

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

PAUL GOSAR FOR CONGRESS

Report Covering the Period:

From:

To:

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e))..... | 59021.05 | 102561.05 |
| (b) Total Contribution Refunds (from Line 20(d))..... | 0.00 | 0.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 59021.05 | 102561.05 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17)..... | 16971.18 | 29356.99 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 1125.00 | 1125.00 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 15846.18 | 28231.99 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 78344.05 | |
| 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)..... | 4000.00 | |

For further information contact:

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name
PAUL GOSAR FOR CONGRESS

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 7 |

| | |
|---|---|
| D | D |
| 0 | 1 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

 To:

| | |
|---|---|
| M | M |
| 0 | 9 |

| | |
|---|---|
| D | D |
| 3 | 0 |

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 9 |

| 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 | 38819.68 | 80269.68 |
| (i) Itemized (use Schedule A)..... | 5463.00 | 7553.00 |
| (ii) Unitemized..... | 44282.68 | 87822.68 |
| (iii) TOTAL of contributions from individuals..... ▶ | 0.00 | 0.00 |
| (b) Political Party Committees..... | 9500.00 | 9500.00 |
| (c) Other Political Committees (such as PACS)..... | 5238.37 | 5238.37 |
| (d) The Candidate..... | 59021.05 | 102561.05 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)) | | |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES..... | | |
| | 0.00 | 0.00 |
| 13. LOANS | | |
| (a) Made or Guaranteed by the Candidate..... | 4000.00 | 4000.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 4000.00 | 4000.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)..... | | |
| | 1125.00 | 1125.00 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.)..... | | |
| | 11.14 | 14.99 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | | |
| | 64157.19 | 107701.04 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|---------------------------------------|--|
| 17. OPERATING EXPENDITURES..... | 16971.18 | 29356.99 |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES..... | 0.00 | 0.00 |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) Of all Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... | 0.00 | 0.00 |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees..... | 0.00 | 0.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... | 0.00 | 0.00 |
| 21. OTHER DISBURSEMENTS..... | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 16971.18 | 29356.99 |

III. CASH SUMMARY

| | |
|---|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 31158.04 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3)..... | 64157.19 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 95315.23 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 16971.18 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 78344.05 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 52
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dr. Jacqueline Allen

Mailing Address 6520 N 7th Ave

City State Zip Code
Phoenix AZ 85103

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

Name of Employer Occupation
Allen Endodontics Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 31 / 2009

Transaction ID: SA11AI.4490

Amount of Each Receipt this Period
500.00

Credit Card

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

Mailing Address 1927 N Gilbert Rd #12

City State Zip Code
Mesa AZ 85203

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

Name of Employer Occupation
Baker Dental Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2400.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 27 / 2009

Transaction ID: SA11AI.4654

Amount of Each Receipt this Period
2400.00

Credit Card

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

Mailing Address 6924 W Abraham Lane

City State Zip Code
Glendale AZ 85308

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

Name of Employer Occupation
Birdwell Dental Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 15 / 2009

Transaction ID: SA11AI.4558

Amount of Each Receipt this Period
250.00

Check

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

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

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

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

FOR LINE NUMBER: PAGE 6 / 52
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dr. Dwyte E. Brooks

Mailing Address 6125 Laredo Street

City State Zip Code
Las Vegas NV 89146

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

Name of Employer Occupation
Cascade Valley Dental Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2009

Transaction ID: SA11AI.4460

Amount of Each Receipt this Period
500.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Thomas P. Canaty

Mailing Address 2003 Brandywood Lan

City State Zip Code
Wilmington DE 19810

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

Name of Employer Occupation
Conaty Dental Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
09 / 20 / 2009

Transaction ID: SA11AI.4610

Amount of Each Receipt this Period
500.00

Check

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

Mailing Address 1441 Kapiolani Blvd. #1506

City State Zip Code
Honolulu HI 96814

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

Name of Employer Occupation
Cassella Dental Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
09 / 29 / 2009

Transaction ID: SA11AI.4710

Amount of Each Receipt this Period
1000.00

Credit Card

SUBTOTAL of Receipts This Page (optional) ▶ **2000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 52
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

| | |
|---|--|
| <p>A. Full Name (Last, First, Middle Initial) Dr. Regina Cobb</p> <p>Mailing Address 921 Crestwood Ln</p> <p>City State Zip Code Kingman AZ 86409</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Riata Valley Dental Occupation Dentist</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p> | <p>Date of Receipt 08 / 18 / 2009</p> <p>Transaction ID: SA11AI.4418</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Credit Card</p> |
|---|--|

| | |
|--|---|
| <p>B. Full Name (Last, First, Middle Initial) Dr. Gary L. Crawford</p> <p>Mailing Address 777 N 500 W</p> <p>City State Zip Code Provo UT 84601</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Crawford Dental Occupation Dentist</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p> | <p>Date of Receipt 08 / 30 / 2009</p> <p>Transaction ID: SA11AI.4450</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Credit Card</p> |
|--|---|

| | |
|---|---|
| <p>C. Full Name (Last, First, Middle Initial) Dr. Brian L. Cullen</p> <p>Mailing Address 2359 S 22nd Drive, Ste 1</p> <p>City State Zip Code Yuma AZ 85364</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Pediatric Dentistry of Yu- ma Occupation Dentist</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p> | <p>Date of Receipt 08 / 31 / 2009</p> <p>Transaction ID: SA11AI.4486</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Check</p> |
|---|---|

| | |
|--|---|
| SUBTOTAL of Receipts This Page (optional) | 1750.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 52
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dr. Joseph S. Dovgan

Mailing Address Joseph S. Dovgan

City State Zip Code
Phoenix AZ 85028

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

Name of Employer Occupation
Dovgan Dental Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | / | 2 | 8 | / | 2 | 0 | 0 | 9 |

Transaction ID: SA11AI.4683

Amount of Each Receipt this Period
500.00

Check

B. Full Name (Last, First, Middle Initial)
Dr. David P. Ember

Mailing Address 939 W Ray Road, Ste 4

City State Zip Code
Chandler AZ 85226

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

Name of Employer Occupation
Ember Dental Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 | / | 3 | 1 | / | 2 | 0 | 0 | 9 |

Transaction ID: SA11AI.4468

Amount of Each Receipt this Period
1000.00

Check

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

Mailing Address 550 Broadway

City State Zip Code
Rock Springs WY 82901

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

Name of Employer Occupation
Erramouspe Dental Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 2 | 1 | / | 2 | 0 | 0 | 9 |

Transaction ID: SA11AI.4351

Amount of Each Receipt this Period
1000.00

Check

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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

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

| | | |
|---|---|-------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 / 52 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

| | | | |
|---|---|-------------------------------------|---|
| A. | Full Name (Last, First, Middle Initial) Joseph J. Erramouspe | | Date of Receipt |
| | Mailing Address 217 Aspen Way | | <input type="text" value="07"/> / <input type="text" value="27"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | Rock Springs | WY | 82901 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer Self | | Occupation Unknown | Transaction ID: SA11AI.4357 |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | Amount of Each Receipt this Period |
| | | <input type="text" value="500.00"/> | <input type="text" value="500.00"/> |
| | | | Check |

| | | | |
|---|--|-------------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Dr. Rick J. Geyer | | Date of Receipt |
| | Mailing Address 4521 E. County 14th Street | | <input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | Yuma | AZ | 85365 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer Geyer Dental | | Occupation Dentist | Transaction ID: SA11AI.4669 |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | Amount of Each Receipt this Period |
| | | <input type="text" value="250.00"/> | <input type="text" value="250.00"/> |
| | | | Check |

| | | | |
|---|---|-------------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Dr. Robert J. Gherardi | | Date of Receipt |
| | Mailing Address 3900 Eubank NE #5 | | <input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | Albuquerque | NM | 87111 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer Gherardi Dental | | Occupation Dentist | Transaction ID: SA11AI.4456 |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | Amount of Each Receipt this Period |
| | | <input type="text" value="250.00"/> | <input type="text" value="250.00"/> |
| | | | Credit Card |

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="1000.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 52
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dr. R. Todd Haft

Mailing Address 236 W. Portico Dr.

