

**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 71 OF 175
	<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 **16042.42**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 24 / 2015

Transaction ID : SA11D.C4613710

Amount of Each Receipt this Period
 _____ 58.75

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

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 **16042.42**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 26 / 2015

Transaction ID : SA11D.C4613711

Amount of Each Receipt this Period
 _____ 540.00

Memo Item
 In-Kind: Radio Ad. Battle Born Radio; 6163 Arbor Alley Ave. Las Vegas NV 89139

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 **16042.42**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 27 / 2015

Transaction ID : SA11D.C4613712

Amount of Each Receipt this Period
 _____ 22.81

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

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

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

_____ 621.56
