

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

PAUL GOSAR FOR CONGRESS

ADDRESS (number and street) 2222 E. Cedar Ave.

Check if different than previously reported. (ACC) Flagstaff AZ 86004

2. **FEC IDENTIFICATION NUMBER** C00461806 **CITY** **STATE** AZ **ZIP CODE** 86004 **STATE** AZ **DISTRICT** 01

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

(a) Quarterly Reports:

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

Termination Report (TER)

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

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

Election on [ ] [ ] [ ] in the State of [ ]

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

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

Election on [ ] [ ] [ ] in the State of [ ]

5. Covering Period 01 01 2010 through 03 31 2010

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

Type or Print Name of Treasurer ROBERT WADE ROBINSON, II

Signature of Treasurer Electronically Filed by ROBERT WADE ROBINSON, II Date 08 11 2010

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

Office Use Only							
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**FEC FORM 3**  
(Revised 02/2003)

**SUMMARY PAGE**

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

PAUL GOSAR FOR CONGRESS

Report Covering the Period:

From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	74699.89	279561.68
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	74699.89	279061.68
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	37044.41	111676.61
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	2478.74
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	37044.41	109197.87
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>169928.07</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	

**For further information contact:**

Federal Election Commission  
 999 E Street, NW  
 Washington, DC 20463  
 Toll Free 800-424-9530  
 Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name  
PAUL GOSAR FOR CONGRESS

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees	46891.22	192862.85
(i) Itemized (use Schedule A).....	15295.31	31944.25
(ii) Unitemized.....	62186.53	224807.10
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	9500.00	41000.00
(c) Other Political Committees (such as PACS).....	3013.36	13754.58
(d) The Candidate.....	74699.89	279561.68
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....</b>	0.00	0.00
<b>13. LOANS</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	4000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	4000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....</b>	0.00	2478.74
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	33.96	64.26
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	74733.85	286104.68

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	37044.41	111676.61
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	4000.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	4000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	500.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	500.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	37044.41	116176.61

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	132238.63
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	74733.85
25. SUBTOTAL (add Line 23 and Line 24).....	206972.48
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	37044.41
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	169928.07

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

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

FOR LINE NUMBER: PAGE 5 / 56  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    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)  
Dr. Roger B. Anderson

Mailing Address 3061 N. Willow Creek Drive

City Tucson State AZ Zip Code 85712

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

Name of Employer Anderson Dental Occupation Dentist

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt 03 / 28 / 2010  
**Transaction ID:** SA11AI.5899  
 Amount of Each Receipt this Period 500.00  
 Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Dr. Robert L. Birdwell

Mailing Address 6924 W Abraham Lane

City Glendale State AZ Zip Code 85308

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

Name of Employer Birdwell Dental Occupation Dentist

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 03 / 31 / 2010  
**Transaction ID:** SA11AI.6005  
 Amount of Each Receipt this Period 250.00  
 Check

**C.** Full Name (Last, First, Middle Initial)  
Dr. John D. Blaisdell

Mailing Address 904 E. Maple St.

City Caldwell State ID Zip Code 83605

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

Name of Employer Blaisdell Dental Occupation Dentist

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 03 / 23 / 2010  
**Transaction ID:** SA11AI.5838  
 Amount of Each Receipt this Period 250.00  
 Credit Card

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

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

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

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

FOR LINE NUMBER: PAGE 6 / 56  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

**A.**

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

Mailing Address 1473 N East Hills Dr

City State Zip Code  
Bountiful UT 84010

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

Name of Employer Occupation  
Blaisdell Dental Dentist

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 22 / 2010

**Transaction ID:** SA11AI.5810

Amount of Each Receipt this Period  
500.00

Credit Card

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Michale L Boothe

Mailing Address P.O. Box 670814

City State Zip Code  
Chugiak AK 99567

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

Name of Employer Occupation  
Boothe Dental Dentist

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
01 / 20 / 2010

**Transaction ID:** SA11AI.5523

Amount of Each Receipt this Period  
100.00

Check

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Ronald Bowen

Mailing Address 954 East 71455 #B101

City State Zip Code  
Midvale UT 84047

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

Name of Employer Occupation  
Bowen Dental Dentist

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 22 / 2010

**Transaction ID:** SA11AI.5812

Amount of Each Receipt this Period  
500.00

Credit Card

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1100.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 56  
(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**

<p><b>A.</b> Full Name (Last, First, Middle Initial) Dr. Leonard L. Brewster</p> <p>Mailing Address 5709 E. 5th Street</p> <p>City Tucson State AZ Zip Code 85711</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Brewster Dental      Occupation Dentist</p> <p>Receipt For: 2010  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">03 / 31 / 2010</span></p> <p><b>Transaction ID:</b> SA11AI.6024</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">100.00</span></p> <p>Check</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Dr. Roger Briggs</p> <p>Mailing Address 10865 N. 85th Pl</p> <p>City Scottsdale State AZ Zip Code 85360</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Briggs Dental      Occupation Dentist</p> <p>Receipt For: 2010  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">03 / 22 / 2010</span></p> <p><b>Transaction ID:</b> SA11AI.5818</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>Credit Card</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Dr. Jefferey L. Bundy</p> <p>Mailing Address 21116 N John Wayne Pkwy # B7</p> <p>City Maricopa State AZ Zip Code 85139</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Maricopa Fiesta Dental Ca- re      Occupation Dentist</p> <p>Receipt For: 2010  <input checked="" type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">03 / 12 / 2010</span></p> <p><b>Transaction ID:</b> SA11AI.6122</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>Check</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">600.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

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

FOR LINE NUMBER: PAGE 8 / 56  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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

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

Mailing Address 116 Colby street

City State Zip Code  
**Spencerport NY 14559**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Calnon Dental Dentist

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 03 / 31 / 2010  
**Transaction ID: SA11AI.5957**  
 Amount of Each Receipt this Period 250.00  
 Credit Card

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

Mailing Address 2312 Westview Ave

City State Zip Code  
**Rock Springs WY 82901**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Canestrini Optometry Optometrist

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 03 / 31 / 2010  
**Transaction ID: SA11AI.6059**  
 Amount of Each Receipt this Period 250.00  
 Credit Card

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

Mailing Address 1753 East Evergreen Street

City State Zip Code  
**Mesa AZ 85203**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Carlson Endodontics Dentist

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt 03 / 06 / 2010  
**Transaction ID: SA11AI.5623**  
 Amount of Each Receipt this Period 2400.00  
 Credit Card

**SUBTOTAL** of Receipts This Page (optional) ..... 2900.00

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



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

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

FOR LINE NUMBER: PAGE 9 / 56  
(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**

