

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
PAUL GOSAR FOR CONGRESS

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	32400.00	460018.03
(b) Total Contribution Refunds (from Line 20(d))	0.00	555.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	32400.00	459463.03
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	27580.19	222937.64
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	15194.83
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	27580.19	207742.81
8. Cash on Hand at Close of Reporting Period (from Line 27).....	196284.97	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

PAUL GOSAR FOR CONGRESS

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3350.00	225716.04
(ii) Unitemized.....	550.00	28033.55
(iii) TOTAL of contributions from individuals ▶	3900.00	253749.59
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	28500.00	206268.44
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	32400.00	460018.03
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	148.81
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	15194.83
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	2.80
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	32400.00	475364.47

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	27580.19	222937.64
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	555.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	555.00
21. OTHER DISBURSEMENTS	9000.00	127700.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	36580.19	351192.64

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	200465.16
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	32400.00
25. SUBTOTAL (add Line 23 and Line 24).....	232865.16
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	36580.19
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	196284.97

**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 5 OF 18
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. John M. Haddow		Date of Receipt M M / D D / Y Y Y Y 09 / 18 / 2014
Mailing Address 13516 Compton Rd.		Transaction ID : SA11AI.18338
City Clifton	State VA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Upstream Consulting	Occupation Government Relations	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00	

Full Name (Last, First, Middle Initial) B. Dr. Robert Hawke		Date of Receipt M M / D D / Y Y Y Y 08 / 25 / 2014
Mailing Address 1575 N. Swan #200		Transaction ID : SA11AI.18381
City Tucson	State AZ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Robert F. Hawke, DDS	Occupation Dentist	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 4400.00	

Full Name (Last, First, Middle Initial) C. James Jackson		Date of Receipt M M / D D / Y Y Y Y 08 / 14 / 2014
Mailing Address 8635 N Oak Forest Dr.		Transaction ID : SA11AI.18329
City Prescott	State AZ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer N/A	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	950.00
TOTAL This Period (last page this line number only).....	

**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 6 OF 18
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ray Maddox

Mailing Address 1200 N Walnut St.

City State Zip Code
Hartford City IN 47348

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

Name of Employer Occupation
Maddox Dental Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
900.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 18 / 2014

Transaction ID : SA11AI.18319

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Roger Reinsch

Mailing Address 803 Scenic Pointe

City State Zip Code
Prescott AZ 86303

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
350.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2014

Transaction ID : SA11AI.18342

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Keith Rosdahl

Mailing Address 920 Winding Spruce Way

City State Zip Code
Prescott AZ 86303

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

Name of Employer Occupation
Self Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : SA11AI.18346

Amount of Each Receipt this Period
1500.00

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

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

1900.00

**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 7 OF 18
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Michael Ward

Mailing Address 3619 Desert Rose Ln.

City Lake Havasu City State AZ Zip Code 86404

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

Name of Employer Self Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2014

Transaction ID : SA11Al.18341

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

500.00

3350.00

**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 8 OF 18
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial)
ACTION COMMITTEE FOR RURAL ELECTRIFICATION. (ACRE) NATIONAL RURAL ELECTRIC COOPERATIVE

A. Mailing Address 4301 WILSON BOULEVARD

City State Zip Code
ARLINGTON VA 22203

FEC ID number of contributing federal political committee. **C** C00002972

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 9500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 14 / 2014

Transaction ID : SA11C.18269

Amount of Each Receipt this Period
 3000.00

Full Name (Last, First, Middle Initial)
AMERICAN ACADEMY OF PEDIATRIC DENTISTRY POLITICAL ACTION COMMITTEE

B. Mailing Address 211 E Chicago Ave
Suite 700

City State Zip Code
Chicago IL 60611

FEC ID number of contributing federal political committee. **C** C00365965

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2014

Transaction ID : SA11C.18332

Amount of Each Receipt this Period
 5000.00

Full Name (Last, First, Middle Initial)
AMERICAN DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE

C. Mailing Address 1111 14th Street, NW
Suite 1100

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00000729

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 15 / 2014

Transaction ID : SA11C.18335

Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional).....	13000.00
TOTAL This Period (last page this line number only).....	

