

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

1 2 F E 4 M 5

GOSAR FOR CONGRESS

ADDRESS (number and street)

PO BOX 5322

Check if different
than previously
reported. (ACC)

GOODYEAR

AZ

85338

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00461806

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

AZ

09

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

M M /

D D /

Y Y Y Y

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

04

D D /

01

Y Y Y Y /

2025

through

M M /

06

D D /

30

Y Y Y Y /

2025

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 BILBRAY, BRIANA, , , CPA

Signature of Treasurer

BILBRAY, BRIANA, , , CPA

Date

M M /

07

D D /

15

Y Y Y Y /

2025

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

GOSAR FOR CONGRESS

Report Covering the Period:

From:

MM / DD / YYYY
04 / 01 / 2025

To:

MM / DD / YYYY
06 / 30 / 2025

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	102763.59	182208.45
(b) Total Contribution Refunds (from Line 20(d))	291.40	343.23
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	102472.19	181865.22
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	73415.13	149268.55
(b) Total Offsets to Operating Expenditures (from Line 14)	700.00	700.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	72715.13	148568.55
8. Cash on Hand at Close of Reporting Period (from Line 27)	112734.70	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	1500.00	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

GOSAR FOR CONGRESS

Report Covering the Period:

From:

MM / DD / YYYY
04 / 01 / 2025

To:

MM / DD / YYYY
06 / 30 / 2025**I. RECEIPTS****COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than
Political Committees****(i) Itemized (use Schedule A).....**

78481.63

118758.98

(ii) Unitemized

23281.96

55449.47

**(iii) TOTAL of contributions
from individuals**

101763.59

174208.45

(b) Political Party Committees.....

0.00

0.00

**(c) Other Political Committees
(such as PACs)**

1000.00

8000.00

(d) The Candidate

0.00

0.00

**(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..**

102763.59

182208.45

**12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES**

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the
Candidate.....**

0.00

0.00

(b) All Other Loans.....

0.00

0.00

**(c) TOTAL LOANS
(add Lines 13(a) and (b)).....**

0.00

0.00

**14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.)**

700.00

700.00

**15. OTHER RECEIPTS
(Dividends, Interest, etc.)**

1500.00

1500.00

**16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4).....**

104963.59

184408.45

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	73415.13	149268.55
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	291.40	343.23
(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)).....	291.40	343.23
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	73706.53	149611.78

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	81477.64
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	104963.59
25. SUBTOTAL (add Line 23 and Line 24).....	186441.23
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	73706.53
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	112734.70

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 5 OF 57

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

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)

GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial)

BEE, TIMOTHY, , ,

A.

Mailing Address 7826 SOUTH EXPEDITION DRIVE

City

TUCSON

State

AZ

Zip Code

85747

FEC ID number of contributing
federal political committee.

C

Name of Employer
ARIZONA BUILDERS ALLIANCEOccupation
TRADE ASSOCIATION MANAGEMENT

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		16		2025

Transaction ID : A-465129

Amount of Each Receipt this Period

1000.00

☐ Memo Item

EARMARK VIA WINRED ON 2025-06-24

Full Name (Last, First, Middle Initial)

WINRED

B.

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

48522.40

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		24		2025

Transaction ID : A-465129CM

Amount of Each Receipt this Period

2341.49

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT
CONTRIBUTION LIMIT NOT AFFECTED.

Full Name (Last, First, Middle Initial)

BERGER, TIMOTHY, E, ,

C.

Mailing Address 2810 EAST CAMELLIA DRIVE

City

GILBERT

State

AZ

Zip Code

85296

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
05		11		2025

Transaction ID : A-465049

Amount of Each Receipt this Period

2500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶

3500.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial)

BEST, JOLENE, , ,

A. Mailing Address 8018 SILVER LURE DRCity
HUMBLEState
TXZip Code
77346FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

182.21

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	1		2	0	5	

Transaction ID : A-465160

Amount of Each Receipt this Period

26.03

☐ Memo Item

EARMARK VIA WINRED ON 2025-06-29

Full Name (Last, First, Middle Initial)

WINRED

B. Mailing Address PO BOX 9891City
ARLINGTONState
VAZip Code
22219FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

51249.61

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	5	

Transaction ID : A-465160CM

Amount of Each Receipt this Period

2727.21

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT
CONTRIBUTION LIMIT NOT AFFECTED.

Full Name (Last, First, Middle Initial)

BRAYNARD, MATT, , ,

C. Mailing Address 1747 TYSONS CENTRAL STCity
VIENNAState
VAZip Code
22182FEC ID number of contributing
federal political committee.

C

Name of Employer
EXTERNAL AFFAIRS, INC.Occupation
CONSULTANT

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	5	

Transaction ID : A-464963

Amount of Each Receipt this Period

3300.00

☐ Memo Item

3326.03

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial)

CASTLEMAN, MARILYN, D, ,

A. Mailing Address 706 W OSO DORADO CIRCity
PAYSONState
AZZip Code
85541FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 26 2025

Transaction ID : A-465525

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

CHAMBERLAIN, JAIME, , ,

B. Mailing Address 1670 N. IRON GATES DRCity
NOGALESState
AZZip Code
85621FEC ID number of contributing
federal political committee.

C

Name of Employer
CHAMBERLAIN DISTRIBUTING INCOccupation
PRODUCE DISTRIBUTOR

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 26 2025

Transaction ID : A-464991

Amount of Each Receipt this Period

500.00

☐ Memo Item

EARMARK VIA WINRED ON 2025-05-05

Full Name (Last, First, Middle Initial)

WINRED

C. Mailing Address PO BOX 9891City
ARLINGTONState
VAZip Code
22219FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

40651.75

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 05 2025

Transaction ID : A-464991CM

Amount of Each Receipt this Period

14632.00

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT
CONTRIBUTION LIMIT NOT AFFECTED.**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

700.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial)

CHILTON, JAMES, K., , JR.

A.

Mailing Address PO BOX 423

City

ARIVACA

State

AZ

Zip Code

85601

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF - EMPLOYEDOccupation
RANCHER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	2	5

Transaction ID : A-465626

Amount of Each Receipt this Period

250.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

DACEY, SCOTT, , ,

Mailing Address 139 TRENT SHORES DR

City

TRENT WOODS

State

NC

Zip Code

28562

FEC ID number of contributing
federal political committee.

