV Zip Code 89117

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

Name of Employer N/A Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 31 / 2015

**Transaction ID : SA11AI.C4606619**

Amount of Each Receipt this Period  
 5400.00

Reattribution Below

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

Mailing Address 7409 Doe Avenue

City Las Vegas State NV Zip Code 89117

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

Name of Employer N/A Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 26 / 2015

**Transaction ID : SA11AI.RA4606619.0**

Amount of Each Receipt this Period  
 -2700.00

**[MEMO ITEM]**  
 Reattribution Below

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

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

6400.00

**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 39 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Tarkanian For Congress**

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

Mailing Address 7409 Doe Ave

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  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 26 / 2015

**Transaction ID : SA11AI.RA4606619.1**

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**  
Reattribution

**B.** Full Name (Last, First, Middle Initial)  
**Fred Gibson, Jr.**

Mailing Address 3204 Plaza de Rafael

City Las Vegas State NV Zip Code 89102

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

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 30 / 2015

**Transaction ID : SA11AI.C4605657**

Amount of Each Receipt this Period  
2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Freddie Glusman**

Mailing Address 2857 Paradise Road

City Las Vegas State NV Zip Code 89109

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

Name of Employer Piero's Italian Cuisine Occupation 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  
 09 / 23 / 2015

**Transaction ID : SA11AI.C4612553**

Amount of Each Receipt this Period  
500.00

In-Kind:Food and Beverage for Fundraiser

**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 40 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Tarkanian For Congress**

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

Mailing Address 6018 S Durango Drive, Suite 110

City Las Vegas	State NV	Zip Code 89113
-------------------	-------------	-------------------

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

Name of Employer The Equity Group	Occupation CEO
--------------------------------------	-------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 19 / 2015

**Transaction ID : SA11AI.C4605957**

Amount of Each Receipt this Period  
5000.00

Reattribution Below

**B.** Full Name (Last, First, Middle Initial)  
**Scott Godino**

Mailing Address 6018 S Durango Drive, Suite 110

City Las Vegas	State NV	Zip Code 89113
-------------------	-------------	-------------------

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

Name of Employer The Equity Group	Occupation CEO
--------------------------------------	-------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 19 / 2015

**Transaction ID : SA11AI.RA4605957.0**

Amount of Each Receipt this Period  
-2500.00

**[MEMO ITEM]**  
Reattribution Below

**C.** Full Name (Last, First, Middle Initial)  
**Cindi Godino**

Mailing Address 6018 S Durango Dr, Ste 110

City Las Vegas	State NV	Zip Code 89113
-------------------	-------------	-------------------

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

Name of Employer The Equity Group	Occupation Owner
--------------------------------------	---------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 19 / 2015

**Transaction ID : SA11AI.RA4605957.1**

Amount of Each Receipt this Period  
2500.00

**[MEMO ITEM]**  
Reattribution

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

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

5000.00



**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 41 OF 125
	<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)  
**Tarkanian For Congress**

Full Name (Last, First, Middle Initial) <b>A. Hank Gordon</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 17 / 2015
Mailing Address 1770 N. Buffalo, Suite 101		<b>Transaction ID : SA11AI.C4603761</b>
City Las Vegas	State NV	
Zip Code 89128		Amount of Each Receipt this Period 2700.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer Laurich Properties, Inc.	Occupation Real Estate	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00	

Full Name (Last, First, Middle Initial) <b>B. Jirair Guedarian</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 11 / 2015
Mailing Address 47 Moonfire Dr		<b>Transaction ID : SA11AI.C4607198</b>
City Las Vegas	State NV	
Zip Code 89135		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Moonfire LLC	Occupation Owner	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>C. Sosy Hachigian</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2015
Mailing Address 4 Jupiter Hills Dr.		<b>Transaction ID : SA11AI.C4607308</b>
City Newport Beach	State CA	
Zip Code 92660		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Homemaker	Occupation Homemaker	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3450.00
<b>TOTAL</b> This Period (last page this line number only).....	3450.00

**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 42 OF 125
	<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)  
**Tarkanian For Congress**

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

Mailing Address 4651 White Rock Dr

City Las Vegas State NV Zip Code 89121-5908

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

Name of Employer Ashley Hall and Associates Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2015

**Transaction ID : SA11AI.C4607509**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 9701 Wilshire Blvd. #1106

City Beverly Hills State CA Zip Code 90212

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

Name of Employer Law Office of Gary Hampar Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2015

**Transaction ID : SA11AI.C4607512**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 1505 S Pavilion Center Dr

City Las Vegas State NV Zip Code 89135-1403

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

Name of Employer Station Casinos Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 25 / 2015

**Transaction ID : SA11AI.C4607484**

Amount of Each Receipt this Period  
 2700.00

**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 43 OF 125
	<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)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**James W Heaton**

Mailing Address 8725 Placid Street

City Las Vegas	State NV	Zip Code 89123-3035
-------------------	-------------	------------------------

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

Name of Employer Halo Electronics, Inc.	Occupation President/CEO
--	-----------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 05 / 2015

**Transaction ID : SA11AI.C4605687**

Amount of Each Receipt this Period

2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Jerry Herbst**

Mailing Address 5195 Las Vegas Blvd. South

City Las Vegas	State NV	Zip Code 89119
-------------------	-------------	-------------------

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

Name of Employer Terrible Herbst, Inc	Occupation CEO/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  
 09 / 21 / 2015

**Transaction ID : SA11AI.C4607205**

Amount of Each Receipt this Period

2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Maryanna Herbst**

Mailing Address 5195 Las Vegas Blvd. South

City Las Vegas	State NV	Zip Code 89119
-------------------	-------------	-------------------

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

Name of Employer Terrible Herbst, Inc.	Occupation Treasurer/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  
 09 / 21 / 2015

**Transaction ID : SA11AI.C4607206**

Amount of Each Receipt this Period

2700.00

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

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

8100.00

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

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

FOR LINE NUMBER: PAGE 44 OF 125  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Timothy Herbst**

Mailing Address 5195 Las Vegas Blvd S

City State Zip Code  
Las Vegas NV 89119-3209

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

Name of Employer Occupation  
Terrible Herbst Oil Co. President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 18 2015

**Transaction ID : SA11AI.C4607498**

Amount of Each Receipt this Period  
5400.00

Reattribution Below

**B.** Full Name (Last, First, Middle Initial)  
**Timothy Herbst**

Mailing Address 5195 Las Vegas Blvd S

City State Zip Code  
Las Vegas NV 89119-3209

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

Name of Employer Occupation  
Terrible Herbst Oil Co. President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 18 2015

**Transaction ID : SA11AI.RA4607498.0**

Amount of Each Receipt this Period  
-2700.00

**[MEMO ITEM]**  
Reattribution Below

**C.** Full Name (Last, First, Middle Initial)  
**Lisa Herbst**

Mailing Address 5195 Las Vegas Blvd S

City State Zip Code  
Las Vegas NV 89119-3209

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 18 2015

**Transaction ID : SA11AI.RA4607498.1**

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**  
Reattribution

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

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

5400.00

**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 45 OF 125
	<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)  
**Tarkanian For Congress**

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

Mailing Address 9208 Tesoras Dr. Unit 401

City Las Vegas State NV Zip Code 89144

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

Name of Employer Gallagher Aviation Occupation Insurance Broker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 08 / 2015

**Transaction ID : SA11AI.C4605706**

Amount of Each Receipt this Period  
 2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Arne Hoel**

Mailing Address 900 Kietzke Lane

City Reno State NV Zip Code 89510

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

Name of Employer Reno Buick GMC Cadillac 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  
 09 / 30 / 2015

**Transaction ID : SA11AI.C4612555**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Wayne Hogue**

Mailing Address 6320 Wetzel Ct

City Reno State NV Zip Code 89511

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11AI.C4607616**

Amount of Each Receipt this Period  
 1192.00

In-Kind: Art, design, printing and transportation of political window stickers

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

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

4892.00

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

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

FOR LINE NUMBER: PAGE 46 OF 125  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**G. Dallas Horton**

Mailing Address 122 Seramonte Ct

City Henderson State NV Zip Code 89074

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

Name of Employer G. Dallas Horton Law Firm Occupation Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11AI.C4607723**

Amount of Each Receipt this Period  
 2000.00

**B.** Full Name (Last, First, Middle Initial)  
**Nancy Houssels**

Mailing Address 1050 Indigo Drive, Suite 120

City Las Vegas State NV Zip Code 89145

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

Name of Employer None Occupation Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 21 / 2015

**Transaction ID : SA11AI.C4603770**

Amount of Each Receipt this Period  
 2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Lenna Hovanessian**

Mailing Address 3004 Kedleston St

City Las Vegas State NV Zip Code 89135-2244

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

Name of Employer Zen Medical Occupation Administrative Officer

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 11 / 2015

**Transaction ID : SA11AI.C4606917**

Amount of Each Receipt this Period  
 250.00

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

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

4950.00

**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 47 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Lorraine Hunt-Bono**

Mailing Address 7700 Las Vegas Blvd

City Las Vegas State NV Zip Code 89123

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

Name of Employer The Bootlegger Bistro Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1380.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2015

**Transaction ID : SA11AI.C4607617**

Amount of Each Receipt this Period  
**1380.00**

In-Kind: Food, labor, gratuity and venue for fundraiser event on 9/17/15

**B.** Full Name (Last, First, Middle Initial)  
**Jalisco Cantina No. 1**

Mailing Address 2920 N Green Valley Pkwy #723

City Henderson State NV Zip Code 89014

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

Name of Employer Occupation

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  
 09 / 30 / 2015

**Transaction ID : SA11AI.C4607703**

Amount of Each Receipt this Period  
**250.00**

Partnership, Allocation Below

**C.** Full Name (Last, First, Middle Initial)  
**Ross Williams**

Mailing Address 2920 N Green Valley Pkwy #723

City Henderson State NV Zip Code 89014

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

Name of Employer Occupation  
 Jalisco Cantina No. 1 Owner

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  
 09 / 30 / 2015

**Transaction ID : SA11AI.A4607703.0**

Amount of Each Receipt this Period  
**250.00**

**[MEMO ITEM]**  
 Allocation - Partner

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

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

**1630.00**

**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 48 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mark James**

Mailing Address 4001 S Decatur Blvd, Suite 37-357

City Las Vegas	State NV	Zip Code 89103
-------------------	-------------	-------------------

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

Name of Employer Mark A. James, Ltd.	Occupation Attorney
---	------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 19 / 2015

**Transaction ID : SA11AI.C4605947**

Amount of Each Receipt this Period  
5400.00

Redesignation Below

**B.** Full Name (Last, First, Middle Initial)  
**Mark James**

Mailing Address 4001 S Decatur Blvd, Suite 37-357

City Las Vegas	State NV	Zip Code 89103
-------------------	-------------	-------------------

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

Name of Employer Mark A. James, Ltd.	Occupation Attorney
---	------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 19 / 2015

**Transaction ID : SA11AI.RD4605947.0**

Amount of Each Receipt this Period  
-2700.00

**[MEMO ITEM]**  
Redesignated

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

Mailing Address 4001 S Decatur Blvd, Suite 37-357

City Las Vegas	State NV	Zip Code 89103
-------------------	-------------	-------------------

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

Name of Employer Mark A. James, Ltd.	Occupation Attorney
---	------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 19 / 2015

**Transaction ID : SA11AI.RD4605947.1**

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**  
Redesignated

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

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

5400.00



**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 49 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

NAME OF COMMITTEE (In Full)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Wayne Jefferies**

