

**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**