



**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))....	166544.38	280114.38
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	5366.65
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	166544.38	274747.73
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	95789.46	163512.91
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	95789.46	163512.91
8. Cash on Hand at Close of Reporting Period (from Line 27).....	138392.13	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	34489.35	

**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)

Page 3

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).....	103200.00	142750.00
(ii) Unitemized.....	17210.00	24705.00
(iii) TOTAL of contributions from individuals ▶	120410.00	167455.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	46134.38	112659.38
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	166544.38	280114.38
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	2568.10	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.) .....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.31
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	169112.48	288580.40

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	95789.46	163512.91
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	2700.00
(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	5366.65
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	95789.46	168879.56

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	65069.11
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	169112.48
25. SUBTOTAL (add Line 23 and Line 24).....	234181.59
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	95789.46
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	138392.13

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 104
	<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	

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**

**A.** Full Name (Last, First, Middle Initial)  
**Phyllis J Aja**

Mailing Address 22802 W Gibson Ln

City State Zip Code  
Buckeye AZ 85326-3849

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

Name of Employer Occupation  
N/A Homemaker

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  
 06 / 30 / 2011

**Transaction ID : SA11AI.12435**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Ak-Chin Indian Community**

Mailing Address 42507 W Petters and Nail Road

City State Zip Code  
Maricopa AZ 85138

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2011

**Transaction ID : SA11AI.12660**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Ben Andre**

Mailing Address 1220 Northwood Loop

City State Zip Code  
Prescott AZ 86303

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

Name of Employer Occupation  
N/A Retired

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  
 06 / 09 / 2011

**Transaction ID : SA11AI.12461**

Amount of Each Receipt this Period  
1000.00

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

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

2500.00

**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 6 OF 104
	<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) <b>A. Paul Babeu</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 09 / 2011	
Mailing Address 29136 N Red Finch Dr		<b>Transaction ID : SA11AI.12463</b>	
City San Tan Valley	State AZ	Zip Code 85143	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Voters of Pinal County, Arizona	Occupation Pinal County Sheriff		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1200.00		

Full Name (Last, First, Middle Initial) <b>B. Stan Barnes</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 09 / 2011	
Mailing Address 3412 E Grandview St.		<b>Transaction ID : SA11AI.12488</b>	
City Mesa	State AZ	Zip Code 85213	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1500.00	
Name of Employer Copper State Consulting Group	Occupation Consultant		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00		

Full Name (Last, First, Middle Initial) <b>C. Malcolm W. Barrett</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 28 / 2011	
Mailing Address 2054 Old Kettle Dr.		<b>Transaction ID : SA11AI.12457</b>	
City Prescott	State AZ	Zip Code 86305	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
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 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3500.00
<b>TOTAL</b> 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 104
	<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) <b>A. Malcolm W. Barrett</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 07 / 2011	
Mailing Address 2054 Old Kettle Dr.		<b>Transaction ID : SA11AI.12304</b>	
City Prescott	State AZ	Zip Code 86305	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer N/A	Occupation Retired		
Receipt For: 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>B. Nancy L. Barrett</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 28 / 2011	
Mailing Address 2054 Old Kettle Dr.		<b>Transaction ID : SA11AI.12450</b>	
City Prescott	State AZ	Zip Code 86305	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer None	Occupation Housewife		
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>C. Charlie Bass</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 09 / 2011	
Mailing Address 5400 Gleneagles Drive		<b>Transaction ID : SA11AI.12411</b>	
City Tucson	State AZ	Zip Code 85718	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer National Recovery Systems	Occupation President		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> 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 8 OF 104
	<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)  
**Christopher Bavasi**

Mailing Address Box 891

City State Zip Code  
Flagstaff AZ 86002

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

Name of Employer Occupation  
Navajo and Hopi Indian Relocat 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  
 06 / 30 / 2011

**Transaction ID : SA11AI.12341**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Melanie Beauchamp**

Mailing Address 11814 S Equestrian Trail

City State Zip Code  
Phoenix AZ 85044

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

Name of Employer Occupation  
Beauchamp Law Offices Attorney

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  
 06 / 09 / 2011

**Transaction ID : SA11AI.12460**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Wayne Beck**

Mailing Address 919 12th Place Ste 1

City State Zip Code  
Prescott AZ 86305

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

Name of Employer Occupation  
Prescott Valley Primary Clinic Physician

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  
 06 / 16 / 2011

**Transaction ID : SA11AI.12494**

Amount of Each Receipt this Period  
2000.00

**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 9 OF 104
	<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 Biermann**

Mailing Address 3529 North Willamette Blvd.

City Portland State OR Zip Code 97217

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

Name of Employer Michael Biermann 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 Y Y  
 05 / 11 / 2011

**Transaction ID : SA11AI.12386**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Scott Black**

Mailing Address 3703 Canon Gate Circle

City Carrollton State TX Zip Code 75007

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 Y Y  
 06 / 30 / 2011

**Transaction ID : SA11AI.12441**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Eric Borowsky**

Mailing Address 22214 N La Senda Dr.

City Scottsdale State AZ Zip Code 85255

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

Name of Employer Sun West Holdings, Inc. Occupation President

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  
 06 / 30 / 2011

**Transaction ID : SA11AI.12484**

Amount of Each Receipt this Period  
1000.00

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

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

2000.00

**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 104
	<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 Bradel**

Mailing Address 503 E David Dr.

City State Zip Code  
Flagstaff AZ 86001

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

Name of Employer Occupation  
Flagstaff Medical Center President

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  
 06 / 30 / 2011

**Transaction ID : SA11AI.12346**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Nona Breeland**

Mailing Address 1506 E Franklin St. #204

City State Zip Code  
Chapel Hill NC 27514

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

Name of Employer Occupation  
Breeland Endodontics 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  
 06 / 20 / 2011

**Transaction ID : SA11AI.12315**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Robert Brei**

Mailing Address 4820 E. Camp Lowell Drive

City State Zip Code  
Tucson AZ 85712

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

Name of Employer Occupation  
Brei Dental 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  
 06 / 25 / 2011

**Transaction ID : SA11AI.12468**

Amount of Each Receipt this Period  
1000.00

**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 11 OF 104
	<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. Evelyn Brown**

Mailing Address 305 Dixie Trail

City Raleigh State NC Zip Code 27607

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

Name of Employer Brown 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  
 04 / 26 / 2011

**Transaction ID : SA11AI.12363**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Evelyn Brown**

Mailing Address 305 Dixie Trail

City Raleigh State NC Zip Code 27607

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

Name of Employer Brown 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  
 06 / 21 / 2011

**Transaction ID : SA11AI.12094**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 4425 N Hacienda Del Sol

City Tucson State AZ Zip Code 85718

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  
 06 / 24 / 2011

**Transaction ID : SA11AI.12467**

Amount of Each Receipt this Period  
 1000.00

**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 12 OF 104
	<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. Terry Buckenheimer**

Mailing Address 3906 W Neptune St

City Tampa State FL Zip Code 33629

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

Name of Employer Buckenheimer 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  
 05 / 19 / 2011

**Transaction ID : SA11AI.12241**

Amount of Each Receipt this Period  
**200.00**

**B.** Full Name (Last, First, Middle Initial)  
**Robert E Butler**

Mailing Address 10014 Canterbury Farms 842-4272

City St Louis State MO Zip Code 63128

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

Name of Employer Butler 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  
 05 / 20 / 2011

**Transaction ID : SA11AI.12301**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 116 Colby street

City Spencerport State NY Zip Code 14559

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

Name of Employer Calnon 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 Y Y  
 06 / 30 / 2011

**Transaction ID : SA11AI.12439**

Amount of Each Receipt this Period  
**500.00**

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

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

**950.00**

**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 104
	<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. Anthony Caputo**

Mailing Address North Salida del Sol Drive

City Tucson State AZ Zip Code 85718

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

Name of Employer Southwest Dental Anesthesia Se 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  
 06 / 30 / 2011

**Transaction ID : SA11AI.12489**

Amount of Each Receipt this Period  
 1500.00

**B.** Full Name (Last, First, Middle Initial)  
**Rex Card**

Mailing Address PO Box 99047

City Raleigh State NC Zip Code 27624

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  
 06 / 20 / 2011

**Transaction ID : SA11AI.12317**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Wilford Cardon**

Mailing Address 1819 E Southern Ave.

City Mesa State AZ Zip Code 85204

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

Name of Employer The Cardon Companies Occupation CEO

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 15 / 2011

**Transaction ID : SA11AI.12499**

Amount of Each Receipt this Period  
 2500.00

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

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

4250.00

**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 104
	<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)  
**Kimberly K Carson**

Mailing Address 3773 N Sandrock PL

City Tucson State AZ Zip Code 85750-2229

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  
 06 / 21 / 2011

**Transaction ID : SA11AI.12420**

Amount of Each Receipt this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
**Edmund Cassella**

Mailing Address 1441 Kapiolani Blvd. #1506

City Honolulu State HI Zip Code 96814

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

Name of Employer Cassella 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  
 05 / 19 / 2011

**Transaction ID : SA11AI.12389**

Amount of Each Receipt this Period

500.00

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

Mailing Address 621 Edisto Ct.

City Chapel Hill State NC Zip Code 27514

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  
 06 / 21 / 2011

**Transaction ID : SA11AI.12419**

Amount of Each Receipt this Period

500.00

**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)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 15 OF 104

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NAME OF COMMITTEE (In Full)  
**PAUL GOSAR FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Edward M. Clark**

Mailing Address 5211 Yellowstone, Ste 1

City State Zip Code  
 Cheyenne WY 82009

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

Name of Employer Occupation  
 Cheyenne Family Dental Center 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  
 06 / 29 / 2011

**Transaction ID : SA11AI.12333**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Wendell W Clements**

Mailing Address 922 Tigres Trl

City State Zip Code  
 Cottonwood AZ 86326

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

Name of Employer Occupation  
 Wendell Clements. Industry Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2011

**Transaction ID : SA11AI.12160**

Amount of Each Receipt this Period  
 100.00

**C.** Full Name (Last, First, Middle Initial)  
**Jim Click Jr.**

Mailing Address 6403 E Miramar Dr.

