

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼

Example: If typing, type over the lines.

12FE4M5

PAUL GOSAR FOR CONGRESS

ADDRESS (number and street) ▼

PO Box 2991

Check if different than previously reported. (ACC)

Florence

AZ

85132

2. **FEC IDENTIFICATION NUMBER** ▼

C C00461806

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

AZ

04

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on / / in the State of

(c) 30-Day **POST**-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

/ /

through

/ /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dr. W. Brian Powley

Signature of Treasurer Dr. W. Brian Powley

[Electronically Filed]

Date

/ /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

| | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|
| Office Use Only | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|

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)).... | 115011.00 | 707304.57 |
| (b) Total Contribution Refunds (from Line 20(d)) | 0.00 | 6366.65 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 115011.00 | 700937.92 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 36759.66 | 394320.20 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 67.50 | 586.94 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 36692.16 | 393733.26 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 334363.17 | |
| 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)..... | 18663.37 | |

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)..... | 72401.00 | 376755.00 |
| (ii) Unitemized..... | 8110.00 | 63635.85 |
| (iii) TOTAL of contributions from individuals ▶ | 80511.00 | 440390.85 |
| (b) Political Party Committees..... | 0.00 | 1154.34 |
| (c) Other Political Committees (such as PACs)..... | 34500.00 | 265759.38 |
| (d) The Candidate..... | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 115011.00 | 707304.57 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 8465.71 |
| 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.) | 67.50 | 586.94 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.)..... | 0.15 | 1.51 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 115078.65 | 716358.73 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 36759.66 | 394320.20 |
| 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 | 3700.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 2666.65 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 0.00 | 6366.65 |
| 21. OTHER DISBURSEMENTS | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 36759.66 | 400686.85 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 256044.18 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 115078.65 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 371122.83 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 36759.66 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 334363.17 |

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3A
Transaction ID :

The Committee removed \$20,000 of debt to Integrated Web Strategies on this report. The debt was initially reported on the 2010 Post-General report. This debt was based on fundraising goals that were not met. Therefore, the Committee was released from its obligation to pay this debt. The Committee also removed \$350 in debt to Platt Photography. This debt was paid on 4/15/2011 (on the June 2011 Quarterly Report) and reported on Line 17.

Form/Schedule:
Transaction ID:

**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 77 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

| | | | |
|---|-----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) A. Patricia Adimare | | Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 15 / 2012 | |
| Mailing Address 1874 E Myrtlewood Ct. | | Transaction ID : SA11AI.14300 | |
| City Flagstaff | State AZ | Zip Code 86001 | |
| FEC ID number of contributing federal political committee. | | Amount of Each Receipt this Period 1000.00 | |
| Name of Employer NA | Occupation Homemaker | | |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1250.00 | | |

| | | | |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) B. Deborah Aten | | Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 11 / 2012 | |
| Mailing Address 3420 Toringdon Way Ste 310 | | Transaction ID : SA11AI.14339 | |
| City Charlotte | State NC | Zip Code 28277 | |
| FEC ID number of contributing federal political committee. | | Amount of Each Receipt this Period 200.00 | |
| Name of Employer Self | Occupation Dentist | | |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 400.00 | | |

| | | | |
|---|-----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) C. Charlie Bass | | Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 28 / 2012 | |
| Mailing Address 5400 Gleneagles Drive | | Transaction ID : SA11AI.14357 | |
| City Tucson | State AZ | Zip Code 85718 | |
| FEC ID number of contributing federal political committee. | | Amount of Each Receipt this Period 1000.00 | |
| Name of Employer National Recovery Systems | Occupation President | | |
| Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 4000.00 | | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2200.00 |
| 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 7 OF 77 |
| | <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)
James Bekker

Mailing Address 1434 East 9400 South, Suite 205

City Sandy State UT Zip Code 84093

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

Name of Employer Self Occupation Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 20 / 2012

Transaction ID : SA11AI.14536

Amount of Each Receipt this Period
 500.00

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

Mailing Address 12790 N 82nd Pl.

City Scottsdale State AZ Zip Code 86260

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

Name of Employer The Hampton Group Occupation CEO

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 27 / 2012

Transaction ID : SA11AI.14290

Amount of Each Receipt this Period
 1500.00

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

Mailing Address 273 W Malibu

City Chandler State AZ Zip Code 85248

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

Name of Employer Cancer Treatment Services Inte Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11AI.14328

Amount of Each Receipt this Period
 2500.00

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

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

4500.00

**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 77 |
| | <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)
Dr. Robert L. Birdwell

Mailing Address 6924 W Abraham Lane

City State Zip Code
Glendale AZ 85308

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

Name of Employer Occupation
Birdwell Dental Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2012

Transaction ID : SA11AI.14364

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Mark Blaisdell

Mailing Address 1473 N East Hills Dr

City State Zip Code
Bountiful UT 84010

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

Name of Employer Occupation
Blaisdell Dental Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 20 / 2012

Transaction ID : SA11AI.14295

Amount of Each Receipt this Period
500.00

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

Mailing Address 4190 S Highland Dr. 106

City State Zip Code
Salt Lake City UT 84124

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

Name of Employer Occupation
Self Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 22 / 2012

Transaction ID : SA11AI.14538

Amount of Each Receipt this Period
500.00

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

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

1250.00

**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 9 OF 77 |
| | <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)
Dr. Ronald Bowen

Mailing Address 954 East 71455 #B101

City Midvale State UT Zip Code 84047

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

Name of Employer Bowen Dental Occupation Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 22 / 2012

Transaction ID : SA11AI.14392

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 10865 N. 85th Pl

City Scottsdale State AZ Zip Code 85360

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

Name of Employer Briggs Dental Occupation Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 30 / 2012

Transaction ID : SA11AI.14278

Amount of Each Receipt this Period
 250.00

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

Mailing Address 2310 Myron Dr.

City Raleigh State NC Zip Code 27607

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

Name of Employer Self Occupation Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 15 / 2012

Transaction ID : SA11AI.14506

Amount of Each Receipt this Period
 250.00

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

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

1500.00

**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 77 |
| | <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)
Robert E Butler

Mailing Address 10014 Canterbury Farms 842-4272

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| St Louis | MO | 63128 |

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
| Butler Dental | Dentist |

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11AI.14274

Amount of Each Receipt this Period
 _____ 150.00

B. Full Name (Last, First, Middle Initial)
Dr. William Calnon

Mailing Address 116 Colby street

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| Spencerport | NY | 14559 |

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
| Calnon Dental | Dentist |

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 05 / 2012

Transaction ID : SA11AI.14283

Amount of Each Receipt this Period
 _____ 1000.00

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

Mailing Address 2710 Henry St., Suite 102

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| Greensboro | NC | 27405 |

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

| | |
|------------------|-------------------|
| Name of Employer | Occupation |
| Self | Pediatric Dentist |

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 15 / 2012

Transaction ID : SA11AI.14508

Amount of Each Receipt this Period
 _____ 250.00

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

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

_____ 1400.00

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

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 77
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
John Cavanaugh

Mailing Address 7550 N 16th St.
#6300

City State Zip Code
Phoenix AZ 85020

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

Name of Employer Occupation
Self Orthodontist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 11 / 2012

Transaction ID : SA11AI.14380

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Richard S. Chaet

Mailing Address 9830 N 50th St.

City State Zip Code
Paradise Valley AZ 85253

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

Name of Employer Occupation
APDO Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2012

Transaction ID : SA11AI.14393

Amount of Each Receipt this Period
250.00

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

Mailing Address 621 Edisto Ct.

City State Zip Code
Chapel Hill NC 27514

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

Name of Employer Occupation
Self Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 18 / 2012

Transaction ID : SA11AI.14361

Amount of Each Receipt this Period
250.00

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

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

600.00

**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 12 OF 77 |
| | <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)
Dr. Hugh R. Clark

Mailing Address 3071 Arizona Ave.

City State Zip Code
Yuma AZ 85364

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

Name of Employer Occupation
Clark Dental Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2012

Transaction ID : SA11AI.14331

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Dr. Regina Cobb

Mailing Address 921 Crestwood Ln

City State Zip Code
Kingman AZ 86409

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

Name of Employer Occupation
Riata Valley Dental Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2012

Transaction ID : SA11AI.14389

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Anna W. Cocklin

Mailing Address 242 Plaza Ct.

City State Zip Code
Prescott AZ 86303

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

Name of Employer Occupation
Retired Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 23 / 2012

Transaction ID : SA11AI.14321

Amount of Each Receipt this Period
100.00

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

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

700.00

**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 13 OF 77 |
| | <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)
James Congleton

Mailing Address 1106 Green Springs Rd.

City State Zip Code
New Bern NC 28560

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

Name of Employer Self Occupation Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 18 / 2012

Transaction ID : SA11AI.14540

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Mark V. Cowley

Mailing Address 5685 South 1475 East

City State Zip Code
Ogden UT 84403

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

Name of Employer Cowley Dental Occupation Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 20 / 2012

Transaction ID : SA11AI.14541

Amount of Each Receipt this Period
500.00

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

Mailing Address 9217 E Topeka Dr.