City Tucson State AZ Zip Code 85755

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

Name of Employer Haft Dental Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 09 / 20 / 2009
Transaction ID: SA11AI.4612
 Amount of Each Receipt this Period: 250.00
 Check

B. Full Name (Last, First, Middle Initial)
Dr. Dale R. Hallberg

Mailing Address 2707 W Packtrail

City Flagstaff State AZ Zip Code 86001

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

Name of Employer Hallberg Dental Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 09 / 15 / 2009
Transaction ID: SA11AI.4566
 Amount of Each Receipt this Period: 1000.00
 Check

C. Full Name (Last, First, Middle Initial)
William J. Hooker

Mailing Address 718 N Humphreys

City Flagstaff State AZ Zip Code 86004

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

Name of Employer Hooker Dental Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 08 / 30 / 2009
Transaction ID: SA11AI.4462
 Amount of Each Receipt this Period: 500.00
 Credit Card

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 / 52 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

| | | | |
|---|---|-------------------------------------|---|
| A. | Full Name (Last, First, Middle Initial) Dr. Scott Houfek | | Date of Receipt |
| | Mailing Address Box 488 | | <input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | Big Piney | MT | 83113 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer Houfek Dental | | Occupation Dentist | Transaction ID: SA11AI.4685 |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | Amount of Each Receipt this Period <input type="text" value="250.00"/> |
| | | <input type="text" value="250.00"/> | Check |

| | | | |
|---|--|-------------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Dr. Mark Hughes | | Date of Receipt |
| | Mailing Address 25201 N. 47th Dr. | | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | Phoenix | AZ | 85083 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer Hughes Dental | | Occupation Dentist | Transaction ID: SA11AI.4716 |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | Amount of Each Receipt this Period <input type="text" value="600.00"/> |
| | | <input type="text" value="600.00"/> | Credit Card |

| | | | |
|---|--|-------------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Dr. Gordon R Isbell | | Date of Receipt |
| | Mailing Address 241 South 4th Street | | <input type="text" value="07"/> / <input type="text" value="28"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | Gadsen | AL | 35901 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer Isbell Dental | | Occupation Dentist | Transaction ID: SA11AI.4363 |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | Amount of Each Receipt this Period <input type="text" value="200.00"/> |
| | | <input type="text" value="300.00"/> | Check |

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="1050.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 52

(check only one)

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

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Dr. Norton J. Jacobs

Mailing Address HC1 Box 1274

City State Zip Code
Strawberry AZ 85544

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

Name of Employer Occupation
Jacobs Dental Dentist

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

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 20 / 2009

Transaction ID: SA11AI.4601

Amount of Each Receipt this Period

250.00

Credit Card

B.

Full Name (Last, First, Middle Initial)

Dr. Clark Jones

Mailing Address 4025 W. Bell Rd.

City State Zip Code
Phoenix AZ 85053

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

Name of Employer Occupation
Jones Dental Dentist

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary
 General
 Other (specify) ▼
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 21 / 2009

Transaction ID: SA11AI.4643

Amount of Each Receipt this Period

1000.00

Credit Card

C.

Full Name (Last, First, Middle Initial)

Dr. Gary Jones

Mailing Address 1350 E. Mckellips Rd

City State Zip Code
Mesa AZ 85203

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

Name of Employer Occupation
Jones Dental Dentist

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

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 17 / 2009

Transaction ID: SA11AI.4414

Amount of Each Receipt this Period

500.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 / 52 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

| | | | |
|---|---|--------------------------|---|
| A. | Full Name (Last, First, Middle Initial) Dr. Alan P. Kawakami | | Date of Receipt |
| | Mailing Address PO Box 3006 | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2009 |
| | City | State | Zip Code |
| | Sierra Vista | AZ | 85636 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.4705 |
| Name of Employer Kawakami Dental | | Occupation Dentist | Amount of Each Receipt this Period |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | <input type="text"/> 250.00 |
| | | | Check |

| | | | |
|---|---|--------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Tamara S Kempf | | Date of Receipt |
| | Mailing Address 1215 N.Marion | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2009 |
| | City | State | Zip Code |
| | Oak Park | IL | 60302 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.4723 |
| Name of Employer American Dental Association | | Occupation Attorney | Amount of Each Receipt this Period |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | <input type="text"/> 500.00 |
| | | | Credit Card |

| | | | |
|---|---|--------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Dr. Roger Kiesling | | Date of Receipt |
| | Mailing Address 527 S. Sanders | | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 28 / 2009 |
| | City | State | Zip Code |
| | Helena | MT | 59601 |
| | FEC ID number of contributing federal political committee. C | | Transaction ID: SA11AI.4666 |
| Name of Employer Kiesling Dental | | Occupation Dentist | Amount of Each Receipt this Period |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | <input type="text"/> 500.00 |
| | | | Credit Card |

| | |
|--|------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 1250.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 52
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

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

Mailing Address 6001 E. Placita De Las Luces

City Tucson State AZ Zip Code 85750

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

Name of Employer Lear Dental Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 09 / 05 / 2009
Transaction ID: SA11AI.4504
 Amount of Each Receipt this Period 500.00
 Credit Card

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

Mailing Address 821 Brittany Dr.

City Cheyenne State WY Zip Code 82009

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

Name of Employer Leonard Dental Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 07 / 21 / 2009
Transaction ID: SA11AI.4341
 Amount of Each Receipt this Period 250.00
 Check

C. Full Name (Last, First, Middle Initial)
Susan R. Leonard

Mailing Address 821 Brittany Dr.

City Cheyenne State WY Zip Code 82009

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

Name of Employer Unknown Occupation Unknown

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 07 / 21 / 2009
Transaction ID: SA11AI.4343
 Amount of Each Receipt this Period 250.00
 Check

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 52
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dr. Edward Leone, Jr.
Mailing Address PO Box 21039
City State Zip Code
Denver CO 80221
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Leone Dental Dentist
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
250.00

Date of Receipt
MM / DD / YYYY
09 / 15 / 2009
Transaction ID: SA11AI.4575
Amount of Each Receipt this Period
250.00
Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Jerry Long
Mailing Address 4515 Diamond Springs
City State Zip Code
Missouri City TX 77459
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Long Dental Dentist
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
1500.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2009
Transaction ID: SA11AI.4719
Amount of Each Receipt this Period
500.00
Credit Card

C. Full Name (Last, First, Middle Initial)
Dr. Raymond M Maddox
Mailing Address 5817 N. Cedar Springs Rd
City State Zip Code
Muncie IN 47304
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Maddox Dental Dentist
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼
1000.00

Date of Receipt
MM / DD / YYYY
09 / 18 / 2009
Transaction ID: SA11AI.4596
Amount of Each Receipt this Period
500.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 16 / 52 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b |
| <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

| | | |
|-----------|--|---|
| A. | Full Name (Last, First, Middle Initial) Ken W. Merritt | Date of Receipt MM / DD / YYYY 08 / 30 / 2009 |
| | Mailing Address 121 Tanner Way | Transaction ID: SA11AI.4454 |
| | City State Zip Code Clovis NM 88101 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | Credit Card |
| | Name of Employer Merritt Dental Occupation Dentist Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 250.00 | |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) Dr. David T. Moore | Date of Receipt MM / DD / YYYY 08 / 30 / 2009 |
| | Mailing Address 7324 Anton Circle NE | Transaction ID: SA11AI.4458 |
| | City State Zip Code Albuquerque NM 87122 | Amount of Each Receipt this Period 250.00 |
| | FEC ID number of contributing federal political committee. C | Credit Card |
| | Name of Employer Moore Dental Occupation Dentist Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 250.00 | |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) Dr. Richard D. Nelson | Date of Receipt MM / DD / YYYY 09 / 28 / 2009 |
| | Mailing Address 1340 Rockridge Rd. | Transaction ID: SA11AI.4675 |
| | City State Zip Code Flagstaff AZ 86001 | Amount of Each Receipt this Period 500.00 |
| | FEC ID number of contributing federal political committee. C | Check |
| | Name of Employer Nelson Dental Occupation Dentist Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Election Cycle-to-Date 500.00 | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1000.00 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 / 52 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d |
| | <input type="checkbox"/> 13b | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