Mailing Address 2022 Country Cove Court

City Las Vegas State NV Zip Code 89135

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

Name of Employer Self-Employed Occupation CEO - Sierra Med Services

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  
**08 / 19 / 2015**

**Transaction ID : SA11AI.C4607448**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**Wayne Jefferies**

Mailing Address 2022 Country Cove Court

City Las Vegas State NV Zip Code 89135

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

Name of Employer Self-Employed Occupation CEO - Sierra Med Services

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  
**09 / 17 / 2015**

**Transaction ID : SA11AI.C4607450**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Norman Jenkins**

Mailing Address 6886 Cody Trail

City Park City State UT Zip Code 84098

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

Name of Employer Master Lease Plan Inc Occupation Owner

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  
**09 / 30 / 2015**

**Transaction ID : SA11AI.C4607611**

Amount of Each Receipt this Period  
**1000.00**

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

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

**2000.00**

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

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

FOR LINE NUMBER: PAGE 50 OF 125  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Tarkanian For Congress**

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

Mailing Address 825 Steneri Way

City Sparks State NV Zip Code 89431

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

Name of Employer Jensen Precast Occupation CEO

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 29 / 2015

**Transaction ID : SA11AI.C4607247**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Paul Kalemkarian**

Mailing Address 1328 Rodeo

City Arcadia State CA Zip Code 91006

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

Name of Employer Wine of the Monht CLub Occupation President

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 28 / 2015

**Transaction ID : SA11AI.C4607168**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Garo Kassabian**

Mailing Address 436 N Bedford Dr., Ste 302

City Beverly Hills State CA Zip Code 90210-4320

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

Name of Employer Self-Employed Occupation Plastic Surgeon

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 12 / 2015

**Transaction ID : SA11AI.C4606788**

Amount of Each Receipt this Period  
 500.00

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 51 OF 125  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jack Kassamanian**

Mailing Address 6267 S Sandhill Rd

City Las Vegas State NV Zip Code 89120

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

Name of Employer CPC Nevada Occupation Manager

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 16 / 2015

**Transaction ID : SA11AI.C4607052**

Amount of Each Receipt this Period  
 2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Michael Kazanjian**

Mailing Address 9489 Dayton Way, Suite 300

City Beverly Hills State CA Zip Code 90210

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

Name of Employer Kazanjian Beverly Hills 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  
 09 / 10 / 2015

**Transaction ID : SA11AI.C4614228**

Amount of Each Receipt this Period  
 2413.02

In-Kind:9/10/15 Event: Catering Expenses

**C.** Full Name (Last, First, Middle Initial)  
**Ammar Kerio**

Mailing Address 1326 Imperia Dr.

City Henderson State NV Zip Code 89052-4053

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

Name of Employer Smiles Today Dental Occupation Dentist

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 11 / 2015

**Transaction ID : SA11AI.C4606921**

Amount of Each Receipt this Period  
 500.00

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

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

5613.02

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

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

FOR LINE NUMBER: PAGE 52 OF 125  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**David Krieger**

Mailing Address 764 Dlbasio Court

City Henderson State NV Zip Code 89012

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

Name of Employer Haines & Krieger, LLC Occupation Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2015

**Transaction ID : SA11AI.C4607183**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Craig Lake**

Mailing Address 6257 Everest Drive

City Reno State NV Zip Code 89523

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

Name of Employer Rise and Shine Lighting Occupation Consultant

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11AI.C4607309**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Kelly Legrow**

Mailing Address 2251 N Rampart #225

City Las Vegas State NV Zip Code 89128

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

Name of Employer Waymark Insurance Services Occupation Managing Partner

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2015

**Transaction ID : SA11AI.C4607474**

Amount of Each Receipt this Period  
 300.00

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

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

1550.00

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

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

FOR LINE NUMBER: PAGE 53 OF 125  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**E Alain Levi**

Mailing Address 1724 Tangiers Dr

City Henderson State NV Zip Code 89012

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

Name of Employer Self-Employed Occupation Business 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  
 09 / 30 / 2015

**Transaction ID : SA11AI.C4607700**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Samuel S Lionel**

Mailing Address 300 S 4th St., Suite 1400

City Las Vegas State NV Zip Code 89101

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

Name of Employer Lionel, Sawyer & Collins, LTD Occupation Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 04 / 2015

**Transaction ID : SA11AI.C4606748**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Suzanne Lowden**

Mailing Address 9004 Greensboro Lane

City Las Vegas State NV Zip Code 89134-0500

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

Name of Employer Archon Corp Occupation Businesswoman

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 16 / 2015

**Transaction ID : SA11AI.C4607062**

Amount of Each Receipt this Period  
 2000.00

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

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

3250.00

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

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

FOR LINE NUMBER: PAGE 54 OF 125  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Georges Maalouf**

Mailing Address 2130 Inverness Dr.

City State Zip Code  
Las Vegas NV 89074

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

Name of Employer Occupation  
Georges Maalouf Insurance

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  
 09 / 28 / 2015

**Transaction ID : SA11AI.C4607167**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Paul Maffey**

Mailing Address 3125 Ashby Ave

City State Zip Code  
Las Vegas NV 89102

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

Name of Employer Occupation  
J.A. Tiberti Construction Co. Construction

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  
 09 / 30 / 2015

**Transaction ID : SA11AI.C4607718**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Vazrik A Makarian**

Mailing Address 9811 W Charleston Blvd 2233

City State Zip Code  
Las Vegas NV 89117-7508

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

Name of Employer Occupation  
Self-Employed Physician

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 11 / 2015

**Transaction ID : SA11AI.C4606906**

Amount of Each Receipt this Period  
 2500.00

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 125
	<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)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Alice Makarian**

Mailing Address 9811 W Charleston Blvd #2233

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

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

Name of Employer Smiles Today Dental Group	Occupation General Manager
---	-------------------------------

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  
 09 / 11 / 2015

**Transaction ID : SA11AI.C4607921**

Amount of Each Receipt this Period  
1500.00

In-Kind: Food and Beverage

**B.** Full Name (Last, First, Middle Initial)  
**Dick J. Manoogian**

Mailing Address P.O. Box 489

City Las Vegas	State NV	Zip Code 89125
-------------------	-------------	-------------------

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

Name of Employer TV Sporting Events	Occupation Producer
--	------------------------

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  
 09 / 12 / 2015

**Transaction ID : SA11AI.C4606783**

Amount of Each Receipt this Period  
2000.00

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

Mailing Address P.O. Box 42156

City Las Vegas	State NV	Zip Code 89116
-------------------	-------------	-------------------

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

Name of Employer Jim Marsh Automotive	Occupation Owner
--	---------------------

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  
 09 / 23 / 2015

**Transaction ID : SA11AI.C4607476**

Amount of Each Receipt this Period  
1000.00

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

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

4500.00

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

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

FOR LINE NUMBER: PAGE 56 OF 125  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Izabel Martirosyan**

Mailing Address 2464 Sheltered Meadows Lane

City Henderson State NV Zip Code 89052-2900

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

Name of Employer Smiles Today Dental Occupation Exec. Assistant to Director

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 11 / 2015

**Transaction ID : SA11AI.C4606910**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Izabel Martirosyan**

Mailing Address 2464 Sheltered Meadows Lane

City Henderson State NV Zip Code 89052-2900

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

Name of Employer Smiles Today Dental Occupation Exec. Assistant to Director

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 11 / 2015

**Transaction ID : SA11AI.C4606911**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Lawrence Masini**

Mailing Address 11 N Main St

City Yerington State NV Zip Code 89447-2230

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

Name of Employer Casino West Occupation Owner

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  
 09 / 21 / 2015

**Transaction ID : SA11AI.C4607203**

Amount of Each Receipt this Period  
**2000.00**

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

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

**2350.00**



**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 57 OF 125
	<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)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**James B McCall**

Mailing Address 3219 S. Torrey Pines Dr.

City Las Vegas	State NV	Zip Code 89146
-------------------	-------------	-------------------

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

Name of Employer None	Occupation Retired
--------------------------	-----------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 16 / 2015

**Transaction ID : SA11AI.C4603762**

Amount of Each Receipt this Period  
2700.00

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

Mailing Address 7250 Silver Charm Court

City Las Vegas	State NV	Zip Code 89131
-------------------	-------------	-------------------

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

Name of Employer McCandless International Trucks	Occupation General 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  
 09 / 29 / 2015

**Transaction ID : SA11AI.C4607297**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Thomas McDonald**

Mailing Address 3 Sable Ridge Ct.

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

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

Name of Employer Glencoe Management, Inc.	Occupation Burger King Franchisee
--	--------------------------------------

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  
 08 / 27 / 2015

**Transaction ID : SA11AI.C4607185**

Amount of Each Receipt this Period  
250.00

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

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

3950.00

**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 58 OF 125
	<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)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Anzhela Melikyan**

Mailing Address 700 Orange Grove Ave, Apt 7

City Glendale	State CA	Zip Code 91205-1727
------------------	-------------	------------------------

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

Name of Employer Shish Kabob House	Occupation Owner
---------------------------------------	---------------------

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  
 09 / 22 / 2015

**Transaction ID : SA11AI.C4607196**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Ted Melsheimer**

Mailing Address 3200 Ponderosa Drive

City Carson City	State NV	Zip Code 89701
---------------------	-------------	-------------------

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

Name of Employer Mustang Manufacturing, Inc.	Occupation Owner
---	---------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 19 / 2015

**Transaction ID : SA11AI.C4605952**

Amount of Each Receipt this Period  
5400.00

Reattribution Below

**C.** Full Name (Last, First, Middle Initial)  
**Ted Melsheimer**

Mailing Address 3200 Ponderosa Drive

City Carson City	State NV	Zip Code 89701
---------------------	-------------	-------------------

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

Name of Employer Mustang Manufacturing, Inc.	Occupation Owner
---	---------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2015

**Transaction ID : SA11AI.RA4605952.0**

Amount of Each Receipt this Period  
-2700.00

**[MEMO ITEM]**  
Reattribution Below

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

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

5650.00

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

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

FOR LINE NUMBER: PAGE 59 OF 125  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Sharon Melsheimer**

Mailing Address 3200 Ponderosa Drive

City Carson City State NV Zip Code 89701

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

Name of Employer None Occupation None

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 13 / 2015

**Transaction ID : SA11AI.RA4605952.1**

Amount of Each Receipt this Period  
 2700.00

**[MEMO ITEM]**  
Reattribution

**B.** Full Name (Last, First, Middle Initial)  
**Michael R. Pontoni, LTD.**

Mailing Address 64 N Pecos Rd Ste 100

City Henderson State NV Zip Code 89074

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

Name of Employer Occupation

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  
 09 / 30 / 2015

**Transaction ID : SA11AI.C4607702**

Amount of Each Receipt this Period  
 250.00

Allocation Below

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

Mailing Address 64 N Pecos Rd Ste 100

City Henderson State NV Zip Code 89074

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

Name of Employer Occupation  
 Self-Employed Owner

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  
 09 / 30 / 2015

**Transaction ID : SA11AI.A4607702.0**

Amount of Each Receipt this Period  
 250.00

**[MEMO ITEM]**  
Allocation

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

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

250.00

**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 60 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Michael Mikaelian**

Mailing Address 4805 W Sweet

City Visalia State CA Zip Code 93291

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

Name of Employer Mikaelian and Sons Occupation Farmer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 13 / 2015

**Transaction ID : SA11AI.C4607057**

Amount of Each Receipt this Period  
 2000.00

**B.** Full Name (Last, First, Middle Initial)  
**Barbara Molasky**

Mailing Address 7960 Castle Pines Ave

City Las Vegas State NV Zip Code 89113-1207

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

Name of Employer Self-Employed Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 25 / 2015

**Transaction ID : SA11AI.C4607481**

Amount of Each Receipt this Period  
 2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Ronald Montoya**

Mailing Address 8372 Turtle Creek Cir.