City State Zip Code
Scottsdale AZ 85255

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

Name of Employer N/A Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 05 / 2012

Transaction ID : SA11AI.14559

Amount of Each Receipt this Period
2500.00

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

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

3500.00

**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 14 OF 77 |
| | <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)
Melinda Cull

Mailing Address 1895 N Maria Lane

City State Zip Code
Casa Grande AZ 85122

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

Name of Employer Occupation
Casa Grande Oral and Maxillofi Manager

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 11 / 2012

Transaction ID : SA11AI.14543

Amount of Each Receipt this Period
500.00

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

Mailing Address 1632 Spruce Canyon Dr.

City State Zip Code
Prescott AZ 86303

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

Name of Employer Occupation
J&G Sales, Ltd Executive

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2012

Transaction ID : SA11AI.14296

Amount of Each Receipt this Period
1500.00

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

Mailing Address 1632 Spruce Canyon Dr.

City State Zip Code
Prescott AZ 86303

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

Name of Employer Occupation
J&G Sales, Ltd Executive

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2012

Transaction ID : SA11AI.14565

Amount of Each Receipt this Period
1000.00

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

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

3000.00

**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 15 OF 77 |
| | <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)
Robert Dickinson

Mailing Address 8275 Bard Ranch Ct.

| | | |
|------------------|-------------|-------------------|
| City Prescott | State AZ | Zip Code 86305 |
|------------------|-------------|-------------------|

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

| | |
|---------------------------------|-------------------------|
| Name of Employer RTD Roofing | Occupation President |
|---------------------------------|-------------------------|

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
270.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 11 / 2012

Transaction ID : SA11AI.14412

Amount of Each Receipt this Period
20.00

B. Full Name (Last, First, Middle Initial)
Scarlet Disse-Pfeifer

Mailing Address 12009 So. Allerton Circle

| | | |
|----------------|-------------|-------------------|
| City Parker | State CO | Zip Code 80138 |
|----------------|-------------|-------------------|

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

| | |
|--|-----------------------|
| Name of Employer Disse-Pfeifer Dental | Occupation Dentist |
|--|-----------------------|

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 11 / 2012

Transaction ID : SA11AI.14288

Amount of Each Receipt this Period
250.00

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

Mailing Address 1785 W Soft Wind Ln

| | | |
|-------------------|-------------|-------------------|
| City Flagstaff | State AZ | Zip Code 86001 |
|-------------------|-------------|-------------------|

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

| | |
|--------------------------|-----------------------|
| Name of Employer Self | Occupation Dentist |
|--------------------------|-----------------------|

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11AI.14298

Amount of Each Receipt this Period
200.00

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

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

470.00

**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 16 OF 77 |
| | <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)
Dr. Arthur Eddy

Mailing Address 32 Holden Road

City State Zip Code
Shirley MA 01464

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

Name of Employer Occupation
Eddy Dental Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
201.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 11 / 2012

Transaction ID : SA11AI.14334

Amount of Each Receipt this Period
201.00

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

Mailing Address 8625 Kira Lane

City State Zip Code
Flagstaff AZ 86004

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

Name of Employer Occupation
Self Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2012

Transaction ID : SA11AI.14386

Amount of Each Receipt this Period
500.00

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

Mailing Address PO Box 2107

City State Zip Code
Sedona AZ 86339

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

Name of Employer Occupation
Arizona State Parks Board Member

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 11 / 2012

Transaction ID : SA11AI.14399

Amount of Each Receipt this Period
100.00

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

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

801.00

**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 17 OF 77 |
| | <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)
Joseph K. Fassler

Mailing Address 10002 N 55th St

City Paradise Valley State AZ Zip Code 85253

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

Name of Employer Retired Occupation Food Service

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2012

Transaction ID : SA11AI.14273

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 3800 Cantata Dr.

City Greenville State NC Zip Code 27858

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

Name of Employer Self Occupation Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 18 / 2012

Transaction ID : SA11AI.14510

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Gerald Gelfand

Mailing Address 455 La Barca Dr.

City Tarzana State CA Zip Code 91356

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

Name of Employer Gelfand Dental Occupation Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 08 / 2012

Transaction ID : SA11AI.14347

Amount of Each Receipt this Period
 250.00

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

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

1500.00

**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 18 OF 77 |
| | <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)
Dr. Eugene Giannini

Mailing Address 5104 Rockwood Pkwy NW

City Washington State DC Zip Code 20016

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

Name of Employer Giannini Dental Occupation Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 24 / 2012

Transaction ID : SA11AI.14354

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Gila River Indian Community

Mailing Address PO Box 97

City Sacaton State AZ Zip Code 85147

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11AI.14582

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 6433 E Santa Aurelia

City Tucson State AZ Zip Code 85715

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

Name of Employer NextMed Occupation Manager

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2012

Transaction ID : SA11AI.14362

Amount of Each Receipt this Period
 2500.00

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

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

3750.00

**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 19 OF 77 |
| | <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)
William Goranson

Mailing Address 315 Sioux Dr.

City Cheyenne State WY Zip Code 82009

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

Name of Employer Cameco Resources Occupation President

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 29 / 2012

Transaction ID : SA11AI.14545

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
PAUL ANTHONY GOSAR

Mailing Address PO Box 2991

City Florence State AZ Zip Code 85132

FEC ID number of contributing federal political committee. **C H0AZ01259**

Name of Employer SELF Occupation DENTIST

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11AI.14615

Amount of Each Receipt this Period
 3900.00

In-kind - PERSONAL FUNDS - Mileage, Airfare, Hotel, Meals

C. Full Name (Last, First, Middle Initial)
Dr. Jane Grover

Mailing Address 817 High Street

City Jackson State MI Zip Code 49203

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

Name of Employer Center For Family Health Occupation Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2012

Transaction ID : SA11AI.14571

Amount of Each Receipt this Period
 1000.00

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

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

5400.00

**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 20 OF 77 |
| | <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)
Roger Grua

Mailing Address 3590 Harrison #5

City Ogden State UT Zip Code 84403

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

Name of Employer Self Occupation Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11AI.14512

Amount of Each Receipt this Period
 250.00

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

Mailing Address 2305 Andrew Douglass

City Flagstaff State AZ Zip Code 86001

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2012

Transaction ID : SA11AI.14608

Amount of Each Receipt this Period
 1100.00

In-kind - Catering for Home Event

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

Mailing Address 2305 Andrew Douglass

City Flagstaff State AZ Zip Code 86001

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

Name of Employer Self Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 27 / 2012

Transaction ID : SA11AI.14606

Amount of Each Receipt this Period
 1100.00

In-kind - Catering for Home Event

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

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

2450.00

**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 21 OF 77 |
| | <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)
Jeanne Hall

Mailing Address 2035 Emma Leslie #171

City State Zip Code
Flagstaff AZ 86001

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2012

Transaction ID : SA11AI.14303

Amount of Each Receipt this Period
250.00

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

Mailing Address PO Box 3263

City State Zip Code
Payson AZ 85647

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

Name of Employer Information Requested Occupation Information Requested
N/A Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 16 / 2012

Transaction ID : SA11AI.14514

Amount of Each Receipt this Period
250.00

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

Mailing Address 110 East Wing Drive

City State Zip Code
Sedona AZ 86336

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

Name of Employer Information Requested Occupation Information Requested
Self Realtor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2012

Transaction ID : SA11AI.14280

Amount of Each Receipt this Period
500.00

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

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

1000.00

**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 22 OF 77 |
| | <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)
Bryan Hartman

Mailing Address 44078 W Adobe Circle

City Maricopa State AZ Zip Code 85139

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

Name of Employer Self Occupation Farmer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11AI.14346

Amount of Each Receipt this Period
 500.00

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

Mailing Address 3798 N Calle Entrada

City Tucson State AZ Zip Code 85749

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

Name of Employer VANE Minerals Occupation COO

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 29 / 2012

Transaction ID : SA11AI.14530

Amount of Each Receipt this Period
 300.00

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

Mailing Address 1005 West Boulder Lane

City Flagstaff State AZ Zip Code 86001

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

Name of Employer Henkenius Dental Occupation Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2012

Transaction ID : SA11AI.14275

Amount of Each Receipt this Period
 500.00

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

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

1300.00

**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 23 OF 77 |
| | <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. Robert Hollowell | | Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 15 / 2012 | |
| Mailing Address 101 Glenspring Way | | Transaction ID : SA11AI.14516 | |
| City Morrisville | State NC | Zip Code 27560 | |
| FEC ID number of contributing federal political committee. | | Amount of Each Receipt this Period 250.00 | |
| Name of Employer UNC School of Dentistry | Occupation Dentist | | |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 250.00 | | |

| | | | |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) B. William J. Hooker | | Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 30 / 2012 | |
| Mailing Address 718 N Humphreys | | Transaction ID : SA11AI.14375 | |
| City Flagstaff | State AZ | Zip Code 86004 | |
| FEC ID number of contributing federal political committee. | | Amount of Each Receipt this Period 250.00 | |
| Name of Employer Hooker Dental | Occupation Dentist | | |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 350.00 | | |

| | | | |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) C. Mark House | | Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2012 | |
| Mailing Address 10615 N 44th St. | | Transaction ID : SA11AI.14547 | |
| City Phoenix | State AZ | Zip Code 85028 | |
| FEC ID number of contributing federal political committee. | | Amount of Each Receipt this Period 500.00 | |
| Name of Employer Mark E. House | Occupation Attorney | | |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 500.00 | | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1000.00 |
| 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 24 OF 77 |
| | <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)
Dr. Gary Jones