| | | | |
|---|---|------------------------------------|--|
| A. | Full Name (Last, First, Middle Initial) Dr. Gregory M. Pafford | | Date of Receipt |
| | Mailing Address 57 E Monterey Way | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 09 / 15 / 2009 |
| | City | State | Zip Code |
| | Phoenix | AZ | 85012 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: SA11AI.4562 |
| | | Amount of Each Receipt this Period | |
| | | <input type="text"/> 2000.00 | |
| Name of Employer Pafford Dental | | Occupation Dentist | Check |
| Receipt For: 2010 | | Election Cycle-to-Date ▼ | |
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General | <input type="text"/> 2000.00 | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|------------------------------------|--|
| B. | Full Name (Last, First, Middle Initial) Joan M. Pieper | | Date of Receipt |
| | Mailing Address 112 Holly Dr. | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 07 / 21 / 2009 |
| | City | State | Zip Code |
| | Torrington | WY | 82240 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: SA11AI.4339 |
| | | Amount of Each Receipt this Period | |
| | | <input type="text"/> 500.00 | |
| Name of Employer Unknown | | Occupation Unknown | Check |
| Receipt For: 2010 | | Election Cycle-to-Date ▼ | |
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General | <input type="text"/> 500.00 | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|------------------------------------|--|
| C. | Full Name (Last, First, Middle Initial) Dr. Timothy J. Pieper | | Date of Receipt |
| | Mailing Address 112 Holly Dr. | | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 07 / 21 / 2009 |
| | City | State | Zip Code |
| | Torrington | WY | 82240 |
| | FEC ID number of contributing federal political committee. | | Transaction ID: SA11AI.4337 |
| | | Amount of Each Receipt this Period | |
| | | <input type="text"/> 500.00 | |
| Name of Employer Pieper Dental | | Occupation Dentist | Check |
| Receipt For: 2010 | | Election Cycle-to-Date ▼ | |
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General | <input type="text"/> 500.00 | |
| <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text"/> 3000.00 |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d | PAGE 18 / 52 |
| | (check only one) | |
| | <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

| | | | |
|---|---|--------------------------------------|---|
| A. | Full Name (Last, First, Middle Initial) Dr. Dan O. Pitts | | Date of Receipt |
| | Mailing Address PO Box 1916 | | <input type="text" value="09"/> / <input type="text" value="16"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | Soldotna | AK | 99669 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer Pitts Dental | | Occupation Dentist | Transaction ID: SA11AI.4590 |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | Amount of Each Receipt this Period <input type="text" value="1000.00"/> |
| | | <input type="text" value="1000.00"/> | Credit Card |

| | | | |
|---|--|-------------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) Dr. W. Brian Powley | | Date of Receipt |
| | Mailing Address 5212 E Larkspur Drive | | <input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | Scottsdale | AZ | 85254 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer Powley Dental | | Occupation Dentist | Transaction ID: SA11AI.4659 |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | Amount of Each Receipt this Period <input type="text" value="200.00"/> |
| | | <input type="text" value="400.00"/> | Credit Card |

| | | | |
|---|--|-------------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) Dr. W. Brian Powley | | Date of Receipt |
| | Mailing Address 5212 E Larkspur Drive | | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | Scottsdale | AZ | 85254 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C"/> |
| Name of Employer Powley Dental | | Occupation Dentist | Transaction ID: SA11AI.4721 |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | Amount of Each Receipt this Period <input type="text" value="1.00"/> |
| | | <input type="text" value="401.00"/> | Credit Card |

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="1201.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 52
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dr. W. Brian Powley

Mailing Address 5212 E Larkspur Drive

City State Zip Code
Scottsdale AZ 85254

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

Name of Employer Occupation
Powley Dental Dentist

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2009

Transaction ID: SA11AI.4743

Amount of Each Receipt this Period
868.68

In-kind - 14th & ADA Fund-raiser

1269.68

B. Full Name (Last, First, Middle Initial)
Dr. Terry Ramsey

Mailing Address 11413 n 76th Place

City State Zip Code
Scottsdale AZ 85260

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

Name of Employer Occupation
Ramsey Dental Dentist

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

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 28 / 2009

Transaction ID: SA11AI.4747

Amount of Each Receipt this Period
1316.35

In-kind - Pedo Fundraiser

1316.35

C. Full Name (Last, First, Middle Initial)
Dr. Terry Ramsey

Mailing Address 11413 n 76th Place

City State Zip Code
Scottsdale AZ 85260

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

Name of Employer Occupation
Ramsey Dental Dentist

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 18 / 2009

Transaction ID: SA11AI.4593

Amount of Each Receipt this Period
183.65

Credit Card

1500.00

SUBTOTAL of Receipts This Page (optional) ► **2368.68**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 52
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dr. Chris Reese

Mailing Address 2726 Charleston CT

City State Zip Code
Claremont NC 28610

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

Name of Employer Reese Dental Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.4407

Amount of Each Receipt this Period
500.00

Check

B. Full Name (Last, First, Middle Initial)
Dr. Kirk Robertson

Mailing Address 1110 W. Beal

City State Zip Code
Flagstaff AZ 86001

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

Name of Employer Around the Mountain Pediatric Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.4423

Amount of Each Receipt this Period
2400.00

Credit Card

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

Mailing Address 7054 E Cochise Road

City State Zip Code
Scottsdale AZ 85253

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

Name of Employer Roda & Sluyk Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.4444

Amount of Each Receipt this Period
400.00

Check

SUBTOTAL of Receipts This Page (optional) ► **3300.00**

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

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

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

FOR LINE NUMBER: PAGE 21 / 52
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

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

Mailing Address 7054 E Cochise Road

City State Zip Code
Scottsdale AZ 85253

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

Name of Employer Roda & Sluyk Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2009

Transaction ID: SA11AI.4658

Amount of Each Receipt this Period
400.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. John E. Roussalis, II

Mailing Address 1216 East Second Street

City State Zip Code
Casper WY 82601

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

Name of Employer Roussalis Dental Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 21 / 2009

Transaction ID: SA11AI.4349

Amount of Each Receipt this Period
500.00

Check

C. Full Name (Last, First, Middle Initial)
Dr. Jeanne M. Salcetti

Mailing Address 735 Yardglen Court

City State Zip Code
Colorado Springs CO 80906

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

Name of Employer Salcetti Dental Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 30 / 2009

Transaction ID: SA11AI.4452

Amount of Each Receipt this Period
500.00

Credit Card

SUBTOTAL of Receipts This Page (optional) ► **1400.00**

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

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

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

FOR LINE NUMBER: PAGE 22 / 52
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dr. Phillip Santucci
Mailing Address 20517 N 93rd Place
City State Zip Code
Scottsdale AZ 85255
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Santucci Dental Dentist
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 1000.00
Date of Receipt
M M / D D / Y Y Y Y Y
09 / 21 / 2009
Transaction ID: SA11AI.4640
Amount of Each Receipt this Period
1000.00
Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Donald M. Schinnerer
Mailing Address 9301 Fircrest Lane Ste. 7
City State Zip Code
San Ramon CA 94582
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Schinnerer Dental Dentist
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2009
Transaction ID: SA11AI.4699
Amount of Each Receipt this Period
250.00
Credit Card

C. Full Name (Last, First, Middle Initial)
Dr. Bryan J. Shanahan
Mailing Address 1120 N. Conifer
City State Zip Code
Flagstaff AZ 86001
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Shanahan Dental Dentist
Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify) ▼ 250.00
Date of Receipt
M M / D D / Y Y Y Y Y
08 / 30 / 2009
Transaction ID: SA11AI.4440
Amount of Each Receipt this Period
250.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ► 1500.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 52
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

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

Mailing Address 1120 N. Conifer

City State Zip Code
Flagstaff AZ 86001

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

Name of Employer Occupation
Shanahan Dental Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2009