City Las Vegas State NV Zip Code 89113-0130

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2015

**Transaction ID : SA11AI.C4607500**

Amount of Each Receipt this Period  
 500.00

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

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

5200.00

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

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

FOR LINE NUMBER: PAGE 61 OF 125  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Barry Moore**

Mailing Address 10777 W Twain Ave, Ste 120

City Las Vegas State NV Zip Code 89135

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

Name of Employer Evening Call Holdings LLC Occupation Partner/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  
 09 / 28 / 2015

**Transaction ID : SA11AI.C4607507**

Amount of Each Receipt this Period  
 2000.00

**B.** Full Name (Last, First, Middle Initial)  
**Marilyn Moran**

Mailing Address 2500 Pinto Lane

City Las Vegas State NV Zip Code 89107-4626

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

Name of Employer Western Cab Occupation Public Relations

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 21 / 2015

**Transaction ID : SA11AI.C4607207**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**John T Moran, Jr.**

Mailing Address 630 S 4th St

City Las Vegas State NV Zip Code 89101-6604

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

Name of Employer Moran Law Firm, Inc. Occupation Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2015

**Transaction ID : SA11AI.C4607197**

Amount of Each Receipt this Period  
 1000.00

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 125
	<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)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Joan Morris**

Mailing Address 1 Hughes Center Dr. Suite 203

City Las Vegas	State NV	Zip Code 89169
-------------------	-------------	-------------------

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

Name of Employer Ray's Bar and Grill	Occupation Owner
---	---------------------

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  
 09 / 30 / 2015

**Transaction ID : SA11AI.C4607696**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Nellis Cab Co.**

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	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  
 09 / 30 / 2015

**Transaction ID : SA11AI.C4607694**

Amount of Each Receipt this Period  
5000.00

Partnership, Allocation Below, Redesignation Below

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

Mailing Address 9811 W Charleston Blvd #2-365

City Las Vegas	State NV	Zip Code 89117-7528
-------------------	-------------	------------------------

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

Name of Employer Nellis Cab Co.	Occupation President
------------------------------------	-------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11AI.A4607694.0**

Amount of Each Receipt this Period  
1150.00

**[MEMO ITEM]**  
Allocation - Partner

**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: PAGE 63 OF 125  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Elaine Chenoweth**

Mailing Address 5490 Cameron St

City Las Vegas State NV Zip Code 89118

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

Name of Employer Nellis Cab Co Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11AI.A4607694.1**

Amount of Each Receipt this Period  
1150.00

**[MEMO ITEM]**  
Allocation - Partner

**B.** Full Name (Last, First, Middle Initial)  
**Elaine Chenoweth**

Mailing Address 5490 Cameron St

City Las Vegas State NV Zip Code 89118

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

Name of Employer Nellis Cab Co Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11AI.A4607694.2**

Amount of Each Receipt this Period  
1350.00

**[MEMO ITEM]**  
Allocation - Partner

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

Mailing Address 9811 W Charleston Blvd #2-365

City Las Vegas State NV Zip Code 89117-7528

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

Name of Employer Nellis Cab Co. Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11AI.A4607694.3**

Amount of Each Receipt this Period  
1350.00

**[MEMO ITEM]**  
Allocation - Partner

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

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

0.00

**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 64 OF 125
	<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)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Nellis Cab Co.**

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 Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
09 / 30 / 2015

**Transaction ID : SA11AI.RD4607694.0**

Amount of Each Receipt this Period  
-2300.00

**[MEMO ITEM]**  
Redesignated

**B.** Full Name (Last, First, Middle Initial)  
**Nellis Cab Co.**

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 Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
09 / 30 / 2015

**Transaction ID : SA11AI.RD4607694.1**

Amount of Each Receipt this Period  
2300.00

**[MEMO ITEM]**  
Redesignated

**C.** Full Name (Last, First, Middle Initial)  
**Scott Nielson**

Mailing Address 9037 Waterfield Ct

City Las Vegas State NV Zip Code 89134

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

Name of Employer Occupation  
Station Casinos Chairman and CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
09 / 25 / 2015

**Transaction ID : SA11AI.C4607483**

Amount of Each Receipt this Period  
2700.00

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

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

2700.00



**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 65 OF 125
	<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)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Robert H Odell, Jr.**

Mailing Address 9362 Grand Isle Lane

City Las Vegas State NV Zip Code 89144-0839

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

Name of Employer Neuropathy and Pain Centers of America Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 17 / 2015

**Transaction ID : SA11Al.C4607192**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**J David Oder**

Mailing Address 21 Painted Feather Way

City Las Vegas State NV Zip Code 89135

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

Name of Employer Shift4 Corporation Occupation Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11Al.C4607310**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Ronald Opfer**

Mailing Address 2058 Lost Pines Circle

City Henderson State NV Zip Code 89074

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

Name of Employer Coldwell Banker Premier Realty Occupation Real Estate

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 11 / 2015

**Transaction ID : SA11Al.C4605718**

Amount of Each Receipt this Period  
 1000.00

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

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

3000.00

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

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

FOR LINE NUMBER: (check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 66 OF 125

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)  
**Tarkanian For Congress**

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

Mailing Address 2058 Lost Pines Circle

City Henderson State NV Zip Code 89074

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

Name of Employer Coldwell Banker Premier Realty Occupation Real Estate

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  
**09 / 29 / 2015**

**Transaction ID : SA11AI.C4607455**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Harutyun Pakhyan**

Mailing Address 19413 Scroll Street

City Reseda State CA Zip Code 91335-3739

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

Name of Employer Arsenal, Inc. Occupation General Manager

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  
**09 / 11 / 2015**

**Transaction ID : SA11AI.C4607046**

Amount of Each Receipt this Period  
**300.00**

**C.** Full Name (Last, First, Middle Initial)  
**Elizabeth A Palmer**

Mailing Address 3378 Blackburn St

City Dallas State TX Zip Code 75204-1531

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

Name of Employer N/A Occupation Retired

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  
**08 / 26 / 2015**

**Transaction ID : SA11AI.C4606065**

Amount of Each Receipt this Period  
**1000.00**

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

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

**1550.00**

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

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

FOR LINE NUMBER: PAGE 67 OF 125  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Wayne Pearson**

Mailing Address 4277 Rimcrest Rd

City State Zip Code  
Las Vegas NV 89121

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11AI.C4607711**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Robert Peccole, Sr., ESQ.**

Mailing Address 8689 W Charleston Blvd, Ste 109

City State Zip Code  
Las Vegas NV 89117

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

Name of Employer Occupation  
Peccole and Peccole Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 16 / 2015

**Transaction ID : SA11AI.C4607056**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 1627 US Highway 395 N

City State Zip Code  
Minden NV 89423-4301

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

Name of Employer Occupation  
Carson Valley Inn Business 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  
 07 / 30 / 2015

**Transaction ID : SA11AI.C4605658**

Amount of Each Receipt this Period  
 5000.00

Redesignation Below

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

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 125
	<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)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Michael Pegram**

Mailing Address 1627 US Highway 395 N

City Minden State NV Zip Code 89423-4301

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

Name of Employer Carson Valley Inn Occupation Business 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  
 07 / 30 / 2015

**Transaction ID : SA11AI.RD4605658.0**

Amount of Each Receipt this Period  
**-2300.00**

**[MEMO ITEM]**  
Redesignated

**B.** Full Name (Last, First, Middle Initial)  
**Michael Pegram**

Mailing Address 1627 US Highway 395 N

City Minden State NV Zip Code 89423-4301

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

Name of Employer Carson Valley Inn Occupation Business 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  
 07 / 30 / 2015

**Transaction ID : SA11AI.RD4605658.1**

Amount of Each Receipt this Period  
**2300.00**

**[MEMO ITEM]**  
Redesignated

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

Mailing Address 1010 Rosalind Road

City San Marino State CA Zip Code 91108

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

Name of Employer RaubHIL, LLC Occupation Entrepreneur and Investor

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  
 09 / 24 / 2015

**Transaction ID : SA11AI.C4607169**

Amount of Each Receipt this Period  
**250.00**

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

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

**250.00**

**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 69 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Lisa Pierce**

Mailing Address 6445 S Tenaya Way Ste B140

City Las Vegas	State NV	Zip Code 89113
-------------------	-------------	-------------------

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

Name of Employer Commercial Design Group, LLC	Occupation Owner
--	---------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11AI.C4612556**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Gregory B Primm**

Mailing Address 55 Meadowhawk Lane

City Las Vegas	State NV	Zip Code 89135-5200
-------------------	-------------	------------------------

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

Name of Employer Battle Born Development LLC	Occupation Owner
---	---------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2015

**Transaction ID : SA11AI.C4605659**

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
**Joan Quinn**

Mailing Address 777 South Figueroa Street

City Los Angeles	State CA	Zip Code 90017
---------------------	-------------	-------------------

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 M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2015

**Transaction ID : SA11AI.C4607172**

Amount of Each Receipt this Period  
250.00

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

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

2500.00

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

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

FOR LINE NUMBER: (check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 70 OF 125

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NAME OF COMMITTEE (In Full)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Paula Redmond**

Mailing Address 1 Regent Park Ct

City Henderson State NV Zip Code 89052

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

Name of Employer Self-Employed Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11AI.C4607699**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Thomas Reviglio**

Mailing Address P.O. Box 18768

City Reno State NV Zip Code 89511

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

Name of Employer Self-Employed Occupation Racher

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11AI.C4607727**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Philip Smith Richards**

Mailing Address 2517 Driftwood Drive

City Las Vegas State NV Zip Code 89107-2322

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

Name of Employer Advanstaff Occupation Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 09 / 04 / 2015

**Transaction ID : SA11AI.C4606746**

Amount of Each Receipt this Period  
 1500.00

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 71 OF 125  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Lia Roberts**

Mailing Address 711 Rancho Circle

City Las Vegas State NV Zip Code 89107-4619

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

Name of Employer Self Occupation Investor

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2015

**Transaction ID : SA11AI.C4606621**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Reynaldo Robledo**

Mailing Address 9759 Pan Falls St

City Las Vegas State NV Zip Code 89178

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

Name of Employer Robertos Taco Shop LLC Occupation Manager

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2015

**Transaction ID : SA11AI.C4607252**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Lori 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 None Occupation None

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11AI.C4607712**

Amount of Each Receipt this Period  
 2700.00

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

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

4700.00

**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 72 OF 125
	<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)  
**Tarkanian For Congress**

**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 Occupation Public Relations

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11AI.C4607714**

Amount of Each Receipt this Period  
 2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Dan E Rowe**

Mailing Address 3950 G S Richards

City Carson City State NV Zip Code 89703

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

Name of Employer Skin Cancer & Dermatology Institute Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 19 / 2015

**Transaction ID : SA11AI.C4605950**

Amount of Each Receipt this Period  
 5400.00

Redesignation Below

**C.** Full Name (Last, First, Middle Initial)  
**Dan E Rowe**

Mailing Address 3950 G S Richards

City Carson City State NV Zip Code 89703

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

Name of Employer Skin Cancer & Dermatology Institute Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 19 / 2015

**Transaction ID : SA11AI.RD4605950.0**

Amount of Each Receipt this Period  
 -2700.00

**[MEMO ITEM]**  
Redesignated

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

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

8100.00



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

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

FOR LINE NUMBER: PAGE 73 OF 125  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Dan E Rowe**

Mailing Address 3950 G S Richards

City State Zip Code  
Carson City NV 89703

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

Name of Employer Occupation  
Skin Cancer & Dermatology Institute Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 19 / 2015

**Transaction ID : SA11AI.RD4605950.1**

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]  
Redesignated**

**B.** Full Name (Last, First, Middle Initial)  
**Donna Ruthe**

Mailing Address 28 Vintage Valley Dr

City State Zip Code  
Las Vegas NV 89141-6060

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

Name of Employer Occupation  
Today's Realty Broker/Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 16 / 2015

**Transaction ID : SA11AI.C4607064**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Thomas Saitta**

Mailing Address 1831 W Justice Ct

City State Zip Code  
Pahrump NV 89048-7171

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

Name of Employer Occupation  
Saitta Trudeau Chrysler Jeep Owner/Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 25 / 2015

**Transaction ID : SA11AI.C4607493**

Amount of Each Receipt this Period  
400.00

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

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

2900.00

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

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

FOR LINE NUMBER: PAGE 74 OF 125  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Robert Saroyan**

Mailing Address 3146 W Pasa Tiempo Ave

City State Zip Code  
Fresno Ca CA 93711

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

Name of Employer Occupation  
Valley Childrens Healthcare Administration

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 09 / 2015

**Transaction ID : SA11AI.C4607178**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Rick Schnider**

Mailing Address 2829 S Rainbow Blvd

City State Zip Code  
Las Vegas NV 89146

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

Name of Employer Occupation  
State Farm Insurance Insurance

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  
 09 / 30 / 2015

**Transaction ID : SA11AI.C4607730**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Daniel M Schwartz**

Mailing Address 322 Karen Ave.