<p><b>A.</b> Full Name (Last, First, Middle Initial) Annette Carrillo</p> <p>Mailing Address 9280 E North View Ct</p> <p>City State Zip Code Tucson AZ 85749</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Carillo Dental Dentist</p> <p>Receipt For: 2010  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">03 / 12 / 2010</span></p> <p><b>Transaction ID:</b> SA11AI.5686</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> <p>Credit Card</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Edmund Cassella</p> <p>Mailing Address 1441 Kapiolani Blvd. #1506</p> <p>City State Zip Code Honolulu HI 96814</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Cassella Dental Dentist</p> <p>Receipt For: 2010  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">1500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">03 / 19 / 2010</span></p> <p><b>Transaction ID:</b> SA11AI.5710</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p> <p>Credit Card</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Richard S. Chaet</p> <p>Mailing Address 9830 N 5th Street</p> <p>City State Zip Code Paradise Valley AZ 85253</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation APDO Dentist</p> <p>Receipt For: 2010  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">450.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">03 / 22 / 2010</span></p> <p><b>Transaction ID:</b> SA11AI.5822</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>Credit Card</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1750.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 56  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
James Ciraulo  
Mailing Address 15740 E. Jackrabbit Ln  
City Fountain Hills State AZ Zip Code 85268  
FEC ID number of contributing federal political committee. **C**  
Name of Employer EHC, LLC Occupation Manager  
Receipt For: 2010  
 Primary    General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 500.00  
Date of Receipt 02 / 04 / 2010  
Transaction ID: SA11AI.5579  
Amount of Each Receipt this Period 500.00  
Credit Card

**B.** Full Name (Last, First, Middle Initial)  
James Ciraulo  
Mailing Address 15740 E. Jackrabbit Ln  
City Fountain Hills State AZ Zip Code 85268  
FEC ID number of contributing federal political committee. **C**  
Name of Employer EHC, LLC Occupation Manager  
Receipt For: 2010  
 Primary    General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 600.00  
Date of Receipt 03 / 20 / 2010  
Transaction ID: SA11AI.5716  
Amount of Each Receipt this Period 100.00  
Credit Card

**C.** Full Name (Last, First, Middle Initial)  
James Ciraulo  
Mailing Address 15740 E. Jackrabbit Ln  
City Fountain Hills State AZ Zip Code 85268  
FEC ID number of contributing federal political committee. **C**  
Name of Employer EHC, LLC Occupation Manager  
Receipt For: 2010  
 Primary    General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 700.00  
Date of Receipt 03 / 30 / 2010  
Transaction ID: SA11AI.5944  
Amount of Each Receipt this Period 100.00  
Credit Card

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 700.00  
**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 56  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Dr. Hugh R. Clark

Mailing Address 3071 Arizona Ave.

City Yuma State AZ Zip Code 85364

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

Name of Employer Clark Dental Occupation Dentist

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt 03 / 22 / 2010  
**Transaction ID:** SA11AI.5825  
 Amount of Each Receipt this Period 250.00  
 Credit Card

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

Mailing Address 921 Crestwood Ln

City Kingman State AZ Zip Code 86409

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

Name of Employer Riata Valley Dental Occupation Dentist

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1588.18

Date of Receipt 03 / 30 / 2010  
**Transaction ID:** SA11AI.6158  
 Amount of Each Receipt this Period 588.18  
 In-kind - Fundraiser Event  
 Expenses Food, Telephone  
 Invitations postage

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

Mailing Address 18907 Nordhoff Street #38

City Northridge State CA Zip Code 91324

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

Name of Employer Courtney Dental Occupation Dentist

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 02 / 28 / 2010  
**Transaction ID:** SA11AI.5604  
 Amount of Each Receipt this Period 500.00  
 Credit Card

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1338.18**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Gary L. Crawford	Date of Receipt MM / DD / YYYY 03 / 22 / 2010
	Mailing Address 777 N 500 W	<b>Transaction ID:</b> SA11AI.5809
	City Provo State UT Zip Code 84601	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Credit Card
Name of Employer Crawford Dental Occupation Dentist		
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) E. K. Curtis	Date of Receipt MM / DD / YYYY 01 / 20 / 2010
	Mailing Address P.O. Box 721	<b>Transaction ID:</b> SA11AI.5521
	City Thatcher State AZ Zip Code 85552	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Check
Name of Employer Unknown Occupation Unknown		
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) David Day	Date of Receipt MM / DD / YYYY 03 / 31 / 2010
	Mailing Address 3746 E Kenwood St	<b>Transaction ID:</b> SA11AI.6035
	City Mesa State AZ Zip Code 85215	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Credit Card
Name of Employer Unknown Occupation Unknown		
Receipt For: 2010 <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) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 56  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  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)  
Dr. Arthur A. Dugoni

Mailing Address 620 Sand Hill Rd Apt: 207C

City Palo Alto State CA Zip Code 94304

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

Name of Employer University of the Pacific Occupation Educator

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt 03 / 31 / 2010  
**Transaction ID:** SA11AI.6034  
 Amount of Each Receipt this Period 100.00  
 Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Dr. Gregory G. Erramouspe

Mailing Address 550 Broadway

City Rock Springs State WY Zip Code 82901

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

Name of Employer Erramouspe Dental Occupation Dentist

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 03 / 31 / 2010  
**Transaction ID:** SA11AI.6068  
 Amount of Each Receipt this Period 1000.00  
 Check

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

Mailing Address 1040 Wagener Trail Rd

City Wagener State SC Zip Code 29164

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

Name of Employer Fair Detnal Occupation Dentist

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt 03 / 31 / 2010  
**Transaction ID:** SA11AI.6072  
 Amount of Each Receipt this Period 100.00  
 Cash

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1200.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 56  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Joseph K. Fassler  
Mailing Address 10002 N 55th St  
City Paradise Valley State AZ Zip Code 85253  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Retired Occupation Food Service  
Receipt For: 2010 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼ 2400.00  
Date of Receipt 03 / 28 / 2010  
Transaction ID: SA11AI.5871  
Amount of Each Receipt this Period 2400.00  
Check

**B.** Full Name (Last, First, Middle Initial)  
Dr. Mark J Feldman  
Mailing Address 5 Vanad Drive  
City Roslyn State NY Zip Code 11576  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Feldman Dental Occupation Dentist  
Receipt For: 2010 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼ 500.00  
Date of Receipt 03 / 12 / 2010  
Transaction ID: SA11AI.6124  
Amount of Each Receipt this Period 250.00  
Check

**C.** Full Name (Last, First, Middle Initial)  
Dr. John Findley  
Mailing Address 3800 S.Potter Shop Rd  
City Cross Roads State TX Zip Code 76227  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Findley Dental Occupation Dentist  
Receipt For: 2010 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼ 700.00  
Date of Receipt 03 / 28 / 2010  
Transaction ID: SA11AI.5900  
Amount of Each Receipt this Period 500.00  
Credit Card

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3150.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 15 / 56  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Kenneth Frick

Mailing Address 7500 E Pinnacle Peak Rd #A106

City State Zip Code  
Scottsdale AZ 85255

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

Name of Employer Occupation  
Frick Dental Dentist

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2010

**Transaction ID:** SA11AI.6037

Amount of Each Receipt this Period  
250.00

Credit Card

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

Mailing Address 455 La Barca Dr.

City State Zip Code  
Tarzana CA 91356

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

Name of Employer Occupation  
Gelfand Dental Dentist

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2010

**Transaction ID:** SA11AI.6022

Amount of Each Receipt this Period  
100.00

Check

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

Mailing Address 4521 East County 14th Street

City State Zip Code  
Yuma AZ 85365

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

Name of Employer Occupation  
Geyer Dental Dentist

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 22 / 2010

**Transaction ID:** SA11AI.5823

Amount of Each Receipt this Period  
250.00

Credit Card

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **600.00**

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

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

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

FOR LINE NUMBER: PAGE 16 / 56  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Dr. Brian Graf

Mailing Address 1295 E. 150 S.