Transaction ID: SA11AI.4661

Amount of Each Receipt this Period
250.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Gayle R. Siemers

Mailing Address PO Box 656

City State Zip Code
Polson MT 59860

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

Name of Employer Occupation
Siemers Dental Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2009

Transaction ID: SA11AI.4679

Amount of Each Receipt this Period
250.00

Check

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

Mailing Address 5555 Shawnee

City State Zip Code
Sierra Vista AZ 85635

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

Name of Employer Occupation
Simpson Dental Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2009

Transaction ID: SA11AI.4709

Amount of Each Receipt this Period
100.00

Check

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

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

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

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

FOR LINE NUMBER: PAGE 24 / 52
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

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

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

City State Zip Code
Salt Lake City UT 84107

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

Name of Employer Occupation
Smith Dental Dentist

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

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 31 / 2009

Transaction ID: SA11AI.4439

Amount of Each Receipt this Period
1000.00

Check

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

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

City State Zip Code
Yuma AZ 85364

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

Name of Employer Occupation
Snyder Dental Dentist

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

Date of Receipt
M M / D D / Y Y Y Y Y
08 / 31 / 2009

Transaction ID: SA11AI.4425

Amount of Each Receipt this Period
300.00

Check

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

Mailing Address 464 S. Horizon Way

City State Zip Code
Neshanic Station NJ 08853

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

Name of Employer Occupation
Sterritt Dental Dentist

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 28 / 2009

Transaction ID: SA11AI.4687

Amount of Each Receipt this Period
2000.00

Check

SUBTOTAL of Receipts This Page (optional) ► **3300.00**

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

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

| | | |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 / 52 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d | |
| | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

| | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| A. | Full Name (Last, First, Middle Initial) Dr. Raymund M. Tanaka | | Date of Receipt | | | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 411 E Brook Hollow Dr | | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 9 | | 2 | 0 | | 2 | 0 | 0 | 9 |
| | M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| | 0 | 9 | | 2 | 0 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | | | |
| | City State Zip Code Phoenix AZ 85022 | | Transaction ID: SA11AI.4604 | | | | | | | | | | | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 800.00 | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Occupation Tanaka Dental Dentist | | Credit Card | | | | | | | | | | | | | | | | | | | | | | |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 800.00 | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| B. | Full Name (Last, First, Middle Initial) Dr. Darrell T. Teruya | | Date of Receipt | | | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 2615 S. King Street #201 | | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 9 | | 2 | 0 | | 2 | 0 | 0 | 9 |
| | M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| | 0 | 9 | | 2 | 0 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | | | |
| | City State Zip Code Honolulu HI 96826 | | Transaction ID: SA11AI.4598 | | | | | | | | | | | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Occupation Teruya Dental Dentist | | Credit Card | | | | | | | | | | | | | | | | | | | | | | |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 250.00 | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|
| C. | Full Name (Last, First, Middle Initial) Dr. Scott L. Theurer | | Date of Receipt | | | | | | | | | | | | | | | | | | | | | |
| | Mailing Address 1340 N. 600 E Ste. 1 | | <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> | | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 9 | | 2 | 8 | | 2 | 0 | 0 | 9 |
| | M | M | / | D | D | / | Y | Y | Y | Y | | | | | | | | | | | | | | |
| | 0 | 9 | | 2 | 8 | | 2 | 0 | 0 | 9 | | | | | | | | | | | | | | |
| | City State Zip Code Logan UT 84341 | | Transaction ID: SA11AI.4673 | | | | | | | | | | | | | | | | | | | | | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 | | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer Occupation Theurer Dental Dentist | | Check | | | | | | | | | | | | | | | | | | | | | | |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ 250.00 | | | | | | | | | | | | | | | | | | | | | | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1300.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 26 / 52 |
| | (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 11d | <input type="checkbox"/> 12 | <input type="checkbox"/> 13a |
| <input type="checkbox"/> 13b | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Dr. Thomas W. Turnbull

Mailing Address 1415 N Rockrigde Road

City State Zip Code
Flagstaff AZ 86001

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

Name of Employer
Turnbull Dental

Occupation
Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt
MM / DD / YYYY
08 / 31 / 2009

Transaction ID: SA11AI.4432

Amount of Each Receipt this Period
1000.00

Check

B.

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

Mailing Address E Saguaro Vista Court

City State Zip Code
Cave Creek AZ 85331

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

Name of Employer
Wilson Dental

Occupation
Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2009

Transaction ID: SA11AI.4713

Amount of Each Receipt this Period
400.00

Credit Card

| | | |
|--|---|----------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1400.00 |
| TOTAL This Period (last page this line number only) | ▶ | 38819.68 |

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

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

FOR LINE NUMBER: PAGE 27 / 52
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

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

Mailing Address 211 E Chicago Ave
Suite 700

City State Zip Code
Chicago IL 60611

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 3 1 / 2 0 0 9

Transaction ID: SA11C.5553

Amount of Each Receipt this Period
 2500.00

Check

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

Mailing Address 9700 West Bryn Mawr Ave.

City State Zip Code
Rosemont IL 60018

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 9 / 3 0 / 2 0 0 9

Transaction ID: SA11C.7146

Amount of Each Receipt this Period
 2000.00

Check

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

Mailing Address 1111 14th Street, NW
Suite 1100

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 0 3 / 2 0 0 9

Transaction ID: SA11C.4405

Amount of Each Receipt this Period
 5000.00

Check

SUBTOTAL of Receipts This Page (optional) ► 9500.00

TOTAL This Period (last page this line number only) ► 9500.00

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

| | | |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 28 / 52 |
| | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" type="checkbox"/> 11d | |
| | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

| | | | |
|---|---|--------------------------------------|---|
| A. | Full Name (Last, First, Middle Initial) PAUL ANTHONY ANTHONY GOSAR | | Date of Receipt |
| | Mailing Address 7485 RAIN VALLEY RD | | <input type="text" value="09"/> / <input type="text" value="09"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | FLAGSTAFF | AZ | 86004 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C H0AZ01259"/> |
| Name of Employer SELF | | Occupation DENTIST | Transaction ID: SA11D.4758 |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | Amount of Each Receipt this Period |
| | | <input type="text" value="2038.76"/> | <input type="text" value="2038.76"/> |
| In-kind - Campaign Fundraising | | | |

| | | | |
|---|---|--------------------------------------|---|
| B. | Full Name (Last, First, Middle Initial) PAUL ANTHONY ANTHONY GOSAR | | Date of Receipt |
| | Mailing Address 7485 RAIN VALLEY RD | | <input type="text" value="09"/> / <input type="text" value="10"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | FLAGSTAFF | AZ | 86004 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C H0AZ01259"/> |
| Name of Employer SELF | | Occupation DENTIST | Transaction ID: SA11D.4764 |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | Amount of Each Receipt this Period |
| | | <input type="text" value="2058.76"/> | <input type="text" value="20.00"/> |
| In-kind - Pd cash for extra bag US Airways | | | |

| | | | |
|---|---|--------------------------------------|---|
| C. | Full Name (Last, First, Middle Initial) PAUL ANTHONY ANTHONY GOSAR | | Date of Receipt |
| | Mailing Address 7485 RAIN VALLEY RD | | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2009"/> |
| | City | State | Zip Code |
| | FLAGSTAFF | AZ | 86004 |
| | FEC ID number of contributing federal political committee. | | <input type="text" value="C H0AZ01259"/> |
| Name of Employer SELF | | Occupation DENTIST | Transaction ID: SA11D.4760 |
| Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date ▼ | Amount of Each Receipt this Period |
| | | <input type="text" value="9238.37"/> | <input type="text" value="3179.61"/> |
| In-kind - Campaign Fundraising | | | |

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="5238.37"/> |
| TOTAL This Period (last page this line number only) | <input type="text" value="5238.37"/> |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 29 / 52 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input checked="" type="checkbox"/> 13a | <input type="checkbox"/> 13b |
| | | <input type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A.