City State Zip Code  
Las Vegas NV 89109

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

Name of Employer Occupation  
State of Nevada State Treasurer

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  
 07 / 21 / 2015

**Transaction ID : SA11AI.C4603765**

Amount of Each Receipt this Period  
1500.00

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

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

5000.00

**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 75 OF 125
	<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)  
**Tarkanian For Congress**

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

Mailing Address 8808 Rozetta Ct

City Las Vegas State NV Zip Code 89134

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 27 / 2015

**Transaction ID : SA11AI.C4607454**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Bakhtawar Singh**

Mailing Address 6142 N. McCall Ave

City Clovis State CA Zip Code 93619

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

Name of Employer Kandola Enterprises Occupation Business 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  
 08 / 11 / 2015

**Transaction ID : SA11AI.C4605717**

Amount of Each Receipt this Period  
 2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Charles Skinner**

Mailing Address 208 Starlite Dr

City Las Vegas State NV Zip Code 89107

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

Name of Employer Station Casinos Occupation Vice President of Operations

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 18 / 2015

**Transaction ID : SA11AI.C4607193**

Amount of Each Receipt this Period  
 250.00

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

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

3450.00

**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 76 OF 125
	<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)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Robert Smitcamp**

Mailing Address 3158 E. Hamilton Avenue

City State Zip Code  
Fresno CA 93702

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

Name of Employer Occupation  
Lyons Magnus CEO

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  
 08 / 18 / 2015

**Transaction ID : SA11AI.C4605838**

Amount of Each Receipt this Period  
5000.00

Redesignation Below

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

Mailing Address 3158 E. Hamilton Avenue

City State Zip Code  
Fresno CA 93702

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

Name of Employer Occupation  
Lyons Magnus CEO

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  
 08 / 18 / 2015

**Transaction ID : SA11AI.RD4605838.0**

Amount of Each Receipt this Period  
-2300.00

**[MEMO ITEM]**  
Redesignated

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

Mailing Address 3158 E. Hamilton Avenue

City State Zip Code  
Fresno CA 93702

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

Name of Employer Occupation  
Lyons Magnus CEO

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  
 08 / 18 / 2015

**Transaction ID : SA11AI.RD4605838.1**

Amount of Each Receipt this Period  
2300.00

**[MEMO ITEM]**  
Redesignated

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

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

5000.00

**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 77 OF 125
	<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)  
**Tarkanian For Congress**

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

Mailing Address 1756 N Beverly Drive

City Beverly Hills State CA Zip Code 90210-1609

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

Name of Employer N/A Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2015

**Transaction ID : SA11AI.C4606787**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Richard F Spencer**

Mailing Address 5286 E Home Ave

City Fresno State CA Zip Code 93727

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

Name of Employer Spencer Enterprises Occupation 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  
 08 / 26 / 2015

**Transaction ID : SA11AI.C4606062**

Amount of Each Receipt this Period  
 2700.00

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

Mailing Address 12785 Silver Wolf Road

City Reno State NV Zip Code 89511

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

Name of Employer Champion Chevrolet 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  
 07 / 16 / 2015

**Transaction ID : SA11AI.C4603766**

Amount of Each Receipt this Period  
 2700.00

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

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

5900.00

**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 78 OF 125
	<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)  
**Tarkanian For Congress**

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

Mailing Address 46-930 W Eldorado Drive

City State Zip Code  
Indian Wells CA 92210

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2015

**Transaction ID : SA11AI.C4607301**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Toni E Stephenson**

Mailing Address 400 Nevada Way

City State Zip Code  
Boulder City NV 89005

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

Name of Employer Occupation  
Domain.com, Inc. 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  
 07 / 16 / 2015

**Transaction ID : SA11AI.C4603768**

Amount of Each Receipt this Period  
 2700.00

**C.** Full Name (Last, First, Middle Initial)  
**A Emmet Stephenson, Jr.**

Mailing Address 400 Nevada Hwy

City State Zip Code  
Boulder City NV 89005-2419

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

Name of Employer Occupation  
Domain.com, Inc. Chairman

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 18 / 2015

**Transaction ID : SA11AI.C4603767**

Amount of Each Receipt this Period  
 2700.00

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

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

5900.00

**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 79 OF 125
	<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)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Virginia Stickell**

Mailing Address 3619 Victory Avenue

City Las Vegas State NV Zip Code 89121

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 28 / 2015

**Transaction ID : SA11AI.C4607505**

Amount of Each Receipt this Period  
 2700.00

**B.** Full Name (Last, First, Middle Initial)  
**TLC, A California Partnership**

Mailing Address 2822 S. Maple Ave.

City Fresno State CA Zip Code 93725

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 11 / 2015

**Transaction ID : SA11AI.C4605715**

Amount of Each Receipt this Period  
 1000.00

Partnership, Allocation Below

**C.** Full Name (Last, First, Middle Initial)  
**Tal Cloud**

Mailing Address 2822 S. Maple Ave.

City Fresno State CA Zip Code 93725

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

Name of Employer TLC, A California Partnership 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  
 08 / 11 / 2015

**Transaction ID : SA11AI.A4605715.0**

Amount of Each Receipt this Period  
 1000.00

**[MEMO ITEM]**  
Allocation - Partner

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

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

3700.00

**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 80 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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

NAME OF COMMITTEE (In Full)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Bryan Tahmazian**

Mailing Address P.O. Box 550

City Kingsburg State CA Zip Code 93631

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

Name of Employer Tahmazian Farming, LP Occupation Farmer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 11 / 2015

**Transaction ID : SA11AI.C4605714**

Amount of Each Receipt this Period  
 2700.00

**B.** Full Name (Last, First, Middle Initial)  
**Donald Tamburro**

Mailing Address 5128 Scenic Ridge Dr.

City Las Vegas State NV Zip Code 89148-1406

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

Name of Employer Kia Henderson 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  
 09 / 23 / 2015

**Transaction ID : SA11AI.C4607499**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Lois Tarkanian**

Mailing Address 2905 Justice Lane

City Las Vegas State NV Zip Code 89107

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

Name of Employer City of Las Vegas Occupation Councilwoman

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 16 / 2015

**Transaction ID : SA11AI.C4607055**

Amount of Each Receipt this Period  
 5400.00

Redesignation Below

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

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

9100.00



**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 81 OF 125
	<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)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Lois Tarkanian**

Mailing Address 2905 Justice Lane

City Las Vegas State NV Zip Code 89107

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

Name of Employer City of Las Vegas Occupation Councilwoman

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 16 / 2015

**Transaction ID : SA11AI.RD4607055.0**

Amount of Each Receipt this Period  
**-2700.00**

**[MEMO ITEM]**  
Redesignated

**B.** Full Name (Last, First, Middle Initial)  
**Lois Tarkanian**

Mailing Address 2905 Justice Lane

City Las Vegas State NV Zip Code 89107

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

Name of Employer City of Las Vegas Occupation Councilwoman

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **5400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 16 / 2015

**Transaction ID : SA11AI.RD4607055.1**

Amount of Each Receipt this Period  
**2700.00**

**[MEMO ITEM]**  
Redesignated

**C.** Full Name (Last, First, Middle Initial)  
**The Saitta Family Trust**

Mailing Address 1831 W. Justine Court

City Pahrump State NV Zip Code 89048-7171

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 17 / 2015

**Transaction ID : SA11AI.C4603763**

Amount of Each Receipt this Period  
**350.00**

Allocation Below

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

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

**350.00**

**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 82 OF 125
	<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)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Alice M. Saitta**

Mailing Address 1831 W. Justine Court

City Pahrump State NV Zip Code 89048-7171

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

Name of Employer Saitta Trudeau Chrysler Jeep Dodge Ram Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 17 / 2015

**Transaction ID : SA11AI.A4603763.0**

Amount of Each Receipt this Period  
350.00

**[MEMO ITEM]**  
Allocation

**B.** Full Name (Last, First, Middle Initial)  
**Sandra Tiffany**

Mailing Address 2720 Bayo Ct

City Las Vegas State NV Zip Code 89102

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

Name of Employer MBS Occupation Owner

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  
 08 / 10 / 2015

**Transaction ID : SA11AI.C4607447**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Aaron Tippetts, Jr.**

Mailing Address 4564 W Hacienda Ave

City Las Vegas State NV Zip Code 89118

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

Name of Employer Tippetts Mechanical Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2015

**Transaction ID : SA11AI.C4606786**

Amount of Each Receipt this Period  
2700.00

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

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

2950.00

**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 83 OF 125
	<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)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jean Tobman**

Mailing Address 2433 Palomino Lane

City Las Vegas State NV Zip Code 89107

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  
 09 / 21 / 2015

**Transaction ID : SA11AI.C4607194**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**Paul Truman**

Mailing Address 102 Grosse Point Pl

City Henderson State NV Zip Code 89052

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

Name of Employer Truline Corp. Occupation President

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  
 08 / 31 / 2015

**Transaction ID : SA11AI.C4606622**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**J. Lynn Ward**

Mailing Address 990 Tillman Lane

City Gardnerville State NV Zip Code 89460

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

Name of Employer Skin Cancer and Dermatology Institute Occupation Nurse LVN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 19 / 2015

**Transaction ID : SA11AI.C4605951**

Amount of Each Receipt this Period  
5400.00

Redesignation Below

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

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

8400.00

**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 84 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**J. Lynn Ward**

Mailing Address 990 Tillman Lane

City State Zip Code  
Gardnerville NV 89460

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

Name of Employer Occupation  
Skin Cancer and Dermatology Institute Nurse LVN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 19 / 2015

**Transaction ID : SA11AI.RD4605951.0**

Amount of Each Receipt this Period  
-2700.00

**[MEMO ITEM]**  
Redesignated

**B.** Full Name (Last, First, Middle Initial)  
**J. Lynn Ward**

Mailing Address 990 Tillman Lane

City State Zip Code  
Gardnerville NV 89460

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

Name of Employer Occupation  
Skin Cancer and Dermatology Institute Nurse LVN

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 19 / 2015

**Transaction ID : SA11AI.RD4605951.1**

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**  
Redesignated

**C.** Full Name (Last, First, Middle Initial)  
**Mark Warkentien**

Mailing Address 13657 Provincial Hill Way

City State Zip Code  
Lake Oswego OR 97035

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

Name of Employer Occupation  
MSG , Inc. Director of Player Personnel

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  
 08 / 27 / 2015

**Transaction ID : SA11AI.C4607186**

Amount of Each Receipt this Period  
500.00

Reattribution Below

**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: (check only one)	PAGE 85 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mark Warkentien**