City Lindon State UT Zip Code 84042

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

Name of Employer Graf Dental Occupation Dentist

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 03 / 22 / 2010  
**Transaction ID: SA11AI.5807**  
 Amount of Each Receipt this Period 500.00  
 Credit Card

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

Mailing Address 3610 N. University Ave Suite 150

City Provo State UT Zip Code 84604

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

Name of Employer Harris Dental Occupation Dentist

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 03 / 23 / 2010  
**Transaction ID: SA11AI.5840**  
 Amount of Each Receipt this Period 250.00  
 Credit Card

**C.** Full Name (Last, First, Middle Initial)  
Dr. Brien V. Harvey

Mailing Address 6051 N Paseo Valdear

City Tucson State AZ Zip Code 85750

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

Name of Employer Brien V. Harvey Periodontics Occupation Dentist

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4800.00

Date of Receipt 03 / 28 / 2010  
**Transaction ID: SA11AI.5873**  
 Amount of Each Receipt this Period 2400.00  
 Check

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3150.00**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 56  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Dr. Robert Hawke

Mailing Address 1575 N. Swan #200

City Tucson State AZ Zip Code 85712

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

Name of Employer Hawke Dental Occupation Dentist

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 650.00

Date of Receipt: 01 / 14 / 2010  
**Transaction ID:** SA11AI.5491  
 Amount of Each Receipt this Period: 200.00  
 Credit Card

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

Mailing Address 1575 N. Swan #200

City Tucson State AZ Zip Code 85712

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

Name of Employer Hawke Dental Occupation Dentist

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1050.00

Date of Receipt: 03 / 31 / 2010  
**Transaction ID:** SA11AI.5956  
 Amount of Each Receipt this Period: 400.00  
 Credit Card

**C.** Full Name (Last, First, Middle Initial)  
Dr. Lisa Heinrich-Null

Mailing Address 6701 N. Navarro St.

City Victoria State TX Zip Code 77904

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

Name of Employer Heinrich-Null Dental Occupation Dentist

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 01 / 03 / 2010  
**Transaction ID:** SA11AI.5459  
 Amount of Each Receipt this Period: 250.00  
 Credit Card

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<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)  
Dr. Allison House

Mailing Address 10615 N. 44th Street

City State Zip Code  
Phoenix AZ 85028

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

Name of Employer Occupation  
House Dental Dentist

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 04 / 2010

Transaction ID: SA11AI.5620

Amount of Each Receipt this Period

250.00

Credit Card

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Robert J. Howard

Mailing Address 6101 E. Finisterra Dr.

City State Zip Code  
Tucson AZ 85750

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

Name of Employer Occupation  
Howard Dental Dentist

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
01 / 20 / 2010

Transaction ID: SA11AI.5517

Amount of Each Receipt this Period

250.00

Check

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Oliver G. Hundelt

Mailing Address 160 Siesta Way

City State Zip Code  
Sedona AZ 86336

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

Name of Employer Occupation  
Hundelt Dental Dentist

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 22 / 2010

Transaction ID: SA11AI.5743

Amount of Each Receipt this Period

250.00

Check

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

750.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 56  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Dr. James K. Kreutzer

Mailing Address 4707 Washington Rd

City State Zip Code  
Kenosha WI 53144

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

Name of Employer Occupation  
Kreutzer Dental Dentist

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
03 / 01 / 2010

Transaction ID: SA11AI.5658

Amount of Each Receipt this Period  
250.00

Check

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

Mailing Address 6001 E. Placita De Las Luces

City State Zip Code  
Tucson AZ 85750

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

Name of Employer Occupation  
Lear Dental Dentist

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
03 / 30 / 2010

Transaction ID: SA11AI.5950

Amount of Each Receipt this Period  
100.00

Credit Card

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

Mailing Address 1717 N Kittredge Road

City State Zip Code  
Flagstaff AZ 86001

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

Name of Employer Occupation  
Unknown Unknown

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
03 / 01 / 2010

Transaction ID: SA11AI.5668

Amount of Each Receipt this Period  
500.00

Check

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 56  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Dr. Edward Leone, Jr.  
Mailing Address PO Box 21039  
City State Zip Code  
Denver CO 80221  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Leone Dental Dentist  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00  
Date of Receipt  
M M / D D / Y Y Y Y  
0 2 / 0 4 / 2 0 1 0  
Transaction ID: SA11AI.5576  
Amount of Each Receipt this Period  
250.00  
Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Dr. Thomas Liddell  
Mailing Address 702 E. South Temple #209  
City State Zip Code  
Salt Lake City UT 84102  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Liddell Dental Dentist  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00  
Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 2 2 / 2 0 1 0  
Transaction ID: SA11AI.5828  
Amount of Each Receipt this Period  
250.00  
Credit Card

**C.** Full Name (Last, First, Middle Initial)  
Dr. Todd Liston  
Mailing Address 550 W. 4575 N.  
City State Zip Code  
Pleasant View UT 84414  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Liston Dental Dentist  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00  
Date of Receipt  
M M / D D / Y Y Y Y  
0 3 / 2 2 / 2 0 1 0  
Transaction ID: SA11AI.5786  
Amount of Each Receipt this Period  
250.00  
Credit Card

**SUBTOTAL** of Receipts This Page (optional) ..... ► 750.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 56

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<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)

Dr. Rand T. Mattson

Mailing Address 1694 W 4475 S

City State Zip Code  
Roy UT 84067

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

Name of Employer Occupation  
Mattson Dental Dentist

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 07 / 2010

Transaction ID: SA11AI.5672

Amount of Each Receipt this Period

500.00

Credit Card

**B.**

Full Name (Last, First, Middle Initial)

Kennedy W. Merritt

Mailing Address 121 Tanning Way

City State Zip Code  
Clovis NM 88101

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

Name of Employer Occupation  
Unknown Unknown

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
01 / 20 / 2010

Transaction ID: SA11AI.5519

Amount of Each Receipt this Period

250.00

Check

**C.**

Full Name (Last, First, Middle Initial)

NANDE

Mailing Address 940 N Switzer Canyon Dr

City State Zip Code  
Flagstaff AZ 86001

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

Name of Employer Occupation

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 950.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2010

Transaction ID: SA11AI.6083

Amount of Each Receipt this Period

950.00

Check

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

1700.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 56  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Dr. Richard D. Nelson

Mailing Address 1340 Rockridge Rd.

City State Zip Code  
Flagstaff AZ 86001

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

Name of Employer Occupation  
Nelson Dental Dentist

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 22 / 2010

Transaction ID: SA11AI.5744

Amount of Each Receipt this Period  
250.00

Check

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

Mailing Address 400 E Red Bridge Rd, Ste 120

City State Zip Code  
Kansas City MO 64131

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

Name of Employer Occupation  
Merle A Nunemaker, DDS & Associates Dentist

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2010

Transaction ID: SA11AI.6016

Amount of Each Receipt this Period  
100.00

CHECK

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

Mailing Address 586 W. 5300 S.