| | | |
|--|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) PAUL ANTHONY ANTHONY GOSAR | | Date of Receipt |
| Mailing Address 7485 RAIN VALLEY RD | | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2009"/> |
| City | State | Zip Code |
| FLAGSTAFF | AZ | 86004 |
| FEC ID number of contributing federal political committee. | | Transaction ID: SA13A.4728 |
| <input type="text" value="C"/> <input type="text" value="H0AZ01259"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="4000.00"/> |
| Name of Employer SELF | Occupation DENTIST | Loan to Campaign |
| Receipt For: 2010 | Election Cycle-to-Date ▼ | |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="6058.76"/> | |
| <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="4000.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text" value="4000.00"/> |

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

| | | |
|---|------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | PAGE 30 / 52 |
| | (check only one) | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 12 | <input type="checkbox"/> 13a | <input checked="" type="checkbox"/> 14 |
| | | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A.

| | | |
|--|--------------------------------------|---|
| Full Name (Last, First, Middle Initial) Aristotle | | Date of Receipt |
| Mailing Address 205 Pennsylvania Ave, SE | | <input type="text" value="07"/> / <input type="text" value="28"/> / <input type="text" value="2009"/> |
| City | State | Zip Code |
| Washington | DC | 20003 |
| FEC ID number of contributing federal political committee. | | Transaction ID: SA14.4370 |
| <input type="text" value="C"/> | | Amount of Each Receipt this Period |
| | | <input type="text" value="1125.00"/> |
| Name of Employer | Occupation | Overpayment |
| | | |
| Receipt For: 2010 | Election Cycle-to-Date ▼ | |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | | |
| <input type="checkbox"/> Other (specify) ▼ | <input type="text" value="1125.00"/> | |

| | |
|--|--------------------------------------|
| SUBTOTAL of Receipts This Page (optional) | <input type="text" value="1125.00"/> |
| TOTAL This Period (last page this line number only) | <input type="text" value="1125.00"/> |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

| | | |
|-----------|--|--|
| A. | Full Name (Last, First, Middle Initial) Academy of General Dentistry Mailing Address 211 E Chicago Ave # 900 City Chicago State IL Zip Code 60611 Purpose of Disbursement Fundraiser Candidate Name PAUL GOSAR FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.4525 Date of Disbursement 07 / 09 / 2009 Amount of Each Disbursement this Period 260.00 Category/Type 003 |
| B. | Full Name (Last, First, Middle Initial) Cameo Studios Mailing Address 7000 E Shea Blvd City Scottsdale State AZ Zip Code 85254 Purpose of Disbursement Photo Rights Candidate Name PAUL GOSAR FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.4623 Date of Disbursement 09 / 18 / 2009 Amount of Each Disbursement this Period 296.86 Category/Type 004 |
| C. | Full Name (Last, First, Middle Initial) Complete Campaigns Mailing Address 3635 Ruffin Road, 3rd Floor City San Diego State CA Zip Code 92123 Purpose of Disbursement Credit Card Fee Candidate Name PAUL GOSAR FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.4417 Date of Disbursement 08 / 17 / 2009 Amount of Each Disbursement this Period 25.00 Category/Type 003 |

SUBTOTAL of Disbursements This Page (optional) ▶

581.86

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

| | |
|---|--|
| <p>A. Complete Campaigns</p> <p>Full Name (Last, First, Middle Initial) Complete Campaigns</p> <p>Mailing Address 3635 Ruffin Road, 3rd Floor</p> <p>City San Diego State CA Zip Code 92123</p> <p>Purpose of Disbursement Credit Card Fee</p> <p>Candidate Name PAUL GOSAR FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.4420</p> <p>Date of Disbursement 08 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 50.00</p> |
| <p>B. Complete Campaigns</p> <p>Full Name (Last, First, Middle Initial) Complete Campaigns</p> <p>Mailing Address 3635 Ruffin Road, 3rd Floor</p> <p>City San Diego State CA Zip Code 92123</p> <p>Purpose of Disbursement Credit Card Fee</p> <p>Candidate Name PAUL GOSAR FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.4496</p> <p>Date of Disbursement 08 / 24 / 2009</p> <p>Amount of Each Disbursement this Period 5.00</p> |
| <p>C. Complete Campaigns</p> <p>Full Name (Last, First, Middle Initial) Complete Campaigns</p> <p>Mailing Address 3635 Ruffin Road, 3rd Floor</p> <p>City San Diego State CA Zip Code 92123</p> <p>Purpose of Disbursement Credit Card Fee</p> <p>Candidate Name PAUL GOSAR FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.4497</p> <p>Date of Disbursement 08 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 120.00</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

175.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

| | |
|--|---|
| <p>A. Complete Campaigns</p> <p>Full Name (Last, First, Middle Initial) Complete Campaigns</p> <p>Mailing Address 3635 Ruffin Road, 3rd Floor</p> <p>City San Diego State CA Zip Code 92123</p> <p>Purpose of Disbursement Credit Card Fee</p> <p>Candidate Name PAUL GOSAR FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.4498</p> <p>Date of Disbursement 08 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 172.50</p> <p>Category/Type 003</p> |
| <p>B. Complete Campaigns</p> <p>Full Name (Last, First, Middle Initial) Complete Campaigns</p> <p>Mailing Address 3635 Ruffin Road, 3rd Floor</p> <p>City San Diego State CA Zip Code 92123</p> <p>Purpose of Disbursement Credit Card Fee</p> <p>Candidate Name PAUL GOSAR FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.4499</p> <p>Date of Disbursement 08 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 30.00</p> <p>Category/Type 003</p> |
| <p>C. Complete Campaigns</p> <p>Full Name (Last, First, Middle Initial) Complete Campaigns</p> <p>Mailing Address 3635 Ruffin Road, 3rd Floor</p> <p>City San Diego State CA Zip Code 92123</p> <p>Purpose of Disbursement Credit Card Fees</p> <p>Candidate Name PAUL GOSAR FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.4555</p> <p>Date of Disbursement 09 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>Category/Type 003</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

227.50

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

| | |
|---|---|
| <p>A. Complete Campaigns</p> <p>Full Name (Last, First, Middle Initial) Complete Campaigns</p> <p>Mailing Address 3635 Ruffin Road, 3rd Floor</p> <p>City San Diego State CA Zip Code 92123</p> <p>Purpose of Disbursement Credit Card Fee</p> <p>Candidate Name PAUL GOSAR FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.4577</p> <p>Date of Disbursement 09 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 12.50</p> <p>003 Category/ Type</p> |
| <p>B. Complete Campaigns</p> <p>Full Name (Last, First, Middle Initial) Complete Campaigns</p> <p>Mailing Address 3635 Ruffin Road, 3rd Floor</p> <p>City San Diego State CA Zip Code 92123</p> <p>Purpose of Disbursement Credit Card Fee</p> <p>Candidate Name PAUL GOSAR FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.4592</p> <p>Date of Disbursement 09 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 50.00</p> <p>003 Category/ Type</p> |
| <p>C. Complete Campaigns</p> <p>Full Name (Last, First, Middle Initial) Complete Campaigns</p> <p>Mailing Address 3635 Ruffin Road, 3rd Floor</p> <p>City San Diego State CA Zip Code 92123</p> <p>Purpose of Disbursement Credit Card Fee</p> <p>Candidate Name PAUL GOSAR FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.4595</p> <p>Date of Disbursement 09 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 9.18</p> <p>003 Category/ Type</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