Mailing Address 13657 Provincial Hill Way

City Lake Oswego State OR Zip Code 97035

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

Name of Employer MSG , Inc. Occupation Director of Player Personnel

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  
 08 / 27 / 2015

**Transaction ID : SA11AI.RA4607186.0**

Amount of Each Receipt this Period  
 -250.00

**[MEMO ITEM]**  
Reattribution Below

**B.** Full Name (Last, First, Middle Initial)  
**Maureen Warkentien**

Mailing Address 13657 Provincial Hill Way

City Lake Oswego State OR Zip Code 97035

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  
 08 / 27 / 2015

**Transaction ID : SA11AI.RA4607186.1**

Amount of Each Receipt this Period  
 250.00

**[MEMO ITEM]**  
Reattribution

**C.** Full Name (Last, First, Middle Initial)  
**Russel E Warthen**

Mailing Address 3422 E Rochelle Ave

City Las Vegas State NV Zip Code 89122

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

Name of Employer N/A 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  
 08 / 26 / 2015

**Transaction ID : SA11AI.C4606064**

Amount of Each Receipt this Period  
 500.00

**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: (check only one)	PAGE 86 OF 125
	<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)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Ammar Wehbeh**

Mailing Address 159 Tall Ruff Dr

City Las Vegas State NV Zip Code 89148

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

Name of Employer Red Rock Medical Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 11 / 2015

**Transaction ID : SA11AI.C4606920**

Amount of Each Receipt this Period  
 400.00

**B.** Full Name (Last, First, Middle Initial)  
**Jared Weiss**

Mailing Address 9067 W Post Road Suite A

City Las Vegas State NV Zip Code 89148

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

Name of Employer J.S.W Real Investments Occupation CEO/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  
 08 / 26 / 2015

**Transaction ID : SA11AI.C4606059**

Amount of Each Receipt this Period  
 2700.00

**C.** Full Name (Last, First, Middle Initial)  
**R. Bruce Woollen**

Mailing Address 2 Crystal Tree Pass

City Henderson State NV Zip Code 89052

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

Name of Employer Vignettes LLC 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  
 09 / 27 / 2015

**Transaction ID : SA11AI.C4607503**

Amount of Each Receipt this Period  
 1000.00

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

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

4100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 125
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Jeanette Yaeger**

Mailing Address 3402 Lakeshore Drive

City Tallahassee State FL Zip Code 32312

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

Name of Employer 180 Consulting Occupation Lead Legislative Affairs Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 05 / 2015

**Transaction ID : SA11AI.C4605685**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Nick Zinkin**

Mailing Address 11432 N Queensberry Ave

City Fresno State CA Zip Code 93730

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

Name of Employer Law Offices of Zinkin and Bruce Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 25 / 2015

**Transaction ID : SA11AI.C4607480**

Amount of Each Receipt this Period  
 2700.00

**C.** Full Name (Last, First, Middle Initial)  
**Harold Zinkin**

Mailing Address 6088 N Van Ness

City Fresno State CA Zip Code 93711

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

Name of Employer Commercial West Associates Occupation Real Estate Broker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : SA11AI.C4607729**

Amount of Each Receipt this Period  
 2700.00

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

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

6400.00

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

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

FOR LINE NUMBER: PAGE 88 OF 125  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Zinkin Entertainment**

Mailing Address 5 River Park Place West, Ste 203

City State Zip Code  
Fresno CA 93720

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2015

**Transaction ID : SA11AI.C4607502**

Amount of Each Receipt this Period  
2700.00

Limited Liability Company, Allocation Below

**B.** Full Name (Last, First, Middle Initial)  
**Dewayne Zinkin, Jr.**

Mailing Address 5 Riverpark PI West, 203

City State Zip Code  
Fresno CA 93720

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

Name of Employer Occupation  
Zinkin Entertainment Owner

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 23 / 2015

**Transaction ID : SA11AI.A4607502.0**

Amount of Each Receipt this Period  
2700.00

**[MEMO ITEM]**  
Allocation - Member

**C.** Full Name (Last, First, Middle Initial)  
**Dewayne Zinkin, Sr.**

Mailing Address 5 River Park Place West, Ste 203

City State Zip Code  
Fresno CA 93720

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

Name of Employer Occupation  
Self-Employed Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 29 / 2015

**Transaction ID : SA11AI.C4607965**

Amount of Each Receipt this Period  
2700.00

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

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

5400.00

339885.02



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

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

FOR LINE NUMBER: PAGE 89 OF 125  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Caesars Entertainment Corporation Political Action Committee**

Mailing Address **One Caesars Palace Drive**

City **Las Vegas** State **NV** Zip Code **89109**

FEC ID number of contributing federal political committee. **C C00239947**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**08 / 19 / 2015**

**Transaction ID : SA11C.C4605956**

Amount of Each Receipt this Period  
**1000.00**

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

**1000.00**

**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 90 OF 125
	<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)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Danny Tarkanian**

Mailing Address 3008 Campbell Circle

City State Zip Code  
Las Vegas NV 89107

FEC ID number of contributing federal political committee. **C H2NV04045**

Name of Employer Occupation  
Danny Tarkanian Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**8902.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**09 / 04 / 2015**

**Transaction ID : SA11D.C4607449**

Amount of Each Receipt this Period  
**1.00**

**B.** Full Name (Last, First, Middle Initial)  
**Danny Tarkanian**

Mailing Address 3008 Campbell Circle

City State Zip Code  
Las Vegas NV 89107

FEC ID number of contributing federal political committee. **C H2NV04045**

Name of Employer Occupation  
Danny Tarkanian Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**8902.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**07 / 22 / 2015**

**Transaction ID : SA11D.C4607947**

Amount of Each Receipt this Period  
**208.98**

In-Kind:In-Kind to be reimbursed

**C.** Full Name (Last, First, Middle Initial)  
**Danny Tarkanian**

Mailing Address 3008 Campbell Circle

City State Zip Code  
Las Vegas NV 89107

FEC ID number of contributing federal political committee. **C H2NV04045**

Name of Employer Occupation  
Danny Tarkanian Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**8902.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**07 / 22 / 2015**

**Transaction ID : SA11D.C4607949**

Amount of Each Receipt this Period  
**130.00**

In-Kind:In-Kind to be reimbursed

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

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

**339.98**

**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 91 OF 125
	<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)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Danny Tarkanian**

Mailing Address 3008 Campbell Circle

City Las Vegas State NV Zip Code 89107

FEC ID number of contributing federal political committee. **C H2NV04045**

Name of Employer Danny Tarkanian Occupation Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **8902.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 08 / 2015

**Transaction ID : SA11D.C4607950**

Amount of Each Receipt this Period  
 24.98

In-Kind: In-Kind to be reimbursed

**B.** Full Name (Last, First, Middle Initial)  
**Danny Tarkanian**

Mailing Address 3008 Campbell Circle

City Las Vegas State NV Zip Code 89107

FEC ID number of contributing federal political committee. **C H2NV04045**

Name of Employer Danny Tarkanian Occupation Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **8902.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 10 / 2015

**Transaction ID : SA11D.C4607951**

Amount of Each Receipt this Period  
 59.88

In-Kind: In-Kind to be reimbursed

**C.** Full Name (Last, First, Middle Initial)  
**Danny Tarkanian**

Mailing Address 3008 Campbell Circle

City Las Vegas State NV Zip Code 89107

FEC ID number of contributing federal political committee. **C H2NV04045**

Name of Employer Danny Tarkanian Occupation Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date **8902.00**

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

**Transaction ID : SA11D.C4607952**

Amount of Each Receipt this Period  
 16.25

In-Kind: In-Kind to be reimbursed

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

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

101.11

**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 92 OF 125
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
		<input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Danny Tarkanian**

Mailing Address 3008 Campbell Circle

City Las Vegas State NV Zip Code 89107

FEC ID number of contributing federal political committee. **C H2NV04045**

Name of Employer Danny Tarkanian Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **8902.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 13 / 2015

**Transaction ID : SA11D.C4607953**

Amount of Each Receipt this Period  
 34.78

In-Kind: In-Kind to be reimbursed

**B.** Full Name (Last, First, Middle Initial)  
**Danny Tarkanian**

Mailing Address 3008 Campbell Circle

City Las Vegas State NV Zip Code 89107

FEC ID number of contributing federal political committee. **C H2NV04045**

Name of Employer Danny Tarkanian Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **8902.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 08 / 2015

**Transaction ID : SA11D.C4607954**

Amount of Each Receipt this Period  
 35.00

In-Kind: In-Kind to be reimbursed

**C.** Full Name (Last, First, Middle Initial)  
**Danny Tarkanian**

Mailing Address 3008 Campbell Circle

City Las Vegas State NV Zip Code 89107

FEC ID number of contributing federal political committee. **C H2NV04045**

Name of Employer Danny Tarkanian Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **8902.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 18 / 2015

**Transaction ID : SA11D.C4607955**

Amount of Each Receipt this Period  
 195.00

In-Kind: In-Kind to be reimbursed

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

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

264.78

**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 93 OF 125
	<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)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Danny Tarkanian**

Mailing Address 3008 Campbell Circle

City State Zip Code  
Las Vegas NV 89107

FEC ID number of contributing federal political committee. **C H2NV04045**

Name of Employer Occupation  
Danny Tarkanian Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**8902.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**09 02 2015**

**Transaction ID : SA11D.C4607956**

Amount of Each Receipt this Period  
**150.00**

In-Kind: In-Kind to be reimbursed

**B.** Full Name (Last, First, Middle Initial)  
**Danny Tarkanian**

Mailing Address 3008 Campbell Circle

City State Zip Code  
Las Vegas NV 89107

FEC ID number of contributing federal political committee. **C H2NV04045**

Name of Employer Occupation  
Danny Tarkanian Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**8902.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**09 12 2015**

**Transaction ID : SA11D.C4607957**

Amount of Each Receipt this Period  
**179.99**

In-Kind: In-Kind to be reimbursed

**C.** Full Name (Last, First, Middle Initial)  
**Danny Tarkanian**

Mailing Address 3008 Campbell Circle

City State Zip Code  
Las Vegas NV 89107

FEC ID number of contributing federal political committee. **C H2NV04045**

Name of Employer Occupation  
Danny Tarkanian Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**8902.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**09 29 2015**

**Transaction ID : SA11D.C4607958**

Amount of Each Receipt this Period  
**275.00**

In-Kind: In-Kind to be reimbursed

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

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

**604.99**

**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 94 OF 125
<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

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)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Danny Tarkanian**

Mailing Address 3008 Campbell Circle

City Las Vegas State NV Zip Code 89107

FEC ID number of contributing federal political committee. **C H2NV04045**

Name of Employer Danny Tarkanian Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **8902.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : SA11D.C4607959**

Amount of Each Receipt this Period  
**6741.50**

In-Kind: In-Kind, radio time, to be reimbursed

**B.** Full Name (Last, First, Middle Initial)  
**Danny Tarkanian**

Mailing Address 3008 Campbell Circle

City Las Vegas State NV Zip Code 89107

FEC ID number of contributing federal political committee. **C H2NV04045**

Name of Employer Danny Tarkanian Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **8902.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 07 / 2015**

**Transaction ID : SA11D.C4607960**

Amount of Each Receipt this Period  
**101.35**

In-Kind: In-Kind to be reimbursed

**C.** Full Name (Last, First, Middle Initial)  
**Danny Tarkanian**

Mailing Address 3008 Campbell Circle

City Las Vegas State NV Zip Code 89107

FEC ID number of contributing federal political committee. **C H2NV04045**

Name of Employer Danny Tarkanian Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **8902.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 16 / 2015**

**Transaction ID : SA11D.C4607961**

Amount of Each Receipt this Period  
**22.95**

In-Kind: In-Kind to be reimbursed

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

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

**6865.80**

**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 95 OF 125
	<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)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Danny Tarkanian**

Mailing Address 3008 Campbell Circle

City State Zip Code  
Las Vegas NV 89107

FEC ID number of contributing federal political committee. **C H2NV04045**

Name of Employer Occupation  
Danny Tarkanian Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**8902.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**09 27 2015**