Mailing Address 1350 E. McKellips Rd

City State Zip Code
Mesa AZ 85203

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

Name of Employer Occupation
Jones Dental Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2012

Transaction ID : SA11AI.14292

Amount of Each Receipt this Period
250.00

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

Mailing Address 713 10th St SE

City State Zip Code
Washington DC 20003

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

Name of Employer Occupation
Sonnenschein, Nath & Rosenthal Managing Director

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2012

Transaction ID : SA11AI.14374

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Alan P. Kawakami

Mailing Address PO Box 3006

City State Zip Code
Sierra Vista AZ 85636

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

Name of Employer Occupation
Kawakami Dental Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 11 / 2012

Transaction ID : SA11AI.14469

Amount of Each Receipt this Period
100.00

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

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

850.00

**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 25 OF 77 |
| | <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)
Weldon L. Kennedy

Mailing Address 1151 E. Timber Ridge Road

| | | |
|------------------|-------------|-------------------|
| City Prescott | State AZ | Zip Code 86303 |
|------------------|-------------|-------------------|

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

| | |
|--------------------------------|----------------------------------|
| Name of Employer Guardsmark | Occupation Business Executive |
|--------------------------------|----------------------------------|

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 01 / 2012

Transaction ID : SA11AI.14282

Amount of Each Receipt this Period
50.00

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

Mailing Address 527 S. Sanders

| | | |
|----------------|-------------|-------------------|
| City Helena | State MT | Zip Code 59601 |
|----------------|-------------|-------------------|

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

| | |
|-------------------------------------|-----------------------|
| Name of Employer Kiesling Dental | Occupation Dentist |
|-------------------------------------|-----------------------|

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 11 / 2012

Transaction ID : SA11AI.14355

Amount of Each Receipt this Period
500.00

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

Mailing Address 4501 N. PAsco Imuris

| | | |
|----------------|-------------|-------------------|
| City Tucson | State AZ | Zip Code 85750 |
|----------------|-------------|-------------------|

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

| | |
|--------------------------|--------------------|
| Name of Employer None | Occupation None |
|--------------------------|--------------------|

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2012

Transaction ID : SA11AI.14348

Amount of Each Receipt this Period
500.00

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

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

1050.00

**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 26 OF 77 |
| | <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)
Harold Lancaster

Mailing Address 834 Hardee Road #812-A

City Kinston State NC Zip Code 28504

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

Name of Employer Self Occupation Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2012

Transaction ID : SA11AI.14518

Amount of Each Receipt this Period
 250.00

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

Mailing Address 2450 S. Maywood Drive

City Salt Lake City State UT Zip Code 84109

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

Name of Employer Self Occupation Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2012

Transaction ID : SA11AI.14520

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Lisa Lear

Mailing Address 6001 E. Placita De Las Luces

City Tucson State AZ Zip Code 85750

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

Name of Employer Lear Dental Occupation Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11AI.14360

Amount of Each Receipt this Period
 300.00

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

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

750.00

**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 27 OF 77 |
| | <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)
Stephen F. Lex

Mailing Address 1020 San Francisco

City State Zip Code
Flagstaff AZ 86001

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Plastic Surgeons of N AZ Plastic Surgeon

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.14276

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
Stephen F. Lex

Mailing Address 1020 San Francisco

City State Zip Code
Flagstaff AZ 86001

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Plastic Surgeons of N AZ Plastic Surgeon

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.14564

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)
Dr. Thomas Liddell

Mailing Address 702 E. South Temple #209

City State Zip Code
Salt Lake City UT 84102

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Liddell Dental Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.14365

Amount of Each Receipt this Period

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

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 28 OF 77 |
| | <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)
Dr. Dale Linton

Mailing Address 469 Medical Drive Ste 200

City Bountiful State UT Zip Code 84010

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

Name of Employer Linton Dental Occupation Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11AI.14349

Amount of Each Receipt this Period
 300.00

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

Mailing Address PO Box 2801

City Overgaard State AZ Zip Code 85933

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

Name of Employer N/A Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 11 / 2012

Transaction ID : SA11AI.14402

Amount of Each Receipt this Period
 300.00

C. Full Name (Last, First, Middle Initial)
Dr. Todd Liston

Mailing Address 550 W. 4575 N.

City Pleasant View State UT Zip Code 84414

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

Name of Employer Liston Dental Occupation Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2012

Transaction ID : SA11AI.14358

Amount of Each Receipt this Period
 500.00

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

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

1100.00

**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 29 OF 77 |
| | <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)
Dr. Samuel B. Low

Mailing Address 4955 SW 91st Drive

City Gainesville State FL Zip Code 32608

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

Name of Employer Low Dental Occupation Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 30 / 2012

Transaction ID : SA11AI.14522

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Raymond M Maddox

Mailing Address 5817 N. Cedar Springs Rd

City Muncie State IN Zip Code 47304

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

Name of Employer Maddox Dental Occupation Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 06 / 2012

Transaction ID : SA11AI.14285

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Dr. Raymond M Maddox

Mailing Address 5817 N. Cedar Springs Rd

City Muncie State IN Zip Code 47304

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

Name of Employer Maddox Dental Occupation Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 06 / 2012

Transaction ID : SA11AI.14286

Amount of Each Receipt this Period
100.00

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

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

450.00

**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 30 OF 77 |
| | <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)
Dr. Raymond M Maddox

Mailing Address 5817 N. Cedar Springs Rd

City Muncie State IN Zip Code 47304

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

Name of Employer Maddox Dental Occupation Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **800.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 06 / 2012

Transaction ID : SA11AI.14287

Amount of Each Receipt this Period
100.00

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

Mailing Address 72 W Travertine Trail

City Flagstaff State AZ Zip Code 86001

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

Name of Employer Jazzercise Occupation Instructor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 28 / 2012

Transaction ID : SA11AI.14377

Amount of Each Receipt this Period
250.00

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

Mailing Address 275 E. 4640 N

City Provo State UT Zip Code 84604

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

Name of Employer Molen Dental Occupation Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1025.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 20 / 2012

Transaction ID : SA11AI.14329

Amount of Each Receipt this Period
1000.00

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

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

1350.00

**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 31 OF 77 |
| | <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)
Dr. Richard D. Nelson

Mailing Address 710 N Beaver

City State Zip Code
Flagstaff AZ 86001

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Nelson Dental Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.14372

Amount of Each Receipt this Period

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

Mailing Address 2140 Cottonwood Cove Lane

City State Zip Code
Salt Lake City UT 84117

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Nielsen Dental Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.14311

Amount of Each Receipt this Period

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

Mailing Address PO Box 2115

City State Zip Code
Camp Verde AZ 86322

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Self Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : SA11AI.14401

Amount of Each Receipt this Period

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

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 32 OF 77 |
| | <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)
Ron Ober

Mailing Address 10313 N 50th St.

| | | |
|-------------------------|-------------|-------------------|
| City Paradise Valley | State AZ | Zip Code 85253 |
|-------------------------|-------------|-------------------|

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

| | |
|--|-------------------------------|
| Name of Employer Policy Development Group | Occupation President & CEO |
|--|-------------------------------|

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 15 / 2012

Transaction ID : SA11AI.14277

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Craige J. Olson

Mailing Address 24 W. 1100 So.

| | | |
|-------------------|-------------|-------------------|
| City Bountiful | State UT | Zip Code 84010 |
|-------------------|-------------|-------------------|

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

| | |
|----------------------------------|-----------------------|
| Name of Employer Olson Dental | Occupation Dentist |
|----------------------------------|-----------------------|

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 05 / 2012

Transaction ID : SA11AI.14320

Amount of Each Receipt this Period
250.00

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

Mailing Address 706 E Cherry St.

| | | |
|----------------|-------------|-------------------|
| City Payson | State AZ | Zip Code 85541 |
|----------------|-------------|-------------------|

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

| | |
|-------------------------|-----------------------|
| Name of Employer N/A | Occupation Retired |
|-------------------------|-----------------------|

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
241.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 12 / 2012

Transaction ID : SA11AI.14368

Amount of Each Receipt this Period
55.00

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

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

505.00

**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 33 OF 77 |
| | <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 Osbeck | | Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2012 | |
| Mailing Address 706 E Cherry St. | | Transaction ID : SA11AI.14367 | |
| City Payson | State AZ | Zip Code 85541 | Amount of Each Receipt this Period _____ 50.00 |
| FEC ID number of contributing federal political committee. | | C | |
| Name of Employer N/A | Occupation Retired | | |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date _____ 291.00 | | |

| | | | |
|---|---|--|---|
| Full Name (Last, First, Middle Initial) B. Dr. Gary Oyster | | Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 15 / 2012 | |
| Mailing Address po box 189 | | Transaction ID : SA11AI.14398 | |
| City franklinton | State NC | Zip Code 27525 | Amount of Each Receipt this Period _____ 2500.00 |
| FEC ID number of contributing federal political committee. | | C | |
| Name of Employer Gary Oyster DDS | Occupation Dentist | | |
| Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date _____ 5000.00 | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Dr. Alec Parker | | Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 18 / 2012 | |
| Mailing Address 333 Sunstone Dr. | | Transaction ID : SA11AI.14336 | |
| City Cary | State NC | Zip Code 27519 | Amount of Each Receipt this Period _____ 200.00 |
| FEC ID number of contributing federal political committee. | | C | |
| Name of Employer Parker Dental | Occupation Dentist | | |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date _____ 450.00 | | |

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | _____ 2750.00 |
| 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 34 OF 77 |
| | <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)
Pascua Yaqui Tribe

Mailing Address 7474 South Camino De Oeste

City Tucson State AZ Zip Code 85746

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11AI.14610

Amount of Each Receipt this Period
 2500.00

B. Full Name (Last, First, Middle Initial)
Mary Jane Pattillo

Mailing Address 406 Turquoise St.

