

**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)

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17  18  19a  19b  
 20a  20b  20c  21

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NAME OF COMMITTEE (In Full)  
Tarkanian for Senate

<p><b>A.</b> Full Name (Last, First, Middle Initial) Ted Lachowicz</p> <p>Mailing Address 22 Bel Giorno Court</p> <p>City Henderson State NV Zip Code 89011-</p> <p>Purpose of Disbursement Refund of Contribution General</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 00713.E1522</p> <p>Date of Disbursement 06 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 2400.00</p> <p>Category/Type 010</p>	
<p><b>B.</b> Full Name (Last, First, Middle Initial) Timothy Poster</p> <p>Mailing Address 3883 Howard Hughes Parkway #800</p> <p>City Las Vegas State NV Zip Code 89169-</p> <p>Purpose of Disbursement Refund of Contribution General</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 00713.E1521</p> <p>Date of Disbursement 06 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 2200.00</p> <p>Category/Type 010</p>	
<p><b>C.</b> Full Name (Last, First, Middle Initial) Dan Rowe</p> <p>Mailing Address 704 West Nye Lane #203</p> <p>City Carson City State NV Zip Code 89703-</p> <p>Purpose of Disbursement Refund of Contribution General</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 00713.E1531</p> <p>Date of Disbursement 06 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 2400.00</p> <p>Category/Type 010</p>	
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶</p>		<p>7000.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) ..... ▶</p>		<p></p>

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