**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 9 OF 18
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 25 MASSACHUSETTS AVE, NW
SUITE 600

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00000422

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11C.18344

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
AMERICAN OPTOMETRIC ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1505 PRINCE STREET
SUITE 300

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00024968

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11C.18347

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE

Mailing Address 430 NORTH MICHIGAN AVENUE

City CHICAGO State IL Zip Code 60611

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 27 / 2014

Transaction ID : SA11C.18330

Amount of Each Receipt this Period
1000.00

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

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

5500.00

**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 10 OF 18
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NATIONAL CATTLEMEN'S BEEF ASSOCIATION POLITICAL ACTION COMMITTEE (NCBA-PAC)

Mailing Address 9110 EAST NICHOLS AVENUE

City State Zip Code
CENTENNIAL CO 80112

FEC ID number of contributing federal political committee. **C** C00028787

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : SA11C.18343

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
NATIONAL FEDERATION OF INDEPENDENT BUSINESS/ SAVE AMERICAS FREE ENTERPRISE TRUST

Mailing Address 1201 F St. NW
Suite 200

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00101105

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 18 / 2014

Transaction ID : SA11C.18336

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
PINNACLE WEST CAPITAL CORPORATION PAC

Mailing Address 801 Pennsylvania Ave NW
Suite 214

City State Zip Code
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00015933

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 19 / 2014

Transaction ID : SA11C.18337

Amount of Each Receipt this Period
4000.00

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

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

7500.00

**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 11 OF 18
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SCALISE FOR CONGRESS

Mailing Address PO BOX 23219

City State Zip Code
JEFFERSON LA 70183

FEC ID number of contributing federal political committee. **C** C00394957

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2014

Transaction ID : SA11C.18339

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
UNS ENERGY CORPORATION PAC (UNS ENERGY PAC)

Mailing Address 88 E BROADWAY BOULEVARD HQE901
PO BOX 711

City State Zip Code
TUCSON AZ 85702

FEC ID number of contributing federal political committee. **C** C00524769

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 14 / 2014

Transaction ID : SA11C.18327

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

2500.00

28500.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 18	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Authorize.net Corp.		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 915 South 500 East, Suite 200		Amount of Each Disbursement this Period 27.95 Transaction ID : SB17.18372
City American Fork	State UT	
Zip Code 84003	Purpose of Disbursement Credit Card Merchant Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2014
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 1109.75 Transaction ID : SB17.18364
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Campaign Events	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Leslie Foti		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2014
Mailing Address 6829 Corder LAne		Amount of Each Disbursement this Period 306.99 Transaction ID : SB17.18376
City Lorton	State VA	
Zip Code 22079	Purpose of Disbursement Event Supplies	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1444.69
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 18			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Global Payments		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2014
Mailing Address 10 Glenlake Pakrway		Amount of Each Disbursement this Period 42.88
City Atlanta	State GA Zip Code 30328	
Purpose of Disbursement Credit Card Merchant Fees	Category/Type	Transaction ID : SB17.18371
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Hieu Tran & Company		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address PO Box 11494		Amount of Each Disbursement this Period 1260.01
City Tempe	State AZ Zip Code 85284	
Purpose of Disbursement Accounting	Category/Type	Transaction ID : SB17.18360
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Rehab Burger Therapy		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2014
Mailing Address 7210 E 2nd St		Amount of Each Disbursement this Period 208.68
City Scottsdale	State AZ Zip Code 85250	
Purpose of Disbursement Event Catering	Category/Type	Transaction ID : SB17.18366
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1511.57
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 18			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Revolis		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2014
Mailing Address 7185 Navajo Rd #P		Amount of Each Disbursement this Period 20510.42
City San Diego	State CA	
Zip Code 92119		
Purpose of Disbursement Mailing and Auto Dialer		Category/ Type
Candidate Name		
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State:	District:	