City State Zip Code  
Salt Lake City UT 84123

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

Name of Employer Occupation  
Parker Dental Dentist

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 22 / 2010

Transaction ID: SA11AI.5805

Amount of Each Receipt this Period  
250.00

Credit Card

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **600.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 56  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Daniel E. Percy

Mailing Address 1320 W Ina Road

City Tucson State AZ Zip Code 85704

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

Name of Employer Unknown Occupation Unknown

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 03 / 01 / 2010  
**Transaction ID:** SA11AI.5664  
 Amount of Each Receipt this Period 250.00  
 Check

**B.** Full Name (Last, First, Middle Initial)  
Dr. John R. Phillips

Mailing Address 1018 E Becker Lane

City Phoenix State AZ Zip Code 85020

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

Name of Employer Retired Occupation Dentist

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 220.00

Date of Receipt 03 / 31 / 2010  
**Transaction ID:** SA11AI.6003  
 Amount of Each Receipt this Period 200.00  
 Check

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

Mailing Address 701 E. 1000 S

City Kaysville State UT Zip Code 84037

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

Name of Employer Rampton Dental Occupation Dentist

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 03 / 22 / 2010  
**Transaction ID:** SA11AI.5826  
 Amount of Each Receipt this Period 250.00  
 Credit Card

**SUBTOTAL** of Receipts This Page (optional) ..... ► **700.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Terry Ramsey		Date of Receipt
	Mailing Address 11413 n 76th Place		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Scottsdale	AZ	85260
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.5882
		Amount of Each Receipt this Period	
		<input type="text"/>	301.00
Name of Employer Ramsey Dental		Occupation Dentist	Credit Card
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	
		<input type="text"/>	2001.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Steven Reitan		Date of Receipt
	Mailing Address 11814 N. 60th St.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Scottsdale	AZ	85254
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.5814
		Amount of Each Receipt this Period	
		<input type="text"/>	300.00
Name of Employer Reitan Dental		Occupation Dentist	Credit Card
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	
		<input type="text"/>	300.00

<b>C.</b>	Full Name (Last, First, Middle Initial) ROBERT WADE ROBINSON, II		Date of Receipt
	Mailing Address 11039 E. HARRIS HAWK TRAIL		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	SCOTTSDALE	AZ	85262
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.6139
		Amount of Each Receipt this Period	
		<input type="text"/>	152.04
Name of Employer RETIRED		Occupation DENTIST	In-kind -Fundraising Extra bag travel parking taxi
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	
		<input type="text"/>	902.74

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/>	753.04
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 56  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

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

Mailing Address 7054 E Cochise Road

City State Zip Code  
Scottsdale AZ 85253

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

Name of Employer Roda & Sluyk      Occupation Dentist

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 2 8 / 2 0 1 0

**Transaction ID:** SA11AI.5554

Amount of Each Receipt this Period  
400.00

Credit Card

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

Mailing Address 8530 N Pleasant Valley Road

City State Zip Code  
Flagstaff AZ 86004

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

Name of Employer Housewife      Occupation Housewife

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

**Transaction ID:** SA11AI.6006

Amount of Each Receipt this Period  
2400.00

Check

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

Mailing Address 2180 E 4500S Ste 265

City State Zip Code  
Holiday UT 84117

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

Name of Employer Rounds Dental      Occupation Dentist

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 2 2 / 2 0 1 0

**Transaction ID:** SA11AI.5757

Amount of Each Receipt this Period  
250.00

Check

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3050.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 56

(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

**A.**

Full Name (Last, First, Middle Initial)  
Gerald W. Schneider

Mailing Address 5155 N. 16th Street

City State Zip Code  
Phoenix AZ 85016

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

Name of Employer Occupation  
Schneider Dental Dentist

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 11 / 2010

Transaction ID: SA11AI.5684

Amount of Each Receipt this Period  
500.00

Credit Card

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Thomas J. Schripsema

Mailing Address 11416 Brussels Ave. NE

City State Zip Code  
Albuquerque NM 87111

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

Name of Employer Occupation  
Schripsema Dental Dentist

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 30 / 2010

Transaction ID: SA11AI.5937

Amount of Each Receipt this Period  
100.00

Credit Card

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Bryan J. Shanahan

Mailing Address 1120 N. Conifer

City State Zip Code  
Flagstaff AZ 86001

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

Name of Employer Occupation  
Shanahan Dental Dentist

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 29 / 2010

Transaction ID: SA11AI.5903

Amount of Each Receipt this Period  
250.00

Credit Card

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

850.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 56  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Charles Siroky

Mailing Address 4328 E Rancho Dr.

City Phoenix State AZ Zip Code 85018

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

Name of Employer Siroky Dental Occupation Dentist

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt: 03 / 04 / 2010  
**Transaction ID:** SA11AI.5618  
 Amount of Each Receipt this Period: 2400.00  
 Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Dr. A. J. Smith

Mailing Address Old Professional Plaza  
3980 South 700 East, Suite 21

City Salt Lake City State UT Zip Code 84107

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

Name of Employer Smith Dental Occupation Dentist

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1700.00

Date of Receipt: 03 / 23 / 2010  
**Transaction ID:** SA11AI.5771  
 Amount of Each Receipt this Period: 500.00  
 Check

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

Mailing Address P.O. Box 1950

City Prescott State AZ Zip Code 86302

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

Name of Employer Unknown Occupation Unknown

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt: 03 / 31 / 2010  
**Transaction ID:** SA11AI.6004  
 Amount of Each Receipt this Period: 200.00  
 Check

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3100.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 56  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Dr. Michael A. Smith

Mailing Address 721 W Glendale Ave.

City State Zip Code  
Phoenix AZ 85021

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

Name of Employer Smith Dental Occupation Dentist

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 07 / 2010

**Transaction ID:** SA11AI.5624

Amount of Each Receipt this Period  
2400.00

Credit Card

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

Mailing Address 6065 S. Fashion Blvd

City State Zip Code  
Murray UT 84107

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

Name of Employer Murray Dental Occupation Dentist

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 23 / 2010

**Transaction ID:** SA11AI.5842

Amount of Each Receipt this Period  
250.00

Credit Card

**C.** Full Name (Last, First, Middle Initial)  
Dr. Randolph Alan Snyder

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

City State Zip Code  
Yuma AZ 85364

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

Name of Employer Snyder Dental Occupation Dentist

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 550.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 11 / 2010

**Transaction ID:** SA11AI.5683

Amount of Each Receipt this Period  
250.00

Credit Card

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2900.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 56  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Dr. J. Thomas Soliday

Mailing Address 2002 Taneytown Road

City State Zip Code  
Gettysburg PA 17325

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

Name of Employer Occupation  
Soliday Dental Dentist

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2010

Transaction ID: SA11AI.5984

Amount of Each Receipt this Period  
250.00

Credit Card

1250.00

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

Mailing Address 3456 N Captain Colton

City State Zip Code  
Flagstaff AZ 86001

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

Name of Employer Occupation  
Unknown Unknown

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2010

Transaction ID: SA11AI.6008

Amount of Each Receipt this Period  
250.00

Check

250.00

**C.** Full Name (Last, First, Middle Initial)  
Bill & Tina Strickler

Mailing Address 4610 E Ardmore Rd

City State Zip Code  
Phoenix AZ 85044

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

Name of Employer Occupation  
Smart Health Director of Business Development

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 22 / 2010

Transaction ID: SA11AI.5746

Amount of Each Receipt this Period  
250.00

Check

450.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 56  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
The Academy of the R V Tucker