City State Zip Code  
 Tucson AZ 85715

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

Name of Employer Occupation  
 Self Auto Dealer

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  
 06 / 09 / 2011

**Transaction ID : SA11AI.12497**

Amount of Each Receipt this Period  
 2500.00

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

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

2850.00

**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 104
	<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) <b>A. Hugh Coble</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2011	
Mailing Address PO Box 20819		<b>Transaction ID : SA11AI.12438</b>	
City Sedona	State AZ	Zip Code 86344	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Retired	Occupation Retired		
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) <b>B. Anna W. Cocklin</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 06 / 2011	
Mailing Address 242 Plaza Ct.		<b>Transaction ID : SA11AI.12407</b>	
City Prescott	State AZ	Zip Code 86303	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Retired	Occupation Retired		
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) <b>C. Frances Cody</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2011	
Mailing Address 2304 Mule Deer Rd		<b>Transaction ID : SA11AI.12170</b>	
City Sedona	State AZ	Zip Code 86336	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
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 350.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1100.00
<b>TOTAL</b> 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 17 OF 104
	<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)  
**Herbert H. Coleman Jr.**

Mailing Address 3429 E Lions St

City Phoenix State AZ Zip Code 85018

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

Name of Employer Coleman & Dahm Occupation Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 09 / 2011

**Transaction ID : SA11AI.11976**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Dr. James Condrey**

Mailing Address 3939 Pleasant Valley Drive

City Missouri City State TX Zip Code 77459

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

Name of Employer Condrey 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  
 05 / 20 / 2011

**Transaction ID : SA11AI.12300**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Vicki Cool**

Mailing Address 605 W Overland Rd

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 10 / 2011

**Transaction ID : SA11AI.12292**

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 18 OF 104
	<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 Crowley**

Mailing Address 3475 North Bend Road

City Cincinatti State OH Zip Code 45239

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  
 05 / 19 / 2011

**Transaction ID : SA11AI.12393**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Eric Crown**

Mailing Address 5665 E Valle Vista Rd

City Phoenix State AZ Zip Code 85018

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

Name of Employer Retired 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  
 06 / 30 / 2011

**Transaction ID : SA11AI.12495**

Amount of Each Receipt this Period  
 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Eric Crown**

Mailing Address 5665 E Valle Vista Rd

City Phoenix State AZ Zip Code 85018

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

Name of Employer Retired 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  
 06 / 30 / 2011

**Transaction ID : SA11AI.12501**

Amount of Each Receipt this Period  
 2500.00

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

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

5500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 104
	<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) <b>A. Christopher K. Dahm</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 09 / 2011	
Mailing Address 1626 E Candlestick Dr		<b>Transaction ID : SA11AI.12375</b>	
City State Zip Code Tempe AZ 85283	Amount of Each Receipt this Period _____ 500.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Coleman & Dahm Owner		
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) <b>B. Kurt Davis</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2011	
Mailing Address 5104 N. 32nd Street #115		<b>Transaction ID : SA11AI.12481</b>	
City State Zip Code Phoenix AZ 85015	Amount of Each Receipt this Period _____ 1000.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation FirstStrategic Consultant		
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>C. Joann Delaney</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 28 / 2011	
Mailing Address 2899 N. Garrett Ln.		<b>Transaction ID : SA11AI.12505</b>	
City State Zip Code Flagstaff AZ 86001	Amount of Each Receipt this Period _____ 2500.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation N/A Retired		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 4000.00
<b>TOTAL</b> 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 20 OF 104
	<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) <b>A. Paul Delaney</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 28 / 2011	
Mailing Address 2899 N. Garrett Ln.		<b>Transaction ID : SA11AI.12503</b>	
City Flagstaff	State AZ	Zip Code 86001	Amount of Each Receipt this Period _____ 2500.00
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 _____ 2500.00		

Full Name (Last, First, Middle Initial) <b>B. Marcus Dell'Artino</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2011	
Mailing Address 328 E Keim		<b>Transaction ID : SA11AI.12478</b>	
City Phoenix	State AZ	Zip Code 85012	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer First Strategic Communications	Occupation Partner		
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>C. Jeffrey Derickson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 21 / 2011	
Mailing Address 7156 N Lemmon Rock Pl		<b>Transaction ID : SA11AI.12320</b>	
City Tucson	State AZ	Zip Code 85718	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 _____ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 3750.00
<b>TOTAL</b> 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 21 OF 104
	<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. Mark Derosiers**

Mailing Address 63 Anderson Rd.

City Pomfret Center State CT Zip Code 06259

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

Name of Employer Derosiers 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  
 04 / 24 / 2011

**Transaction ID : SA11AI.12445**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 1632 Spruce Canyon Dr.

City Prescott State AZ Zip Code 86303

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

Name of Employer J&G Sales, Ltd Occupation Executive

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 09 / 2011

**Transaction ID : SA11AI.12462**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Barry Dill**

Mailing Address 8336 N 72nd Pl.

City Scottsdale State AZ Zip Code 85258

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

Name of Employer First Strategic Communications Occupation Partner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2011

**Transaction ID : SA11AI.12480**

Amount of Each Receipt this Period  
 1000.00

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

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

2500.00

**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 104
	<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)  
**Jason Dittberner**

Mailing Address 1785 W Soft Wind Ln

City State Zip Code  
Flagstaff AZ 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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2011

**Transaction ID : SA11AI.12293**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**David Eaton**

Mailing Address 4949 E Lincoln Drive Villa 2

City State Zip Code  
Paradise Valley AZ 85253

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

Name of Employer JDM Partners LLC Occupation Private Investor/Executive

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2011

**Transaction ID : SA11AI.12471**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Sean F. Ellis**

Mailing Address 1212 E. 12th Street

City State Zip Code  
Casper WY 82601

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

Name of Employer Ellis 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  
 06 / 30 / 2011

**Transaction ID : SA11AI.12284**

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 23 OF 104
	<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) <b>A. Naomi Ellison</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 19 / 2011
Mailing Address 323 San Vicente Blvd #19		<b>Transaction ID : SA11AI.12395</b>
City Santa Monica	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
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 500.00	

Full Name (Last, First, Middle Initial) <b>B. Edward Feinberg DMD</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 24 / 2011
Mailing Address Harwood Building Ste 322		<b>Transaction ID : SA11AI.11969</b>
City Scarsdale	State NY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
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 500.00	

Full Name (Last, First, Middle Initial) <b>C. Dr. Robert Ferris</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2011
Mailing Address 475 Maitland Ave.		<b>Transaction ID : SA11AI.12358</b>
City Altamonte Springs	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Ferris 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	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> 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 104	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**PAUL GOSAR FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Raymond Gist**

Mailing Address 4170 Lennon Rd

City Flint State MI Zip Code 48507

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  
 05 / 11 / 2011

**Transaction ID : SA11AI.12367**

Amount of Each Receipt this Period  
 300.00

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Frank J. Graham**

Mailing Address 515 Queen Anne Rd

City Teaneck State NJ Zip Code 07666

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

Name of Employer Graham 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  
 05 / 19 / 2011

**Transaction ID : SA11AI.12376**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Douglas Hadnot**

Mailing Address PO Box 278

City Lolo State MT Zip Code 59747

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  
 05 / 19 / 2011

**Transaction ID : SA11AI.12397**

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 25 OF 104
	<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. Joseph F Hagenbruch**

Mailing Address 502 North Hart Boulevard

City State Zip Code  
Harvard IL 60033

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

Name of Employer Occupation  
Hagenbruch Dental 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  
**04 / 24 / 2011**

**Transaction ID : SA11AI.12377**

Amount of Each Receipt this Period  
**500.00**

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

Mailing Address 3100 Woodlawn Ave #B

City State Zip Code  
Shreveport LA 71104

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  
**05 / 11 / 2011**

**Transaction ID : SA11AI.12297**

Amount of Each Receipt this Period  
**250.00**

**C.** Full Name (Last, First, Middle Initial)  
**Dick Henderson**

Mailing Address PO Box 30155

City State Zip Code  
Flagstaff AZ 86003

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

Name of Employer Occupation  
Self Construction & Development

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  
**06 / 30 / 2011**

**Transaction ID : SA11AI.12351**

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 26 OF 104
	<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)  
**Clayton Heywood**

Mailing Address 4713 East Grove Circle

City Mesa	State AZ	Zip Code 85206
--------------	-------------	-------------------

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

Name of Employer Prime Investments	Occupation Executive
---------------------------------------	-------------------------

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  
 06 / 27 / 2011

**Transaction ID : SA11AI.12426**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Brian Hokanson**

Mailing Address 1512 Low Ct.

City Gillette	State WY	Zip Code 82718
------------------	-------------	-------------------

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  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2011

**Transaction ID : SA11AI.12336**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 2893 Kelly Square

City Vienna	State VA	Zip Code 22181
----------------	-------------	-------------------

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

Name of Employer Self	Occupation Consultant
--------------------------	--------------------------

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  
 06 / 30 / 2011

**Transaction ID : SA11AI.12442**

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 27 OF 104
	<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)  
**Bruce A. Holwell**

Mailing Address **PO Box 187**

City **Big Horn** State **WY** Zip Code **82833**

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

Name of Employer **Holwell 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  
**06 / 29 / 2011**

**Transaction ID : SA11AI.12364**

Amount of Each Receipt this Period  
 300.00

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Donald Hom**

Mailing Address **4925 E. Desert Cove Ave, Unit #111**

City **Scottsdale** State **AZ** Zip Code **85254**

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

Name of Employer **Hom 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  
**06 / 09 / 2011**

**Transaction ID : SA11AI.12378**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Scott Houfek**

Mailing Address **Box 488**

City **Big Piney** State **MT** Zip Code **83113**

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

Name of Employer **Houfek 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  
**06 / 29 / 2011**

**Transaction ID : SA11AI.12330**

Amount of Each Receipt this Period  
 250.00

**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 28 OF 104
	<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) <b>A. Dr. Allison House</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 20 / 2011	
Mailing Address 10615 N. 44th Street		<b>Transaction ID : SA11AI.12299</b>	
City State Zip Code Phoenix AZ 85028	Amount of Each Receipt this Period _____ 250.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation House Dental Dentist		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 750.00		

Full Name (Last, First, Middle Initial) <b>B. James Howard</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 29 / 2011	
Mailing Address 5105 Izard St.		<b>Transaction ID : SA11AI.12369</b>	
City State Zip Code Omaha NE 68132	Amount of Each Receipt this Period _____ 300.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Self Dentist		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 300.00		

Full Name (Last, First, Middle Initial) <b>C. Carol Hungerford</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 29 / 2011	
Mailing Address 1300 Chara Ave		<b>Transaction ID : SA11AI.12334</b>	
City State Zip Code Gillette WY 82718	Amount of Each Receipt this Period _____ 250.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Hungerford Dental Dentist		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 800.00
<b>TOTAL</b> 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 29 OF 104	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**PAUL GOSAR FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Tally Huntoon**

Mailing Address 435 Deer Pass Dr.