City Kingman State AZ Zip Code 86401

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

Name of Employer Occupation
Self Retail

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2012

Transaction ID : SA11AI.14342

Amount of Each Receipt this Period
 500.00

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

Mailing Address 2210 N Whispering Pines Way

City Flagstaff State AZ Zip Code 86004

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

Name of Employer Occupation
Self Anesthesiologist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2012

Transaction ID : SA11AI.14315

Amount of Each Receipt this Period
 450.00

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

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

3450.00

**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 35 OF 77 |
| | <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. Robert Plage | | Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 13 / 2012 | |
| Mailing Address 807 Wood Cove Rd. | | Transaction ID : SA11AI.14382 | |
| City Wilmington | State NC | Zip Code 28403 | Amount of Each Receipt this Period _____ 250.00 |
| FEC ID number of contributing federal political committee. | | _____ C _____ | |
| Name of Employer Self | Occupation Dentist | | |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Election Cycle-to-Date _____ 1000.00 | |

| | | | |
|---|-----------------------|--|--|
| Full Name (Last, First, Middle Initial) B. Dr. Steven Reitan | | Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2012 | |
| Mailing Address 11814 N. 60th St. | | Transaction ID : SA11AI.14284 | |
| City Scottsdale | State AZ | Zip Code 85254 | Amount of Each Receipt this Period _____ 250.00 |
| FEC ID number of contributing federal political committee. | | _____ C _____ | |
| Name of Employer Reitan Dental | Occupation Dentist | | |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Election Cycle-to-Date _____ 1050.00 | |

| | | | |
|---|-----------------------|--|--|
| Full Name (Last, First, Middle Initial) C. Dr. Jonathan Robinson | | Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2012 | |
| Mailing Address 2010 E. Cedar Ave. | | Transaction ID : SA11AI.14301 | |
| City Flagstaff | State AZ | Zip Code 86004 | Amount of Each Receipt this Period _____ 500.00 |
| FEC ID number of contributing federal political committee. | | _____ C _____ | |
| Name of Employer Cedar Avenue Family Dentistry | Occupation Dentist | | |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Election Cycle-to-Date _____ 500.00 | |

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | _____ 1000.00 |
| 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 36 OF 77 |
| | <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)
Dr. Norman Rounds

Mailing Address 2180 E 4500S Ste 265

City Holiday State Zip Code
Holiday UT 84117

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

Name of Employer Occupation
Rounds Dental Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 20 / 2012

Transaction ID : SA11AI.14313

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Susan Ryser

Mailing Address 7569 Brookbend Lane

City State Zip Code
Sandy UT 84093

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

Name of Employer Occupation
Self-Employed Homemaker / Volunteer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 16 / 2012

Transaction ID : SA11AI.14381

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Salt River Pima Maricopa Indian Community

Mailing Address 10005 E Osborn

City State Zip Code
Scottsdale AZ 85256

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 30 / 2012

Transaction ID : SA11AI.14581

Amount of Each Receipt this Period
1500.00

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

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

1950.00

**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 37 OF 77 |
| | <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)
Tori Sandoval

Mailing Address 2535 Hualapai Mountain Rd. Ste E

| | | |
|-----------------|-------------|-------------------|
| City Kingman | State AZ | Zip Code 85401 |
|-----------------|-------------|-------------------|

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

| | |
|--------------------------|-----------------------|
| Name of Employer Self | Occupation Dentist |
|--------------------------|-----------------------|

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 29 / 2012

Transaction ID : SA11AI.14532

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Dr. Phillip Santucci

Mailing Address 20517 N 93rd Place

| | | |
|--------------------|-------------|-------------------|
| City Scottsdale | State AZ | Zip Code 85255 |
|--------------------|-------------|-------------------|

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

| | |
|-------------------------------------|-----------------------|
| Name of Employer Santucci Dental | Occupation Dentist |
|-------------------------------------|-----------------------|

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11AI.14308

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Donald C Simpson

Mailing Address 5555 Shawnee

| | | |
|----------------------|-------------|-------------------|
| City Sierra Vista | State AZ | Zip Code 85635 |
|----------------------|-------------|-------------------|

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

| | |
|------------------------------------|-----------------------|
| Name of Employer Simpson Dental | Occupation Dentist |
|------------------------------------|-----------------------|

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11AI.14359

Amount of Each Receipt this Period
1000.00

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

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

2300.00

**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 38 OF 77 |
| | <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)
Laura Skaer

Mailing Address 214 W 18th Ave.

City State Zip Code
Spokane WA 99203

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

Name of Employer Occupation
Northwest Mining Association Executive Director

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11AI.14524

Amount of Each Receipt this Period
250.00

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

Mailing Address 9539 E. Chino Drive

City State Zip Code
Scottsdale AZ 85255

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

Name of Employer Occupation
Unemployed Housewife

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11AI.14391

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Lois Marie Smith

Mailing Address P.O. Box 1950

City State Zip Code
Prescott AZ 86302

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

Name of Employer Occupation
Unknown Unknown

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1125.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 15 / 2012

Transaction ID : SA11AI.14397

Amount of Each Receipt this Period
500.00

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

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

3250.00

**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 39 OF 77 |
| | <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)
Dr. Michael A. Smith

Mailing Address 721 W Glendale Ave.

| | | |
|-----------------|-------------|-------------------|
| City Phoenix | State AZ | Zip Code 85021 |
|-----------------|-------------|-------------------|

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

| | |
|----------------------------------|-----------------------|
| Name of Employer Smith Dental | Occupation Dentist |
|----------------------------------|-----------------------|

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11AI.14555

Amount of Each Receipt this Period
1000.00

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

Mailing Address 9539 E. Chino Drive

| | | |
|--------------------|-------------|-------------------|
| City Scottsdale | State AZ | Zip Code 85255 |
|--------------------|-------------|-------------------|

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

| | |
|--|-------------------|
| Name of Employer Service Group of America | Occupation CEO |
|--|-------------------|

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11AI.14390

Amount of Each Receipt this Period
2000.00

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

Mailing Address 1648 E. Mira Vista Ct

| | | |
|-------------------|-------------|-------------------|
| City Flagstaff | State AZ | Zip Code 86001 |
|-------------------|-------------|-------------------|

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

| | |
|--|-------------------------|
| Name of Employer Pine Canyon Management LLC | Occupation President |
|--|-------------------------|

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 18 / 2012

Transaction ID : SA11AI.14534

Amount of Each Receipt this Period
300.00

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

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

3300.00

**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 40 OF 77 |
| | <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)
Dr. Randolph Alan Snyder

Mailing Address 1325 W. 16th Street, ste.#1

| | | |
|--------------|-------------|-------------------|
| City Yuma | State AZ | Zip Code 85364 |
|--------------|-------------|-------------------|

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

| | |
|-----------------------------------|-----------------------|
| Name of Employer Snyder Dental | Occupation Dentist |
|-----------------------------------|-----------------------|

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11AI.14291

Amount of Each Receipt this Period
250.00

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

Mailing Address 604 Torcastle Circle

| | | |
|--------------|-------------|-------------------|
| City Gary | State NC | Zip Code 27513 |
|--------------|-------------|-------------------|

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

| | |
|--------------------------|-----------------------|
| Name of Employer Self | Occupation Dentist |
|--------------------------|-----------------------|

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 18 / 2012

Transaction ID : SA11AI.14557

Amount of Each Receipt this Period
1000.00

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

Mailing Address 2445 Nelson Square

| | | |
|---------------------|-------------|-------------------|
| City Westchester | State IL | Zip Code 60154 |
|---------------------|-------------|-------------------|

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

| | |
|--------------------------|-----------------------|
| Name of Employer Self | Occupation Dentist |
|--------------------------|-----------------------|

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 29 / 2012

Transaction ID : SA11AI.14322

Amount of Each Receipt this Period
500.00

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

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

1750.00

**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 41 OF 77 |
| | <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)
Dr. Thomas E. Sullivan

Mailing Address 9840 Dickens St.