Mailing Address 3108 East San Juan

City State Zip Code  
Phoenix AZ 85016

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2010

**Transaction ID:** SA11AI.6080

Amount of Each Receipt this Period  
500.00

Check

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

Mailing Address 1340 N. 600 E Ste. 1

City State Zip Code  
Logan UT 84341

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

Name of Employer Occupation  
Theurer Dental Dentist

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 650.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 23 / 2010

**Transaction ID:** SA11AI.5852

Amount of Each Receipt this Period  
150.00

Credit Card

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

Mailing Address 6223 E Everett Drive

City State Zip Code  
Scottsdale AZ 85254

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

Name of Employer Occupation  
Thompson Dental Dentist

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
01 / 30 / 2010

**Transaction ID:** SA11AI.5556

Amount of Each Receipt this Period  
100.00

Credit Card

**SUBTOTAL** of Receipts This Page (optional) ..... ► **750.00**

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

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

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

FOR LINE NUMBER: PAGE 31 / 56  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Dr. W. Mark Tucker

Mailing Address 724 Druid Hills Rd.

City Tampa State FL Zip Code 33617

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

Name of Employer Dept of Veterans Affairs Occupation Dentist

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 800.00

Date of Receipt 01 / 30 / 2010  
**Transaction ID:** SA11AI.5555  
 Amount of Each Receipt this Period 200.00  
 Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Dr. W. Mark Tucker

Mailing Address 724 Druid Hills Rd.

City Tampa State FL Zip Code 33617

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

Name of Employer Dept of Veterans Affairs Occupation Dentist

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 02 / 28 / 2010  
**Transaction ID:** SA11AI.5601  
 Amount of Each Receipt this Period 200.00  
 Credit Card

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

Mailing Address 2843-2 E. Sherran Ln

City Phoenix State AZ Zip Code 85016

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

Name of Employer Rose & Allyn Occupation PR Consultant

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt 03 / 15 / 2010  
**Transaction ID:** SA11AI.6131  
 Amount of Each Receipt this Period 1250.00  
 In-kind - Computers

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1650.00

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

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

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

FOR LINE NUMBER: PAGE 32 / 56  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Steven J. Twist  
Mailing Address 13870 N. 98th Place  
City State Zip Code  
Scottsdale AZ 85260  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Services Group of America Occupation Lawyer  
Receipt For: 2010 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼  
Date of Receipt: 03 / 30 / 2010  
Transaction ID: SA11AI.5951  
Amount of Each Receipt this Period: 2400.00  
Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Dr. David H. Utzinger  
Mailing Address 4534 E Palomino  
City State Zip Code  
Phoenix AZ 85018  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Utzinger Dental Occupation Dentist  
Receipt For: 2010 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼  
Date of Receipt: 03 / 11 / 2010  
Transaction ID: SA11AI.5676  
Amount of Each Receipt this Period: 1000.00  
Check

**C.** Full Name (Last, First, Middle Initial)  
Dr. Ken Versman  
Mailing Address 2900 s peoria st  
City State Zip Code  
aurora CO 80014  
FEC ID number of contributing federal political committee. **C**  
Name of Employer ken versman dds Occupation Dentist  
Receipt For: 2010 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼  
Date of Receipt: 02 / 03 / 2010  
Transaction ID: SA11AI.5571  
Amount of Each Receipt this Period: 600.00  
Check

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4000.00  
**TOTAL** This Period (last page this line number only) ..... ►



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

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

FOR LINE NUMBER: PAGE 33 / 56  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Dr. Edward J. Vigna

Mailing Address 3600 S. 40th St.

City Lincoln State NE Zip Code 68506

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

Name of Employer Vigna Dental Occupation Dentist

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 03 / 31 / 2010  
**Transaction ID:** SA11AI.7225  
Amount of Each Receipt this Period 500.00  
Credit Card

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

Mailing Address 1187 E. Cottonwood Lane Suite A

City 1187 E. Cottonwood State AZ Zip Code 85122

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

Name of Employer Walton Dental Occupation Orthodontist

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 03 / 04 / 2010  
**Transaction ID:** SA11AI.5614  
Amount of Each Receipt this Period 250.00  
Credit Card

**C.** Full Name (Last, First, Middle Initial)  
Dr. Nancy G. Weiss

Mailing Address 7477 N Oracle Rd

City Tucson State AZ Zip Code 85704

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

Name of Employer Weiss Dental Occupation Dentist

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 03 / 11 / 2010  
**Transaction ID:** SA11AI.5680  
Amount of Each Receipt this Period 250.00  
Check

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 34 / 56
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Jay R Wells, III		Date of Receipt
	Mailing Address 2510 Applegate Road		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Bethel Park	PA	15102
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.5663
Name of Employer Wells Dental		Occupation Dentist	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/>
		<input type="text"/> 450.00	Check

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Jerald Wienke		Date of Receipt
	Mailing Address PO Box 990		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Kingman	AZ	86402
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.6121
Name of Employer Wienke Debtal		Occupation Dentist	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/>
		<input type="text"/> 500.00	Check

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Gary Wiest		Date of Receipt
	Mailing Address 168 W. 800 N		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Provo	UT	84601
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.5791
Name of Employer Wiest Dental		Occupation Dentist	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/>
		<input type="text"/> 250.00	Credit Card

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 850.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 35 / 56  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Dr. James Williamson

Mailing Address 2890 Old Colony Circle

City State Zip Code  
Salt Lake City UT 84117

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

Name of Employer Occupation  
V Dental Dentist

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 31 / 2010

**Transaction ID:** SA11AI.6041

Amount of Each Receipt this Period  
250.00

Credit Card

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

Mailing Address 27095 N. 130th Dr

City State Zip Code  
Peoria AZ 85383

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

Name of Employer Occupation  
Wilson Dental Dentist

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 29 / 2010

**Transaction ID:** SA11AI.5904

Amount of Each Receipt this Period  
300.00

Credit Card

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

Mailing Address E Saguaro Vista Court

City State Zip Code  
Cave Creek AZ 85331

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

Name of Employer Occupation  
Wilson Dental Dentist

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
03 / 11 / 2010

**Transaction ID:** SA11AI.5682

Amount of Each Receipt this Period  
400.00

Credit Card

**SUBTOTAL** of Receipts This Page (optional) ..... ► **950.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 56  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Ralph Wilson

Mailing Address E Saguaro Vista Court

City State Zip Code  
Cave Creek AZ 85331

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

Name of Employer Occupation  
Wilson Dental Dentist

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 900.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 30 / 2010

**Transaction ID:** SA11AI.5929

Amount of Each Receipt this Period  
100.00

Credit Card

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

Mailing Address 24850 SE Stark St.