**Transaction ID : SA11D.C4613671**

Amount of Each Receipt this Period  
**439.98**

In-Kind: In-Kind to be reimbursed

**B.** Full Name (Last, First, Middle Initial)  
**Danny Tarkanian**

Mailing Address 3008 Campbell Circle

City State Zip Code  
Las Vegas NV 89107

FEC ID number of contributing federal political committee. **C H2NV04045**

Name of Employer Occupation  
Danny Tarkanian Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**8902.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**09 28 2015**

**Transaction ID : SA11D.C4613672**

Amount of Each Receipt this Period  
**49.35**

In-Kind: In-Kind to be reimbursed

**C.** Full Name (Last, First, Middle Initial)  
**Danny Tarkanian**

Mailing Address 3008 Campbell Circle

City State Zip Code  
Las Vegas NV 89107

FEC ID number of contributing federal political committee. **C H2NV04045**

Name of Employer Occupation  
Danny Tarkanian Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**8902.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**09 30 2015**

**Transaction ID : SA11D.C4613673**

Amount of Each Receipt this Period  
**2.00**

In-Kind: In-Kind to be reimbursed

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

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

**491.33**

**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 96 OF 125
	<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)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Danny Tarkanian**

Mailing Address 3008 Campbell Circle

City State Zip Code  
Las Vegas NV 89107

FEC ID number of contributing federal political committee. **C H2NV04045**

Name of Employer Occupation  
Danny Tarkanian Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**8902.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 22 2015**

**Transaction ID : SA11D.C4613719**

Amount of Each Receipt this Period  
**130.00**

In-Kind: In-Kind to be reimbursed

**B.** Full Name (Last, First, Middle Initial)  
**Danny Tarkanian**

Mailing Address 3008 Campbell Circle

City State Zip Code  
Las Vegas NV 89107

FEC ID number of contributing federal political committee. **C H2NV04045**

Name of Employer Occupation  
Danny Tarkanian Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**8902.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 28 2015**

**Transaction ID : SA11D.C4614639**

Amount of Each Receipt this Period  
**34.02**

In-Kind: In-Kind to be reimbursed

**C.** Full Name (Last, First, Middle Initial)  
**Danny Tarkanian**

Mailing Address 3008 Campbell Circle

City State Zip Code  
Las Vegas NV 89107

FEC ID number of contributing federal political committee. **C H2NV04045**

Name of Employer Occupation  
Danny Tarkanian Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**8902.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 26 2015**

**Transaction ID : SA11D.C4614640**

Amount of Each Receipt this Period  
**19.99**

In-Kind: In-Kind to be reimbursed

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

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

**184.01**



**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 97 OF 125
	<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)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Danny Tarkanian**

Mailing Address 3008 Campbell Circle

City Las Vegas State NV Zip Code 89107

FEC ID number of contributing federal political committee. **C H2NV04045**

Name of Employer Danny Tarkanian Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**8902.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 19 / 2015**

**Transaction ID : SA11D.C4614641**

Amount of Each Receipt this Period  
**50.00**

In-Kind: In-Kind to be reimbursed

**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).....

**50.00**

**8902.00**

**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 98 OF 125
	<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	

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)  
**Tarkanian For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Bank of Nevada**

Mailing Address 2700 West Sahara Avenue

City Las Vegas State NV Zip Code 89102

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
19.91

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 17 / 2015

**Transaction ID : SA14.I26927**

Amount of Each Receipt this Period  
19.91

Bank Charge 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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

19.91

19.91

**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 99 OF 125			
	<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)  
**Tarkanian For Congress**

Full Name (Last, First, Middle Initial) <b>A. Scott Ashjian</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 7346 Hollywood Park Ave		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.C4612554</b>
City Las Vegas	State NV	
Zip Code 89129-6062		Category/Type
Purpose of Disbursement Contribution In-Kind: Food and Drinks for Fundraiser		
Candidate Name <b>Ashjian</b>		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Freddie Glusman</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 2857 Paradise Road		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.C4612553</b>
City Las Vegas	State NV	
Zip Code 89109		Category/Type
Purpose of Disbursement Contribution In-Kind: Food and Beverage for Fundraiser		
Candidate Name <b>Glusman</b>		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Wayne Hogue</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015
Mailing Address 6320 Wetzel Ct		Amount of Each Disbursement this Period 1192.00 <b>Transaction ID : SB17.C4607616</b>
City Reno	State NV	
Zip Code 89511		Category/Type
Purpose of Disbursement Contribution In-Kind: Art, design, printing and transportation of political window stickers		
Candidate Name <b>Hogue</b>		Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4192.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 100 OF 125	
	<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)  
**Tarkanian For Congress**

Full Name (Last, First, Middle Initial) <b>A. Lorraine Hunt-Bono</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2015
Mailing Address 7700 Las Vegas Blvd		Amount of Each Disbursement this Period 1380.00 <b>Transaction ID : SB17.C4607617</b>
City Las Vegas	State NV	
Zip Code 89123	Purpose of Disbursement Contribution In-Kind: Food, labor, gratuity and venue for fundraiser event on 9/17/15	Category/ Type
Candidate Name <b>Hunt-Bono</b>	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>B. Michael Kazanjian</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2015
Mailing Address 9489 Dayton Way, Suite 300		Amount of Each Disbursement this Period 2413.02 <b>Transaction ID : SB17.C4614228</b>
City Beverly Hills	State CA	
Zip Code 90210	Purpose of Disbursement Contribution In-Kind: 9/10/15 Event: Catering Expenses	Category/ Type
Candidate Name <b>Kazanjian</b>	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>c. Alice Makarian</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2015
Mailing Address 9811 W Charleston Blvd #2233		Amount of Each Disbursement this Period 1500.00 <b>Transaction ID : SB17.C4607921</b>
City Las Vegas	State NV	
Zip Code 89117	Purpose of Disbursement Contribution In-Kind: Food and Beverage	Category/ Type
Candidate Name <b>Makarian</b>	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5293.02
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 125			
	<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)  
**Tarkanian For Congress**

Full Name (Last, First, Middle Initial) <b>A. Danny Tarkanian</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2015
Mailing Address 3008 Campbell Circle		Amount of Each Disbursement this Period 208.98 <b>Transaction ID : SB17.C4607947</b>
City Las Vegas	State NV	
Zip Code 89107	Purpose of Disbursement Contribution In-Kind: In-Kind to be reimbursed	Category/ Type
Candidate Name <b>Danny Tarkanian</b>	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>B. Danny Tarkanian</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2015
Mailing Address 3008 Campbell Circle		Amount of Each Disbursement this Period 130.00 <b>Transaction ID : SB17.C4607949</b>
City Las Vegas	State NV	
Zip Code 89107	Purpose of Disbursement Contribution In-Kind: In-Kind to be reimbursed	Category/ Type
Candidate Name <b>Danny Tarkanian</b>	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>c. Danny Tarkanian</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2015
Mailing Address 3008 Campbell Circle		Amount of Each Disbursement this Period 24.98 <b>Transaction ID : SB17.C4607950</b>
City Las Vegas	State NV	
Zip Code 89107	Purpose of Disbursement Contribution In-Kind: In-Kind to be reimbursed	Category/ Type
Candidate Name <b>Danny Tarkanian</b>	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	363.98
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 125			
	<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)  
**Tarkanian For Congress**

Full Name (Last, First, Middle Initial) <b>A. Danny Tarkanian</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2015
Mailing Address 3008 Campbell Circle			Amount of Each Disbursement this Period 110.91 <b>Transaction ID : SB17.C4607951</b>
City Las Vegas	State NV	Zip Code 89107	
Purpose of Disbursement Contribution In-Kind: In-Kind to be reimbursed		Category/ Type	
Candidate Name <b>Danny Tarkanian</b>			
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>B. Danny Tarkanian</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2015
Mailing Address 3008 Campbell Circle			Amount of Each Disbursement this Period 16.25 <b>Transaction ID : SB17.C4607952</b>
City Las Vegas	State NV	Zip Code 89107	
Purpose of Disbursement Contribution In-Kind: In-Kind to be reimbursed		Category/ Type	
Candidate Name <b>Danny Tarkanian</b>			
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>c. Danny Tarkanian</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2015
Mailing Address 3008 Campbell Circle			Amount of Each Disbursement this Period 34.78 <b>Transaction ID : SB17.C4607953</b>
City Las Vegas	State NV	Zip Code 89107	
Purpose of Disbursement Contribution In-Kind: In-Kind to be reimbursed		Category/ Type	
Candidate Name <b>Danny Tarkanian</b>			
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: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	110.91
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 125			
	<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)  
**Tarkanian For Congress**

Full Name (Last, First, Middle Initial) <b>A. Danny Tarkanian</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2015
Mailing Address 3008 Campbell Circle		Amount of Each Disbursement this Period 35.00 <b>Transaction ID : SB17.C4607954</b>
City Las Vegas	State NV	
Zip Code 89107	Purpose of Disbursement Contribution In-Kind: In-Kind to be reimbursed	Category/ Type
Candidate Name <b>Danny Tarkanian</b>	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>B. Danny Tarkanian</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2015
Mailing Address 3008 Campbell Circle		Amount of Each Disbursement this Period 195.00 <b>Transaction ID : SB17.C4607955</b>
City Las Vegas	State NV	
Zip Code 89107	Purpose of Disbursement Contribution In-Kind: In-Kind to be reimbursed	Category/ Type
Candidate Name <b>Danny Tarkanian</b>	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>c. Danny Tarkanian</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2015
Mailing Address 3008 Campbell Circle		Amount of Each Disbursement this Period 150.00 <b>Transaction ID : SB17.C4607956</b>
City Las Vegas	State NV	
Zip Code 89107	Purpose of Disbursement Contribution In-Kind: In-Kind to be reimbursed	Category/ Type
Candidate Name <b>Danny Tarkanian</b>	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	380.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 125			
	<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)  
**Tarkanian For Congress**

Full Name (Last, First, Middle Initial) <b>A. Danny Tarkanian</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2015
Mailing Address 3008 Campbell Circle		Amount of Each Disbursement this Period 7196.40 <b>Transaction ID : SB17.C4607957</b>
City Las Vegas	State NV	
Zip Code 89107	Purpose of Disbursement Contribution In-Kind: In-Kind to be reimbursed	Category/ Type
Candidate Name <b>Danny Tarkanian</b>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Danny Tarkanian</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2015
Mailing Address 3008 Campbell Circle		Amount of Each Disbursement this Period 275.00 <b>Transaction ID : SB17.C4607958</b>
City Las Vegas	State NV	
Zip Code 89107	Purpose of Disbursement Contribution In-Kind: In-Kind to be reimbursed	Category/ Type
Candidate Name <b>Danny Tarkanian</b>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Danny Tarkanian</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015
Mailing Address 3008 Campbell Circle		Amount of Each Disbursement this Period 6741.50 <b>Transaction ID : SB17.C4607959</b>
City Las Vegas	State NV	
Zip Code 89107	Purpose of Disbursement Contribution In-Kind: In-Kind, radio time, to be reimbursed	Category/ Type
Candidate Name <b>Danny Tarkanian</b>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7196.40
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 105 OF 125	
	<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)  
**Tarkanian For Congress**