City Westchester State IL Zip Code 60154

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

Name of Employer Sullivan Dental Occupation Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 29 / 2012

Transaction ID : SA11AI.14549

Amount of Each Receipt this Period
500.00

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

Mailing Address 2044 W Fresh Aire St.

City Flagstaff State AZ Zip Code 86001

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2012

Transaction ID : SA11AI.14305

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Dr. Scott L. Theurer

Mailing Address 1340 N. 600 E Ste. 1

City Logan State UT Zip Code 84341

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

Name of Employer Theurer Dental Occupation Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 20 / 2012

Transaction ID : SA11AI.14550

Amount of Each Receipt this Period
500.00

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

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

1300.00

**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 42 OF 77 |
| | <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. Mark Tucker | | Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 29 / 2012 | |
| Mailing Address 724 Druid Hills Road | | Transaction ID : SA11AI.14526 | |
| City Tampa | State FL | Zip Code 33617 | |
| FEC ID number of contributing federal political committee. | | Amount of Each Receipt this Period 250.00 | |
| Name of Employer Self | | Occupation Dentist | |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Election Cycle-to-Date 1250.00 | |

| | | | |
|---|----------|--|--|
| Full Name (Last, First, Middle Initial) B. Tracy Tucker | | Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 07 / 2012 | |
| Mailing Address 80 Jackson Valley Ct. | | Transaction ID : SA11AI.14552 | |
| City Bowie | State MD | Zip Code 20721 | |
| FEC ID number of contributing federal political committee. | | Amount of Each Receipt this Period 500.00 | |
| Name of Employer Bracy Tucker Brown & Valanzano | | Occupation Vice President and Partner | |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Election Cycle-to-Date 500.00 | |

| | | | |
|---|----------|--|--|
| Full Name (Last, First, Middle Initial) C. Dr. Perry K Tuneberg | | Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 27 / 2012 | |
| Mailing Address 4040 Morsay Drive | | Transaction ID : SA11AI.14340 | |
| City Rockford | State IL | Zip Code 61107 | |
| FEC ID number of contributing federal political committee. | | Amount of Each Receipt this Period 1000.00 | |
| Name of Employer Tuneberg Dental | | Occupation Dentist | |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | Election Cycle-to-Date 1000.00 | |

| | |
|---|-------------|
| SUBTOTAL of Receipts This Page (optional)..... | 1750.00 |
| TOTAL This Period (last page this line number only)..... | [Empty Box] |

**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 43 OF 77 |
| | <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)
Steven J. Twist

Mailing Address 13870 N. 98th Place

City State Zip Code
Scottsdale AZ 85260

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

Name of Employer Occupation
Services Group of America Lawyer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11AI.14293

Amount of Each Receipt this Period
500.00

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

Mailing Address 646 Angelica Cir.

City State Zip Code
Cary NC 27518

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

Name of Employer Occupation
Self Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 15 / 2012

Transaction ID : SA11AI.14528

Amount of Each Receipt this Period
250.00

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

Mailing Address 3300 N Running Creek Way
Bldg H Ste 210

City State Zip Code
Lehi UT 84043

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

Name of Employer Occupation
Alpine Surgical Arts Oral Surgeon

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 08 / 2012

Transaction ID : SA11AI.14579

Amount of Each Receipt this Period
250.00

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

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

1000.00

**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 44 OF 77 |
| | <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)
Grant Ward

Mailing Address 707 N Hosick Circle

City: Mesa State: AZ Zip Code: 85201

FEC ID number of contributing federal political committee: C

Name of Employer: Maricopa-Stanfield Irrigation Occupation: General Manager

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 03 / 31 / 2012

Transaction ID : SA11AI.14371

Amount of Each Receipt this Period: 175.00

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

Mailing Address 1285 Franklin Ct.

City: Kingman State: AZ Zip Code: 86401

FEC ID number of contributing federal political committee: C

Name of Employer: Mohave County Occupation: Supervisor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 02 / 29 / 2012

Transaction ID : SA11AI.14554

Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial)
Jay R Wells

Mailing Address 2510 Applegate Road

City: Bethel Park State: PA Zip Code: 15102

FEC ID number of contributing federal political committee: C

Name of Employer: Retired Occupation: Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 02 / 22 / 2012

Transaction ID : SA11AI.14323

Amount of Each Receipt this Period: 100.00

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

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

775.00

**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 45 OF 77 |
| | <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. Dr. Gary Wiest | | Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 20 / 2012 | |
| Mailing Address 168 W. 800 N | | Transaction ID : SA11AI.14297 | |
| City Provo | State UT | Zip Code 84601 | Amount of Each Receipt this Period _____ 250.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Wiest Dental | Occupation Dentist | | |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date _____ 250.00 | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) B. Dr. Brian Wilson | | Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 11 / 2012 | |
| Mailing Address 27095 N. 130th Dr | | Transaction ID : SA11AI.14327 | |
| City Peoria | State AZ | Zip Code 85383 | Amount of Each Receipt this Period _____ 700.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Wilson Dental | Occupation Dentist | | |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date _____ 1150.00 | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) C. Dr. Brian Wilson | | Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 30 / 2012 | |
| Mailing Address 27095 N. 130th Dr | | Transaction ID : SA11AI.14326 | |
| City Peoria | State AZ | Zip Code 85383 | Amount of Each Receipt this Period _____ 500.00 |
| FEC ID number of contributing federal political committee. C | | | |
| Name of Employer Wilson Dental | Occupation Dentist | | |
| Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date _____ 1650.00 | | |

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional)..... | _____ 1450.00 |
| 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 46 OF 77 |
| | <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)
Dr. Gary Yonemoto

Mailing Address 1105 Ward Ave., #1015

City Honolulu State HI Zip Code 96814

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

Name of Employer Yonemoto Dental Occupation Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 20 / 2012

Transaction ID : SA11Al.14281

Amount of Each Receipt this Period
1000.00

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).....

1000.00

72401.00

**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 47 OF 77 |
| | <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)
AKSM UROLOGY POLITICAL ACTION COMMITTEE 'AKSM UROLOGY PAC'

Mailing Address 100 WEST THIRD AVE SUITE 350

City Columbus State OH Zip Code 43201

FEC ID number of contributing federal political committee. **C** C00489419

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 06 / 2012

Transaction ID : SA11C.14576

Amount of Each Receipt this Period
 5000.00

B. Full Name (Last, First, Middle Initial)
AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)

Mailing Address 1120 Connecticut Avenue NW Suite 600

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11C.14599

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
AMERICAN SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

Mailing Address 8280 WILLOW OAKS CORPORATE DRIVE SUITE 500

City FAIRFAX State VA Zip Code 22031

FEC ID number of contributing federal political committee. **C** C00384602

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11C.14597

Amount of Each Receipt this Period
 1000.00

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

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

7000.00

**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 48 OF 77 |
| | <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)
ASSOCIATED GENERAL CONTRACTORS OF AMERICA POLITICAL ACTION COMMITTEE

Mailing Address 2300 WILSON BLVD.
SUITE 400

City ARLINGTON State VA Zip Code 22201

FEC ID number of contributing federal political committee. **C** C00082917

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11C.14595

Amount of Each Receipt this Period
 2500.00

B. Full Name (Last, First, Middle Initial)
COALPAC, A POLITICAL ACTION COMMITTEE OF THE NATIONAL MINING ASSOCIATION

Mailing Address 101 CONSTITUTION AVENUE, NW
SUITE 500 EAST

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00109819

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2012

Transaction ID : SA11C.14586

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
FREEDOM PROJECT; THE

Mailing Address 631-B Pennsylvania Ave., SE
Basement UNIT

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00305805

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2012

Transaction ID : SA11C.14591

Amount of Each Receipt this Period
 5000.00

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

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

10000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 49 OF 77
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
FREEPORT-MCMORAN COPPER & GOLD INC. CITIZENSHIP COMMITTEE

Mailing Address 1 NORTH CENTRAL AVENUE

City State Zip Code
PHOENIX AZ 85004

FEC ID number of contributing federal political committee. **C** C00320101

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 23 / 2012

Transaction ID : SA11C.14590

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
HOOSIERS FOR ROKITA, INC.