City Sedona State AZ Zip Code 86351

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

Name of Employer Retired Occupation 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  
 06 / 30 / 2011

**Transaction ID : SA11AI.12344**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Richard A Huot**

Mailing Address 8776 W Orchid Island Circle

City Vero Beach State FL Zip Code 32963

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

Name of Employer Huot 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 Y Y  
 05 / 20 / 2011

**Transaction ID : SA11AI.12379**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Gordon R Isbell**

Mailing Address 241 South 4th Street

City Gadsden State AL Zip Code 35901

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

Name of Employer Isbell 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 Y Y  
 05 / 11 / 2011

**Transaction ID : SA11AI.12387**

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 30 OF 104
	<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 Jackson**

Mailing Address 8635 N Oak Forest Dr.

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

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  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 17 / 2011

**Transaction ID : SA11AI.12491**

Amount of Each Receipt this Period  
2000.00

**B.** Full Name (Last, First, Middle Initial)  
**Joseph Jaraczewski**

Mailing Address PO Box 1925

City Cottonwood	State AZ	Zip Code 86326
--------------------	-------------	-------------------

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

Name of Employer Self	Occupation Small business owner
--------------------------	------------------------------------

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  
 06 / 30 / 2011

**Transaction ID : SA11AI.12339**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Gary Jeffers**

Mailing Address 42890 Steepleview St

City Northville	State MI	Zip Code 48168
--------------------	-------------	-------------------

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

Name of Employer Jeffers 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 Y Y  
 05 / 11 / 2011

**Transaction ID : SA11AI.12385**

Amount of Each Receipt this Period  
500.00

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

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

2750.00

**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 104
	<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)  
**John P. Kaites**

Mailing Address 16046 N 63rd St

City State Zip Code  
Scottsdale AZ 85254

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  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 09 / 2011

**Transaction ID : SA11AI.12453**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Dr. James Karlowicz**

Mailing Address 1401 Parkdale Dr

City State Zip Code  
Dover OH 44622

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

Name of Employer Occupation  
Karlowics 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  
 04 / 24 / 2011

**Transaction ID : SA11AI.12444**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Randy Kendrick**

Mailing Address 3964 East. Paradise View Dr.

City State Zip Code  
Paradise Valley AZ 85260

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

Name of Employer Occupation  
Retired 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  
 04 / 29 / 2011

**Transaction ID : SA11AI.12502**

Amount of Each Receipt this Period  
2500.00

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

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

4000.00

**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 32 OF 104
	<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. Bradley Kincheloe**

Mailing Address 6244 Yellowstone Rd

City Cheyenne State WY Zip Code 82009

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

Name of Employer Kincheloe 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  
 06 / 29 / 2011

**Transaction ID : SA11AI.12432**

Amount of Each Receipt this Period  
 500.00

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

Mailing Address 4501 N. PAseo 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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 21 / 2011

**Transaction ID : SA11AI.12321**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Rodney J Klima**

Mailing Address 9807 Flintridge Court

City Fairfax State VA Zip Code 22032

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

Name of Employer Klima 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  
 05 / 19 / 2011

**Transaction ID : SA11AI.12380**

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 33 OF 104
	<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)  
**Kevin Lane**

Mailing Address 2527 W Shadow Valley Ranch Rd.

City Prescott State AZ Zip Code 86305

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

Name of Employer Lane Bros & Co. 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  
 06 / 09 / 2011

**Transaction ID : SA11AI.12306**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Heather Lauer**

Mailing Address 1315 W Berridge Ln.

City Phoenix State AZ Zip Code 85013

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

Name of Employer Villageous LLC Occupation Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 21 / 2011

**Transaction ID : SA11AI.12422**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Larry Leber**

Mailing Address 2620 N Santa Lucia Dr

City Tucson State AZ Zip Code 85715

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  
 06 / 24 / 2011

**Transaction ID : SA11AI.12325**

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 34 OF 104
	<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) <b>A. Jacob Long</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2011	
Mailing Address 5035 W Camelback Rd.		<b>Transaction ID : SA11AI.12348</b>	
City Phoenix	State AZ	Zip Code 85031	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer John F. Long Properties	Occupation Real Estate		
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>B. Selmer Lutey</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 06 / 2011	
Mailing Address 148 N Summit		<b>Transaction ID : SA11AI.12303</b>	
City Prescott	State AZ	Zip Code 86301	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Attorney		
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>C. Robert Lynch</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 09 / 2011	
Mailing Address 340 E Palm Ln #140		<b>Transaction ID : SA11AI.12492</b>	
City Phoenix	State AZ	Zip Code 85004	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Attorney		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<b>TOTAL</b> 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 35 OF 104
	<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 Lynch**

Mailing Address 340 E Palm Ln #140

City State Zip Code  
Phoenix AZ 85004

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

Name of Employer Self Occupation Attorney

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  
 06 / 30 / 2011

**Transaction ID : SA11AI.12434**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 158 Hunter Drive

City State Zip Code  
West Hartford CT 06107

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  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 11 / 2011

**Transaction ID : SA11AI.12295**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 5817 N. Cedar Springs Rd

City State Zip Code  
Muncie IN 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  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2011

**Transaction ID : SA11AI.12381**

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 36 OF 104
	<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. Jeffery Lynn Martin**

Mailing Address 6146 San Cristobal

City Tucson State AZ Zip Code 85715

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

Name of Employer Martin Detnal 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  
 06 / 30 / 2011

**Transaction ID : SA11AI.12362**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Scott Mascher**

Mailing Address 1875 W Road 2N

City Chino Valley State AZ Zip Code 86323

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

Name of Employer Yavapai County Occupation Chief Deputy

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 09 / 2011

**Transaction ID : SA11AI.12310**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Michael Mathews**

Mailing Address PO Bosx 1413

City Cornville State AZ Zip Code 86325

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

Name of Employer Self Occupation Real Estate

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2011

**Transaction ID : SA11AI.12476**

Amount of Each Receipt this Period  
 1000.00

**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 37 OF 104
	<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. David N Matthews**

Mailing Address 3611 Broadway

City Fort Wayne State IN Zip Code 46807

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

Name of Employer **Matthews** 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  
 06 / 30 / 2011

**Transaction ID : SA11AI.12285**

Amount of Each Receipt this Period  
 250.00

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

Mailing Address 2508 N Alvernon Way

City Tucson State AZ Zip Code 85712

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  
 06 / 24 / 2011

**Transaction ID : SA11AI.12327**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Michael McCoy**

Mailing Address 16801 N 94th St. #1044

City Scottsdale State AZ Zip Code 85260

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 09 / 2011

**Transaction ID : SA11AI.12415**

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 38 OF 104
	<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)  
**Rosemary McDougall**

Mailing Address 1605 - 9th Ave SE

City: Jamestown State: ND Zip Code: 58401

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: 500.00

Date of Receipt: 04 / 24 / 2011

**Transaction ID : SA11AI.12447**

Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Charles McGinty**

Mailing Address 5059 McClelland Blvd

City: Joplin State: MO Zip Code: 64804

FEC ID number of contributing federal political committee: C

Name of Employer: McGinty Dental Occupation: Dentist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 05 / 19 / 2011

**Transaction ID : SA11AI.12398**

Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Claudia McLaughlin**

Mailing Address 3840 N. Woodridge Way

City: Flagstaff State: AZ Zip Code: 86004

FEC ID number of contributing federal political committee: C

Name of Employer: Michael McLaughlin, DDS Occupation: Business Manager

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 06 / 29 / 2011

**Transaction ID : SA11AI.12337**

Amount of Each Receipt this Period: 250.00

**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 39 OF 104
	<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) <b>A. Ken W. Merritt</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 28 / 2011	
Mailing Address 121 Tanner Way		<b>Transaction ID : SA11AI.12427</b>	
City Clovis	State NM	Zip Code 88101	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee.		C _____	
Name of Employer Self-Employed	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		

Full Name (Last, First, Middle Initial) <b>B. James Miller</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2011	
Mailing Address 8533 N 15th Ave.		<b>Transaction ID : SA11AI.12350</b>	
City Phoenix	State AZ	Zip Code 85021	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee.		C _____	
Name of Employer James Miller & Sons	Occupation President		
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>C. Dr. Joseph Mirci</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2011	
Mailing Address 394 Middle Oak Lane		<b>Transaction ID : SA11AI.12357</b>	
City Salt Lake City	State UT	Zip Code 84108	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee.		C _____	
Name of Employer Mirci Dental	Occupation Dentist		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 1000.00
<b>TOTAL</b> 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 40 OF 104
	<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 Moeller**

Mailing Address 11093 E Rolling Rock Dr.

City State Zip Code  
Scottsdale AZ 85262

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

Name of Employer Occupation  
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  
 06 / 30 / 2011

**Transaction ID : SA11AI.12360**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**George Mohatt**

Mailing Address 147 Scott Dr

City State Zip Code  
Sheridan WY 82801

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

Name of Employer Occupation  
Mohatt 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  
 06 / 29 / 2011

**Transaction ID : SA11AI.12370**

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
**W. K. Morgan**

Mailing Address 122 Drayton Hall

City State Zip Code  
Jacksonville NC 28540

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  
 06 / 30 / 2011

**Transaction ID : SA11AI.12287**

Amount of Each Receipt this Period  
250.00

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

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

800.00

**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 104
	<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)  
**Hossain Nasry**

Mailing Address PO Box 64181

City State Zip Code  
Tucson AZ 85728

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  
 06 / 24 / 2011

**Transaction ID : SA11AI.12323**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Matthew Neary**

Mailing Address 99 Summit

City State Zip Code  
Riverside CT 06878

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

Name of Employer Neary 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  
 04 / 24 / 2011

**Transaction ID : SA11AI.11967**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Matthew Neary**

Mailing Address 99 Summit

City State Zip Code  
Riverside CT 06878

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

Name of Employer Neary Dental Occupation Dentist

Receipt For: 2011  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 24 / 2011

**Transaction ID : SA11AI.12506**

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 42 OF 104
	<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 Neuberg**

Mailing Address 700 N Dobson #9

City Chandler State AZ Zip Code 85224

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

Name of Employer ASU Occupation Professor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2011

**Transaction ID : SA11AI.12470**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Merle Nunemaker**

Mailing Address 400 E Red Bridge Rd, Ste 120

City Kansas City State MO Zip Code 64131

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

Name of Employer erle A Nunemaker,DDS & Associa 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  
 06 / 29 / 2011