C

Name of Employer
PACE GOVT. RELATIONSOccupation
LOBBYIST

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	2	5

Transaction ID : A-464734

Amount of Each Receipt this Period

500.00

☐ Memo Item

EARMARK VIA WINRED ON 2025-04-06

C.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

22575.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	2	5

Transaction ID : A-464734CM

Amount of Each Receipt this Period

859.50

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT
CONTRIBUTION LIMIT NOT AFFECTED.**SUBTOTAL** of Receipts This Page (optional)..... ▶

750.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial)

DE SZENDEFFY, ROD, P, ,

A. Mailing Address PO BOX 4450City
CAVE CREEKState
AZZip Code
85327FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTEDOccupation
SELF

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 30 2025

Transaction ID : A-465521

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

DOLAN, WILLIAM, , ,

B. Mailing Address 14851 N 44TH PLCity
PHOENIXState
AZZip Code
85032FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 09 2025

Transaction ID : A-464948

Amount of Each Receipt this Period

1000.00

☐ Memo Item

EARMARK VIA WINRED ON 2025-04-13

Full Name (Last, First, Middle Initial)

WINRED

C. Mailing Address PO BOX 9891City
ARLINGTONState
VAZip Code
22219FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

24697.31

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 13 2025

Transaction ID : A-464948CM

Amount of Each Receipt this Period

2122.27

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT
CONTRIBUTION LIMIT NOT AFFECTED.**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

1100.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 57

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

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NAME OF COMMITTEE (In Full)

GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial)

EVANS, BEATRICE, , ,

A.

Mailing Address 3139 CRESTVIEW DR

City

LAKE HAVASU CITY

State

AZ

Zip Code

86404

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	2	5

Transaction ID : A-465127

Amount of Each Receipt this Period

50.00

☐ Memo Item

EARMARK VIA WINRED ON 2025-06-24

B.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

48522.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	2	5

Transaction ID : A-465127CM

Amount of Each Receipt this Period

2341.49

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT
CONTRIBUTION LIMIT NOT AFFECTED.**C.**

Full Name (Last, First, Middle Initial)

EVANS, BEATRICE, , ,

Mailing Address 3139 CRESTVIEW DR

City

LAKE HAVASU CITY

State

AZ

Zip Code

86404

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	2	5

Transaction ID : A-465128

Amount of Each Receipt this Period

50.00

☐ Memo Item

EARMARK VIA WINRED ON 2025-06-24

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

100.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 57

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

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NAME OF COMMITTEE (In Full)

GOSAR FOR CONGRESSFull Name (Last, First, Middle Initial)
WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

48522.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 24 2025

Transaction ID : A-465128CM

Amount of Each Receipt this Period

2341.49

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT
CONTRIBUTION LIMIT NOT AFFECTED.Full Name (Last, First, Middle Initial)
GAINES, IRA, , ,

Mailing Address 7000 N. 16TH ST.

City
PHOENIXState
AZZip Code
85020FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 13 2025

Transaction ID : A-465120

Amount of Each Receipt this Period

1000.00

☐ Memo Item

EARMARK VIA WINRED ON 2025-06-24

Full Name (Last, First, Middle Initial)
WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

48522.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 24 2025

Transaction ID : A-465120CM

Amount of Each Receipt this Period

2341.49

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT
CONTRIBUTION LIMIT NOT AFFECTED.**SUBTOTAL** of Receipts This Page (optional)..... ▶

1000.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial)

GARDNER, DOROTHY, E, MS,

A.

Mailing Address 2162 MARK AVE

City
PRESCOTTState
AZZip Code
86301-1029FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 17 2025

Transaction ID : A-465634

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

GRAUER, STEVE, , ,

B.

Mailing Address 35605 N 40TH ST

City
CAVE CREEKState
AZZip Code
85331FEC ID number of contributing
federal political committee.

C

Name of Employer
HENSEL PHELPSOccupation
CONSTRUCTION MANAGER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 25 2025

Transaction ID : A-465171

Amount of Each Receipt this Period

1000.00

☐ Memo Item

EARMARK VIA WINRED ON 2025-06-29

Full Name (Last, First, Middle Initial)

WINRED

C.

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

51249.61

Date of Receipt

M M / D D / Y Y Y Y Y
06 29 2025

Transaction ID : A-465171CM

Amount of Each Receipt this Period

2727.21

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT
CONTRIBUTION LIMIT NOT AFFECTED.**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

1250.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial)

HAYDEN, MARILYN, J, ,

A.

Mailing Address 10306 E CALLE DE LAS BRISAS

City

SCOTTSDALE

State

AZ

Zip Code

85255

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 29 / 2025

Transaction ID : A-465397

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

KORTMAN, KEN, , ,

B.

Mailing Address 3517 W LEMARCHE AVE

City

PHOENIX

State

AZ

Zip Code

85053

FEC ID number of contributing
federal political committee.

C

Name of Employer

KORTMAN, INC.

Occupation

PRESIDENT AND CEO

Receipt For: 2026

☒ Primary☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 19 / 2025

Transaction ID : A-465139

Amount of Each Receipt this Period

1000.00

☐ Memo Item

EARMARK VIA WINRED ON 2025-06-29

Full Name (Last, First, Middle Initial)

WINRED

C.

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

51249.61

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 29 / 2025

Transaction ID : A-465139CM

Amount of Each Receipt this Period

2727.21

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT
CONTRIBUTION LIMIT NOT AFFECTED.**SUBTOTAL** of Receipts This Page (optional)..... ▶

2000.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial)

LANGNER, F RICHARD, , ,

A.

Mailing Address PO BOX 18970

City

FOUNTAIN HILLS

State

AZ

Zip Code

85269

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

1033.06

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 04 / 2025D D / Y Y Y Y Y
04 / 2025Y Y Y Y Y
2025

Transaction ID : A-464934

Amount of Each Receipt this Period

1033.06

☐ Memo Item

EARMARK VIA WINRED ON 2025-04-13

B.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

24697.31

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 13 / 2025D D / Y Y Y Y Y
13 / 2025Y Y Y Y Y
2025

Transaction ID : A-464934CM

Amount of Each Receipt this Period

2122.27

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT
CONTRIBUTION LIMIT NOT AFFECTED.**C.**

Full Name (Last, First, Middle Initial)

LEMIEUX, ARMAND, A, ,

Mailing Address PO BOX 1764

City

DOLAN SPRINGS

State

AZ

Zip Code

86441

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 17 / 2025D D / Y Y Y Y Y
17 / 2025Y Y Y Y Y
2025

Transaction ID : A-465535

Amount of Each Receipt this Period

100.00

☐ Memo Item

1133.06

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial)

LINDELL, TANYA, V, ,

A. Mailing Address 642 W ROLLER COASTER RDCity
TUCSONState
AZZip Code
85704FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 03 2025

Transaction ID : A-465603

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

LOPEZ, HUMBERTO, S, ,

B. Mailing Address 3901 E. BROADWAYCity
TUCSONState
AZZip Code
85711FEC ID number of contributing
federal political committee.