Full Name (Last, First, Middle Initial) <b>A. Danny Tarkanian</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2015
Mailing Address 3008 Campbell Circle		Amount of Each Disbursement this Period 101.35 <b>Transaction ID : SB17.C4607960</b>
City Las Vegas	State NV	
Zip Code 89107	Purpose of Disbursement Contribution In-Kind: In-Kind to be reimbursed	Category/ Type
Candidate Name <b>Danny Tarkanian</b>		
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>B. Danny Tarkanian</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 16 / 2015
Mailing Address 3008 Campbell Circle		Amount of Each Disbursement this Period 22.95 <b>Transaction ID : SB17.C4607961</b>
City Las Vegas	State NV	
Zip Code 89107	Purpose of Disbursement Contribution In-Kind: In-Kind to be reimbursed	Category/ Type
Candidate Name <b>Danny Tarkanian</b>		
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>c. Danny Tarkanian</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 27 / 2015
Mailing Address 3008 Campbell Circle		Amount of Each Disbursement this Period 439.98 <b>Transaction ID : SB17.C4613671</b>
City Las Vegas	State NV	
Zip Code 89107	Purpose of Disbursement Contribution In-Kind: In-Kind to be reimbursed	Category/ Type
Candidate Name <b>Danny Tarkanian</b>		
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	564.28
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 125			
	<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)  
**Tarkanian For Congress**

Full Name (Last, First, Middle Initial) <b>A. Danny Tarkanian</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2015
Mailing Address 3008 Campbell Circle		Amount of Each Disbursement this Period 49.35 <b>Transaction ID : SB17.C4613672</b>
City Las Vegas	State NV	
Zip Code 89107	Purpose of Disbursement Contribution In-Kind: In-Kind to be reimbursed	Category/ Type
Candidate Name <b>Danny Tarkanian</b>	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>B. Danny Tarkanian</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2015
Mailing Address 3008 Campbell Circle		Amount of Each Disbursement this Period 2.00 <b>Transaction ID : SB17.C4613673</b>
City Las Vegas	State NV	
Zip Code 89107	Purpose of Disbursement Contribution In-Kind: In-Kind to be reimbursed	Category/ Type
Candidate Name <b>Danny Tarkanian</b>	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>c. Danny Tarkanian</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2015
Mailing Address 3008 Campbell Circle		Amount of Each Disbursement this Period 130.00 <b>Transaction ID : SB17.C4613719</b>
City Las Vegas	State NV	
Zip Code 89107	Purpose of Disbursement Contribution In-Kind: In-Kind to be reimbursed	Category/ Type
Candidate Name <b>Danny Tarkanian</b>	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	181.35
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 125			
	<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)  
**Tarkanian For Congress**

Full Name (Last, First, Middle Initial) <b>A. Danny Tarkanian</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2015
Mailing Address 3008 Campbell Circle		Amount of Each Disbursement this Period 34.02
City Las Vegas	State NV	
Zip Code 89107	Purpose of Disbursement Contribution In-Kind: In-Kind to be reimbursed	Transaction ID : SB17.C4614639
Candidate Name <b>Danny Tarkanian</b>	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>B. Danny Tarkanian</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2015
Mailing Address 3008 Campbell Circle		Amount of Each Disbursement this Period 19.99
City Las Vegas	State NV	
Zip Code 89107	Purpose of Disbursement Contribution In-Kind: In-Kind to be reimbursed	Transaction ID : SB17.C4614640
Candidate Name <b>Danny Tarkanian</b>	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>c. Danny Tarkanian</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2015
Mailing Address 3008 Campbell Circle		Amount of Each Disbursement this Period 50.00
City Las Vegas	State NV	
Zip Code 89107	Purpose of Disbursement Contribution In-Kind: In-Kind to be reimbursed	Transaction ID : SB17.C4614641
Candidate Name <b>Danny Tarkanian</b>	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	104.01
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 125			
	<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)  
**Tarkanian For Congress**

Full Name (Last, First, Middle Initial) <b>A. US Merchant Systems Compliance - USMSC</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2015
Mailing Address 48001 Fremont Blvd		Amount of Each Disbursement this Period 7.95
City Fremont	State CA	
Zip Code 94538		
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought:	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: CA	District:	

Full Name (Last, First, Middle Initial) <b>B. Targeted Victory Funding Credit Card Processing</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2015
Mailing Address 1033 N Fairfax St #40		Amount of Each Disbursement this Period 14.20
City Alexandria	State VA	
Zip Code 22314		
Purpose of Disbursement Credit Card Processing Fee		Category/ Type
Candidate Name		
Office Sought:	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: VA	District:	

Full Name (Last, First, Middle Initial) <b>c. Targeted Victory Funding Credit Card Processing</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2015
Mailing Address 1033 N Fairfax St #40		Amount of Each Disbursement this Period 17.75
City Alexandria	State VA	
Zip Code 22314		
Purpose of Disbursement Credit Card Processing Fee		Category/ Type
Candidate Name		
Office Sought:	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: VA	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	39.90
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 109 OF 125	
	<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)  
**Tarkanian For Congress**

Full Name (Last, First, Middle Initial) <b>A. Targeted Victory Funding Credit Card Processing</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2015
Mailing Address 1033 N Fairfax St #40		Amount of Each Disbursement this Period 10.65 <b>Transaction ID : SB17.E1621778</b>
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Credit Card Processing Fee	
Candidate Name	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: VA District:		

Full Name (Last, First, Middle Initial) <b>B. Targeted Victory Funding Credit Card Processing</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2015
Mailing Address 1033 N Fairfax St #40		Amount of Each Disbursement this Period 177.50 <b>Transaction ID : SB17.E1621772</b>
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Credit Card Processing Fee	
Candidate Name	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: VA District:		

Full Name (Last, First, Middle Initial) <b>C. Targeted Victory Funding Credit Card Processing</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2015
Mailing Address 1033 N Fairfax St #40		Amount of Each Disbursement this Period 74.55 <b>Transaction ID : SB17.E1621764</b>
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Credit Card Processing Fee	
Candidate Name	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: VA District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	262.70
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 125			
	<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)  
**Tarkanian For Congress**

Full Name (Last, First, Middle Initial) <b>A. Targeted Victory Funding Credit Card Processing</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2015
Mailing Address 1033 N Fairfax St #40			Amount of Each Disbursement this Period 17.75
City Alexandria	State VA	Zip Code 22314	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	<b>Transaction ID : SB17.E1621762</b>
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VA	District:		

Full Name (Last, First, Middle Initial) <b>B. Targeted Victory Funding Credit Card Processing</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2015
Mailing Address 1033 N Fairfax St #40			Amount of Each Disbursement this Period 3.55
City Alexandria	State VA	Zip Code 22314	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	<b>Transaction ID : SB17.E1621770</b>
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VA	District:		

Full Name (Last, First, Middle Initial) <b>c. Targeted Victory Funding Credit Card Processing</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2015
Mailing Address 1033 N Fairfax St #40			Amount of Each Disbursement this Period 35.50
City Alexandria	State VA	Zip Code 22314	
Purpose of Disbursement Credit Card Processing Fee		Category/ Type	<b>Transaction ID : SB17.E1621760</b>
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: VA	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	56.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 125			
	<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)  
**Tarkanian For Congress**

Full Name (Last, First, Middle Initial) <b>A. Targeted Victory Funding Credit Card Processing</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2015
Mailing Address 1033 N Fairfax St #40		Amount of Each Disbursement this Period 3.55
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Credit Card Processing Fee	
Candidate Name		Transaction ID : SB17.E1621756
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: VA District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Targeted Victory Funding Credit Card Processing</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2015
Mailing Address 1033 N Fairfax St #40		Amount of Each Disbursement this Period 0.04
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Credit Card Processing Fee	
Candidate Name		Transaction ID : SB17.E1621754
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: VA District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. Targeted Victory Funding Credit Card Processing</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2015
Mailing Address 1033 N Fairfax St #40		Amount of Each Disbursement this Period 0.07
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Credit Card Processing Fee	
Candidate Name		Transaction ID : SB17.E1621752
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: VA District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 125			
	<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)  
**Tarkanian For Congress**

Full Name (Last, First, Middle Initial) <b>A. Targeted Victory Funding Credit Card Processing</b>			Date of Disbursement M M / D D / Y Y Y Y <b>08 / 31 / 2015</b>		
Mailing Address 1033 N Fairfax St #40			Amount of Each Disbursement this Period <b>2500.00</b>		
City Alexandria	State VA	Zip Code 22314	Transaction ID : <b>SB17.E1616731</b>		
Purpose of Disbursement Website Development		Category/ Type <b>006</b>			
Candidate Name					
Office Sought:	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: VA	District:				

Full Name (Last, First, Middle Initial) <b>B. Targeted Victory Funding Credit Card Processing</b>			Date of Disbursement M M / D D / Y Y Y Y <b>09 / 28 / 2015</b>		
Mailing Address 1033 N Fairfax St #40			Amount of Each Disbursement this Period <b>401.15</b>		
City Alexandria	State VA	Zip Code 22314	Transaction ID : <b>SB17.E1621784</b>		
Purpose of Disbursement Credit Card Processing Fee		Category/ Type			
Candidate Name					
Office Sought:	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: VA	District:				

Full Name (Last, First, Middle Initial) <b>c. Targeted Victory Funding Credit Card Processing</b>			Date of Disbursement M M / D D / Y Y Y Y <b>09 / 30 / 2015</b>		
Mailing Address 1033 N Fairfax St #40			Amount of Each Disbursement this Period <b>61.50</b>		
City Alexandria	State VA	Zip Code 22314	Transaction ID : <b>SB17.E1621786</b>		
Purpose of Disbursement Credit Card Processing Fee		Category/ Type			
Candidate Name					
Office Sought:	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: VA	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2962.65</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 113 OF 125	
	<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)  
**Tarkanian For Congress**

Full Name (Last, First, Middle Initial) <b>A. Targeted Victory Funding Credit Card Processing</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2015
Mailing Address 1033 N Fairfax St #40		Amount of Each Disbursement this Period 7.10
City Alexandria	State VA Zip Code 22314	
Purpose of Disbursement Credit Card Processing Fee	Category/Type	<b>Transaction ID : SB17.E1621780</b>
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: VA District:		

Full Name (Last, First, Middle Initial) <b>B. Targeted Victory Funding Credit Card Processing</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2015
Mailing Address 1033 N Fairfax St #40		Amount of Each Disbursement this Period 71.00
City Alexandria	State VA Zip Code 22314	
Purpose of Disbursement Credit Card Processing Fee	Category/Type	<b>Transaction ID : SB17.E1621776</b>
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: VA District:		

Full Name (Last, First, Middle Initial) <b>c. Judy Flynn</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2015
Mailing Address 3008 Campbell Circle		Amount of Each Disbursement this Period 72.34
City Las Vegas	State NV Zip Code 89107-3214	
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.E1617239</b>
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: NV District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	150.44
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 125			
	<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)  
**Tarkanian For Congress**

Full Name (Last, First, Middle Initial) <b>A. Office Depot Office Max</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2015
Mailing Address 6115 W Tropicana Ave		Amount of Each Disbursement this Period 72.34
City Las Vegas	State NV	
Zip Code 89103	Purpose of Disbursement Office Supplies	Transaction ID : <b>SB17.E1617239.0</b>
Candidate Name	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)	[MEMO ITEM] Sub-vendor itemization of Judy Flynn
State: NV District:		

Full Name (Last, First, Middle Initial) <b>B. DirectFile</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2015
Mailing Address 504 Van Ness Ave		Amount of Each Disbursement this Period 76.00
City Fresno	State CA	
Zip Code 93721	Purpose of Disbursement	Transaction ID : <b>SB17.E1615948</b>
Candidate Name	Category/ Type 001	
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: CA District:		

Full Name (Last, First, Middle Initial) <b>c. D3 Dawn Dais Designs</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2015
Mailing Address 101 Saddle Rock Court		Amount of Each Disbursement this Period 1500.00
City Roseville	State CA	
Zip Code 95747	Purpose of Disbursement Website Design	Transaction ID : <b>SB17.E1616048</b>
Candidate Name	Category/ Type 006	
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: CA District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1576.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 125		
	<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)  
**Tarkanian For Congress**