**Transaction ID : SA11AI.12331**

Amount of Each Receipt this Period  
 250.00

**C.** 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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2011

**Transaction ID : SA11AI.12465**

Amount of Each Receipt this Period  
 1000.00

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

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

2250.00

**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 43 OF 104	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**PAUL GOSAR FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>David Okano</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 29 / 2011
Mailing Address 1208 Hilltop Dr., #209		<b>Transaction ID : SA11AI.12433</b>
City Rock Springs	State AZ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	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	

Full Name (Last, First, Middle Initial) <b>Dr. Gary Oyster</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 21 / 2011
Mailing Address po box 189		<b>Transaction ID : SA11AI.12500</b>
City franklinton	State NC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Gary Oyster DDS	Occupation Dentist	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

Full Name (Last, First, Middle Initial) <b>Brad A Page</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 09 / 2011
Mailing Address 8735 N Oak Forest Dr.		<b>Transaction ID : SA11AI.12289</b>
City Prescott	State AZ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer JettTrucks Express	Occupation CEO	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3250.00
<b>TOTAL</b> 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 44 OF 104
	<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. Alec Parker**

Mailing Address 333 sunstone dr

City State Zip Code  
cary NC 27519

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

Name of Employer Occupation  
Parker 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  
 06 / 21 / 2011

**Transaction ID : SA11AI.12318**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Jeff Parrish**

Mailing Address 14120 w snoq valley rd

City State Zip Code  
duvall WA 98019

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

Name of Employer Occupation  
Parish 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  
 06 / 09 / 2011

**Transaction ID : SA11AI.12311**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Mark Peppard**

Mailing Address 4005 Spicewood Spring Road

City State Zip Code  
Austin TX 78759

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

Name of Employer Occupation  
Peppard Dental 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  
 05 / 20 / 2011

**Transaction ID : SA11AI.12405**

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: PAGE 45 OF 104  
(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)  
**Victor R Pereboom**

Mailing Address 1640 Willow Creek Rd

City State Zip Code  
Prescott AZ 86301

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

Name of Employer Occupation  
Self CPA

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 28 / 2011

**Transaction ID : SA11AI.12456**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Frank J. Peugh**

Mailing Address 2568 West Post Oak Drive

City State Zip Code  
Prescott AZ 86305

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

Name of Employer Occupation  
Retired Military Retired Military

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 16 / 2011

**Transaction ID : SA11AI.12416**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Frank J. Peugh**

Mailing Address 2568 West Post Oak Drive

City State Zip Code  
Prescott AZ 86305

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

Name of Employer Occupation  
Retired Military Retired Military

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2011

**Transaction ID : SA11AI.12365**

Amount of Each Receipt this Period  
 300.00

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

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

1800.00

**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 46 OF 104
	<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) <b>A. Dr. Timothy J. Pieper</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 29 / 2011	
Mailing Address 112 Holly Dr.		<b>Transaction ID : SA11AI.12472</b>	
City Torrington	State WY	Zip Code 82240	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Pieper Dental	Occupation Dentist		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1200.00	

Full Name (Last, First, Middle Initial) <b>B. Robert Plage</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 21 / 2011	
Mailing Address 807 Wood Cove Rd.		<b>Transaction ID : SA11AI.12424</b>	
City Wilmington	State NC	Zip Code 28403	Amount of Each Receipt this Period 500.00
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 500.00	

Full Name (Last, First, Middle Initial) <b>C. Mittida Raksanaves</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 29 / 2011	
Mailing Address 6761 Placita Manzanita		<b>Transaction ID : SA11AI.12332</b>	
City Tucson	State AZ	Zip Code 85718	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Unknown	Occupation Unknown		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1750.00
<b>TOTAL</b> 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 47 OF 104
	<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) <b>A. Dr. Chris Reese</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2011	
Mailing Address 2726 Charleston CT		<b>Transaction ID : SA11AI.12353</b>	
City Claremont	State NC	Zip Code 28610	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Reese 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>B. Dr. Gary L Roberts</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 19 / 2011	
Mailing Address 8510 Line Avenue		<b>Transaction ID : SA11AI.12290</b>	
City Shreveport	State LA	Zip Code 71106	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Roberts 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>C. Dr. Kirk Robertson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 09 / 2011	
Mailing Address 1110 W. Beal		<b>Transaction ID : SA11AI.12412</b>	
City Flagstaff	State AZ	Zip Code 86001	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Around the Mountain Pediatric	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		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 1000.00
<b>TOTAL</b> 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 48 OF 104
	<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. Clyde M. Robinson**

Mailing Address 2330 N. Rosemont

City Tucson State AZ Zip Code 85712

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

Name of Employer Robinson 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  
 06 / 21 / 2011

**Transaction ID : SA11AI.12291**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Robert S. Roda**

Mailing Address 7054 E Cochise Road

City Scottsdale State AZ Zip Code 85253

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

Name of Employer Roda & Sluyk Occupation Dentist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 01 / 2011

**Transaction ID : SA11AI.12373**

Amount of Each Receipt this Period  
 400.00

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Robert S. Roda**

Mailing Address 7054 E Cochise Road

City Scottsdale State AZ Zip Code 85253

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

Name of Employer Roda & Sluyk Occupation Dentist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 24 / 2011

**Transaction ID : SA11AI.12374**

Amount of Each Receipt this Period  
 400.00

**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 49 OF 104
	<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)  
**Steve Roman**

Mailing Address 3022 North Manor Drive East

City Phoenix State AZ Zip Code 85014

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

Name of Employer FirstStrategic Occupation Consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2011

**Transaction ID : SA11AI.12482**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Mr. Jason D. Rose**

Mailing Address 5630 E Nauni Valley Dr.

City Paradise Valley State AZ Zip Code 85253

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

Name of Employer Rose + Moser + Allyn Occupation Consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 09 / 2011

**Transaction ID : SA11AI.12454**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Sidney M. Rosen**

Mailing Address 4323 N. 12TH St. #104

City Phoenix State AZ Zip Code 85014

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

Name of Employer Self Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2011

**Transaction ID : SA11AI.12436**

Amount of Each Receipt this Period  
 500.00

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

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

2500.00

**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 104	
	<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) <b>A. Darellene Roussalis</b>		Date of Receipt MM / DD / YYYY 06 / 29 / 2011
Mailing Address 1220 W 30th St		<b>Transaction ID : SA11AI.12372</b>
City Casper	State WY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer None	Occupation Housewife	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) <b>B. Dr. Jeanne M. Salcetti</b>		Date of Receipt MM / DD / YYYY 05 / 19 / 2011
Mailing Address 735 Yardglen Court		<b>Transaction ID : SA11AI.12391</b>
City Colorado Springs	State CO	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Salcetti Dental	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	

Full Name (Last, First, Middle Initial) <b>C. San Manuel Band of Mission Indians</b>		Date of Receipt MM / DD / YYYY 04 / 13 / 2011
Mailing Address 26569 Community Center Dr.		<b>Transaction ID : SA11AI.12654</b>
City Highland	State CA	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer	Occupation	JFC - Great Eight Committee
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	<b>[MEMO ITEM]</b>

<b>SUBTOTAL</b> of Receipts This Page (optional).....	800.00
<b>TOTAL</b> 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 51 OF 104
	<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)  
**Paul Schilling**

Mailing Address PO Box 795

City Carefree State AZ Zip Code 85377

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  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2011

**Transaction ID : SA11AI.12278**

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
**Lou Silverstein**

Mailing Address 205 Loren Drive

City Prescott State AZ Zip Code 86305

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

Name of Employer KYCA Prescott Occupation Owner

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  
 06 / 09 / 2011

**Transaction ID : SA11AI.12308**

Amount of Each Receipt this Period  
250.00

**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  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 24 / 2011

**Transaction ID : SA11AI.12443**

Amount of Each Receipt this Period  
500.00

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

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

950.00

**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 104
	<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)  
**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  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 28 / 2011

**Transaction ID : SA11AI.12383**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Peter 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  
Service Group of America CEO

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  
 06 / 09 / 2011

**Transaction ID : SA11AI.12413**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Ernest Snyder**

Mailing Address 28248 N Tatum Blvd B1-603

City State Zip Code  
Cave Creek AZ 85331

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

Name of Employer Occupation  
Food Services of America SVP

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  
 06 / 09 / 2011

**Transaction ID : SA11AI.12408**

Amount of Each Receipt this Period  
500.00

**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 53 OF 104
	<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)  
**Howard Steinberg**

Mailing Address 2385 N Ferguson Ste 111

City Tucson State AZ Zip Code 85712

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 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 25 / 2011

**Transaction ID : SA11AI.12329**

Amount of Each Receipt this Period  
 250.00

**B.** 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 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2011

**Transaction ID : SA11AI.12431**

Amount of Each Receipt this Period  
 500.00

**C.** 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 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 11 / 2011

**Transaction ID : SA11AI.12388**

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: PAGE 54 OF 104  
(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)  
**Sycuan Band of the Kumeyaun Nation**

Mailing Address 5459 Sycuan Rd.

City State Zip Code  
El Cayon CA 92019

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

Name of Employer Occupation

Receipt For: 2010  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 06 / 2011

**Transaction ID : SA11AI.12652**

Amount of Each Receipt this Period  
 1000.00

JFC - Great Eight Committee

**[MEMO ITEM]**

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

Mailing Address 1404 Riversedge Rd.

City State Zip Code  
Newport News VA 23606

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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 19 / 2011

**Transaction ID : SA11AI.12401**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**John H Taylor**

Mailing Address 245 Mission Rd

City State Zip Code  
Sedona AZ 86336

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

Name of Employer Occupation  
N/A 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  
 06 / 30 / 2011

**Transaction ID : SA11AI.12342**

Amount of Each Receipt this Period  
 250.00

**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: PAGE 55 OF 104  
(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)  
**Dr. Jackson Teague**

Mailing Address 6 Yorkshire St.