C

Name of Employer
HSL PROPERTIES INCOccupation
EXECUTIVE

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 27 2025

Transaction ID : A-464993

Amount of Each Receipt this Period

3500.00

☐ Memo Item

EARMARK VIA WINRED ON 2025-05-05

Full Name (Last, First, Middle Initial)

WINRED

C. Mailing Address PO BOX 9891City
ARLINGTONState
VAZip Code
22219FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

40651.75

Date of Receipt

M M / D D / Y Y Y Y Y
05 05 2025

Transaction ID : A-464993CM

Amount of Each Receipt this Period

14632.00

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT
CONTRIBUTION LIMIT NOT AFFECTED.**SUBTOTAL** of Receipts This Page (optional)..... ▶

3700.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial)

LUKE, DEBRA, , ,

A.

Mailing Address 25 WEST VISTA AVENUE

City

PHOENIX

State

AZ

Zip Code

85021

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF - EMPLOYEDOccupation
INTERIOR DESIGN

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	2	5

Transaction ID : A-465205

Amount of Each Receipt this Period

3500.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

LUKE, DEBRA, , ,

Mailing Address 25 WEST VISTA AVENUE

City

PHOENIX

State

AZ

Zip Code

85021

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF - EMPLOYEDOccupation
INTERIOR DESIGN

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	2	5

Transaction ID : A-465206

Amount of Each Receipt this Period

3500.00

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

LUKE, DON, , ,

Mailing Address 25 W VISTA AVE

City

PHOENIX

State

AZ

Zip Code

85021

FEC ID number of contributing
federal political committee.

C

Name of Employer
BILL LUKE DODGE CHRYSLER JEEPOccupation
AUTOMOBILE DEALER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	2	5

Transaction ID : A-465203

Amount of Each Receipt this Period

3500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶

10500.00

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)

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

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NAME OF COMMITTEE (In Full)

GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial)

LUKE, DON, , ,

A.

Mailing Address 25 W VISTA AVE

City

PHOENIX

State

AZ

Zip Code

85021

FEC ID number of contributing
federal political committee.

C

Name of Employer

BILL LUKE DODGE CHRYSLER JEEP

Occupation

AUTOMOBILE DEALER

Receipt For: 2026

☐ Primary
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 28 2025

Transaction ID : A-465204

Amount of Each Receipt this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

MACKEY, CHARLES, IVAN, ,

B.

Mailing Address 1741 S CARPENTER LN

City

COTTONWOOD

State

AZ

Zip Code

86326

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary
☐ Other (specify) ▼

☐ General

Election Cycle-to-Date ▼

209.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 28 2025

Transaction ID : A-465272

Amount of Each Receipt this Period

95.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

MAPLE, RALPH, E, ,

C.

Mailing Address 5215 VALLEY BLUFF LN

City

KATY

State

TX

Zip Code

77494-2966

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary
☐ Other (specify) ▼

☐ General

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 19 2025

Transaction ID : A-465441

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

3845.00

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

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

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NAME OF COMMITTEE (In Full)

GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial)

MCEVOY, NANCY, A, ,

A.

Mailing Address 943 E KORTSEN RD
UNIT 15

City
CASA GRANDE

State
AZ

Zip Code
85122-1741

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 15 2025

Transaction ID : A-465475

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

MORRIS, JOHN, M, ,

B.

Mailing Address 4623 S JUPITER DR

City
SALT LAKE CITY

State
UT

Zip Code
84124

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation
ORTHODONIST

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 28 2025

Transaction ID : A-465448

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

NEUBAUER, NICKOLAS, , ,

C.

Mailing Address 40 INDIAN HILL ROAD

City
WINNETKA

State
IL

Zip Code
60093

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED - NICKOLAS NEUBAUER

Occupation
INVESTOR

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 14 2025

Transaction ID : A-464962

Amount of Each Receipt this Period

2000.00

☐ Memo Item

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

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

3150.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial)

O'KEEFFE, WILLIAM, , ,

A.

Mailing Address 820 LAGUNA HONDA BLVD.

City

SAN FRANCISCO

State

CA

Zip Code

94127

FEC ID number of contributing
federal political committee.

C

Name of Employer

SAFTI

Occupation

PRESIDENT

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	2	5

Transaction ID : A-465142

Amount of Each Receipt this Period

2000.00

☐ Memo Item

EARMARK VIA WINRED ON 2025-06-16

B.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

46180.91

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	2	5

Transaction ID : A-465142CM

Amount of Each Receipt this Period

4755.42

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT
CONTRIBUTION LIMIT NOT AFFECTED.**C.**

Full Name (Last, First, Middle Initial)

O'KEEFFE, WILLIAM, , ,

Mailing Address 820 LAGUNA HONDA BLVD.

City

SAN FRANCISCO

State

CA

Zip Code

94127

FEC ID number of contributing
federal political committee.

C

Name of Employer

SAFTI

Occupation

PRESIDENT

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	2	5

Transaction ID : A-465681

Amount of Each Receipt this Period

1500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶

3500.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial)

PANOUSOPOULOS, ATANASIO, , ,

A.

Mailing Address PO BOX 1806

City

NOGALES

State

AZ

Zip Code

85628

FEC ID number of contributing
federal political committee.

C

Name of Employer

DELTA FRESH

Occupation

GENERAL MANAGER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7231.40

Date of Receipt

M M / D D / Y Y Y Y Y
04 26 2025

Transaction ID : A-465013

Amount of Each Receipt this Period

3500.00

☐ Memo Item

EARMARK VIA WINRED ON 2025-05-05

B.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

40651.75

Date of Receipt

M M / D D / Y Y Y Y Y
05 05 2025

Transaction ID : A-465013CM

Amount of Each Receipt this Period

14632.00

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT
CONTRIBUTION LIMIT NOT AFFECTED.**C.**

Full Name (Last, First, Middle Initial)

PANOUSOPOULOS, CONSTANTINE, , ,

Mailing Address 557 E. NIKOS WAY

City

NOGALES

State

AZ

Zip Code

85621

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 25 2025

Transaction ID : A-464985

Amount of Each Receipt this Period

3500.00

☐ Memo Item

EARMARK VIA WINRED ON 2025-05-05

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

7000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

GOSAR FOR CONGRESSFull Name (Last, First, Middle Initial)
WINRED**A.** Mailing Address PO BOX 9891City
ARLINGTONState
VAZip Code
22219FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

40651.75

Date of Receipt

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

Transaction ID : A-464985CM

Amount of Each Receipt this Period

14632.00

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT
CONTRIBUTION LIMIT NOT AFFECTED.**B.** Full Name (Last, First, Middle Initial)
PANOUSOPOULOS, CONSTANTINE, , ,
Mailing Address 557 E. NIKOS WAYCity
NOGALESState
AZZip Code
85621FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	2	5

Transaction ID : A-465684

Amount of Each Receipt this Period

3500.00

☐ Memo Item**C.** Full Name (Last, First, Middle Initial)
PANOUSOPOULOS, ELENI, , ,
Mailing Address PO BOX 1806City
NOGALESState
AZZip Code
85628FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

HOMEMAKER

HOMEMAKER

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	2	5

Transaction ID : A-465683

Amount of Each Receipt this Period

3500.00

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

7000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial)

PANOUSOPOULOS, NICKOLAS, , ,

A. Mailing Address 2050 NORTH SMOKEY LANECity
NOGALESState
AZZip Code
85626FEC ID number of contributing
federal political committee.

