

**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 206
<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 **28622.72**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 08 / 2016

Transaction ID : SA11D.C4631772

Amount of Each Receipt this Period
 _____ **55.00**

Memo Item
 In-Kind: In-Kind to be reimbursed; Website Services.

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 **28622.72**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 08 / 2016

Transaction ID : SA11D.C4631773

Amount of Each Receipt this Period
 _____ **55.00**

Memo Item
 In-Kind: In-Kind to be reimbursed; Website Services.

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 **28622.72**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 08 / 2016

Transaction ID : SA11D.C4631780

Amount of Each Receipt this Period
 _____ **5.00**

Memo Item
 In-Kind: In-Kind to be reimbursed; Parking

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

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

_____ **115.00**