City Asheville State NC Zip Code 28803

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

Name of Employer Teague 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  
 06 / 18 / 2011

**Transaction ID : SA11AI.12417**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Dr. Eric teDuits**

Mailing Address 5653 Ashbourne Ln

City Fitchburg State WI Zip Code 53711

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

Name of Employer teDuits 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  
 05 / 19 / 2011

**Transaction ID : SA11AI.12298**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Ronald G. Testa**

Mailing Address 530 Plymouth Court

City Frankfort State IL Zip Code 60423

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

Name of Employer Testa 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  
 05 / 03 / 2011

**Transaction ID : SA11AI.12384**

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 56 OF 104
	<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)  
**The Chickasaw Nation**

Mailing Address PO Box 1548

City: Ada State: OK Zip Code: 74820

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

Name of Employer: Occupation:

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1250.00

Date of Receipt: 06 / 30 / 2011

**Transaction ID : SA11AI.12486**

Amount of Each Receipt this Period: 1250.00

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

Mailing Address 1730 Rhode Island Ave. NW #317

City: Washington State: DC Zip Code: 20036

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

Name of Employer: Occupation:  
The Cormac Group Partner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 06 / 28 / 2011

**Transaction ID : SA11AI.12429**

Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Norma Torchia**

Mailing Address 8736 S Florence Ave.

City: Tulsa State: OK Zip Code: 74137

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

Name of Employer: Occupation:  
N/A Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 05 / 19 / 2011

**Transaction ID : SA11AI.12403**

Amount of Each Receipt this Period: 500.00

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

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

2250.00

**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 57 OF 104
	<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)  
**Leanne Towada**

Mailing Address P.O. Box 3424

City Pinetop State AZ Zip Code 85935

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

Name of Employer Self Occupation CRNA

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  
**06 / 29 / 2011**

**Transaction ID : SA11AI.12169**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 63 Ellicott Ave.

City Batavia State NY Zip Code 14020

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

Name of Employer Triftshouser 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 Y Y  
**05 / 19 / 2011**

**Transaction ID : SA11AI.12390**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Mark Tucker**

Mailing Address 724 Druid Hills Road

City Tampa State FL Zip Code 33617

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 Y Y  
**04 / 26 / 2011**

**Transaction ID : SA11AI.12449**

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 58 OF 104	
	<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)  
**Jack Tuls**

Mailing Address 2850 S Mojave Lot #E

City Las Vegas State NV Zip Code 89121

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

Name of Employer JT Properties Occupation Real Estate

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2011

**Transaction ID : SA11AI.12313**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Steven J. Twist**

Mailing Address 13870 N. 98th Place

City Scottsdale State AZ Zip Code 85260

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

Name of Employer Services Group of America Occupation Lawyer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2011

**Transaction ID : SA11AI.12455**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**Alex Vakula**

Mailing Address PO Box 3500

City Prescott State AZ Zip Code 86302

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

Name of Employer Self Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 09 / 2011

**Transaction ID : SA11AI.12410**

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 59 OF 104
	<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 R Ware**

Mailing Address 2675 Greenbriar Dr

City State Zip Code  
Prescott AZ 86305

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

Name of Employer Occupation  
The Future of Work Owner

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  
 06 / 30 / 2011

**Transaction ID : SA11AI.12356**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Jake Weber**

Mailing Address PO Box 21059

City State Zip Code  
Sedona AZ 86341

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

Name of Employer Occupation  
Weber's IGA Owner

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  
 06 / 30 / 2011

**Transaction ID : SA11AI.12474**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 2510 Applegate Road

City State Zip Code  
Bethel Park PA 15102

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

Name of Employer Occupation  
Wells 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  
 06 / 28 / 2011

**Transaction ID : SA11AI.11970**

Amount of Each Receipt this Period  
100.00

**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 60 OF 104
	<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) <b>A. Chad M. Willems</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 23 / 2011	
Mailing Address 19047 N 91st Way		<b>Transaction ID : SA11AI.12406</b>	
City Scottsdale	State AZ	Zip Code 85255	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Summit Group Consulting	Occupation President		
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) <b>B. Roger Winland</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2011	
Mailing Address 715 W. Union		<b>Transaction ID : SA11AI.12352</b>	
City Athens	State OH	Zip Code 45701	
FEC ID number of contributing federal political committee. C		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 250.00		

Full Name (Last, First, Middle Initial) <b>C. Tom Wray</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2011	
Mailing Address 11115 E Onyx Ct.		<b>Transaction ID : SA11AI.12355</b>	
City Scottsdale	State AZ	Zip Code 85259	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Southwestern Power Group	Occupation Project Manager		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> 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 61 OF 104
	<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) <b>A. Steven E. Wright</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 30 / 2011	
Mailing Address PO Box 953		<b>Transaction ID : SA11AI.12382</b>	
City Sedona	State AZ	Zip Code 86339	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer WRight Dental	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		

Full Name (Last, First, Middle Initial) <b>B. Jess Yescalis</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 06 / 2011	
Mailing Address 1010 N 2nd Ave #425C		<b>Transaction ID : SA11AI.12458</b>	
City Phoenix	State AZ	Zip Code 85003	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Self	Occupation Fundraiser		
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>C. Dr. Gary Yonemoto</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 19 / 2011	
Mailing Address 1105 Ward Ave., #1015		<b>Transaction ID : SA11AI.12399</b>	
City Honolulu	State HI	Zip Code 96814	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Yonemoto Dental	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		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<b>TOTAL</b> This Period (last page this line number only).....	2000.00

**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 62 OF 104
	<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. Dennis J. Zent**

Mailing Address 3030 N. Bay View

City: Angola State: IN Zip Code: 46703

FEC ID number of contributing federal political committee: C

Name of Employer: Zent Dental Occupation: Dentist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 05 / 20 / 2011

**Transaction ID : SA11Al.12404**

Amount of Each Receipt this Period: 500.00

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt

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

Amount of Each Receipt this Period

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

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

500.00

103200.00

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

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

FOR LINE NUMBER: PAGE 63 OF 104  
(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**

Full Name (Last, First, Middle Initial)  
AKIN GUMP STRAUSS HAUER & FELD LLP CIVIC ACTION COMMITTEE (AKA AGSH&F CIVIC ACTION COMMITTEE)

**A.** Mailing Address 1333 NEW HAMPSHIRE AVE., NW

City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00104901

Name of Employer Occupation

Receipt For: 2011  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2011

**Transaction ID : SA11C.12533**

Amount of Each Receipt this Period  
 1000.00

Full Name (Last, First, Middle Initial)  
AMERICAN ACADEMY OF NEUROLOGY PROFESSIONAL ASSOCIATION BRAINPAC

**B.** Mailing Address 509B 2ND ST NE LOWER LEVEL

City State Zip Code  
WASHINGTON DC 20002

FEC ID number of contributing federal political committee. **C** C00435933

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  
 05 / 19 / 2011

**Transaction ID : SA11C.12515**

Amount of Each Receipt this Period  
 1000.00

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

**C.** Mailing Address 211 E Chicago Ave  
Suite 700

City State Zip Code  
Chicago IL 60611

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

Name of Employer Occupation

Receipt For: 2012  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 19 / 2011

**Transaction ID : SA11C.12512**

Amount of Each Receipt this Period  
 5000.00

**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: PAGE 64 OF 104  
(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**

Full Name (Last, First, Middle Initial)  
AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

**A.** Mailing Address 9700 West Bryn Mawr Ave.

City State Zip Code  
Rosemont IL 60018

FEC ID number of contributing federal political committee. **C** C00005660

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  
 05 / 19 / 2011

**Transaction ID : SA11C.12513**

Amount of Each Receipt this Period  
1000.00

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

**B.** Mailing Address 1120 Connecticut Avenue NW  
Suite 600

City State Zip Code  
Washington DC 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  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 09 / 2011

**Transaction ID : SA11C.12554**

Amount of Each Receipt this Period  
1000.00

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

**C.** Mailing Address 1120 Connecticut Avenue NW  
Suite 600

City State Zip Code  
Washington DC 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  
4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2011

**Transaction ID : SA11C.12538**

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 65 OF 104	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**PAUL GOSAR FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**American Dental Political Education Fund**

Mailing Address 1111 14th Street NW # 1100

City Washington State DC Zip Code 20005

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  
 06 / 29 / 2011

**Transaction ID : SA11C.12552**

Amount of Each Receipt this Period  
 5000.00

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

Mailing Address 1000 WILSON BOULEVARD SUITE 1825

City ARLINGTON State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00373696

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  
 06 / 30 / 2011

**Transaction ID : SA11C.12540**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE**

Mailing Address 520 N. NORTHWEST HIGHWAY

City PARK RIDGE State IL Zip Code 60068

FEC ID number of contributing federal political committee. **C** C00255752

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  
 06 / 06 / 2011

**Transaction ID : SA11C.12550**

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 66 OF 104
	<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)  
**Arizona Cotton Growers Association**

Mailing Address 4139 East Broadway Road

City State Zip Code  
Phoenix AZ 85040

FEC ID number of contributing federal political committee. **C** C00033795

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  
 06 / 29 / 2011

**Transaction ID : SA11C.12535**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**ASSOCIATED BUILDERS AND CONTRACTORS, PAC**

Mailing Address 4250 North Fairfax Drive 9th Floor

City State Zip Code  
Arlington VA 22203

FEC ID number of contributing federal political committee. **C** C00010421

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  
 06 / 30 / 2011

**Transaction ID : SA11C.12542**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)**

Mailing Address 208 S. AKARD STREET  
SUITE 2701

City State Zip Code  
DALLAS TX 75202

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 14 / 2011

**Transaction ID : SA11C.12508**

Amount of Each Receipt this Period  
2000.00

G2010 Debt Retirement

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

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

5500.00

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

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

FOR LINE NUMBER: PAGE 67 OF 104  
(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)  
**CITIZENS UNITED POLITICAL VICTORY FUND**

Mailing Address 1006 PENNSYLVANIA AVE SE

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C C00295527**

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  
 06 / 30 / 2011

**Transaction ID : SA11C.12544**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
COMMITTEE FOR/ADV OF SE COTTON (CASC) SOUTHERN COTTONGROWERS INC/SE COTTON GINNERS ASSN

Mailing Address 139 PROMINENCE COURT STE. 110

City DAWSONVILLE State GA Zip Code 30534

FEC ID number of contributing federal political committee. **C C00300426**

Name of Employer Occupation

Receipt For: 2010  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 19 / 2011

**Transaction ID : SA11C.12510**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
CONSERVATIVE OPPURTUNITY LEADERSHIP AND ENTERPRISE PAC (COLE PAC)

Mailing Address 12176 Chancery Station Circle

City Reston State VA Zip Code 20190

FEC ID number of contributing federal political committee. **C C00404392**

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  
 06 / 09 / 2011

**Transaction ID : SA11C.12524**

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 68 OF 104
	<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)  
**CONSERVATIVE VICTORY FUND**