City State Zip Code  
Gesham OR 97030

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

Name of Employer Occupation  
Gesham Dental Dentist

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2010

**Transaction ID:** SA11AI.5905

Amount of Each Receipt this Period  
250.00

Credit Card

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

Mailing Address 344 E Hope St

City State Zip Code  
Meas AZ 85201

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

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 23 / 2010

**Transaction ID:** SA11AI.5835

Amount of Each Receipt this Period  
250.00

Credit Card

**SUBTOTAL** of Receipts This Page (optional) ..... ► **600.00**

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

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

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

FOR LINE NUMBER: PAGE 37 / 56  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Dr. William D. Wright

Mailing Address 916 N 3315 W

City State Zip Code  
Vernal UT 84078

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

Name of Employer Occupation  
Wright Dental Dentist

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	2	/	2	0	1	0

Transaction ID: SA11AI.5816

Amount of Each Receipt this Period  
250.00

Credit Card

250.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	46891.22

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

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

FOR LINE NUMBER: PAGE 38 / 56  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

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

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: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 30 / 2010

Transaction ID: SA11C.7148

Amount of Each Receipt this Period  
 3000.00

Check

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

Mailing Address 401 N. Lindbergh Blvd

City State Zip Code  
St. Louis MO 63141

FEC ID number of contributing federal political committee. **C** C00293910

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 30 / 2010

Transaction ID: SA11C.5924

Amount of Each Receipt this Period  
 5000.00

Check

**C.** Full Name (Last, First, Middle Initial)  
ARIZONA ORTHOPAEDIC SOCIETY POLITICAL ACTION COMMITTEE

Mailing Address 810 West Bethany Home Road

City State Zip Code  
Phoenix AZ 85013

FEC ID number of contributing federal political committee. **C** C00279836

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 12 / 2010

Transaction ID: SA11C.6117

Amount of Each Receipt this Period  
 500.00

Check

**SUBTOTAL** of Receipts This Page (optional) ..... ► **8500.00**

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

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

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

FOR LINE NUMBER: PAGE 39 / 56  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
MICHAEL BURGESS FOR CONGRESS

Mailing Address PO Box 2334

City State Zip Code  
Denton TX 76202

FEC ID number of contributing federal political committee. **C** C00372532

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  
 0 3 / 2 6 / 2 0 1 0

Transaction ID: SA11C.5876

Amount of Each Receipt this Period  
1000.00

Credit Card

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	9500.00

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 56  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

A.

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

Mailing Address 7485 RAIN VALLEY RD

City State Zip Code  
FLAGSTAFF AZ 86004

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

Name of Employer Occupation  
SELF DENTIST

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

17754.58

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 30 / 2010

Transaction ID: SA11D.6163

Amount of Each Receipt this Period  
3013.36

In-kind - Fundraising Expenses - Fuel Travel Taxi telephone printing & copying

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3013.36
<b>TOTAL</b> This Period (last page this line number only) .....	▶	3013.36



# 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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Alpha Graphics	Transaction ID: SB17.5631 Date of Disbursement
	Mailing Address 815 W. University Dr. Suite #101	<input type="text" value="02"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Tempe State AZ Zip Code 85281	Amount of Each Disbursement this Period
	Purpose of Disbursement Printing	<input type="text" value="314.14"/>
	Candidate Name PAUL GOSAR FOR CONGRESS	<input type="text" value="003"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Alpha Graphics	Transaction ID: SB17.5633 Date of Disbursement
	Mailing Address 815 W. University Dr. Suite #101	<input type="text" value="02"/> <input type="text" value="08"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Tempe State AZ Zip Code 85281	Amount of Each Disbursement this Period
	Purpose of Disbursement Printing	<input type="text" value="53.42"/>
	Candidate Name PAUL GOSAR FOR CONGRESS	<input type="text" value="003"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Alpha Graphics	Transaction ID: SB17.5635 Date of Disbursement
	Mailing Address 815 W. University Dr. Suite #101	<input type="text" value="02"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Tempe State AZ Zip Code 85281	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Fees	<input type="text" value="47.74"/>
	Candidate Name PAUL GOSAR FOR CONGRESS	<input type="text" value="003"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="415.30"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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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	Transaction ID: SB17.5455 Date of Disbursement																			
	Mailing Address 1111 14th Street NW # 1100	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	0	4	/	2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1	/	0	4	/	2	0	1	0												
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Fundraising Expenses	<table border="1"><tr><td>2474.71</td></tr></table>	2474.71																		
2474.71																					
	Candidate Name PAUL GOSAR FOR CONGRESS	003 Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: SB17.5533 Date of Disbursement																			
	Mailing Address 175 E. Houston St.	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td>/</td><td>2</td><td>2</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	2	2	/	2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	1	/	2	2	/	2	0	1	0												
	City San Antonio State TX Zip Code 78205	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Telephone	<table border="1"><tr><td>207.02</td></tr></table>	207.02																		
207.02																					
	Candidate Name PAUL GOSAR FOR CONGRESS	001 Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: SB17.5645 Date of Disbursement																			
	Mailing Address 175 E. Houston St.	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td>/</td><td>2</td><td>4</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	2	4	/	2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2	/	2	4	/	2	0	1	0												
	City San Antonio State TX Zip Code 78205	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Telephone	<table border="1"><tr><td>207.02</td></tr></table>	207.02																		
207.02																					
	Candidate Name PAUL GOSAR FOR CONGRESS	001 Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>2888.75</td></tr></table>	2888.75
2888.75		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td> </td></tr></table>	

# 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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: SB17.6111 Date of Disbursement 03 / 23 / 2010
	Mailing Address 175 E. Houston St.	Amount of Each Disbursement this Period 207.02
	City San Antonio State TX Zip Code 78205	
	Purpose of Disbursement Telephone Candidate Name PAUL GOSAR FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01	001 Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) Authorize.net Corp.	Transaction ID: SB17.5494 Date of Disbursement 01 / 05 / 2010
	Mailing Address 915 South 500 East, Suite 200	Amount of Each Disbursement this Period 15.78
	City American Fork State UT Zip Code 84003	
	Purpose of Disbursement Credit Card Fees Candidate Name PAUL GOSAR FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01	003 Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) Authorize.net Corp.	Transaction ID: SB17.5495 Date of Disbursement 01 / 05 / 2010
	Mailing Address 915 South 500 East, Suite 200	Amount of Each Disbursement this Period 58.75
	City American Fork State UT Zip Code 84003	
	Purpose of Disbursement Credit Card Fees Candidate Name PAUL GOSAR FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01	003 Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

281.55

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Authorize.net Corp.	Transaction ID: SB17.5496 Date of Disbursement
	Mailing Address 915 South 500 East, Suite 200	<input type="text" value="01"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City American Fork State UT Zip Code 84003	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Fees	<input type="text" value="263.01"/>
	Candidate Name PAUL GOSAR FOR CONGRESS	<input type="text" value="003"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Authorize.net Corp.	Transaction ID: SB17.5497 Date of Disbursement
	Mailing Address 915 South 500 East, Suite 200	<input type="text" value="01"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City American Fork State UT Zip Code 84003	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Fees	<input type="text" value="46.07"/>
	Candidate Name PAUL GOSAR FOR CONGRESS	<input type="text" value="003"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Authorize.net Corp.	Transaction ID: SB17.5498 Date of Disbursement
	Mailing Address 915 South 500 East, Suite 200	<input type="text" value="01"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City American Fork State UT Zip Code 84003	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Fees	<input type="text" value="29.96"/>
	Candidate Name PAUL GOSAR FOR CONGRESS	<input type="text" value="003"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 45 / 56

