

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 41
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A. JUDITH FLYNN
Full Name (Last, First, Middle Initial)

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 Occupation
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
01 / 31 / 2016
Transaction ID : SA11.1176

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION
DONATION

B. MR. DAVID GIBBS
Full Name (Last, First, Middle Initial)

Mailing Address 1003 INDIAN HOLLOW AVENUE

City NORTH LAS VEGAS State NV Zip Code 89031-

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

Name of Employer Occupation
BATTLESPACE FLIGHT SERVICES DIRECTOR, PROGRAM SUPPORT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
01 / 31 / 2016
Transaction ID : SA11.1238

Amount of Each Receipt this Period
250.00

Memo Item
CONTRIBUTION
DONATION

C. MR. FRED GIBSON
Full Name (Last, First, Middle Initial)

Mailing Address 3204 PLAZA DE RAFAEL

City LAS VEGAS State NV Zip Code 89102-4024

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
01 / 31 / 2016
Transaction ID : SA11.1189

Amount of Each Receipt this Period
500.00

Memo Item
CONTRIBUTION
DONATION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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