Mailing Address 1101 PENNSYLVANIA AVE SE  
SUITE 201

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C C00009704**

Name of Employer Occupation

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  
 06 / 16 / 2011

**Transaction ID : SA11C.12527**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**FREEMONT-MCMORAN COPPER & GOLD INC. CITIZENSHIP COMMITTEE**

Mailing Address 1 NORTH CENTRAL AVENUE

City PHOENIX State AZ Zip Code 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  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 09 / 2011

**Transaction ID : SA11C.12525**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**GRAND CANYON STATE CAUCUS**

Mailing Address PMB 326  
8711 E. PINNACLE PEAK RD

City SCOTTSDALE State AZ Zip Code 85255

FEC ID number of contributing federal political committee. **C C00473249**

Name of Employer Occupation

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  
 06 / 30 / 2011

**Transaction ID : SA11C.12546**

Amount of Each Receipt this Period  
5000.00

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

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

6500.00

**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 69 OF 104
<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)  
HEALTHY GOVERNMENT COMMITTEE-THE POLITICAL ACTION CMTE/BLUE CROSS

Mailing Address POST OFFICE BOX 13466

City PHOENIX State AZ Zip Code 85002

FEC ID number of contributing federal political committee. **C** C00215202

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  
 06 / 09 / 2011

**Transaction ID : SA11C.12522**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE

Mailing Address 101 CONSTITUTION AVE. NW  
SUITE 500 WEST

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00096156

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  
 04 / 01 / 2011

**Transaction ID : SA11C.11964**

Amount of Each Receipt this Period  
 134.38

In-kind - Fundraising Expenses

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

Mailing Address 600 14TH STREET, NW  
SUITE 800

City WASHINGTON State DC Zip Code 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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2011

**Transaction ID : SA11C.12536**

Amount of Each Receipt this Period  
 1000.00

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

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

2134.38

**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 70 OF 104
	<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)  
**NIGA Sovereignty PAC**

Mailing Address 224 Second St. SE

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C C00367177**

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  
 06 / 09 / 2011

**Transaction ID : SA11C.12661**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**PETROLEUM MARKETERS ASSOCIATION OF AMERICAN SMALL BUSINESS COMMITTEE**

Mailing Address 1901 NORTH FORT MYER DRIVE  
SUITE 500

City ARLINGTON State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C C00035204**

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  
 06 / 16 / 2011

**Transaction ID : SA11C.12529**

Amount of Each Receipt this Period  
 1000.00

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

Mailing Address 801 Pennsylvania Ave NW  
Suite 214

City Washington State DC Zip Code 20004

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

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  
 06 / 30 / 2011

**Transaction ID : SA11C.12539**

Amount of Each Receipt this Period  
 500.00

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

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

2500.00

**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 71 OF 104
	<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)  
**PINNACLE WEST CAPITAL CORPORATION PAC**

Mailing Address 801 Pennsylvania Ave NW  
Suite 214

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2011

**Transaction ID : SA11C.12551**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**SALT RIVER VALLEY WATER USERS' ASSOCIATION POLITICAL INVOLVEMENT COMMITTEE ( SRPPIC)**

Mailing Address PO BOX 52025 ISB336

City PHOENIX State AZ Zip Code 85072

FEC ID number of contributing federal political committee. **C C00048579**

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  
 06 / 09 / 2011

**Transaction ID : SA11C.12523**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
**SENATE MAJORITY FUND**

Mailing Address P.O. Box 32025

City Phoenix State AZ Zip Code 85064

FEC ID number of contributing federal political committee. **C C00368431**

Name of Employer Occupation

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  
 06 / 30 / 2011

**Transaction ID : SA11C.12543**

Amount of Each Receipt this Period  
5000.00

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

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

6500.00

**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)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 72 OF 104

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NAME OF COMMITTEE (In Full)  
**PAUL GOSAR FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**SOCIETY FOR VASCULAR SURGERY POLITICAL ACTION COMMITTEE**

Mailing Address 633 N. ST. CLAIR ST.  
 24TH FLOOR

City State Zip Code  
 CHICAGO IL 60611

FEC ID number of contributing federal political committee. **C** C00381459

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  
 06 / 16 / 2011

**Transaction ID : SA11C.12531**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**SOUTHWEST GAS CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address 5241 SPRING MOUNTAIN ROAD

City State Zip Code  
 LAS VEGAS NV 89150

FEC ID number of contributing federal political committee. **C** C00076737

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  
 06 / 09 / 2011

**Transaction ID : SA11C.12520**

Amount of Each Receipt this Period  
 2000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / 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).....

3000.00

46134.38

**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 73 OF 104
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 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)  
**GREAT EIGHT COMMITTEE**

Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00493577

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 7999.31

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2011

**Transaction ID : SA12.12656**

Amount of Each Receipt this Period  
 2568.10

Donors disclosed on Schedule A and previous reports

**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).....

2568.10

2568.10

**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 74 OF 104			
	<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) <b>A. Arizona Dental Association</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2011	
Mailing Address 3193 N Drinkwater Blvd			Amount of Each Disbursement this Period 346.49	
City Scottsdale	State AZ	Zip Code 85251	Transaction ID : SB17.11951	
Purpose of Disbursement Fundraising Catering		Category/ Type 003		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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>B. AT&amp;T</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2011	
Mailing Address 175 E. Houston St.			Amount of Each Disbursement this Period 230.86	
City San Antonio	State TX	Zip Code 78205	Transaction ID : SB17.12560	
Purpose of Disbursement Cell Phone Service		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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>C. AT&amp;T</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2011	
Mailing Address 175 E. Houston St.			Amount of Each Disbursement this Period 226.09	
City San Antonio	State TX	Zip Code 78205	Transaction ID : SB17.12559	
Purpose of Disbursement Cell Phone Service		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	803.44
<b>TOTAL</b> 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 75 OF 104	
	<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) <b>A. AT&amp;T</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2011
Mailing Address 175 E. Houston St.		Amount of Each Disbursement this Period 206.49
City San Antonio State TX Zip Code 78205	Purpose of Disbursement Cell Phone Service	
Candidate Name	Category/Type	<b>Transaction ID : SB17.12558</b>
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>B. Authorize.net Corp.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2011
Mailing Address 915 South 500 East, Suite 200		Amount of Each Disbursement this Period 4.95
City American Fork State UT Zip Code 84003	Purpose of Disbursement Credit Card Merchant Fees	
Candidate Name	Category/Type	<b>Transaction ID : SB17.12561</b>
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>c. Authorize.net Corp.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2011
Mailing Address 915 South 500 East, Suite 200		Amount of Each Disbursement this Period 55.90
City American Fork State UT Zip Code 84003	Purpose of Disbursement Credit Card Merchant Fees	
Candidate Name	Category/Type	<b>Transaction ID : SB17.12573</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	267.34
<b>TOTAL</b> 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 76 OF 104	
	<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) <b>A. Authorize.net Corp.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2011
Mailing Address 915 South 500 East, Suite 200		Amount of Each Disbursement this Period 98.00 <b>Transaction ID : SB17.12567</b>
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:		

Full Name (Last, First, Middle Initial) <b>B. Authorize.net Corp.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2011
Mailing Address 915 South 500 East, Suite 200		Amount of Each Disbursement this Period 22.50 <b>Transaction ID : SB17.12565</b>
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:		

Full Name (Last, First, Middle Initial) <b>C. Authorize.net Corp.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2011
Mailing Address 915 South 500 East, Suite 200		Amount of Each Disbursement this Period 43.51 <b>Transaction ID : SB17.12568</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	98.00
<b>TOTAL</b> 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 77 OF 104	
	<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) <b>A. Authorize.net Corp.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 12 / 2011
Mailing Address 915 South 500 East, Suite 200		Amount of Each Disbursement this Period 209.13 <b>Transaction ID : SB17.12578</b>
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:		

Full Name (Last, First, Middle Initial) <b>B. Authorize.net Corp.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2011
Mailing Address 915 South 500 East, Suite 200		Amount of Each Disbursement this Period 4.95 <b>Transaction ID : SB17.12562</b>
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:		

Full Name (Last, First, Middle Initial) <b>c. Authorize.net Corp.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2011
Mailing Address 915 South 500 East, Suite 200		Amount of Each Disbursement this Period 53.10 <b>Transaction ID : SB17.12572</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	267.18
<b>TOTAL</b> 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 78 OF 104	
	<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) <b>A. Authorize.net Corp.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2011
Mailing Address 915 South 500 East, Suite 200		Amount of Each Disbursement this Period 98.72
City American Fork	State UT	
Zip Code 84003	Purpose of Disbursement Credit Card Merchant Fees	Transaction ID : SB17.12574
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>B. Authorize.net Corp.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2011
Mailing Address 915 South 500 East, Suite 200		Amount of Each Disbursement this Period 22.14
City American Fork	State UT	
Zip Code 84003	Purpose of Disbursement Credit Card Merchant Fees	Transaction ID : SB17.12564
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>c. Authorize.net Corp.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2011
Mailing Address 915 South 500 East, Suite 200		Amount of Each Disbursement this Period 44.27
City American Fork	State UT	
Zip Code 84003	Purpose of Disbursement Credit Card Merchant Fees	Transaction ID : SB17.12570
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	165.13
<b>TOTAL</b> 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 79 OF 104			
	<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) <b>A. Authorize.net Corp.</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2011
Mailing Address 915 South 500 East, Suite 200		Amount of Each Disbursement this Period 147.66 <b>Transaction ID : SB17.12576</b>
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>B. Authorize.net Corp.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2011
Mailing Address 915 South 500 East, Suite 200		Amount of Each Disbursement this Period 4.95 <b>Transaction ID : SB17.12563</b>
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>c. Authorize.net Corp.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2011
Mailing Address 915 South 500 East, Suite 200		Amount of Each Disbursement this Period 52.95 <b>Transaction ID : SB17.12571</b>
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	205.56
<b>TOTAL</b> 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 80 OF 104	
	<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) <b>A. Authorize.net Corp.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2011
Mailing Address 915 South 500 East, Suite 200		Amount of Each Disbursement this Period 126.78 <b>Transaction ID : SB17.12575</b>
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>B. Authorize.net Corp.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2011
Mailing Address 915 South 500 East, Suite 200		Amount of Each Disbursement this Period 24.14 <b>Transaction ID : SB17.12566</b>
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>c. Authorize.net Corp.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2011
Mailing Address 915 South 500 East, Suite 200		Amount of Each Disbursement this Period 44.25 <b>Transaction ID : SB17.12569</b>
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	195.17
<b>TOTAL</b> 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 81 OF 104		
	<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) <b>A. Authorize.net Corp.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2011
Mailing Address 915 South 500 East, Suite 200		Amount of Each Disbursement this Period 158.92 <b>Transaction ID : SB17.12577</b>
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:		