C

Name of Employer
NOGALES PROPERTY MANAGEMENTOccupation
BUSINESS OWNER

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 24 2025

Transaction ID : A-465682

Amount of Each Receipt this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

PANOUSOPOULOS, NICKOLAS, , ,

B. Mailing Address 2050 NORTH SMOKEY LANECity
NOGALESState
AZZip Code
85626FEC ID number of contributing
federal political committee.

C

Name of Employer
NOGALES PROPERTY MANAGEMENTOccupation
BUSINESS OWNER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 25 2025

Transaction ID : A-464986

Amount of Each Receipt this Period

3500.00

☐ Memo Item

EARMARK VIA WINRED ON 2025-05-05

Full Name (Last, First, Middle Initial)

WINRED

C. Mailing Address PO BOX 9891City
ARLINGTONState
VAZip Code
22219FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

40651.75

Date of Receipt

M M / D D / Y Y Y Y Y
05 05 2025

Transaction ID : A-464986CM

Amount of Each Receipt this Period

14632.00

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT
CONTRIBUTION LIMIT NOT AFFECTED.**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

7000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

GOSAR FOR CONGRESSFull Name (Last, First, Middle Initial)
PARSONS, SAMANTHA, N, MS,

Mailing Address 755 W PALO VERDE DR

City
WICKENBURGState
AZZip Code
85390-1396FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		30		2025

Transaction ID : A-465520

Amount of Each Receipt this Period

100.00

☐ Memo ItemFull Name (Last, First, Middle Initial)
PASCUA YAQUI TRIBE

Mailing Address 7474 SOUTH CAMINO DE OESTE

City
TUCSONState
AZZip Code
85746FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
05		14		2025

Transaction ID : A-465085

Amount of Each Receipt this Period

3500.00

☐ Memo ItemFull Name (Last, First, Middle Initial)
PETERSON, MARK, , ,

Mailing Address P.O. BOX 4179

City
KINGMANState
AZZip Code
86402FEC ID number of contributing
federal political committee.

C

Name of Employer
DESERT DE ORO FOODSOccupation
MANAGER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2602.54

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		06		2025

Transaction ID : A-465112

Amount of Each Receipt this Period

2602.54

☐ Memo Item

EARMARK VIA WINRED ON 2025-06-16

6202.54

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

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

GOSAR FOR CONGRESSFull Name (Last, First, Middle Initial)
WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

46180.91

Date of Receipt

M M / D D / Y Y Y Y Y
06 16 2025

Transaction ID : A-465112CM

Amount of Each Receipt this Period

4755.42

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT
CONTRIBUTION LIMIT NOT AFFECTED.Full Name (Last, First, Middle Initial)
RHODE, JAMES, A, ,

Mailing Address 8230 N 16TH ST

City
PHOENIXState
AZZip Code
85020-3903FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 30 2025

Transaction ID : A-465519

Amount of Each Receipt this Period

125.00

☐ Memo ItemFull Name (Last, First, Middle Initial)
SMOLDON, RUSSELL, , ,

Mailing Address 357 E. MONTE VISTA RD

City
PHOENIXState
AZZip Code
85004FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

B3 STRATEGIES

CEO

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 11 2025

Transaction ID : A-464952

Amount of Each Receipt this Period

1000.00

☐ Memo Item

EARMARK VIA WINRED ON 2025-04-20

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

1125.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

GOSAR FOR CONGRESSFull Name (Last, First, Middle Initial)
WINRED**A.** Mailing Address PO BOX 9891City
ARLINGTONState
VAZip Code
22219FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

25856.72

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	2	5

Transaction ID : A-464952CM

Amount of Each Receipt this Period

1159.41

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT
CONTRIBUTION LIMIT NOT AFFECTED.Full Name (Last, First, Middle Initial)
STAVELEY, GAYLORD, , ,**B.** Mailing Address 1117 E. MARINA LANECity
FLAGSTAFFState
AZZip Code
86004FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	2	5

Transaction ID : A-464964

Amount of Each Receipt this Period

500.00

☐ Memo ItemFull Name (Last, First, Middle Initial)
STULLENBARGER, JEAN, , ,**C.** Mailing Address PO BOX 434City
YUMAState
AZZip Code
85366FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	2		2	0	2	5

Transaction ID : A-465283

Amount of Each Receipt this Period

300.00

☐ Memo Item

800.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 26 OF 57

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

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NAME OF COMMITTEE (In Full)

GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial)

STULLENBARGER, JEAN, , ,

A. Mailing Address PO BOX 434

City
YUMA

State
AZ

Zip Code
85366

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 27 2025

Transaction ID : A-465644

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

TAPIA, DONALD, , ,

B. Mailing Address 4805 E ROAD RUNNER RD

City
PARADISE VALLEY

State
AZ

Zip Code
85253

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 25 2025

Transaction ID : A-465177

Amount of Each Receipt this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

TAYLOR, MARGARETTA, J, MISS,

C. Mailing Address 2 SUTTON SQ

City
NEW YORK

State
NY

Zip Code
10022-2408

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 02 2025

Transaction ID : A-465631

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

4750.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 57

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

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NAME OF COMMITTEE (In Full)

GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial)

THE CHICKASAW NATION

A.

Mailing Address PO BOX 1548

City

ADA

State

OK

Zip Code

74820

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	2	5

Transaction ID : A-464965

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

THOMAS, NORRIS, L. ,

B.

Mailing Address 700 N DOBSON RD UNIT 31

City

CHANDLER

State

AZ

Zip Code

85224

FEC ID number of contributing
federal political committee.

C

Name of Employer

PIONEER EQUIPMENT INC

Occupation

PRESIDENT

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	2	5

Transaction ID : A-465517

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

TOFEL, JAMES, , ,

C.

Mailing Address 3221 N. CHRISTMAS AVE

City

TUCSON

State

AZ

Zip Code

85716

FEC ID number of contributing
federal political committee.