Full Name (Last, First, Middle Initial) <b>A. Bank of Nevada</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2015
Mailing Address 2700 West Sahara Avenue		Amount of Each Disbursement this Period 19.91
City Las Vegas	State NV Zip Code 89102	
Purpose of Disbursement Bank Charge - TO BE REFUNDED	Category/Type	<b>Transaction ID : SB17.E1617321</b>
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: NV District:		

Full Name (Last, First, Middle Initial) <b>B. Bank of Nevada</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2015
Mailing Address 2700 West Sahara Avenue		Amount of Each Disbursement this Period 46.05
City Las Vegas	State NV Zip Code 89102	
Purpose of Disbursement Checks Purchased	Category/Type	<b>Transaction ID : SB17.E1617319</b>
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: NV District:		

Full Name (Last, First, Middle Initial) <b>c. Bank of Nevada</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2015
Mailing Address 2700 West Sahara Avenue		Amount of Each Disbursement this Period 23.05
City Las Vegas	State NV Zip Code 89102	
Purpose of Disbursement Check Endorsement Stamp	Category/Type	<b>Transaction ID : SB17.E1617317</b>
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: NV District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	89.01
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 116 OF 125	
	<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)  
**Tarkanian For Congress**

Full Name (Last, First, Middle Initial) <b>A. Bank of Nevada</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2015
Mailing Address 2700 West Sahara Avenue		Amount of Each Disbursement this Period 17.48 <b>Transaction ID : SB17.E1617323</b>
City Las Vegas	State NV Zip Code 89102	
Purpose of Disbursement Bank Charge - TO BE REFUNDED		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)	
State: NV	District:	

Full Name (Last, First, Middle Initial) <b>B. Authorize.net</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2015
Mailing Address 808 East Utah Valley Drive		Amount of Each Disbursement this Period 0.13 <b>Transaction ID : SB17.E1621741</b>
City American Fork	State UT Zip Code 84003	
Purpose of Disbursement Credit Card Processing Fee		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)	
State: UT	District:	

Full Name (Last, First, Middle Initial) <b>c. Authorize.net</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2015
Mailing Address 808 East Utah Valley Drive		Amount of Each Disbursement this Period 7.48 <b>Transaction ID : SB17.E1621736</b>
City American Fork	State UT Zip Code 84003	
Purpose of Disbursement Credit Card Processing Fee		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)	
State: UT	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	25.09
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 117 OF 125	
	<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)  
**Tarkanian For Congress**

Full Name (Last, First, Middle Initial) <b>A. Authorize.net</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2015
Mailing Address 808 East Utah Valley Drive		Amount of Each Disbursement this Period 8.00 <b>Transaction ID : SB17.E1621745</b>
City American Fork	State UT	
Zip Code 84003	Purpose of Disbursement Credit Card Processing Fee	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)	State: UT District:	

Full Name (Last, First, Middle Initial) <b>B. Authorize.net</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2015
Mailing Address 808 East Utah Valley Drive		Amount of Each Disbursement this Period 24.95 <b>Transaction ID : SB17.E1617329</b>
City American Fork	State UT	
Zip Code 84003	Purpose of Disbursement	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)	State: UT District:	

Full Name (Last, First, Middle Initial) <b>c. Authorize.net</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2015
Mailing Address 808 East Utah Valley Drive		Amount of Each Disbursement this Period 8.60 <b>Transaction ID : SB17.E1621749</b>
City American Fork	State UT	
Zip Code 84003	Purpose of Disbursement Credit Card Processing Fee	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)	State: UT District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	41.55
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 125			
	<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)  
**Tarkanian For Congress**

Full Name (Last, First, Middle Initial) <b>A. Authorize.net</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2015
Mailing Address 808 East Utah Valley Drive		Amount of Each Disbursement this Period 13.95 <b>Transaction ID : SB17.E1621738</b>
City American Fork	State UT	
Purpose of Disbursement Credit Card Processing Fee		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)	
State: UT	District:	

Full Name (Last, First, Middle Initial) <b>B. Authorize.net</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2015
Mailing Address 808 East Utah Valley Drive		Amount of Each Disbursement this Period 13.95 <b>Transaction ID : SB17.E1621743</b>
City American Fork	State UT	
Purpose of Disbursement Credit Card Processing Fee		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)	
State: UT	District:	

Full Name (Last, First, Middle Initial) <b>c. AuthNet Gateway Billing</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2015
Mailing Address P.O. Box 947		Amount of Each Disbursement this Period 18.28 <b>Transaction ID : SB17.E1617325</b>
City American Fork	State UT	
Purpose of Disbursement		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)	
State: UT	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	46.18
<b>TOTAL</b> This Period (last page this line number only).....	23640.00

**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 119 OF 125			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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

NAME OF COMMITTEE (In Full)  
**Tarkanian For Congress**

Full Name (Last, First, Middle Initial) <b>A. Targeted Victory Funding Credit Card Processing</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2015
Mailing Address 1033 N Fairfax St #40		Amount of Each Disbursement this Period 5.33 <b>Transaction ID : SB21.E1621768</b>
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Credit Card Processing Fee	
Candidate Name	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: VA District:		

Full Name (Last, First, Middle Initial) <b>B. Targeted Victory Funding Credit Card Processing</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2015
Mailing Address 1033 N Fairfax St #40		Amount of Each Disbursement this Period 10.25 <b>Transaction ID : SB21.E1621782</b>
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Credit Card Processing Fee	
Candidate Name	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: VA District:		

Full Name (Last, First, Middle Initial) <b>C. Targeted Victory Funding Credit Card Processing</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2015
Mailing Address 1033 N Fairfax St #40		Amount of Each Disbursement this Period 3.55 <b>Transaction ID : SB21.E1621758</b>
City Alexandria State VA Zip Code 22314	Purpose of Disbursement Credit Card Processing Fee	
Candidate Name	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: VA District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	19.13
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 120 OF 125	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Tarkanian For Congress**

Full Name (Last, First, Middle Initial) <b>A. Authorize.net</b>		Date of Disbursement M M / D D / Y Y Y Y <b>09 / 27 / 2015</b>
Mailing Address <b>808 East Utah Valley Drive</b>		Amount of Each Disbursement this Period <b>15.35</b>
City <b>American Fork</b> State <b>UT</b> Zip Code <b>84003</b>	Purpose of Disbursement <b>Credit Card Processing Fee</b>	
Candidate Name		<b>Transaction ID : SB21.E1621747</b>
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: <b>UT</b> District:	Category/Type	

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>15.35</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>34.48</b>



**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 121 OF 125
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**Tarkanian For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Danny Tarkanian</b>	Nature of Debt (Purpose): In-Kind to be reimbursed; Office Expenses
Mailing Address 3008 Campbell Circle	
City State Zip Code Las Vegas NV 89107	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.E1617642</b>	
Amount Incurred This Period 195.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 195.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Danny Tarkanian</b>	Nature of Debt (Purpose): In-Kind to be reimbursed; Website Registration
Mailing Address 3008 Campbell Circle	
City State Zip Code Las Vegas NV 89107	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.E1617637</b>	
Amount Incurred This Period 24.98	Payment This Period 0.00	Outstanding Balance at Close of This Period 24.98

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Danny Tarkanian</b>	Nature of Debt (Purpose): In-Kind to be reimbursed; Republican Women's Event
Mailing Address 3008 Campbell Circle	
City State Zip Code Las Vegas NV 89107	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.E1617636</b>	
Amount Incurred This Period 130.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 130.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	349.98
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 122 OF 125
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**Tarkanian For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Danny Tarkanian</b>	Nature of Debt (Purpose): In-Kind to be reimbursed; Website Hosting Fee
Mailing Address 3008 Campbell Circle	
City State Zip Code Las Vegas NV 89107	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.E1617638</b>	
Amount Incurred This Period 59.88	Payment This Period 0.00	Outstanding Balance at Close of This Period 59.88

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Danny Tarkanian</b>	Nature of Debt (Purpose): In-Kind to be reimbursed; Communications
Mailing Address 3008 Campbell Circle	
City State Zip Code Las Vegas NV 89107	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.E1617641</b>	
Amount Incurred This Period 35.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 35.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Danny Tarkanian</b>	Nature of Debt (Purpose): In-Kind to be reimbursed; Website Hosting Fee
Mailing Address 3008 Campbell Circle	
City State Zip Code Las Vegas NV 89107	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.E1617648</b>	
Amount Incurred This Period 22.95	Payment This Period 0.00	Outstanding Balance at Close of This Period 22.95

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	117.83
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

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

(Use separate schedule(s) for each numbered line)	PAGE 123 OF 125
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Tarkanian For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Danny Tarkanian</b>	Nature of Debt (Purpose): In-Kind to be reimbursed; Office Expenses
Mailing Address 3008 Campbell Circle	
City State Zip Code Las Vegas NV 89107	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.E1617644</b>	
Amount Incurred This Period 179.99	Payment This Period 0.00	Outstanding Balance at Close of This Period 179.99

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Danny Tarkanian</b>	Nature of Debt (Purpose): In-Kind to be reimbursed; Republican Women's Event
Mailing Address 3008 Campbell Circle	
City State Zip Code Las Vegas NV 89107	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.E1617635</b>	
Amount Incurred This Period 130.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 130.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Danny Tarkanian</b>	Nature of Debt (Purpose): In-Kind to be reimbursed; Communications
Mailing Address 3008 Campbell Circle	
City State Zip Code Las Vegas NV 89107	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.E1617640</b>	
Amount Incurred This Period 34.78	Payment This Period 0.00	Outstanding Balance at Close of This Period 34.78

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	344.77
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 124 OF 125
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**Tarkanian For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Danny Tarkanian</b>		Nature of Debt (Purpose): In-Kind to be reimbursed; Website Registration
Mailing Address 3008 Campbell Circle		
City	State	Zip Code
Las Vegas	NV	89107

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.E1617634</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="208.98"/>	<input type="text" value="0.00"/>	<input type="text" value="208.98"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Danny Tarkanian</b>		Nature of Debt (Purpose): In-kind to be reimbursed; NV Policy Research Institute Event
Mailing Address 3008 Campbell Circle		
City	State	Zip Code
Las Vegas	NV	89107

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.E1617645</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="275.00"/>	<input type="text" value="0.00"/>	<input type="text" value="275.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Danny Tarkanian</b>		Nature of Debt (Purpose): In-Kind to be reimbursed; Radio Air Time
Mailing Address 3008 Campbell Circle		
City	State	Zip Code
Las Vegas	NV	89107

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.E1617646</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="6741.50"/>	<input type="text" value="0.00"/>	<input type="text" value="6741.50"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="7225.48"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

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

(Use separate schedule(s) for each numbered line)	PAGE 125 OF 125
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**Tarkanian For Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Danny Tarkanian</b>	Nature of Debt (Purpose): In-Kind to be reimbursed; Communications
Mailing Address 3008 Campbell Circle	
City State Zip Code Las Vegas NV 89107	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.E1617647</b>	
Amount Incurred This Period 101.35	Payment This Period 0.00	Outstanding Balance at Close of This Period 101.35

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Danny Tarkanian</b>	Nature of Debt (Purpose): In-Kind to be reimbursed; Communications
Mailing Address 3008 Campbell Circle	
City State Zip Code Las Vegas NV 89107	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.E1617639</b>	
Amount Incurred This Period 16.25	Payment This Period 0.00	Outstanding Balance at Close of This Period 16.25

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Danny Tarkanian</b>	Nature of Debt (Purpose): In-Kind to be reimbursed; 2015 Henderson Chamber of Commerce Event
Mailing Address 3008 Campbell Circle	
City State Zip Code Las Vegas NV 89107	

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.E1617643</b>	
Amount Incurred This Period 150.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 150.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	267.60
2) <b>TOTALS</b> This Period (last page this line number only) .....	8305.66
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	8305.66