71.68

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

| | |
|---|--|
| A. Complete Campaigns Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Credit Card Fee Candidate Name Office Sought: Disbursement For: State: AZ District: 01 | Transaction ID: SB17.4597 Date of Disbursement 09 / 18 / 2009 |
| | Amount of Each Disbursement this Period 25.00 |
| | Category/Type 003 |
| | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. Complete Campaigns Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Credit Card Fee Candidate Name Office Sought: Disbursement For: State: AZ District: 01 | Transaction ID: SB17.4600 Date of Disbursement 09 / 20 / 2009 |
| | Amount of Each Disbursement this Period 12.50 |
| | Category/Type 003 |
| | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. Complete Campaigns Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Credit Card Fee Candidate Name Office Sought: Disbursement For: State: AZ District: 01 | Transaction ID: SB17.4603 Date of Disbursement 09 / 20 / 2009 |
| | Amount of Each Disbursement this Period 12.50 |
| | Category/Type 003 |
| | Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 50.00 |
| TOTAL This Period (last page this line number only) ▶ | [] |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

| | |
|---|---|
| <p>A. Complete Campaigns</p> <p>Full Name (Last, First, Middle Initial) Complete Campaigns</p> <p>Mailing Address 3635 Ruffin Road, 3rd Floor</p> <p>City San Diego State CA Zip Code 92123</p> <p>Purpose of Disbursement Credit Card Fee</p> <p>Candidate Name PAUL GOSAR FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.4606</p> <p>Date of Disbursement 09 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 40.00</p> <p>003 Category/ Type</p> |
| <p>B. Complete Campaigns</p> <p>Full Name (Last, First, Middle Initial) Complete Campaigns</p> <p>Mailing Address 3635 Ruffin Road, 3rd Floor</p> <p>City San Diego State CA Zip Code 92123</p> <p>Purpose of Disbursement Credit Card Fee</p> <p>Candidate Name PAUL GOSAR FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.4639</p> <p>Date of Disbursement 09 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 10.00</p> <p>003 Category/ Type</p> |
| <p>C. Complete Campaigns</p> <p>Full Name (Last, First, Middle Initial) Complete Campaigns</p> <p>Mailing Address 3635 Ruffin Road, 3rd Floor</p> <p>City San Diego State CA Zip Code 92123</p> <p>Purpose of Disbursement Credit Card Fee</p> <p>Candidate Name PAUL GOSAR FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.4642</p> <p>Date of Disbursement 09 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 50.00</p> <p>003 Category/ Type</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

100.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

| | | |
|---------------------------------|--|---|
| A. Complete Campaigns | Full Name (Last, First, Middle Initial) Complete Campaigns | Transaction ID: SB17.4645 Date of Disbursement 09 / 21 / 2009 |
| | Mailing Address 3635 Ruffin Road, 3rd Floor | Amount of Each Disbursement this Period 50.00 |
| | City San Diego State CA Zip Code 92123 | |
| | Purpose of Disbursement Credit Card Fee Candidate Name PAUL GOSAR FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AZ District: 01 | |
| B. Complete Campaigns | Full Name (Last, First, Middle Initial) Complete Campaigns | Transaction ID: SB17.4648 Date of Disbursement 09 / 22 / 2009 |
| | Mailing Address 3635 Ruffin Road, 3rd Floor | Amount of Each Disbursement this Period 5.00 |
| | City San Diego State CA Zip Code 92123 | |
| | Purpose of Disbursement Credit Card Fee Candidate Name PAUL GOSAR FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AZ District: 01 | |
| C. Complete Campaigns | Full Name (Last, First, Middle Initial) Complete Campaigns | Transaction ID: SB17.4651 Date of Disbursement 09 / 22 / 2009 |
| | Mailing Address 3635 Ruffin Road, 3rd Floor | Amount of Each Disbursement this Period 5.00 |
| | City San Diego State CA Zip Code 92123 | |
| | Purpose of Disbursement Credit Card Fee Candidate Name PAUL GOSAR FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AZ District: 01 | |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 60.00 |
| TOTAL This Period (last page this line number only) ▶ | [] |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

| | |
|---|--|
| <p>A. Complete Campaigns</p> <p>Full Name (Last, First, Middle Initial) Complete Campaigns</p> <p>Mailing Address 3635 Ruffin Road, 3rd Floor</p> <p>City San Diego State CA Zip Code 92123</p> <p>Purpose of Disbursement Credit Card Fee</p> <p>Candidate Name PAUL GOSAR FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.4656</p> <p>Date of Disbursement 09 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 5.00</p> |
| <p>B. Complete Campaigns</p> <p>Full Name (Last, First, Middle Initial) Complete Campaigns</p> <p>Mailing Address 3635 Ruffin Road, 3rd Floor</p> <p>City San Diego State CA Zip Code 92123</p> <p>Purpose of Disbursement Credit Card Fee</p> <p>Candidate Name PAUL GOSAR FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.4657</p> <p>Date of Disbursement 09 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 120.00</p> |
| <p>C. Complete Campaigns</p> <p>Full Name (Last, First, Middle Initial) Complete Campaigns</p> <p>Mailing Address 3635 Ruffin Road, 3rd Floor</p> <p>City San Diego State CA Zip Code 92123</p> <p>Purpose of Disbursement Credit Card Fee</p> <p>Candidate Name PAUL GOSAR FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.4662</p> <p>Date of Disbursement 09 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 20.00</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

145.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

| | |
|---|--|
| <p>A. Complete Campaigns</p> <p>Full Name (Last, First, Middle Initial) Complete Campaigns</p> <p>Mailing Address 3635 Ruffin Road, 3rd Floor</p> <p>City San Diego State CA Zip Code 92123</p> <p>Purpose of Disbursement Credit Card Fee</p> <p>Candidate Name PAUL GOSAR FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.4663</p> <p>Date of Disbursement 09 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 10.00</p> <p>Category/Type 003</p> |
| <p>B. Complete Campaigns</p> <p>Full Name (Last, First, Middle Initial) Complete Campaigns</p> <p>Mailing Address 3635 Ruffin Road, 3rd Floor</p> <p>City San Diego State CA Zip Code 92123</p> <p>Purpose of Disbursement Credit Card Fee</p> <p>Candidate Name PAUL GOSAR FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.4664</p> <p>Date of Disbursement 09 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 5.00</p> <p>Category/Type 003</p> |
| <p>C. Complete Campaigns</p> <p>Full Name (Last, First, Middle Initial) Complete Campaigns</p> <p>Mailing Address 3635 Ruffin Road, 3rd Floor</p> <p>City San Diego State CA Zip Code 92123</p> <p>Purpose of Disbursement Credit Card Fee</p> <p>Candidate Name PAUL GOSAR FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.4665</p> <p>Date of Disbursement 09 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 12.50</p> <p>Category/Type 003</p> |

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| SUBTOTAL of Disbursements This Page (optional) | 27.50 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

| | | | | |
|---|---|---|---|--|
| A. Complete Campaigns Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Credit Card Fee Candidate Name Office Sought: Disbursement For: State: AZ District: 01 | 3635 Ruffin Road, 3rd Floor San Diego CA 92123 003 PAUL GOSAR FOR CONGRESS <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.4668 Date of Disbursement 09 / 28 / 2009 Amount of Each Disbursement this Period 25.00 | | |
| | B. Complete Campaigns Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Credit Card Fee Candidate Name Office Sought: Disbursement For: State: AZ District: 01 | 3635 Ruffin Road, 3rd Floor San Diego CA 92123 003 PAUL GOSAR FOR CONGRESS <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.4694 Date of Disbursement 09 / 28 / 2009 Amount of Each Disbursement this Period 10.00 | |
| | | C. Complete Campaigns Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Credit Card Fee Candidate Name Office Sought: Disbursement For: State: AZ District: 01 | 3635 Ruffin Road, 3rd Floor San Diego CA 92123 003 PAUL GOSAR FOR CONGRESS <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.4695 Date of Disbursement 09 / 28 / 2009 Amount of Each Disbursement this Period 2.50 |