Full Name (Last, First, Middle Initial) B. Revolis		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2014
Mailing Address 7185 Navajo Rd #P		Amount of Each Disbursement this Period 2500.00
City San Diego	State CA	
Zip Code 92119		
Purpose of Disbursement Campaign Management		Category/ Type
Candidate Name		
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State:	District:	

Full Name (Last, First, Middle Initial) C. Southwest Airlines		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address PO Box 36647-1CR		Amount of Each Disbursement this Period 365.10
City Dallas	State TX	
Zip Code 75235		
Purpose of Disbursement Airfare		Category/ Type
Candidate Name		
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	23375.52
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 18	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. US Airways		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address 4000 E. Sky Harbor Blvd.		Amount of Each Disbursement this Period 544.60
City Phoenix	State AZ Zip Code 85034	
Purpose of Disbursement Airfare	Category/Type	Transaction ID : SB17.18375
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. US Airways		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2014
Mailing Address 4000 E. Sky Harbor Blvd.		Amount of Each Disbursement this Period 200.00
City Phoenix	State AZ Zip Code 85034	
Purpose of Disbursement Airfare	Category/Type	Transaction ID : SB17.18377
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Wells Fargo Bank		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address 10959 E Dynamite Blvd.		Amount of Each Disbursement this Period 3.00
City Scottsdale	State AZ Zip Code 85262	
Purpose of Disbursement Bank Fee	Category/Type	Transaction ID : SB17.18359
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	747.60
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 18		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Wells Fargo Bank		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2014
Mailing Address 10959 E Dynamite Blvd.		Amount of Each Disbursement this Period 3.00
City Scottsdale	State AZ	
Zip Code 85262	Purpose of Disbursement Bank Fee	Transaction ID : SB17.18373
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3.00
TOTAL This Period (last page this line number only).....	27082.38

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 18			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CORY GARDNER FOR SENATE		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2014
Mailing Address 9227 E. LINCOLN AVE., #200-234		Amount of Each Disbursement this Period 2000.00
City LONE TREE State CO Zip Code 80124	Purpose of Disbursement	
Candidate Name	Category/Type	Transaction ID : SB21.18357
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. FRIENDS OF FRANK GUINTA		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2014
Mailing Address PO BOX 877		Amount of Each Disbursement this Period 2000.00
City MANCHESTER State NH Zip Code 03105	Purpose of Disbursement	
Candidate Name	Category/Type	Transaction ID : SB21.18350
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. MARILINDA GARCIA FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address PO BOX 821		Amount of Each Disbursement this Period 1000.00
City SALEM State NH Zip Code 03079	Purpose of Disbursement	
Candidate Name	Category/Type	Transaction ID : SB21.18353
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 18			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A. SAUCEDO MERCER FOR CONGRESS

Full Name (Last, First, Middle Initial)
SAUCEDO MERCER FOR CONGRESS

Mailing Address PO BOX 87332

City TUCSON State AZ Zip Code 85754

Purpose of Disbursement Category/Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2014 Primary General Other (specify)

State: AZ District: 07

Date of Disbursement: 09 / 05 / 2014

Amount of Each Disbursement this Period: 2000.00

Transaction ID : SB21.18352

B. WENDYROGERS.ORG

Full Name (Last, First, Middle Initial)
WENDYROGERS.ORG

Mailing Address 3030 S RURAL RD SUITE 107

City TEMPE State AZ Zip Code 85282

Purpose of Disbursement Category/Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 09 / 17 / 2014

Amount of Each Disbursement this Period: 2000.00

Transaction ID : SB21.18355

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) 4000.00

TOTAL This Period (last page this line number only) 9000.00