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) Authorize.net Corp.</p> <p>Mailing Address 915 South 500 East, Suite 200</p> <p>City American Fork State UT Zip Code 84003</p> <p>Purpose of Disbursement Credit Card Fees <span style="float: right;">003</span></p> <p>Candidate Name PAUL GOSAR FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AZ District: 01</p>	<p><b>Transaction ID:</b> SB17.5629</p> <p>Date of Disbursement 02 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 57.50</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Authorize.net Corp.</p> <p>Mailing Address 915 South 500 East, Suite 200</p> <p>City American Fork State UT Zip Code 84003</p> <p>Purpose of Disbursement Credit Card Fees <span style="float: right;">003</span></p> <p>Candidate Name PAUL GOSAR FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AZ District: 01</p>	<p><b>Transaction ID:</b> SB17.5630</p> <p>Date of Disbursement 02 / 05 / 2010</p> <p>Amount of Each Disbursement this Period 90.11</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Authorize.net Corp.</p> <p>Mailing Address 915 South 500 East, Suite 200</p> <p>City American Fork State UT Zip Code 84003</p> <p>Purpose of Disbursement Credit Card Fees <span style="float: right;">003</span></p> <p>Candidate Name PAUL GOSAR FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AZ District: 01</p>	<p><b>Transaction ID:</b> SB17.5634</p> <p>Date of Disbursement 02 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 220.52</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>368.13</b>
<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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) Authorize.net Corp. <hr/> Mailing Address 915 South 500 East, Suite 200 <hr/> City American Fork State UT Zip Code 84003 <hr/> Purpose of Disbursement Credit Card Fees Candidate Name PAUL GOSAR FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5636 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 24.15
	Category/ Type 003
<b>B.</b> Full Name (Last, First, Middle Initial) Authorize.net Corp. <hr/> Mailing Address 915 South 500 East, Suite 200 <hr/> City American Fork State UT Zip Code 84003 <hr/> Purpose of Disbursement Credit Card Fee Candidate Name PAUL GOSAR FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6097 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 51.70
	Category/ Type 003
<b>C.</b> Full Name (Last, First, Middle Initial) Authorize.net Corp. <hr/> Mailing Address 915 South 500 East, Suite 200 <hr/> City American Fork State UT Zip Code 84003 <hr/> Purpose of Disbursement Credit Card Fee Candidate Name PAUL GOSAR FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6098 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 5 / 2 0 1 0 <hr/> Amount of Each Disbursement this Period 3.04
	Category/ Type 003

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**78.89**

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) Authorize.net Corp. <hr/> Mailing Address 915 South 500 East, Suite 200 <hr/> City American Fork State UT Zip Code 84003 <hr/> Purpose of Disbursement Credit Card Fee Candidate Name PAUL GOSAR FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6099 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 1 0
	Amount of Each Disbursement this Period 41.25
<b>B.</b> Full Name (Last, First, Middle Initial) Authorize.net Corp. <hr/> Mailing Address 915 South 500 East, Suite 200 <hr/> City American Fork State UT Zip Code 84003 <hr/> Purpose of Disbursement Credit Card Fee Candidate Name PAUL GOSAR FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6100 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 1 0
	Amount of Each Disbursement this Period 40.41
<b>C.</b> Full Name (Last, First, Middle Initial) Authorize.net Corp. <hr/> Mailing Address 915 South 500 East, Suite 200 <hr/> City American Fork State UT Zip Code 84003 <hr/> Purpose of Disbursement Credit Card Fee Candidate Name PAUL GOSAR FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6101 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 1 0
	Amount of Each Disbursement this Period 3.60

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	85.26
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# 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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Aventura

Transaction ID: SB17.5674  
Date of Disbursement

Mailing Address Phoenix Convention Center  
100 North Third Street

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	1	0

City Phoenix State AZ Zip Code 85004

Amount of Each Disbursement this Period

1380.40
---------

Purpose of Disbursement  
Fundraising Caterer

003
-----

Category/  
Type

Candidate Name  
PAUL GOSAR FOR CONGRESS

Office Sought:  House  Senate  President  
State: AZ District: 01  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)  
Best Buy

Transaction ID: SB17.5499  
Date of Disbursement

Mailing Address 7601 Penn Avenue South

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	0

City Richfield State MN Zip Code 55423

Amount of Each Disbursement this Period

340.19
--------

Purpose of Disbursement  
Camera

004
-----

Category/  
Type

Candidate Name  
PAUL GOSAR FOR CONGRESS

Office Sought:  House  Senate  President  
State: AZ District: 01  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)  
Best Buy

Transaction ID: SB17.5500  
Date of Disbursement

Mailing Address 7601 Penn Avenue South

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	1	0

City Richfield State MN Zip Code 55423

Amount of Each Disbursement this Period

27.10
-------

Purpose of Disbursement  
Camera

004
-----

Category/  
Type

Candidate Name  
PAUL GOSAR FOR CONGRESS

Office Sought:  House  Senate  President  
State: AZ District: 01  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ..... ▶

1747.69
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TOTAL This Period (last page this line number only) ..... ▶

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**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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Regina Cobb  Mailing Address 921 Crestwood Ln  City Kingman State AZ Zip Code 86409  Purpose of Disbursement In-kind - Fundraiser Event Expenses Food, Telephone Invitations postage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.6159 Date of Disbursement 03 / 30 / 2010  Amount of Each Disbursement this Period 588.18
<b>B.</b>	Full Name (Last, First, Middle Initial) Donovan House  Mailing Address 1155 14th Street NW  City Washington State DC Zip Code 20005  Purpose of Disbursement Hotel Candidate Name PAUL GOSAR FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AZ District: 01	Transaction ID: SB17.5632 Date of Disbursement 02 / 08 / 2010  Amount of Each Disbursement this Period 752.28
<b>C.</b>	Full Name (Last, First, Middle Initial) Events by Andrea  Mailing Address 345 East Orange Dr.  City Phoenix State AZ Zip Code 85012  Purpose of Disbursement Fundraising Candidate Name PAUL GOSAR FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AZ District: 01	Transaction ID: SB17.5613 Date of Disbursement 03 / 19 / 2010  Amount of Each Disbursement this Period 1500.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2840.46

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

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) FedEx  Mailing Address P.O. Box 1935  City Provo State UT Zip Code 84603  Purpose of Disbursement Printing Candidate Name PAUL GOSAR FOR CONGRESS  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6109 Date of Disbursement 03 / 05 / 2010  Amount of Each Disbursement this Period 283.19  Category/Type 003
<b>B.</b>	Full Name (Last, First, Middle Initial) PAUL ANTHONY ANTHONY GOSAR  Mailing Address 7485 RAIN VALLEY RD  City FLAGSTAFF State AZ Zip Code 86004  Purpose of Disbursement In-kind - Fundraising Expenses - Fuel Travel Taxi telephone printing & copying Candidate Name  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6164 Date of Disbursement 03 / 30 / 2010  Amount of Each Disbursement this Period 3013.36  Category/Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Integrated Web Strategy  Mailing Address 206 East Morris  City Phoenix State AZ Zip Code 85012  Purpose of Disbursement Consulting Candidate Name PAUL GOSAR FOR CONGRESS  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5453 Date of Disbursement 01 / 04 / 2010  Amount of Each Disbursement this Period 6183.35  Category/Type 001