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| SUBTOTAL of Disbursements This Page (optional) | 37.50 |
| TOTAL This Period (last page this line number only) | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

| | |
|---|---|
| <p>A. Complete Campaigns</p> <p>Full Name (Last, First, Middle Initial) Complete Campaigns</p> <p>Mailing Address 3635 Ruffin Road, 3rd Floor</p> <p>City San Diego State CA Zip Code 92123</p> <p>Purpose of Disbursement Credit Card Fee</p> <p>Candidate Name PAUL GOSAR FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.4701</p> <p>Date of Disbursement 09 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 12.50</p> <p>003 Category/ Type</p> |
| <p>B. Complete Campaigns</p> <p>Full Name (Last, First, Middle Initial) Complete Campaigns</p> <p>Mailing Address 3635 Ruffin Road, 3rd Floor</p> <p>City San Diego State CA Zip Code 92123</p> <p>Purpose of Disbursement Credit Card Fee</p> <p>Candidate Name PAUL GOSAR FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.4704</p> <p>Date of Disbursement 09 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 5.00</p> <p>003 Category/ Type</p> |
| <p>C. Complete Campaigns</p> <p>Full Name (Last, First, Middle Initial) Complete Campaigns</p> <p>Mailing Address 3635 Ruffin Road, 3rd Floor</p> <p>City San Diego State CA Zip Code 92123</p> <p>Purpose of Disbursement Credit Card Fee</p> <p>Candidate Name PAUL GOSAR FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.4712</p> <p>Date of Disbursement 09 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 50.00</p> <p>003 Category/ Type</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

67.50

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

| | |
|---|--|
| A. Complete Campaigns Full Name (Last, First, Middle Initial) Mailing Address 3635 Ruffin Road, 3rd Floor City San Diego State CA Zip Code 92123 Purpose of Disbursement Credit Card Fee Candidate Name PAUL GOSAR FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AZ District: 01 | Transaction ID: SB17.4715 Date of Disbursement 09 / 30 / 2009 |
| | Amount of Each Disbursement this Period 20.00 Category/Type: 003 |
| B. Complete Campaigns Full Name (Last, First, Middle Initial) Mailing Address 3635 Ruffin Road, 3rd Floor City San Diego State CA Zip Code 92123 Purpose of Disbursement Credit Card Fee Candidate Name PAUL GOSAR FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AZ District: 01 | Transaction ID: SB17.4718 Date of Disbursement 09 / 30 / 2009 |
| | Amount of Each Disbursement this Period 30.00 Category/Type: 003 |
| C. Complete Campaigns Full Name (Last, First, Middle Initial) Mailing Address 3635 Ruffin Road, 3rd Floor City San Diego State CA Zip Code 92123 Purpose of Disbursement Credit Card Fee Candidate Name PAUL GOSAR FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AZ District: 01 | Transaction ID: SB17.4720 Date of Disbursement 09 / 30 / 2009 |
| | Amount of Each Disbursement this Period 25.00 Category/Type: 003 |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 75.00 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

| | | | |
|-----------------------|---|---|-----------------------------------|
| A. Complete Campaigns | Full Name (Last, First, Middle Initial) | Transaction ID: SB17.4722 | |
| | Mailing Address 3635 Ruffin Road, 3rd Floor | Date of Disbursement | |
| | City San Diego State CA Zip Code 92123 | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2009"/> | |
| | Purpose of Disbursement Credit Card Fee | Amount of Each Disbursement this Period | <input type="text" value="0.05"/> |
| | Candidate Name PAUL GOSAR FOR CONGRESS | | <input type="text" value="003"/> |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 | |
| | State: AZ District: 01 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | |
| | | <input type="checkbox"/> Other (specify) ▼ | |

| | | | |
|-----------------------|---|---|------------------------------------|
| B. Complete Campaigns | Full Name (Last, First, Middle Initial) | Transaction ID: SB17.4724 | |
| | Mailing Address 3635 Ruffin Road, 3rd Floor | Date of Disbursement | |
| | City San Diego State CA Zip Code 92123 | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2009"/> | |
| | Purpose of Disbursement Credit Card Fee | Amount of Each Disbursement this Period | <input type="text" value="25.00"/> |
| | Candidate Name PAUL GOSAR FOR CONGRESS | | <input type="text" value="003"/> |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 | |
| | State: AZ District: 01 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | |
| | | <input type="checkbox"/> Other (specify) ▼ | |

| | | | |
|----|---|---|--------------------------------------|
| C. | Full Name (Last, First, Middle Initial) | Transaction ID: SB17.4377 | |
| | Gammage & Burnham P.L.C. | Date of Disbursement | |
| | Mailing Address Two North Central Avenue 12th Floor | <input type="text" value="07"/> / <input type="text" value="28"/> / <input type="text" value="2009"/> | |
| | City Phoenix State AZ Zip Code 85004 | Amount of Each Disbursement this Period | <input type="text" value="1425.35"/> |
| | Purpose of Disbursement Attorney | | <input type="text" value="001"/> |
| | Candidate Name PAUL GOSAR FOR CONGRESS | | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2010 | |
| | State: AZ District: 01 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | |
| | | <input type="checkbox"/> Other (specify) ▼ | |

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| SUBTOTAL of Disbursements This Page (optional) | <input type="text" value="1450.40"/> |
| TOTAL This Period (last page this line number only) | <input type="text"/> |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) PAUL ANTHONY ANTHONY GOSAR | Transaction ID: SB17.4759 Date of Disbursement 09 / 09 / 2009 |
| | Mailing Address 7485 RAIN VALLEY RD | Amount of Each Disbursement this Period 2038.76 |
| | City FLAGSTAFF State AZ Zip Code 86004 | |
| | Purpose of Disbursement In-kind - Campaign Fundraising | |
| | Candidate Name | Category/Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|--|
| B. | Full Name (Last, First, Middle Initial) PAUL ANTHONY ANTHONY GOSAR | Transaction ID: SB17.4765 Date of Disbursement 09 / 10 / 2009 |
| | Mailing Address 7485 RAIN VALLEY RD | Amount of Each Disbursement this Period 20.00 |
| | City FLAGSTAFF State AZ Zip Code 86004 | |
| | Purpose of Disbursement In-kind - Pd cash for extra bag US Airways | |
| | Candidate Name | Category/Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

| | | |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial) PAUL ANTHONY ANTHONY GOSAR | Transaction ID: SB17.4761 Date of Disbursement 09 / 30 / 2009 |
| | Mailing Address 7485 RAIN VALLEY RD | Amount of Each Disbursement this Period 3179.61 |
| | City FLAGSTAFF State AZ Zip Code 86004 | |
| | Purpose of Disbursement In-kind - Campaign Fundraising | |
| | Candidate Name | Category/Type |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

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| SUBTOTAL of Disbursements This Page (optional) | 5238.37 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

| | | |
|-----------|---|--|
| A. | Full Name (Last, First, Middle Initial) Hilton Baltimore Mailing Address 401 W. Pratt Street City Baltimore State MD Zip Code 21201 Purpose of Disbursement AGD Fundraiser Meeting Candidate Name PAUL GOSAR FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.4400 Date of Disbursement 07 / 09 / 2009 Amount of Each Disbursement this Period 259.92 Category/Type 003 |
| B. | Full Name (Last, First, Middle Initial) Marriott Mailing Address 10400 Fernwood Road City Bethesda State MD Zip Code 20817 Purpose of Disbursement IDA HOD Fundraiser Candidate Name PAUL GOSAR FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.4582 Date of Disbursement 09 / 11 / 2009 Amount of Each Disbursement this Period 170.39 Category/Type 003 |
| C. | Full Name (Last, First, Middle Initial) Mirror Images Printing Center Mailing Address 2218 E Cedar Ave City Flagstaff State AZ Zip Code 86004 Purpose of Disbursement Printing Candidate Name PAUL GOSAR FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.4539 Date of Disbursement 08 / 19 / 2009 Amount of Each Disbursement this Period 251.82 Category/Type 006 |

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| SUBTOTAL of Disbursements This Page (optional) ▶ | 682.13 |
| TOTAL This Period (last page this line number only) ▶ | (Empty box) |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

| | |
|---|---|
| <p>A. Full Name (Last, First, Middle Initial) Dr. W. Brian Powley</p> <p>Mailing Address 5212 E Larkspur Drive</p> <p>City Scottsdale State AZ Zip Code 85254</p> <p>Purpose of Disbursement In-kind - 14th & ADA Fundraiser</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p>Transaction ID: SB17.4744</p> <p>Date of Disbursement 09 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 868.68</p> |
| <p>B. Full Name (Last, First, Middle Initial) Dr. Terry Ramsey</p> <p>Mailing Address 11413 n 76th Place</p> <p>City Scottsdale State AZ Zip Code 85260</p> <p>Purpose of Disbursement In-kind - Pedo Fundraiser</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p> | <p>Transaction ID: SB17.4748</p> <p>Date of Disbursement 08 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 1316.35</p> |
| <p>C. Full Name (Last, First, Middle Initial) Rose & Allyn</p> <p>Mailing Address 7144 East Stetson Drive, Suite 400</p> <p>City Scottsdale State AZ Zip Code 85251</p> <p>Purpose of Disbursement Consulting, Design & Printing</p> <p>Candidate Name PAUL GOSAR FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: AZ District: 01</p> | <p>Transaction ID: SB17.4579</p> <p>Date of Disbursement 09 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 2067.59</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