C

Name of Employer

TOFEL DENT CONSTRUCTION

Occupation

GENERAL CONTRACTOR

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	1		2	0	2	5

Transaction ID : A-465161

Amount of Each Receipt this Period

250.00

☐ Memo Item

EARMARK VIA WINRED ON 2025-06-29

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

1500.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

GOSAR FOR CONGRESSFull Name (Last, First, Middle Initial)
WINRED**A.** Mailing Address PO BOX 9891City
ARLINGTONState
VAZip Code
22219FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

51249.61

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	2	5

Transaction ID : A-465161CM

Amount of Each Receipt this Period

2727.21

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT
CONTRIBUTION LIMIT NOT AFFECTED.Full Name (Last, First, Middle Initial)
WILLETT, JOHN-PAUL, , ,**B.** Mailing Address 426 EAST HORSESHOE LANECity
GILBERTState
AZZip Code
85296FEC ID number of contributing
federal political committee.**C**

Name of Employer

VODA VAPOR

Occupation

BUSINESS OWNER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

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

Transaction ID : A-465050

Amount of Each Receipt this Period

3500.00

☐ Memo ItemFull Name (Last, First, Middle Initial)
WOODYARD, TERRY, , ,**C.** Mailing Address 2752 LA PALOMA DRCity
BULLHEAD CITYState
AZZip Code
86429FEC ID number of contributing
federal political committee.**C**

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	5

Transaction ID : A-465567

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

3550.00

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

78481.63

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial)

PUBLIC POWER PAC OF ARIZONA**A.** Mailing Address 20489 WEST WALTON DRIVECity
BUCKEYEState
AZZip Code
85396FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 14 2025

Transaction ID : A-465007

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

1000.00
1000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 57

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

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NAME OF COMMITTEE (In Full)

GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial)

INTEGRATED SOLUTIONS: POLITICAL**A.**Mailing Address 4142 ADAMS AVENUE
SUITE 103-550City
SAN DIEGOState
CAZip Code
92116FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2024

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

17402.10

Date of Receipt

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

Transaction ID : A-465694

Amount of Each Receipt this Period

700.00

☐ Memo ItemREVERSE OF DUPLICATE PAYMENT FOR
SOFTWARE**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

☐ Memo Item**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

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

700.00

700.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 31 OF 57

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

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NAME OF COMMITTEE (In Full)

GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial)

BILBRAY TAX SERVICE

A.

Mailing Address 970 SEACOAST DRIVE
STE 7

City

IMPERIAL BEACH

State

CA

Zip Code

91932

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary
☐ Other (specify) ▼

☐ General

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 15 / 2025

Transaction ID : A-465695

Amount of Each Receipt this Period

1500.00

☐ Memo Item

ACCOUNTING FEE - CHECK NEVER CASHED DUE
TO DUPLICATE PAYMENT

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

1500.00

1500.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 57

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

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NAME OF COMMITTEE (In Full)

GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. AC HOTEL BY MARRIOTT

Mailing Address 151 EAST BROADWAY BOULEVARD

Date of Disbursement

M M	D D	Y Y Y Y
04	26	2025

City
TUCSONState
AZZip Code
85701Purpose of Disbursement
LODGING

002

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

433.62

Transaction ID : B-465213

☒ Memo Item MEMO: SUBVENDOR OF-
AMERICAN EXPRESS

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address 3 WORLD FINANCIAL CENTER

Date of Disbursement

M M	D D	Y Y Y Y
03	27	2025

City
NEW YORKState
NYZip Code
10285Purpose of Disbursement
CREDIT CARD REWARD

001

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

- 65.93

Transaction ID : B-465048

☒ Memo Item MEMO: SUBVENDOR OF-
AMERICAN EXPRESS

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address 3 WORLD FINANCIAL CENTER

Date of Disbursement

M M	D D	Y Y Y Y
04	27	2025

City
NEW YORKState
NYZip Code
10285Purpose of Disbursement
CREDIT CARD CHARGES (SEE LINE ITEM BELOW)

001

Category/
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

4227.00

Transaction ID : B-465041

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4227.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 33 OF 57

<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)

GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address 3 WORLD FINANCIAL CENTER

City
NEW YORKState
NYZip Code
10285Purpose of Disbursement
TO BE REFUNDED - UNINTENTIONAL OVERPAYMENT

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

247.37

Transaction ID : B-465230

☒ Memo Item MEMO: SUBVENDOR OF-AMERICAN EXPRESS

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address 3 WORLD FINANCIAL CENTER

City
NEW YORKState
NYZip Code
10285Purpose of Disbursement
INTEREST

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

- 37.69

Transaction ID : B-465231

☒ Memo Item MEMO: SUBVENDOR OF-AMERICAN EXPRESS

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address 3 WORLD FINANCIAL CENTER

City
NEW YORKState
NYZip Code
10285Purpose of Disbursement
CREDIT CARD CHARGE - SEE CHARGE BELOW

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1884.64

Transaction ID : B-465209

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1884.64

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 PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 57

<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)

GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address 3 WORLD FINANCIAL CENTER

City
NEW YORKState
NYZip Code
10285Purpose of Disbursement
CREDIT CARD REWARD

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

- 85.87

Transaction ID : B-465218

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address 3 WORLD FINANCIAL CENTER

City
NEW YORKState
NYZip Code
10285Purpose of Disbursement
CREDIT CARD CHARGES (SEE LINE ITEMS BELOW)

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

521.07

Transaction ID : B-465226

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ARIZONA BILTMORE

Mailing Address 2400 E MISSOURI AVE

City
PHOENIXState
AZZip Code
85016Purpose of Disbursement
EVENT VENUE

007

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

3730.86

Transaction ID : B-465042

☒ Memo Item MEMO: SUBVENDOR OF-AMERICAN EXPRESS**SUBTOTAL** of Disbursements This Page (optional).....▶

435.20

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 OF 57

<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)

GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ARIZONA BILTMORE

Mailing Address 2400 E MISSOURI AVE

City
PHOENIXState
AZZip Code
85016Purpose of Disbursement
PARKING FEES

002

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.86

Transaction ID : B-465046

☒ Memo Item MEMO: SUBVENDOR OF-AMERICAN EXPRESS

Full Name (Last, First, Middle Initial)

B. ARIZONA BILTMORE

Mailing Address 2400 E MISSOURI AVE

City
PHOENIXState
AZZip Code
85016Purpose of Disbursement
EVENT VENUE

007

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

697.14

Transaction ID : B-465210

☒ Memo Item MEMO: SUBVENDOR OF-AMERICAN EXPRESS

Full Name (Last, First, Middle Initial)

C. BILBRAY TAX SERVICEMailing Address 970 SEACOAST DRIVE
STE 7City
IMPERIAL BEACHState
CAZip Code
91932Purpose of Disbursement
ACCOUNTING SERVICES