Full Name (Last, First, Middle Initial) <b>B. Baystreet Enterprises</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2011
Mailing Address		Amount of Each Disbursement this Period 204.60 <b>Transaction ID : SB17.12580</b>
City State Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2011
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 126.50 <b>Transaction ID : SB17.12583</b>
City Washington State DC Zip Code 20003	Purpose of Disbursement Campaign Meals	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	490.02
<b>TOTAL</b> 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 82 OF 104			
	<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) <b>A. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2011
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 228.00 <b>Transaction ID : SB17.12584</b>
City Washington State DC Zip Code 20003	Purpose of Disbursement Campaign Meals	
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>B. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2011
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 132.69 <b>Transaction ID : SB17.12585</b>
City Washington State DC Zip Code 20003	Purpose of Disbursement Campaign Meals	
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>c. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2011
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 2128.74 <b>Transaction ID : SB17.12586</b>
City Washington State DC Zip Code 20003	Purpose of Disbursement Event Catering	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2387.93
<b>TOTAL</b> 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 83 OF 104			
	<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) <b>A. Coleman Dahm &amp; Associates</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2011
Mailing Address 4715 North 32nd Street Suite 107			Amount of Each Disbursement this Period 6477.47 <b>Transaction ID : SB17.12587</b>
City Phoenix	State AZ	Zip Code 85018	
Purpose of Disbursement Stationary and supplies		Category/ Type	
Candidate Name			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. DirectTV</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2011
Mailing Address 10007 South 51st Street			Amount of Each Disbursement this Period 66.06 <b>Transaction ID : SB17.12592</b>
City Phoenix	State AZ	Zip Code 85044	
Purpose of Disbursement Cable		Category/ Type	
Candidate Name			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C. DirectTV</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2011
Mailing Address 10007 South 51st Street			Amount of Each Disbursement this Period 67.56 <b>Transaction ID : SB17.12593</b>
City Phoenix	State AZ	Zip Code 85044	
Purpose of Disbursement Cable		Category/ Type	
Candidate Name			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6611.09
<b>TOTAL</b> 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 84 OF 104			
	<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) <b>A. DirectTV</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2011		
Mailing Address 10007 South 51st Street			Amount of Each Disbursement this Period 67.56		
City Phoenix	State AZ	Zip Code 85044	Transaction ID : SB17.12594		
Purpose of Disbursement Cable		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>B. Frontier Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2011		
Mailing Address 7001 Tower Rd			Amount of Each Disbursement this Period 841.80		
City Denver	State CO	Zip Code 80249	Transaction ID : SB17.12599		
Purpose of Disbursement Airfare		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>c. GoDaddy.com</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2011		
Mailing Address 14455 N. Hayden Rd.			Amount of Each Disbursement this Period 250.92		
City Scottsdale	State AZ	Zip Code 85260	Transaction ID : SB17.12601		
Purpose of Disbursement Domain Registration and Hosting		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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1160.28
<b>TOTAL</b> 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 85 OF 104			
	<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) <b>A. GoDaddy.com</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2011
Mailing Address 14455 N. Hayden Rd.		Amount of Each Disbursement this Period 431.42 <b>Transaction ID : SB17.12602</b>
City Scottsdale	State AZ	
Zip Code 85260	Purpose of Disbursement Domain Registration and Hosting	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>B. Maude Gosar</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2011
Mailing Address 7485 Rain Valley Rd.		Amount of Each Disbursement this Period 1664.40 <b>Transaction ID : SB17.12646</b>
City Flagstaff	State AZ	
Zip Code 86004	Purpose of Disbursement Dues, Lodging, 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>C. Hammond &amp; Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2011
Mailing Address P.O. Box 368		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.11942</b>
City Falls Church	State VA	
Zip Code 22040	Purpose of Disbursement Fundraising Fees	Category/ Type 003
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4595.82
<b>TOTAL</b> 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 86 OF 104			
	<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) <b>A. Hammond &amp; Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2011
Mailing Address P.O. Box 368		Amount of Each Disbursement this Period 2502.50
City Falls Church	State VA	
Zip Code 22040	Purpose of Disbursement Fundraising Fees	<b>Transaction ID : SB17.11943</b>
Candidate Name	Category/ Type 003	
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>B. Hammond &amp; Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2011
Mailing Address P.O. Box 368		Amount of Each Disbursement this Period 2502.50
City Falls Church	State VA	
Zip Code 22040	Purpose of Disbursement Fundraising Consulting Fees	<b>Transaction ID : SB17.12603</b>
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>C. Dr. Brien V. Harvey</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2011
Mailing Address 6051 N Paseo Valdear		Amount of Each Disbursement this Period 281.00
City Tucson	State AZ	
Zip Code 85750	Purpose of Disbursement Food and Beverage	<b>Transaction ID : SB17.12582</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5286.00
<b>TOTAL</b> 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 87 OF 104		
	<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) <b>A. Hieu Tran &amp; Company</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2011
Mailing Address PO Box 11494		Amount of Each Disbursement this Period 2750.00 <b>Transaction ID : SB17.12605</b>
City Tempe	State AZ	
Zip Code 85284	Purpose of Disbursement Accounting 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>B. Hieu Tran &amp; Company</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2011
Mailing Address PO Box 11494		Amount of Each Disbursement this Period 1252.20 <b>Transaction ID : SB17.12604</b>
City Tempe	State AZ	
Zip Code 85284	Purpose of Disbursement Accounting 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>C. Hilton</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2011
Mailing Address 7930 Jones Branch Drive, Suite 110		Amount of Each Disbursement this Period 231.45 <b>Transaction ID : SB17.12606</b>
City McLean	State VA	
Zip Code 22102	Purpose of Disbursement Hotel Lodging	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4233.65
<b>TOTAL</b> 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 88 OF 104			
	<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) <b>A. Integrated Web Strategy</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2011	
Mailing Address 206 East Morris			Amount of Each Disbursement this Period 674.95	
City Phoenix	State AZ	Zip Code 85012	Transaction ID : SB17.11944	
Purpose of Disbursement Email Sends		Category/ Type 004		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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>B. Integrated Web Strategy</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2011	
Mailing Address 206 East Morris			Amount of Each Disbursement this Period 5446.68	
City Phoenix	State AZ	Zip Code 85012	Transaction ID : SB17.11945	
Purpose of Disbursement Campaign Management and Email Sends		Category/ Type 001		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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>c. Integrated Web Strategy</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2011	
Mailing Address 206 East Morris			Amount of Each Disbursement this Period 6561.12	
City Phoenix	State AZ	Zip Code 85012	Transaction ID : SB17.11946	
Purpose of Disbursement Campaign Consulting, Email Sends, Facebook		Category/ Type 001		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	12682.75
<b>TOTAL</b> 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 89 OF 104			
	<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) <b>A. Integrated Web Strategy</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2011		
Mailing Address 206 East Morris			Amount of Each Disbursement this Period 6058.63		
City Phoenix	State AZ	Zip Code 85012	Transaction ID : SB17.12664		
Purpose of Disbursement		Category/ Type 001			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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>B. Kingston Plantation</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2011		
Mailing Address 9800 Queensway Blvd			Amount of Each Disbursement this Period 219.52		
City Myrtle Beach	State SC	Zip Code 29572	Transaction ID : SB17.12611		
Purpose of Disbursement Hotel Lodging		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	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>C. Kingston Plantation</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 24 / 2011		
Mailing Address 9800 Queensway Blvd			Amount of Each Disbursement this Period 219.52		
City Myrtle Beach	State SC	Zip Code 29572	Transaction ID : SB17.12610		
Purpose of Disbursement Hotel Lodging		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6497.67
<b>TOTAL</b> 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 90 OF 104			
	<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) <b>A. Bryan Lanza</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2011
Mailing Address 3083 Benton Street		Amount of Each Disbursement this Period 5000.00
City West Sacramento	State CA	
Zip Code 95691	Purpose of Disbursement Campaign Consulting	<b>Transaction ID : SB17.11953</b>
Candidate Name	001 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>B. MBQF Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2011
Mailing Address 18650 N 91st Ave Unit#2001		Amount of Each Disbursement this Period 2751.42
City Peoria	State AZ	
Zip Code 85382	Purpose of Disbursement Telephone Calls	<b>Transaction ID : SB17.11947</b>
Candidate Name	001 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>c. Ocean's Club</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2011
Mailing Address 15045 North Kierland Boulevard		Amount of Each Disbursement this Period 307.49
City Scottsdale	State AZ	
Zip Code 85254	Purpose of Disbursement Campaign Meals	<b>Transaction ID : SB17.12614</b>
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8058.91
<b>TOTAL</b> 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 91 OF 104	
	<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) <b>A. Platt Photography</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2011
Mailing Address PO Box 11428		Amount of Each Disbursement this Period 350.00
City Chandler	State AZ	
Zip Code 85248	Purpose of Disbursement Event Photography	Transaction ID : SB17.12615
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>B. ROBERT WADE ROBINSON II</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2011
Mailing Address 11039 E. HARRIS HAWK TRAIL		Amount of Each Disbursement this Period 914.60
City SCOTTSDALE	State AZ	
Zip Code 85262	Purpose of Disbursement Airfare Reimbursement	Transaction ID : SB17.11948
Candidate Name	Category/ Type 002	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ROBERT WADE ROBINSON II</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2011
Mailing Address 11039 E. HARRIS HAWK TRAIL		Amount of Each Disbursement this Period 2747.86
City SCOTTSDALE	State AZ	
Zip Code 85262	Purpose of Disbursement Travel, Meals, and Transportation	Transaction ID : SB17.12648
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4012.46
<b>TOTAL</b> 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 92 OF 104			
	<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) <b>A. Snow King Resort</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2011
Mailing Address 400 E. Snow King Ave.		Amount of Each Disbursement this Period 21.60 <b>Transaction ID : SB17.12619</b>
City Jackson Hole	State WY	
Zip Code 80031	Purpose of Disbursement Campaign 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>B. Tortilla Coast</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2011
Mailing Address 400 First Street SE		Amount of Each Disbursement this Period 348.43 <b>Transaction ID : SB17.12624</b>
City Washington	State DC	
Zip Code 20016	Purpose of Disbursement Campaign 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>c. Tortilla Coast</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 25 / 2011
Mailing Address 400 First Street SE		Amount of Each Disbursement this Period 84.81 <b>Transaction ID : SB17.12623</b>
City Washington	State DC	
Zip Code 20016	Purpose of Disbursement Campaign 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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	454.84
<b>TOTAL</b> 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 93 OF 104			
	<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) <b>A. Tortilla Coast</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2011		
Mailing Address 400 First Street SE			Amount of Each Disbursement this Period 501.38		
City Washington	State DC	Zip Code 20016	Transaction ID : SB17.12625		
Purpose of Disbursement Campaign 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>B. US Airways</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2011		
Mailing Address 4000 E. Sky Harbor Blvd.			Amount of Each Disbursement this Period 25.00		
City Phoenix	State AZ	Zip Code 85034	Transaction ID : SB17.12628		
Purpose of Disbursement Baggage Fee		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>c. US Airways</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2011		
Mailing Address 4000 E. Sky Harbor Blvd.			Amount of Each Disbursement this Period 881.10		
City Phoenix	State AZ	Zip Code 85034	Transaction ID : SB17.12633		
Purpose of Disbursement Airfare		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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1407.48
<b>TOTAL</b> 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 94 OF 104	
	<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) <b>A. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2011
Mailing Address 4000 E. Sky Harbor Blvd.		Amount of Each Disbursement this Period 25.00
City Phoenix State AZ Zip Code 85034	Purpose of Disbursement Baggage Fee	
Candidate Name	Category/Type	<b>Transaction ID : SB17.12629</b>
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>B. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2011
Mailing Address 4000 E. Sky Harbor Blvd.		Amount of Each Disbursement this Period 35.00
City Phoenix State AZ Zip Code 85034	Purpose of Disbursement Baggage Fee	
Candidate Name	Category/Type	<b>Transaction ID : SB17.12630</b>
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>c. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2011
Mailing Address 4000 E. Sky Harbor Blvd.		Amount of Each Disbursement this Period 202.05
City Phoenix State AZ Zip Code 85034	Purpose of Disbursement Airfare	
Candidate Name	Category/Type	<b>Transaction ID : SB17.12631</b>
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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	262.05
<b>TOTAL</b> 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 95 OF 104			
	<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) <b>A. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2011
Mailing Address 4000 E. Sky Harbor Blvd.		Amount of Each Disbursement this Period 465.40 <b>Transaction ID : SB17.12632</b>
City Phoenix	State AZ Zip Code 85034	
Purpose of Disbursement Airfare	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>B. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2011
Mailing Address One Verizon Way		Amount of Each Disbursement this Period 114.22 <b>Transaction ID : SB17.12637</b>
City Basking Ridge	State NJ Zip Code 07920	
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) <b>C. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2011
Mailing Address One Verizon Way		Amount of Each Disbursement this Period 114.12 <b>Transaction ID : SB17.12636</b>
City Basking Ridge	State NJ Zip Code 07920	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	693.74
<b>TOTAL</b> 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 96 OF 104			
	<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) <b>A. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2011
Mailing Address One Verizon Way		Amount of Each Disbursement this Period 144.00 <b>Transaction ID : SB17.12638</b>
City Basking Ridge	State NJ Zip Code 07920	
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) <b>B. X-Tra Space Storage</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2011
Mailing Address 531 S Granite St.		Amount of Each Disbursement this Period 76.50 <b>Transaction ID : SB17.11940</b>
City Prescott	State AZ Zip Code 86303	
Purpose of Disbursement Storage Rental Fee	Category/Type 001	
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>c. X-Tra Space Storage</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2011
Mailing Address 531 S Granite St.		Amount of Each Disbursement this Period 76.50 <b>Transaction ID : SB17.12641</b>
City Prescott	State AZ Zip Code 86303	
Purpose of Disbursement Storage Rental	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	297.00
<b>TOTAL</b> 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 97 OF 104			
	<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) <b>A. Jess Yescalis</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2011
Mailing Address 1010 N 2nd Ave #425C		Amount of Each Disbursement this Period 1017.83
City Phoenix State AZ Zip Code 85003	Purpose of Disbursement Direct Mail and Thank You Letters Category/Type 003	
Candidate Name		Transaction ID : SB17.11954
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>B. Jess Yescalis</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2011
Mailing Address 1010 N 2nd Ave #425C		Amount of Each Disbursement this Period 3824.89
City Phoenix State AZ Zip Code 85003	Purpose of Disbursement Direct Mail and Thank You Letters Category/Type 003	
Candidate Name		Transaction ID : SB17.11955
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>C. Yescalis Campaign Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2011
Mailing Address 1010 N 2nd Avenue 425C		Amount of Each Disbursement this Period 15433.06
City Phoenix State AZ Zip Code 85003	Purpose of Disbursement Fundraising Fees Category/Type 003	
Candidate Name		Transaction ID : SB17.11950
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	20275.78
<b>TOTAL</b> 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 98 OF 104			
	<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) <b>A. Yescalis Campaign Strategies</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2011	
Mailing Address 1010 N 2nd Avenue 425C			Amount of Each Disbursement this Period 7264.54	
City Phoenix	State AZ	Zip Code 85003	Transaction ID : SB17.11949	
Purpose of Disbursement Fundraising Fees		Category/ Type 003		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Yescalis Campaign Strategies</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2011	
Mailing Address 1010 N 2nd Avenue 425C			Amount of Each Disbursement this Period 5881.50	
City Phoenix	State AZ	Zip Code 85003	Transaction ID : SB17.12644	
Purpose of Disbursement Fundraising Consulting 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>C.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code		
Purpose of Disbursement		Category/ Type		
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	13146.04
<b>TOTAL</b> This Period (last page this line number only).....	94555.33

