

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Clark County Republican Central Committee

Full Name (Last, First, Middle Initial)

A. MICHAEL CHAMBERLAIN

Mailing Address 6158 HIGHLAND GARDENS DR.

City

N. LAS VEGAS

State

NV

Zip Code

89031-2051

FEC ID number of contributing
federal political committee.

C

Name of Employer

CH MEDIA

Occupation

WRITER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	1			2	0	1	6		

Transaction ID : SA11.1171

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

DONATION

Full Name (Last, First, Middle Initial)

B. MICHAEL CHAMBERLAIN

Mailing Address 6158 HIGHLAND GARDENS DR.

City

N. LAS VEGAS

State

NV

Zip Code

89031-2051

FEC ID number of contributing
federal political committee.

C

Name of Employer

CH MEDIA

Occupation

WRITER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	1			2	0	1	6		

Transaction ID : SA11.991

Amount of Each Receipt this Period

40.00

☐ Memo Item

CONTRIBUTION

DONATION

Full Name (Last, First, Middle Initial)

C. MICHAEL COLLETTI

Mailing Address 10626 FAIRFIELD AVE

City

LAS VEGAS

State

NV

Zip Code

89183-4600

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	1			2	0	1	6		

Transaction ID : SA11.1249

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

DONATION

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

540.00