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : B-464763

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1500.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 OF 57

<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)

GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. BILBRAY TAX SERVICEMailing Address 970 SEACOAST DRIVE
STE 7City
IMPERIAL BEACHState
CAZip Code
91932Purpose of Disbursement
ACCOUNTING SERVICES

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : B-465102

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CAPITOL HILL CLUB

Mailing Address 300 1ST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
FUNDRAISING FOOD AND BEVERAGES

003

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

7301.29

Transaction ID : B-465060

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CAPITOL HILL CLUB

Mailing Address 300 1ST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
FUNDRAISING FOOD AND BEVERAGES

003

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

934.74

Transaction ID : B-465061

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

9736.03

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 OF 57

<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)

GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CAPITOL HILL CLUB

Mailing Address 300 1ST ST SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
FUNDRAISING FOOD AND BEVERAGES

003

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1251.69

Transaction ID : B-465156

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CONSERVATIVE PARTNERSHIP CAMPUS INC

Mailing Address 300 INDEPENDENCE AVENUE SOUTHEAST

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
MEMBERSHIP DUES

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5000.00

Transaction ID : B-464953

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DIRECT MAIL PROCESSORS

Mailing Address 1150 CONRAD COURT

City
HAGERSTOWNState
MDZip Code
21740Purpose of Disbursement
SHIPPING EXPENSES

003

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

332.88

Transaction ID : B-465418

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6584.57

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 38 OF 57

<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)

GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. DIRECT MAIL PROCESSORS

Mailing Address 1150 CONRAD COURT

City
HAGERSTOWNState
MDZip Code
21740Purpose of Disbursement
SHIPPING EXPENSES

003

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

444.45

Transaction ID : B-465511

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DIRECT MAIL PROCESSORS

Mailing Address 1150 CONRAD COURT

City
HAGERSTOWNState
MDZip Code
21740Purpose of Disbursement
SHIPPING EXPENSES

003

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2030.00

Transaction ID : B-465663

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DIRECT MAIL PROCESSORS

Mailing Address 1150 CONRAD COURT

City
HAGERSTOWNState
MDZip Code
21740Purpose of Disbursement
SHIPPING EXPENSES

003

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

536.90

Transaction ID : B-465671

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3011.35

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR 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
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ELITE CARD PROCESSING

Mailing Address 13701 MAUGER STE 5

City
HAGERSTOWNState
MDZip Code
21740Purpose of Disbursement
CREDIT CARD PROCESSING FEES

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

62.00

Transaction ID : B-465415

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ELITE CARD PROCESSING

Mailing Address 13701 MAUGER STE 5

City
HAGERSTOWNState
MDZip Code
21740Purpose of Disbursement
CREDIT CARD PROCESSING FEES

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

91.46

Transaction ID : B-465513

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ELITE CARD PROCESSING

Mailing Address 13701 MAUGER STE 5

City
HAGERSTOWNState
MDZip Code
21740Purpose of Disbursement
CREDIT CARD PROCESSING FEES

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

73.08

Transaction ID : B-465669

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

226.54

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 40 OF 57

<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)

GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. FULFILLMENT SOLUTIONS INC.

Mailing Address 44970 FALCON PLACE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		02		2025

City
STERLINGState
VAZip Code
20166

FEC Identification Number

CPurpose of Disbursement
MAIL SERVICES

003

Amount of Each Disbursement this Period

1197.42

Transaction ID : B-465508

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. FULFILLMENT SOLUTIONS INC.

Mailing Address 44970 FALCON PLACE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		06		2025

City
STERLINGState
VAZip Code
20166

FEC Identification Number

CPurpose of Disbursement
MAIL SERVICES

003

Amount of Each Disbursement this Period

1200.80

Transaction ID : B-465667

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. FULLFILLMENT SOLUTIONS INC.

Mailing Address 44970 FALCON PLACE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		20		2025

City
STERLINGState
VAZip Code
20166

FEC Identification Number

CPurpose of Disbursement
POSTAGE

003

Amount of Each Disbursement this Period

671.52

Transaction ID : B-465666

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

3069.74

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 41 OF 57

<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)

GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. GODADDY.COM

Mailing Address 14455 N. HAYDEN RD.

City
SCOTTSDALEState
AZZip Code
85260Purpose of Disbursement
DOMAIN

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

208.98

Transaction ID : B-465044

☒ Memo Item MEMO: SUBVENDOR OF-AMERICAN EXPRESS

Full Name (Last, First, Middle Initial)

B. GODADDY.COM

Mailing Address 14455 N. HAYDEN RD.

City
SCOTTSDALEState
AZZip Code
85260Purpose of Disbursement
DOMAIN

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

126.48

Transaction ID : B-465045

☒ Memo Item MEMO: SUBVENDOR OF-AMERICAN EXPRESS

Full Name (Last, First, Middle Initial)

C. GOODYEAR SELF STORAGE

Mailing Address 2121 SOUTH LITCHFIELD ROAD

City
GOODYEARState
AZZip Code
85338Purpose of Disbursement
STORAGE UNIT

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

170.98

Transaction ID : B-465043

☒ Memo Item MEMO: SUBVENDOR OF-AMERICAN EXPRESS**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR 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
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. GOODYEAR SELF STORAGE

Mailing Address 2121 SOUTH LITCHFIELD ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		30		2025

City
GOODYEARState
AZZip Code
85338Purpose of Disbursement
STORAGE UNIT

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

170.98

Transaction ID : B-465214

☒ Memo Item MEMO: SUBVENDOR OF-AMERICAN EXPRESS

Full Name (Last, First, Middle Initial)

B. GOODYEAR SELF STORAGE

Mailing Address 2121 SOUTH LITCHFIELD ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		31		2025

City
GOODYEARState
AZZip Code
85338Purpose of Disbursement
STORAGE UNIT

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

170.98

Transaction ID : B-465227

☒ Memo Item MEMO: SUBVENDOR OF-AMERICAN EXPRESS

Full Name (Last, First, Middle Initial)

C. HSP DIRECTMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2025

City
ASHBURNState
VAZip Code
20147Purpose of Disbursement
PROGRAM MANAGEMENT FEE

003

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

1442.03

Transaction ID : B-465506

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1442.03

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 PageFOR 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)

GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. HSP DIRECTMailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300City
ASHBURNState
VAZip Code
20147Purpose of Disbursement
PROGRAM MANAGEMENT FEE

003

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	2		2	0	5	

FEC Identification Number

C

Amount of Each Disbursement this Period

284.88

Transaction ID : B-465665

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. INTEGRAMMailing Address 22695 COMMERCE CENTER COURT
SUITE 170City
STERLINGState
VAZip Code
20166Purpose of Disbursement
POSTAGE AND DELIVERY