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 99 OF 104
	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 <b>Hammond &amp; Associates</b>		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	<b>Transaction ID : SD10.11368</b>	
<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 <b>Hammond &amp; Associates</b>		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	<b>Transaction ID : SD10.11929</b>	
<input type="text" value="2500.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="2500.00"/>	<input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Hammond &amp; Associates</b>		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	<b>Transaction ID : SD10.11928</b>	
<input type="text" value="2502.50"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="2502.50"/>	<input type="text" value="0.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="7500.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> 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)

FOR LINE NUMBER: (check only one)

9  
 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):

Campaign Consulting Services

Mailing Address 206 East Morris

City State

Zip Code

Phoenix

AZ

85012

Outstanding Balance Beginning This Period

20000.00

Transaction ID : SD10.11385

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Integrated Web Strategy**

Nature of Debt (Purpose):

Email Sends

Mailing Address 206 East Morris

City State

Zip Code

Phoenix

AZ

85012

Outstanding Balance Beginning This Period

674.95

Transaction ID : SD10.11933

Amount Incurred This Period

0.00

Payment This Period

674.95

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Integrated Web Strategy**

Nature of Debt (Purpose):

Consulting Fee and Email Sends

Mailing Address 206 East Morris

City

State

Zip Code

Phoenix

AZ

85012

Outstanding Balance Beginning This Period

5446.68

Transaction ID : SD10.11934

Amount Incurred This Period

0.00

Payment This Period

5446.68

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional) .....

20000.00

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

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 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):

Consulting Fee, Email Sends, Facebook Advertisement

Mailing Address 206 East Morris

City State Zip Code  
Phoenix AZ 85012

Outstanding Balance Beginning This Period

6561.12

Transaction ID : SD10.11935

Amount Incurred This Period

0.00

Payment This Period

6561.12

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Integrated Web Strategy**

Nature of Debt (Purpose):

Consulting Fees and email Sends

Mailing Address 206 East Morris

City State Zip Code  
Phoenix AZ 85012

Outstanding Balance Beginning This Period

6058.63

Transaction ID : SD10.11936

Amount Incurred This Period

0.00

Payment This Period

6058.63

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Integrated Web Strategy**

Nature of Debt (Purpose):

Consulting Fees and email Sends

Mailing Address 206 East Morris

City State Zip Code  
Phoenix AZ 85012

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.12667

Amount Incurred This Period

6427.28

Payment This Period

0.00

Outstanding Balance at Close of This Period

6427.28

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

6427.28

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

**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 <b>MBQF Consulting</b>		Nature of Debt (Purpose): Telephone System
Mailing Address 18650 N 91st Ave Unit#2001		
City	State	Zip Code
Peoria	AZ	85382

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.11930</b>	
<input type="text" value="2751.42"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="2751.42"/>	<input type="text" value="0.00"/>

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

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.11931</b>	
<input type="text" value="350.00"/>		
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="350.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ROBERT WADE ROBINSON II</b>		Nature of Debt (Purpose): Travel Expenses
Mailing Address 11039 E. HARRIS HAWK TRAIL		
City	State	Zip Code
SCOTTSDALE	AZ	85262

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10.11366</b>	
<input type="text" value="914.60"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="914.60"/>	<input type="text" value="0.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="350.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> 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**

NAME OF COMMITTEE (In Full)

**PAUL GOSAR FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ROBERT WADE ROBINSON II</b>	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

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Jess Yescalis</b>	Nature of Debt (Purpose): Fundraising supplies
Mailing Address 1010 N 2nd Ave #425C	
City State Zip Code Phoenix AZ 85003	

Outstanding Balance Beginning This Period 1017.83	Transaction ID : SD10.11927	
Amount Incurred This Period 0.00	Payment This Period 1017.83	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Jess Yescalis</b>	Nature of Debt (Purpose): Direct Mail and Fundraising Supplies
Mailing Address 1010 N 2nd Ave #425C	
City State Zip Code Phoenix AZ 85003	

Outstanding Balance Beginning This Period 3824.89	Transaction ID : SD10.11937	
Amount Incurred This Period 0.00	Payment This Period 3824.89	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	212.07
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	0.00

**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 <b>Yescalis Campaign Strategies</b>		Nature of Debt (Purpose): Fundraising Services
Mailing Address 1010 N 2nd Avenue 425C		
City State	Zip Code	
Phoenix AZ	85003	

Outstanding Balance Beginning This Period	Transaction ID : SD10.11369	
15433.06		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	15433.06	0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Yescalis Campaign Strategies</b>		Nature of Debt (Purpose): Fundraising Services
Mailing Address 1010 N 2nd Avenue 425C		
City State	Zip Code	
Phoenix AZ	85003	

Outstanding Balance Beginning This Period	Transaction ID : SD10.11383	
7264.54		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	7264.54	0.00

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		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	0.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	34489.35
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	34489.35