Mailing Address 7643 EAST U.S. 36

City State Zip Code
AVON IN 46123

FEC ID number of contributing federal political committee. **C** C00476192

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11C.14598

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
KOCH INDUSTRIES INC POLITICAL ACTION COMMITTEE (KOCHPAC)

Mailing Address 600 14TH STREET, NW
SUITE 800

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00236489

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2012

Transaction ID : SA11C.14569

Amount of Each Receipt this Period
1500.00

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

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

3500.00

**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 50 OF 77 |
| | <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)
MAJORITY COMMITTEE PAC--MC PAC

Mailing Address P.O. BOX 10134

City BAKERSFIELD State CA Zip Code 93389

FEC ID number of contributing federal political committee. **C** C00428052

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11C.14594

Amount of Each Receipt this Period
 2500.00

B. Full Name (Last, First, Middle Initial)
MINEPAC, A POLITICAL ACTION COMMITTEE OF THE NATIONAL MINING ASSOCIATION

Mailing Address 101 CONSTITUION AVE, NW
SUITE 500 EAST

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00304634

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2012

Transaction ID : SA11C.14585

Amount of Each Receipt this Period
 1500.00

C. Full Name (Last, First, Middle Initial)
NATIONAL PORK PRODUCERS COUNCIL PORK PAC

Mailing Address P.O. BOX 10383

City DES MOINES State IA Zip Code 50306

FEC ID number of contributing federal political committee. **C** C00201871

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2012

Transaction ID : SA11C.14588

Amount of Each Receipt this Period
 1000.00

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

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

5000.00

**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 51 OF 77 |
| | <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 RIFLE ASSOCIATION OF AMERICA POLITICAL VICTORY FUND

Mailing Address 11250 WAPLES MILL ROAD

City State Zip Code
FAIRFAX VA 22030

FEC ID number of contributing federal political committee. **C** C00053553

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2012

Transaction ID : SA11C.14592

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
PETE SESSIONS FOR CONGRESS

Mailing Address PO BOX 823047

City State Zip Code
DALLAS TX 75382

FEC ID number of contributing federal political committee. **C** C00303305

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11C.14612

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
SERVICES GROUP OF AMERICA POLITICAL ACTION COMMITTEE (SGA PAC)

Mailing Address PO BOX 25169

City State Zip Code
SCOTTSDALE AZ 85255

FEC ID number of contributing federal political committee. **C** C00224618

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : SA11C.14593

Amount of Each Receipt this Period
5000.00

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

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

8000.00

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 52 OF 77 | |
| <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)
THE AMERICAN CONGRESS OF OB-GYNS PAC (OB-GYN PAC)

Mailing Address 409 12TH STREET, SW

City WASHINGTON State DC Zip Code 20024

FEC ID number of contributing federal political committee. **C** C00364158

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 29 / 2012

Transaction ID : SA11C.14566

Amount of Each Receipt this Period
1000.00

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 M / D 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 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).....

1000.00

34500.00

**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 53 OF 77 | |
| | <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. AIPAC | | Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2012 |
| Mailing Address 616 Water St # 325B | | Amount of Each Disbursement this Period 3,000.00 Transaction ID : SB17.14244 |
| City Baltimore | State MD Zip Code 21202 | |
| Purpose of Disbursement Event Registration | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. AT&T | | Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2012 |
| Mailing Address 175 E. Houston St. | | Amount of Each Disbursement this Period 198.46 Transaction ID : SB17.14192 |
| City San Antonio | State TX Zip Code 78205 | |
| Purpose of Disbursement Cell Phone Service | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) c. Authorize.net Corp. | | Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2012 |
| Mailing Address 915 South 500 East, Suite 200 | | Amount of Each Disbursement this Period 4.95 Transaction ID : SB17.14195 |
| 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: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 328.41 |
| 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 54 OF 77 | |
| | <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 01 / 04 / 2012 |
| Mailing Address 915 South 500 East, Suite 200 | | Amount of Each Disbursement this Period 58.35 |
| City American Fork | State UT | |
| Zip Code 84003 | Purpose of Disbursement Credit Card Merchant Fees | Transaction ID : SB17.14196 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Authorize.net Corp. | | Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2012 |
| Mailing Address 915 South 500 East, Suite 200 | | Amount of Each Disbursement this Period 34.04 |
| City American Fork | State UT | |
| Zip Code 84003 | Purpose of Disbursement Credit Card Merchant Fees | Transaction ID : SB17.14197 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Authorize.net Corp. | | Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2012 |
| Mailing Address 915 South 500 East, Suite 200 | | Amount of Each Disbursement this Period 31.81 |
| City American Fork | State UT | |
| Zip Code 84003 | Purpose of Disbursement Credit Card Merchant Fees | Transaction ID : SB17.14198 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 124.20 |
| 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 55 OF 77 | | | |
| | <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 01 / 12 / 2012 |
| Mailing Address 915 South 500 East, Suite 200 | | Amount of Each Disbursement this Period 43.68 |
| City American Fork | State UT | |
| Zip Code 84003 | Purpose of Disbursement Credit Card Merchant Fees | Transaction ID : SB17.14199 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Authorize.net Corp. | | Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2012 |
| Mailing Address 915 South 500 East, Suite 200 | | Amount of Each Disbursement this Period 226.11 |
| City American Fork | State UT | |
| Zip Code 84003 | Purpose of Disbursement Credit Card Merchant Fees | Transaction ID : SB17.14200 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Authorize.net Corp. | | Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2012 |
| Mailing Address 915 South 500 East, Suite 200 | | Amount of Each Disbursement this Period 7.95 |
| City American Fork | State UT | |
| Zip Code 84003 | Purpose of Disbursement Credit Card Merchant Fees | Transaction ID : SB17.14201 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 277.74 |
| 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 56 OF 77 | | | |
| | <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 MM / DD / YYYY 02 / 02 / 2012 |
| Mailing Address 915 South 500 East, Suite 200 | | Amount of Each Disbursement this Period \$ 52.15 Transaction ID : SB17.14202 |
| 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: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. Authorize.net Corp. | | Date of Disbursement MM / DD / YYYY 02 / 06 / 2012 |
| Mailing Address 915 South 500 East, Suite 200 | | Amount of Each Disbursement this Period \$ 41.96 Transaction ID : SB17.14206 |
| 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: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. Authorize.net Corp. | | Date of Disbursement MM / DD / YYYY 02 / 10 / 2012 |
| Mailing Address 915 South 500 East, Suite 200 | | Amount of Each Disbursement this Period \$ 14.60 Transaction ID : SB17.14203 |
| 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: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|-----------|
| SUBTOTAL of Disbursements This Page (optional)..... | \$ 108.71 |
| 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 57 OF 77 | |
| | <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 02 / 10 / 2012 |
| Mailing Address 915 South 500 East, Suite 200 | | Amount of Each Disbursement this Period 91.11 Transaction ID : SB17.14204 |
| 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: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. Authorize.net Corp. | | Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2012 |
| Mailing Address 915 South 500 East, Suite 200 | | Amount of Each Disbursement this Period 44.00 Transaction ID : SB17.14205 |
| 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: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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|--|---|---|
| Full Name (Last, First, Middle Initial) c. Authorize.net Corp. | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2012 |
| Mailing Address 915 South 500 East, Suite 200 | | Amount of Each Disbursement this Period 7.95 Transaction ID : SB17.14209 |
| 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: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 143.06 |
| 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 58 OF 77 | |
| | <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 03 / 02 / 2012 |
| Mailing Address 915 South 500 East, Suite 200 | | Amount of Each Disbursement this Period 286.90 Transaction ID : SB17.14208 |
| City American Fork State UT Zip Code 84003 | Purpose of Disbursement Credit Card Merchant Fees | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) B. Authorize.net Corp. | | Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2012 |
| Mailing Address 915 South 500 East, Suite 200 | | Amount of Each Disbursement this Period 91.74 Transaction ID : SB17.14207 |
| City American Fork State UT Zip Code 84003 | Purpose of Disbursement Credit Card Merchant Fees | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|--|--|---|
| Full Name (Last, First, Middle Initial) c. Authorize.net Corp. | | Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2012 |
| Mailing Address 915 South 500 East, Suite 200 | | Amount of Each Disbursement this Period 136.11 Transaction ID : SB17.14210 |
| City American Fork State UT Zip Code 84003 | Purpose of Disbursement Credit Card Merchant Fees | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 286.75 |
| 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 59 OF 77 | |
| | <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 03 / 12 / 2012 |
| Mailing Address 915 South 500 East, Suite 200 | | Amount of Each Disbursement this Period 44.06 |
| City American Fork | State UT | |
| Zip Code 84003 | Purpose of Disbursement Credit Card Merchant Fees | Transaction ID : SB17.14211 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) B. Authorize.net Corp. | | Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2012 |
| Mailing Address 915 South 500 East, Suite 200 | | Amount of Each Disbursement this Period 20.25 |
| City American Fork | State UT | |
| Zip Code 84003 | Purpose of Disbursement Credit Card Merchant Fees | Transaction ID : SB17.14212 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) c. Capitol Hill Club | | Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2012 |
| Mailing Address 300 1st St SE | | Amount of Each Disbursement this Period 127.50 |
| City Washington | State DC | |
| Zip Code 20003 | Purpose of Disbursement Meals | Transaction ID : SB17.14230 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 191.81 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 60 OF 77 | | | |
| | <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. Capitol Hill Club | | Date of Disbursement M M / D D / Y Y Y Y 01 / 19 / 2012 |
| Mailing Address 300 1st St SE | | Amount of Each Disbursement this Period 331.01 Transaction ID : SB17.14231 |
| City Washington | State DC | |
| Zip Code 20003 | Purpose of Disbursement Meals | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input 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 02 / 17 / 2012 |
| Mailing Address 300 1st St SE | | Amount of Each Disbursement this Period 127.50 Transaction ID : SB17.14232 |
| City Washington | State DC | |
| Zip Code 20003 | Purpose of Disbursement Meals | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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|--|---|---|
| Full Name (Last, First, Middle Initial) c. Capitol Hill Club | | Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2012 |
| Mailing Address 300 1st St SE | | Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.14237 |
| City Washington | State DC | |
| Zip Code 20003 | Purpose of Disbursement Membership Dues | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 858.51 |
| 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 61 OF 77 | | | |
| | <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. Capitol Hill Club | | Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2012 |
| Mailing Address 300 1st St SE | | Amount of Each Disbursement this Period 280.09 |
| City Washington | State DC | |
| Zip Code 20003 | Purpose of Disbursement Meals | Transaction ID : SB17.14233 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) B. Coleman Dahm & Associates | | Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2012 |
| Mailing Address 4715 North 32nd Street Suite 107 | | Amount of Each Disbursement this Period 2950.63 |
| City Phoenix | State AZ | |
| Zip Code 85018 | Purpose of Disbursement Holiday Cards | Transaction ID : SB17.14270 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Commercial Property Services Inc. | | Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2012 |
| Mailing Address PO Box 16237 | | Amount of Each Disbursement this Period 750.00 |
| City Tampa | State FL | |
| Zip Code 33687 | Purpose of Disbursement Website Development | Transaction ID : SB17.14262 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 3980.72 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 62 OF 77 | |
| | <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. Commercial Property Services Inc. | | Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2012 |
| Mailing Address PO Box 16237 | | Amount of Each Disbursement this Period 237.12 |
| City Tampa | State FL | |
| Zip Code 33687 | Purpose of Disbursement Website Development | Transaction ID : SB17.14263 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Delta Airlines | | Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2012 |
| Mailing Address 1030 Delta Boulevard | | Amount of Each Disbursement this Period 385.60 |
| City Atlanta | State GA | |
| Zip Code 30320 | Purpose of Disbursement Airfare | Transaction ID : SB17.14182 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|--|--|
| Full Name (Last, First, Middle Initial) C. Delta Airlines | | Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2012 |
| Mailing Address 1030 Delta Boulevard | | Amount of Each Disbursement this Period 951.60 |
| City Atlanta | State GA | |
| Zip Code 30320 | Purpose of Disbursement Airfare | Transaction ID : SB17.14183 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 1574.32 |
| 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 63 OF 77 | |
| | <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. Delta Airlines | | Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2012 |
| Mailing Address 1030 Delta Boulevard | | Amount of Each Disbursement this Period 25.00 |
| City Atlanta | State GA Zip Code 30320 | |
| Purpose of Disbursement Bag Fees | Category/Type | Transaction ID : SB17.14186 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) B. PAUL ANTHONY GOSAR | | Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2012 |
| Mailing Address PO Box 2991 | | Amount of Each Disbursement this Period 3900.00 |
| City Florence | State AZ Zip Code 85132 | |
| Purpose of Disbursement In-kind - PERSONAL FUNDS - Mileage, Airfare, Hotel, Meals | Category/Type | Transaction ID : SB17.14616 |
| Candidate Name | | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: AZ District: 04 | | |