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	5	

FEC Identification Number

C

Amount of Each Disbursement this Period

881.57

Transaction ID : B-465509

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. INTEGRATED SOLUTIONS: POLITICALMailing Address 4142 ADAMS AVENUE
SUITE 103-550City
SAN DIEGOState
CAZip Code
92116Purpose of Disbursement
SOFTWARE

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	2		2	0	5	

FEC Identification Number

C

Amount of Each Disbursement this Period

815.00

Transaction ID : B-464764

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1981.45

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 44 OF 57

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

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NAME OF COMMITTEE (In Full)

GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. INTEGRATED SOLUTIONS: POLITICALMailing Address 4142 ADAMS AVENUE
SUITE 103-550City
SAN DIEGOState
CAZip Code
92116Purpose of Disbursement
SOFTWARE

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

815.00

Transaction ID : B-465009

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. INTEGRATED SOLUTIONS: POLITICALMailing Address 4142 ADAMS AVENUE
SUITE 103-550City
SAN DIEGOState
CAZip Code
92116Purpose of Disbursement
SOFTWARE

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

815.00

Transaction ID : B-465103

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MATTINA'S RISTORANTE ITALIANO

Mailing Address 318 EAST OAK STREET

City
KINGMANState
AZZip Code
86401Purpose of Disbursement
VOLUNTEER FOOD AND BEVERAGE

003

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

298.75

Transaction ID : B-465216

☒ Memo Item MEMO: SUBVENDOR OF-
AMERICAN EXPRESS**SUBTOTAL** of Disbursements This Page (optional).....▶

1630.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 45 OF 57

<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)

GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. MCSHANE LLCMailing Address 6950 O'BANNON DRIVE
STE 100City
LAS VEGASState
NVZip Code
89117Purpose of Disbursement
FACEBOOK AND INSTAGRAM ADVERTISING

004

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : B-464939

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MCSHANE LLCMailing Address 6950 O'BANNON DRIVE
STE 100City
LAS VEGASState
NVZip Code
89117Purpose of Disbursement
FACEBOOK AND INSTAGRAM ADVERTISING

004

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : B-464940

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MCSHANE LLCMailing Address 6950 O'BANNON DRIVE
STE 100City
LAS VEGASState
NVZip Code
89117Purpose of Disbursement
FUNDRAISING SERVICES

003

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

4000.00

Transaction ID : B-465010

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5500.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 46 OF 57

<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)

GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. MCSHANE LLCMailing Address 6950 O'BANNON DRIVE
STE 100City
LAS VEGASState
NVZip Code
89117Purpose of Disbursement
EMAIL BROADCASTING

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

299.00

Transaction ID : B-465011

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MCSHANE LLCMailing Address 6950 O'BANNON DRIVE
STE 100City
LAS VEGASState
NVZip Code
89117Purpose of Disbursement
FUNDRAISING COMMISSION

003

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input type="checkbox"/>	Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

100.00

Transaction ID : B-465022

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MCSHANE LLCMailing Address 6950 O'BANNON DRIVE
STE 100City
LAS VEGASState
NVZip Code
89117Purpose of Disbursement
EMAIL BROADCASTING

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

299.00

Transaction ID : B-465224

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

698.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 47 OF 57

<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)

GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. MCSHANE LLCMailing Address 6950 O'BANNON DRIVE
STE 100City
LAS VEGASState
NVZip Code
89117Purpose of Disbursement
FUNDRAISING SERVICES

003

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

4000.00

Transaction ID : B-465225

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MCSHANE LLCMailing Address 6950 O'BANNON DRIVE
STE 100City
LAS VEGASState
NVZip Code
89117Purpose of Disbursement
FUNDRAISING SERVICES

003

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

4000.00

Transaction ID : B-465169

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MCSHANE LLCMailing Address 6950 O'BANNON DRIVE
STE 100City
LAS VEGASState
NVZip Code
89117Purpose of Disbursement
EMAIL BROADCASTING

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

299.00

Transaction ID : B-465170

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

8299.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR 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)

GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. MDI IMAGING & MAIL

Mailing Address 21955 CASCADES PARKWAY

City
DULLESState
VAZip Code
20166Purpose of Disbursement
PRINTING

003

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1790.00

Transaction ID : B-465507

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MIDDLETOWN VALLEY BANK

Mailing Address 24 WEST MAIN STREET

City
MIDDLETOWNState
DEZip Code
19709Purpose of Disbursement
BANK FEES

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

42.75

Transaction ID : B-465416

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MIDDLETOWN VALLEY BANK

Mailing Address 24 WEST MAIN STREET

City
MIDDLETOWNState
DEZip Code
19709Purpose of Disbursement
BANK FEES

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

47.78

Transaction ID : B-465512

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1880.53

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR 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)

GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. MIDDLETOWN VALLEY BANK

Mailing Address 24 WEST MAIN STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2025

City
MIDDLETOWNState
DEZip Code
19709

FEC Identification Number

CPurpose of Disbursement
BANK FEES

001

Amount of Each Disbursement this Period

44.05

Transaction ID : B-465662

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. ONPOINT DATA STRATEGY

Mailing Address 20130 LAKEVIEW CENTER PLAZA

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		04		2025

City
ASHBURNState
VAZip Code
20147

FEC Identification Number

CPurpose of Disbursement
DONOR DATA REPORTS

003

Amount of Each Disbursement this Period

390.00

Transaction ID : B-465417

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. ONPOINT DATA STRATEGY

Mailing Address 20130 LAKEVIEW CENTER PLAZA

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		24		2025

City
ASHBURNState
VAZip Code
20147

FEC Identification Number

CPurpose of Disbursement
DONOR DATA REPORTS

003

Amount of Each Disbursement this Period

1233.55

Transaction ID : B-465419

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

1667.60

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR 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)

GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ONPOINT DATA STRATEGY

Mailing Address 20130 LAKEVIEW CENTER PLAZA

City
ASHBURNState
VAZip Code
20147Purpose of Disbursement
DONOR DATA REPORTS

003

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

310.00

Transaction ID : B-465510

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ONPOINT DATA STRATEGY

Mailing Address 20130 LAKEVIEW CENTER PLAZA

City
ASHBURNState
VAZip Code
20147Purpose of Disbursement
DONOR DATA REPORTS

003

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

532.95

Transaction ID : B-465664

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TTK CONSULTING

Mailing Address 515 WEST ERIE STREET

City
CHANDLERState
AZZip Code
85225Purpose of Disbursement
FUNDRAISING COMMISSION

003

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2074.65

Transaction ID : B-464941

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2917.60

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR 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)

GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. TTK CONSULTING

Mailing Address 515 WEST ERIE STREET

City
CHANDLERState
AZZip Code
85225Purpose of Disbursement
FUNDRAISING COMMISSION

003

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

7354.95

Transaction ID : B-465104

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. UNCLE SAM PETITIONS, LLCMailing Address 505 WEST 8TH AVENUE
#4City
MESAState
AZZip Code
85210Purpose of Disbursement
SIGNATURE COLLECTION

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

3000.00

Transaction ID : B-465021

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. UNCLE SAM PETITIONS, LLCMailing Address 505 WEST 8TH AVENUE
#4City
MESAState
AZZip Code
85210Purpose of Disbursement
SIGNATURE COLLECTION

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

4800.00

Transaction ID : B-465223

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

15154.95

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 52 OF 57

<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)

GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. WINRED

Mailing Address PO BOX 9891

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	2	5

City
ARLINGTONState
VAZip Code
22219

FEC Identification Number

CPurpose of Disbursement
CREDIT CARD PROCESSING FEES

003

Amount of Each Disbursement this Period

33.88

Transaction ID : B-464925

☐ Memo ItemCandidate Name
WINREDCategory/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. WINRED

Mailing Address PO BOX 9891

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	2	5

City
ARLINGTONState
VAZip Code
22219

FEC Identification Number

CPurpose of Disbursement
CREDIT CARD PROCESSING FEES

003

Amount of Each Disbursement this Period

68.58

Transaction ID : B-464961

☐ Memo ItemCandidate Name
WINREDCategory/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. WINRED

Mailing Address PO BOX 9891

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	0		2	0	2	5

City
ARLINGTONState
VAZip Code
22219

FEC Identification Number

CPurpose of Disbursement
CREDIT CARD PROCESSING FEES

003

Amount of Each Disbursement this Period

45.71

Transaction ID : B-465001

☐ Memo ItemCandidate Name
WINREDCategory/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

148.17

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 53 OF 57

<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)

GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. WINRED

Mailing Address PO BOX 9891

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	2	5

City
ARLINGTONState
VAZip Code
22219

FEC Identification Number

CPurpose of Disbursement
CREDIT CARD PROCESSING FEES

003

Amount of Each Disbursement this Period

6.43

Transaction ID : B-465004

☐ Memo ItemCandidate Name
WINREDCategory/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. WINRED

Mailing Address PO BOX 9891

Date of Disbursement

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

City
ARLINGTONState
VAZip Code
22219

FEC Identification Number

CPurpose of Disbursement
CREDIT CARD PROCESSING FEES

003

Amount of Each Disbursement this Period

805.22

Transaction ID : B-465038

☐ Memo ItemCandidate Name
WINREDCategory/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. WINRED

Mailing Address PO BOX 9891

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	2	5

City
ARLINGTONState
VAZip Code
22219

FEC Identification Number

CPurpose of Disbursement
CREDIT CARD PROCESSING FEES

003

Amount of Each Disbursement this Period

12.10

Transaction ID : B-465080

☐ Memo ItemCandidate Name
WINREDCategory/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

823.75

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 54 OF 57

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

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NAME OF COMMITTEE (In Full)

GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. WINRED

Mailing Address PO BOX 9891

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	2	5

City
ARLINGTONState
VAZip Code
22219

FEC Identification Number

CPurpose of Disbursement
CREDIT CARD PROCESSING FEES

003

Amount of Each Disbursement this Period

5.01

Transaction ID : B-465101

☐ Memo ItemCandidate Name
WINREDCategory/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. WINRED

Mailing Address PO BOX 9891

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	2	5

City
ARLINGTONState
VAZip Code
22219

FEC Identification Number

CPurpose of Disbursement
CREDIT CARD PROCESSING FEES

003

Amount of Each Disbursement this Period

9.15

Transaction ID : B-465152

☐ Memo ItemCandidate Name
WINREDCategory/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. WINRED

Mailing Address PO BOX 9891

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	2	5

City
ARLINGTONState
VAZip Code
22219

FEC Identification Number

CPurpose of Disbursement
CREDIT CARD PROCESSING FEES

003

Amount of Each Disbursement this Period

4.28

Transaction ID : B-465149

☐ Memo ItemCandidate Name
WINREDCategory/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

18.44

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 55 OF 57

<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)

GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. WINRED

Mailing Address PO BOX 9891

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2025

City
ARLINGTONState
VAZip Code
22219

FEC Identification Number

CPurpose of Disbursement
CREDIT CARD PROCESSING FEES

003

Amount of Each Disbursement this Period

246.46

Transaction ID : B-465146

☐ Memo ItemCandidate Name
WINREDCategory/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. WINRED

Mailing Address PO BOX 9891

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		24		2025

City
ARLINGTONState
VAZip Code
22219

FEC Identification Number

CPurpose of Disbursement
CREDIT CARD PROCESSING FEES

003

Amount of Each Disbursement this Period

84.87

Transaction ID : B-465168

☐ Memo ItemCandidate Name
WINREDCategory/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. WINRED

Mailing Address PO BOX 9891

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2025

City
ARLINGTONState
VAZip Code
22219

FEC Identification Number

CPurpose of Disbursement
CREDIT CARD PROCESSING FEES

003

Amount of Each Disbursement this Period

107.46

Transaction ID : B-465201

☐ Memo ItemCandidate Name
WINREDCategory/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

438.79

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

73275.38

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 56 OF 57

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

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NAME OF COMMITTEE (In Full)

GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. PANOUSOPOULOS, ATANASIO, , ,

Mailing Address PO BOX 1806

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	7		2	0	2	5

City
NOGALESState
AZZip Code
85628

FEC Identification Number

CPurpose of Disbursement
REFUND OF EXCESS CONTRIBUTION

010

Category/
Type

Amount of Each Disbursement this Period

231.40

Transaction ID : B-465023

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2026

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

231.40

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

231.40

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

PAGE 57 OF 57

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

GOSAR FOR CONGRESS

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

BILBRAY TAX SERVICE

Nature of Debt (Purpose):

ACCOUNTING SERVICES

Mailing Address 970 SEACOAST DRIVE
STE 7

City
IMPERIAL BEACH

State
CA

Zip Code
91932

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-465677

Amount Incurred This Period

1500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1500.00

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

CAPITOL HILL CLUB

Nature of Debt (Purpose):

FUNDRAISING FOOD AND BEVERAGES

Mailing Address 300 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Outstanding Balance Beginning This Period

7301.29

Transaction ID : D-464970

Amount Incurred This Period

0.00

Payment This Period

7301.29

Outstanding Balance at Close of This Period

0.00

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

1500.00

2) **TOTALS** This Period (last page this line number only)

1500.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

1500.00