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**9479.90**

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

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) Marriott <hr/> Mailing Address 10400 Fernwood Road <hr/> City Bethesda State MD Zip Code 20817 <hr/> Purpose of Disbursement Hotel Candidate Name PAUL GOSAR FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5643 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 1 0
	Amount of Each Disbursement this Period 167.96
	Category/ Type 002
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Postmaster <hr/> Mailing Address 475 L'Enfant Plaza, SW <hr/> City Washington State DC Zip Code 20260 <hr/> Purpose of Disbursement Postage Candidate Name PAUL GOSAR FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5600 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period 175.00
	Category/ Type 003
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Postmaster <hr/> Mailing Address 475 L'Enfant Plaza, SW <hr/> City Washington State DC Zip Code 20260 <hr/> Purpose of Disbursement Postage Candidate Name PAUL GOSAR FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5699 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 9 / 2 0 1 0
	Amount of Each Disbursement this Period 150.00
	Category/ Type 001
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

492.96

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
ROBERT WADE ROBINSON, II

Mailing Address 11039 E. HARRIS HAWK TRAIL

City State Zip Code  
SCOTTSDALE AZ 85262

Purpose of Disbursement  
In-kind -Fundraising Extra bag travel parking taxi

Candidate Name  
PAUL GOSAR FOR CONGRESS

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: AZ District: 01

Transaction ID: SB17.6140  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

Mailing Address 7144 East Stetson Drive, Suite 400

City State Zip Code  
Scottsdale AZ 85251

Purpose of Disbursement  
Consulting - General Campaign Consultant & PR Firm

Candidate Name  
PAUL GOSAR FOR CONGRESS

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: AZ District: 01

Transaction ID: SB17.5450  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

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

Mailing Address 2843-2 E. Sherran Ln

City State Zip Code  
Phoenix AZ 85016

Purpose of Disbursement  
Consulting - Campaign Management

Candidate Name  
PAUL GOSAR FOR CONGRESS

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: AZ District: 01

Transaction ID: SB17.5454  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Jonathan Twist

Transaction ID: SB17.5501  
Date of Disbursement

Mailing Address 2843-2 E. Sherran Ln

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	0		2	0	1	0

City Phoenix State AZ Zip Code 85016

Amount of Each Disbursement this Period

1500.00
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Purpose of Disbursement  
Consulting - Campaign Management

001
-----

Category/  
Type

Candidate Name  
PAUL GOSAR FOR CONGRESS

Office Sought:  House  Senate  President  
State: AZ District: 01  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)  
Jonathan Twist

Transaction ID: SB17.5577  
Date of Disbursement

Mailing Address 2843-2 E. Sherran Ln

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	4		2	0	1	0

City Phoenix State AZ Zip Code 85016

Amount of Each Disbursement this Period

1500.00
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Purpose of Disbursement  
Consulting - Campaign Management

001
-----

Category/  
Type

Candidate Name  
PAUL GOSAR FOR CONGRESS

Office Sought:  House  Senate  President  
State: AZ District: 01  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)  
Jonathan Twist

Transaction ID: SB17.5599  
Date of Disbursement

Mailing Address 2843-2 E. Sherran Ln

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	1	0

City Phoenix State AZ Zip Code 85016

Amount of Each Disbursement this Period

1500.00
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Purpose of Disbursement  
Consulting - Campaign Management

001
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Category/  
Type

Candidate Name  
PAUL GOSAR FOR CONGRESS

Office Sought:  House  Senate  President  
State: AZ District: 01  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ..... ▶

4500.00
---------

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

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# 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)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jonathan Twist</p> <p>Mailing Address 2843-2 E. Sherran Ln</p> <p>City Phoenix State AZ Zip Code 85016</p> <p>Purpose of Disbursement Consulting - Campaign Management</p> <p>Candidate Name PAUL GOSAR FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5610</p> <p>Date of Disbursement MM / DD / YYYY 03 / 04 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>Category/Type 001</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jonathan Twist</p> <p>Mailing Address 2843-2 E. Sherran Ln</p> <p>City Phoenix State AZ Zip Code 85016</p> <p>Purpose of Disbursement In-kind - Computers</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.6132</p> <p>Date of Disbursement MM / DD / YYYY 03 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 1250.00</p> <p>Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jonathan Twist</p> <p>Mailing Address 2843-2 E. Sherran Ln</p> <p>City Phoenix State AZ Zip Code 85016</p> <p>Purpose of Disbursement Consulting - Campaign Management</p> <p>Candidate Name PAUL GOSAR FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.5698</p> <p>Date of Disbursement MM / DD / YYYY 03 / 19 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>Category/Type 001</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4250.00

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

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) US Airways	Transaction ID: SB17.5557 Date of Disbursement
	Mailing Address 4000 E. Sky Harbor Blvd.	<input type="text" value="01"/> / <input type="text" value="26"/> / <input type="text" value="2010"/>
	City Phoenix State AZ Zip Code 85034	Amount of Each Disbursement this Period
	Purpose of Disbursement Travel Candidate Name PAUL GOSAR FOR CONGRESS	<input type="text" value="1133.30"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01	Category/Type <input type="text" value="002"/>
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) US Airways	Transaction ID: SB17.5637 Date of Disbursement
	Mailing Address 4000 E. Sky Harbor Blvd.	<input type="text" value="02"/> / <input type="text" value="10"/> / <input type="text" value="2010"/>
	City Phoenix State AZ Zip Code 85034	Amount of Each Disbursement this Period
	Purpose of Disbursement Airline Ticket Candidate Name PAUL GOSAR FOR CONGRESS	<input type="text" value="373.40"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01	Category/Type <input type="text" value="002"/>
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) US Airways	Transaction ID: SB17.5641 Date of Disbursement
	Mailing Address 4000 E. Sky Harbor Blvd.	<input type="text" value="02"/> / <input type="text" value="16"/> / <input type="text" value="2010"/>
	City Phoenix State AZ Zip Code 85034	Amount of Each Disbursement this Period
	Purpose of Disbursement Airline Ticket Candidate Name PAUL GOSAR FOR CONGRESS	<input type="text" value="195.90"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01	Category/Type <input type="text" value="002"/>
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1702.60"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 56 / 56

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
US Airways

Mailing Address 4000 E. Sky Harbor Blvd.

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement  
Airline Ticket

Candidate Name  
PAUL GOSAR FOR CONGRESS

Office Sought:  House  
 Senate  
 President  
State: AZ District: 01

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

002  
Category/  
Type

Transaction ID: SB17.5642  
Date of Disbursement

<sup>M</sup>	<sup>M</sup>	/	<sup>D</sup>	<sup>D</sup>	/	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>	<sup>Y</sup>
0	2		1	7		2	0	1	0

Amount of Each Disbursement this Period

214.70
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SUBTOTAL of Disbursements This Page (optional) ..... ►

214.70
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TOTAL This Period (last page this line number only) ..... ►

36775.41
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