4252.62

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

| | | |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial) Shell | Transaction ID: SB17.4578 Date of Disbursement 09 / 15 / 2009 |
| | Mailing Address P.O. Box 2463 | Amount of Each Disbursement this Period 43.65 |
| | City Houston State TX Zip Code 77252 | |
| | Purpose of Disbursement Fuel Fose, Evens, Rose & Casa Grande | 002 Category/ Type |
| | Candidate Name PAUL GOSAR FOR CONGRESS | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| B. | Full Name (Last, First, Middle Initial) Shell | Transaction ID: SB17.4626 Date of Disbursement 09 / 19 / 2009 |
| | Mailing Address P.O. Box 2463 | Amount of Each Disbursement this Period 21.37 |
| | City Houston State TX Zip Code 77252 | |
| | Purpose of Disbursement Sedona Speaking McCain | 002 Category/ Type |
| | Candidate Name PAUL GOSAR FOR CONGRESS | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| C. | Full Name (Last, First, Middle Initial) Staples | Transaction ID: SB17.4517 Date of Disbursement 07 / 03 / 2009 |
| | Mailing Address 2625 S Woodlands Vlg Blvd #100 | Amount of Each Disbursement this Period 281.96 |
| | City Flagstaff State AZ Zip Code 86001 | |
| | Purpose of Disbursement Printing | 006 Category/ Type |
| | Candidate Name PAUL GOSAR FOR CONGRESS | |
| | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 | Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |

SUBTOTAL of Disbursements This Page (optional) ▶

346.98

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

| | | |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial) Staples | Transaction ID: SB17.4518 Date of Disbursement 07 / 07 / 2009 |
| | Mailing Address 2625 S Woodlands Vlg Blvd #100 | Amount of Each Disbursement this Period 83.47 |
| | City Flagstaff State AZ Zip Code 86001 | |
| | Purpose of Disbursement Printing Candidate Name PAUL GOSAR FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | 006 Category/ Type |
| B. | Full Name (Last, First, Middle Initial) Staples | Transaction ID: SB17.4533 Date of Disbursement 08 / 13 / 2009 |
| | Mailing Address 2625 S Woodlands Vlg Blvd #100 | Amount of Each Disbursement this Period 57.44 |
| | City Flagstaff State AZ Zip Code 86001 | |
| | Purpose of Disbursement Printing Candidate Name PAUL GOSAR FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | 006 Category/ Type |
| C. | Full Name (Last, First, Middle Initial) Staples | Transaction ID: SB17.4532 Date of Disbursement 08 / 17 / 2009 |
| | Mailing Address 2625 S Woodlands Vlg Blvd #100 | Amount of Each Disbursement this Period 109.79 |
| | City Flagstaff State AZ Zip Code 86001 | |
| | Purpose of Disbursement Printing Candidate Name PAUL GOSAR FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | 006 Category/ Type |

SUBTOTAL of Disbursements This Page (optional) ▶

250.70

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

| | | |
|-----------|--|--|
| A. | Full Name (Last, First, Middle Initial) Staples Mailing Address 2625 S Woodlands Vlg Blvd #100 City Flagstaff State AZ Zip Code 86001 Purpose of Disbursement Printing Candidate Name PAUL GOSAR FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.4554 Date of Disbursement 08 / 20 / 2009 Amount of Each Disbursement this Period 456.93 Category/Type 006 |
| B. | Full Name (Last, First, Middle Initial) Staples Mailing Address 2625 S Woodlands Vlg Blvd #100 City Flagstaff State AZ Zip Code 86001 Purpose of Disbursement Printing Candidate Name PAUL GOSAR FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.4543 Date of Disbursement 08 / 21 / 2009 Amount of Each Disbursement this Period 447.88 Category/Type 006 |
| C. | Full Name (Last, First, Middle Initial) Staples Mailing Address 2625 S Woodlands Vlg Blvd #100 City Flagstaff State AZ Zip Code 86001 Purpose of Disbursement Office Supplies Candidate Name PAUL GOSAR FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.4552 Date of Disbursement 08 / 26 / 2009 Amount of Each Disbursement this Period 13.01 Category/Type 001 |

SUBTOTAL of Disbursements This Page (optional) ▶

917.82

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 2625 S Woodlands Vlg Blvd #100</p> <p>City Flagstaff State AZ Zip Code 86001</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name PAUL GOSAR FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.4585</p> <p>Date of Disbursement 09 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 35.79</p> <p>Category/Type: 003</p> |
| <p>B. Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 2625 S Woodlands Vlg Blvd #100</p> <p>City Flagstaff State AZ Zip Code 86001</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name PAUL GOSAR FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.4740</p> <p>Date of Disbursement 09 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 302.87</p> <p>Category/Type: 006</p> |
| <p>C. Full Name (Last, First, Middle Initial) US Airways</p> <p>Mailing Address 4000 E. Sky Harbor Blvd.</p> <p>City Phoenix State AZ Zip Code 85034</p> <p>Purpose of Disbursement Illinois Fundraiser</p> <p>Candidate Name PAUL GOSAR FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p>Transaction ID: SB17.4530</p> <p>Date of Disbursement 08 / 03 / 2009</p> <p>Amount of Each Disbursement this Period 508.90</p> <p>Category/Type: 002</p> |

SUBTOTAL of Disbursements This Page (optional) ▶

847.56

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 51 / 52

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

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

| | |
|--|---|
| A. Full Name (Last, First, Middle Initial) US Airways Mailing Address 4000 E. Sky Harbor Blvd. City Phoenix State AZ Zip Code 85034 Purpose of Disbursement Extra Bag Fee IL Fundraiser Candidate Name PAUL GOSAR FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.4630 Date of Disbursement 09 / 10 / 2009 |
| | Amount of Each Disbursement this Period 20.00 |
| B. Full Name (Last, First, Middle Initial) US Airways Mailing Address 4000 E. Sky Harbor Blvd. City Phoenix State AZ Zip Code 85034 Purpose of Disbursement Extra Bag IDA Fundraiser Candidate Name PAUL GOSAR FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB17.4584 Date of Disbursement 09 / 11 / 2009 |
| | Amount of Each Disbursement this Period 20.00 |

SUBTOTAL of Disbursements This Page (optional) ▶

40.00

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

15645.12

SCHEDULE C (FEC Form 3)

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

FOR LINE NUMBER:
(check only one) 13a
 13b

LOANS

NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Transaction ID: SC/10.4728

| | | |
|---|----------|--|
| LOAN SOURCE Full Name (Last, First, Middle Initial) PAUL ANTHONY ANTHONY GOSAR - [PERSONAL FUNDS] | | Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| Mailing Address 7485 RAIN VALLEY RD | | |
| City FLAGSTAFF | State AZ | ZIP Code 86004 |

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 4000.00 | 0.00 | 4000.00 |

TERMS

| | | | |
|--|-----------------------|-------------------------------|---|
| Date Incurred M M D D Y Y Y Y 09 30 2009 | Date Due 10/7/2009 | Interest Rate 6.00 % (apr) | Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|--|-----------------------|-------------------------------|---|

List All Endorsers or Guarantors (if any) to Loan Source

| | |
|---|------------------------------------|
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |

| | |
|---|---------|
| SUBTOTALS This Period This Page (optional) ▶ | 4000.00 |
| TOTALS This Period (last page in this line only) ▶ | 4000.00 |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.