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|--|--|---|
| Full Name (Last, First, Middle Initial) c. Guadalupe Hall | | Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2012 |
| Mailing Address 2305 Andrew Douglass | | Amount of Each Disbursement this Period 1100.00 |
| City Flagstaff | State AZ Zip Code 86001 | |
| Purpose of Disbursement In-kind - Catering for Home Event | Category/Type | Transaction ID : SB17.14609 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|--|---------|
| SUBTOTAL of Disbursements This Page (optional) | 5025.00 |
| 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 64 OF 77 | | | |
| | <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. James Hall | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2012 | | |
| Mailing Address 2305 Andrew Douglass | | | Amount of Each Disbursement this Period 1100.00 | | |
| City Flagstaff | State AZ | Zip Code 86001 | Transaction ID : SB17.14607 | | |
| Purpose of Disbursement In-kind - Catering for Home Event | | Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: District: | | | | | |

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|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) B. Hieu Tran & Company | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2012 | | |
| Mailing Address PO Box 11494 | | | Amount of Each Disbursement this Period 1250.00 | | |
| City Tempe | State AZ | Zip Code 85284 | Transaction ID : SB17.14179 | | |
| Purpose of Disbursement Accounting and Compliance Fees | | Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: District: | | | | | |

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|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) c. Hieu Tran & Company | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2012 | | |
| Mailing Address PO Box 11494 | | | Amount of Each Disbursement this Period 1250.00 | | |
| City Tempe | State AZ | Zip Code 85284 | Transaction ID : SB17.14180 | | |
| Purpose of Disbursement Accounting and Compliance Fees | | Category/ Type | | | |
| Candidate Name | | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | | |
| State: District: | | | | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 3600.00 |
| 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 65 OF 77 | | | |
| | <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. Hieu Tran & Company | | Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2012 |
| Mailing Address PO Box 11494 | | Amount of Each Disbursement this Period 1250.00 |
| City Tempe | State AZ | |
| Zip Code 85284 | Purpose of Disbursement Accounting and Compliance Fees | Transaction ID : SB17.14181 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Holiday Inn | | Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2012 |
| Mailing Address 2320 E Lucky Lane | | Amount of Each Disbursement this Period 98.86 |
| City Flagstaff | State AZ | |
| Zip Code 86004 | Purpose of Disbursement Lodging | Transaction ID : SB17.14225 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) c. Hyatt Hotels | | Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2012 |
| Mailing Address 9805 Q Street | | Amount of Each Disbursement this Period 209.50 |
| City Omaha | State NE | |
| Zip Code 68127 | Purpose of Disbursement Lodging | Transaction ID : SB17.14226 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1558.36 |
| 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 66 OF 77 | | | |
| | <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. Integrated Web Strategy | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2012 |
| Mailing Address 5330 N 12th St. | | | Amount of Each Disbursement this Period 2641.15 Transaction ID : SB17.14271 |
| City Phoenix | State AZ | Zip Code 85012 | |
| Purpose of Disbursement Email Sends and Facebook Ads | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: District: | | | |

| | | | |
|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial) B. Melissa Moore | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2012 |
| Mailing Address PO Box 16237 | | | Amount of Each Disbursement this Period 486.80 Transaction ID : SB17.14265 |
| City Tampa | State FL | Zip Code 33687 | |
| Purpose of Disbursement Website Development | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: District: | | | |

| | | | |
|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial) c. Melissa Moore | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2012 |
| Mailing Address PO Box 16237 | | | Amount of Each Disbursement this Period 744.12 Transaction ID : SB17.14266 |
| City Tampa | State FL | Zip Code 33687 | |
| Purpose of Disbursement Website Development | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: District: | | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 3872.07 |
| 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 67 OF 77 | | | |
| | <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. Melissa Moore | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2012 |
| Mailing Address PO Box 16237 | | Amount of Each Disbursement this Period 332.12 Transaction ID : SB17.14267 |
| City Tampa | State FL | |
| Purpose of Disbursement Website Development | Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Revolis | | Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2012 |
| Mailing Address 7185 Navajo Rd #P | | Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.14191 |
| City San Diego | State CA | |
| Purpose of Disbursement Campaign Management | Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Revolis | | Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2012 |
| Mailing Address 7185 Navajo Rd #P | | Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.14189 |
| City San Diego | State CA | |
| Purpose of Disbursement Campaign Management | Category/ Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 5332.12 |
| 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 68 OF 77 | | | |
| | <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 02 / 10 / 2012 |
| 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 | Transaction ID : SB17.14190 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Revolis | | Date of Disbursement M M / D D / Y Y Y Y 02 / 22 / 2012 |
| Mailing Address 7185 Navajo Rd #P | | Amount of Each Disbursement this Period 278.20 |
| City San Diego | State CA | |
| Zip Code 92119 | Purpose of Disbursement Parking and Airfare | Transaction ID : SB17.14239 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Southwest Airlines | | Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2012 |
| Mailing Address PO Box 36647-1CR | | Amount of Each Disbursement this Period 378.80 |
| City Dallas | State TX | |
| Zip Code 75235 | Purpose of Disbursement Airfare | Transaction ID : SB17.14184 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 3153.00 |
| 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 69 OF 77 | |
| | <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. Staples

Mailing Address 2625 S Woodlands Vlg Blvd #100

City Flagstaff State AZ Zip Code 86001

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify)

State: District:

Date of Disbursement: 03 / 14 / 2012

Amount of Each Disbursement this Period: 24.00

Transaction ID : SB17.14238

Full Name (Last, First, Middle Initial)
B. Sumner 360

Mailing Address 3130 38th St NW

City Washington State DC Zip Code 20016

Purpose of Disbursement Fundraising Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 05 / 2012

