

**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 72 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
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FEC ID number of contributing federal political committee. **C H2NV04045**

Name of Employer Danny Tarkanian	Occupation Attorney
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Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**16042.42**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2015

**Transaction ID : SA11D.C4613713**

Amount of Each Receipt this Period  

13.50
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Memo Item  
 In-Kind: In-Kind to be reimbursed; meal

**B.** Full Name (Last, First, Middle Initial)  
**Danny Tarkanian**

Mailing Address 3008 Campbell Circle

City Las Vegas	State NV	Zip Code 89107
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FEC ID number of contributing federal political committee. **C H2NV04045**

Name of Employer Danny Tarkanian	Occupation Attorney
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Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**16042.42**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2015

**Transaction ID : SA11D.C4613714**

Amount of Each Receipt this Period  

60.00
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Memo Item  
 In-Kind: In-Kind to be reimbursed; meal

**C.** Full Name (Last, First, Middle Initial)  
**Danny Tarkanian**

Mailing Address 3008 Campbell Circle

City Las Vegas	State NV	Zip Code 89107
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FEC ID number of contributing federal political committee. **C H2NV04045**

Name of Employer Danny Tarkanian	Occupation Attorney
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Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**16042.42**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		02		2015

**Transaction ID : SA11D.C4613715**

Amount of Each Receipt this Period  

30.00
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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).....

103.50
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