Amount of Each Disbursement this Period: 2000.00

Transaction ID : SB17.14221

Full Name (Last, First, Middle Initial)
c. Sumner 360

Mailing Address 3130 38th St NW

City Washington State DC Zip Code 20016

Purpose of Disbursement Fundraising Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 22 / 2012

Amount of Each Disbursement this Period: 2000.00

Transaction ID : SB17.14222

SUBTOTAL of Disbursements This Page (optional) 4024.00

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 70 OF 77 | |
| | <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 02 / 21 / 2012 |
| Mailing Address 4000 E. Sky Harbor Blvd. | | Amount of Each Disbursement this Period 283.80 |
| City Phoenix | State AZ Zip Code 85034 | |
| Purpose of Disbursement Airfare | Candidate Name | Transaction ID : SB17.14185 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | |

| | | |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial) B. Verizon | | Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2012 |
| Mailing Address One Verizon Way | | Amount of Each Disbursement this Period 114.75 |
| City Basking Ridge | State NJ Zip Code 07920 | |
| Purpose of Disbursement Cell Phone Service | Candidate Name | Transaction ID : SB17.14193 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | |

| | | |
|--|-------------------------|---|
| Full Name (Last, First, Middle Initial) c. X-Tra Space Storage | | Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2012 |
| Mailing Address 531 S Granite St. | | Amount of Each Disbursement this Period 76.50 |
| City Prescott | State AZ Zip Code 86303 | |
| Purpose of Disbursement Storage Unit | Candidate Name | Transaction ID : SB17.14249 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | |
| State: District: | Category/Type | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 475.05 |
| 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 71 OF 77 | | |
| | <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. X-Tra Space Storage | | Date of Disbursement |
| Mailing Address 531 S Granite St. | | MM / DD / YYYY 02 / 10 / 2012 |
| City Prescott | State AZ | Zip Code 86303 |
| Purpose of Disbursement Storage Unit | Category/ Type | Amount of Each Disbursement this Period 153.00 |
| Candidate Name | | Transaction ID : SB17.14250 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. | | Date of Disbursement |
| Mailing Address | | MM / DD / YYYY |
| City | State | Zip Code |
| Purpose of Disbursement | Category/ Type | Amount of Each Disbursement this Period |
| Candidate Name | | |
| 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 |
| Mailing Address | | MM / DD / YYYY |
| City | State | Zip Code |
| Purpose of Disbursement | Category/ Type | Amount of Each Disbursement this Period |
| Candidate Name | | |
| 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)..... | 153.00 |
| TOTAL This Period (last page this line number only)..... | 35060.83 |

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 72 OF 77 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)

PAUL GOSAR FOR CONGRESS

| | | |
|---|-------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hammond & Associates | | Nature of Debt (Purpose): Fundraising Services |
| Mailing Address P.O. Box 368 | | |
| City | State | Zip Code |
| Falls Church | VA | 22040 |

| | | |
|---|------------------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID : SD10.11368 | |
| <input type="text" value="7500.00"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text" value="0.00"/> | <input type="text" value="0.00"/> | <input type="text" value="7500.00"/> |

| | | |
|--|-------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Integrated Web Strategy | | Nature of Debt (Purpose): Campaign Consulting Services |
| Mailing Address 5330 N 12th St. | | |
| City | State | Zip Code |
| Phoenix | AZ | 85012 |

| | | |
|---|------------------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID : SD10.11385 | |
| <input type="text" value="20000.00"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text" value="0.00"/> | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> |

| | | |
|--|-------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Integrated Web Strategy | | Nature of Debt (Purpose): Ad Purchase |
| Mailing Address 5330 N 12th St. | | |
| City | State | Zip Code |
| Phoenix | AZ | 85012 |

| | | |
|---|------------------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID : SD10.14600 | |
| <input type="text" value="0.00"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text" value="110.00"/> | <input type="text" value="0.00"/> | <input type="text" value="110.00"/> |

| | |
|--|--------------------------------------|
| 1) SUBTOTALS This Period This Page (optional) | <input type="text" value="7610.00"/> |
| 2) TOTALS This Period (last page this line number only) | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | <input type="text" value="0.00"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | <input type="text" value="0.00"/> |

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.11385

(Current loan amount of 20000.00 from a balance of 20000.00 has been forgiven)

Form/Schedule:

Transaction ID:

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 74 OF 77 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)

PAUL GOSAR FOR CONGRESS

| | | |
|--|-------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Integrated Web Strategy | | Nature of Debt (Purpose): Video Production |
| Mailing Address 5330 N 12th St. | | |
| City | State | Zip Code |
| Phoenix | AZ | 85012 |

| | | |
|---|------------------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID : SD10.14601 | |
| <input type="text" value="0.00"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text" value="850.00"/> | <input type="text" value="0.00"/> | <input type="text" value="850.00"/> |

| | | |
|--|-------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Integrated Web Strategy | | Nature of Debt (Purpose): Email Sends and Facebook Ads |
| Mailing Address 5330 N 12th St. | | |
| City | State | Zip Code |
| Phoenix | AZ | 85012 |

| | | |
|---|------------------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID : SD10.14602 | |
| <input type="text" value="0.00"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text" value="4645.21"/> | <input type="text" value="0.00"/> | <input type="text" value="4645.21"/> |

| | | |
|--|-------|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Integrated Web Strategy | | Nature of Debt (Purpose): Video Production |
| Mailing Address 5330 N 12th St. | | |
| City | State | Zip Code |
| Phoenix | AZ | 85012 |

| | | |
|---|------------------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID : SD10.14603 | |
| <input type="text" value="0.00"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text" value="1600.00"/> | <input type="text" value="0.00"/> | <input type="text" value="1600.00"/> |

| | |
|--|--------------------------------------|
| 1) SUBTOTALS This Period This Page (optional) | <input type="text" value="7095.21"/> |
| 2) TOTALS This Period (last page this line number only) | <input type="text"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | <input type="text" value="0.00"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | <input type="text" value="0.00"/> |

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 75 OF 77 |
| | FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)

PAUL GOSAR FOR CONGRESS

| | |
|--|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Platt Photography | Nature of Debt (Purpose): Event Photography |
| Mailing Address PO Box 11428 | |
| City State Zip Code Chandler AZ 85248 | |

| | | |
|---|------------------------------------|---|
| Outstanding Balance Beginning This Period 350.00 | Transaction ID : SD10.11931 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 0.00 |

| | |
|--|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ROBERT WADE ROBINSON II | Nature of Debt (Purpose): Fundraising Meeting Expenses |
| Mailing Address 11039 E. HARRIS HAWK TRAIL | |
| City State Zip Code SCOTTSDALE AZ 85262 | |

| | | |
|---|------------------------------------|---|
| Outstanding Balance Beginning This Period 212.07 | Transaction ID : SD10.11499 | |
| Amount Incurred This Period 0.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 212.07 |

| | |
|--|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Summit Consulting Group | Nature of Debt (Purpose): Fundraising Fees |
| Mailing Address 3230 E Broadway Rd C260 | |
| City State Zip Code Phoenix AZ 85040 | |

| | | |
|---|------------------------------------|--|
| Outstanding Balance Beginning This Period 0.00 | Transaction ID : SD10.14563 | |
| Amount Incurred This Period 1439.80 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 1439.80 |

| | |
|--|---------|
| 1) SUBTOTALS This Period This Page (optional) | 1651.87 |
| 2) TOTALS This Period (last page this line number only) | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | 0.00 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | 0.00 |

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.11931

(Current loan amount of 350.00 from a balance of 350.00 has been forgiven)

Form/Schedule:

Transaction ID:

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

PAUL GOSAR FOR CONGRESS

| | | |
|--|-------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Summit Consulting Group | | Nature of Debt (Purpose): Fundraising Fees |
| Mailing Address 3230 E Broadway Rd C260 | | |
| City | State | Zip Code |
| Phoenix | AZ | 85040 |

| | | |
|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID : SD10.14562 | |
| <input type="text" value="0.00"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text" value="596.40"/> | <input type="text" value="0.00"/> | <input type="text" value="596.40"/> |

| | | |
|--|-------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor The Summit Consulting Group | | Nature of Debt (Purpose): Fundraising Fees |
| Mailing Address 3230 E Broadway Rd C260 | | |
| City | State | Zip Code |
| Phoenix | AZ | 85040 |

| | | |
|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID : SD10.14560 | |
| <input type="text" value="0.00"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text" value="1709.89"/> | <input type="text" value="0.00"/> | <input type="text" value="1709.89"/> |

| | | |
|--|-------|---------------------------|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor | | Nature of Debt (Purpose): |
| Mailing Address | | |
| City | State | Zip Code |
| | | |

| | | |
|---|----------------------|---|
| Outstanding Balance Beginning This Period | | |
| <input type="text"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | |
|--|---------------------------------------|
| 1) SUBTOTALS This Period This Page (optional) | <input type="text" value="2306.29"/> |
| 2) TOTALS This Period (last page this line number only) | <input type="text" value="18663.37"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | <input type="text" value="0.00"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | <input type="text" value="18663.37"/> |