

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

PAUL GOSAR FOR CONGRESS

ADDRESS (number and street) 11039 E HARRIS HAWK TRAIL

Check if different than previously reported. (ACC)

SCOTTSDALE AZ 85262

2. **FEC IDENTIFICATION NUMBER** C00461806

CITY STATE ZIP CODE STATE DISTRICT

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

AZ 01

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

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

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

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

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

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

5. Covering Period 04 01 2009 through 06 30 2009

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

Type or Print Name of Treasurer ROBERT WADE ROBINSON, II

Signature of Treasurer Electronically Filed by ROBERT WADE ROBINSON, II Date 07 13 2009

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

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)).....	43540.00	43540.00
(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)).....	43540.00	43540.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	12385.81	12385.81
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	12385.81	12385.81
8. Cash on Hand at Close of Reporting Period (from Line 27).....	31158.04	
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).....	0.00	

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	4

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

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		
(i) Itemized (use Schedule A).....	41450.00	41450.00
(ii) Unitemized.....	2090.00	2090.00
(iii) TOTAL of contributions from individuals..... ▶	43540.00	43540.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	43540.00	43540.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	3.85	3.85
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	43543.85	43543.85

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	12385.81	12385.81
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) ▶	12385.81	12385.81

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	43543.85
25. SUBTOTAL (add Line 23 and Line 24).....	43543.85
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	12385.81
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	31158.04

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 30

(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

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. Michael Biermann

Mailing Address 3529 North Willamette Blvd.

City State Zip Code
Portland OR 97217

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

Name of Employer Occupation
Michael Biermann 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
0 5 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.4115

Amount of Each Receipt this Period

500.00

Credit Card

B.

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

Mailing Address P.O. Box 670814

City State Zip Code
Chugiak AK 99567

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

Name of Employer Occupation
Boothe Dental Dentist

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.4254

Amount of Each Receipt this Period

250.00

Check

C.

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

Mailing Address 10014 Canterbury Farms 842-4272

City State Zip Code
St Louis MO 63128

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

Name of Employer Occupation
Butler Dental Dentist

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

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.4218

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 6 / 30
	(check only one)
<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"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Dr. Anthony Caputo	Date of Receipt MM / DD / YYYY 06 / 12 / 2009
	Mailing Address North Salida del Sol Drive	Transaction ID: SA11AI.4239
	City State Zip Code Tucson AZ 85718	Amount of Each Receipt this Period 2400.00
	FEC ID number of contributing federal political committee. C	Credit Card
	Name of Employer Southwest Dental Anesthesia Se Occupation Dentist Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2400.00	

B.	Full Name (Last, First, Middle Initial) Dr. Janaki Caputo	Date of Receipt MM / DD / YYYY 06 / 12 / 2009
	Mailing Address North Salida del Sol Drive	Transaction ID: SA11AI.4241
	City State Zip Code Tucson CO 85718	Amount of Each Receipt this Period 2400.00
	FEC ID number of contributing federal political committee. C	Credit Card
	Name of Employer Southwest Dental Anesthesia Se Occupation Dentist Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2400.00	

C.	Full Name (Last, First, Middle Initial) Dr. James Condrey	Date of Receipt MM / DD / YYYY 05 / 11 / 2009
	Mailing Address 3939 Pleasant Valley Drive	Transaction ID: SA11AI.4131
	City State Zip Code Missouri City TX 77459	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Credit Card
	Name of Employer Condrey 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)	5300.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 30
(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. Joe Crowley

Mailing Address 3475 n bend rd

City State Zip Code
cincinnati OH 45239

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

Name of Employer Occupation
Crowley Dental Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
05 / 11 / 2009

Transaction ID: SA11AI.4129

Amount of Each Receipt this Period
1000.00

Credit Card

B.

Full Name (Last, First, Middle Initial)
Dr. Jeffrey Dow

Mailing Address 385 River Road

City State Zip Code
Benton ME 04901

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

Name of Employer Occupation
Dow Dental Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
06 / 01 / 2009

Transaction ID: SA11AI.4224

Amount of Each Receipt this Period
1000.00

Credit Card

C.

Full Name (Last, First, Middle Initial)
Dr. David Eichler

Mailing Address 100 Eagle Ridge Rd.

City State Zip Code
Fairbanks AK 99712

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

Name of Employer Occupation
Eichler Dental Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
MM / DD / YYYY
05 / 31 / 2009

Transaction ID: SA11AI.4212

Amount of Each Receipt this Period
500.00

Credit Card

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: PAGE 8 / 30
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

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

Mailing Address 5 Vanad Drive

City State Zip Code
Roslyn NY 11576

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

Name of Employer Occupation
Feldman 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
06 / 01 / 2009

Transaction ID: SA11AI.4216

Amount of Each Receipt this Period
250.00

Check

B. Full Name (Last, First, Middle Initial)
Dr. Howard Gamble

Mailing Address 1009 S. Jackson Highway

City State Zip Code
Sheffield AL 35660

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

Name of Employer Occupation
Gamble 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
05 / 11 / 2009

Transaction ID: SA11AI.4156

Amount of Each Receipt this Period
300.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Dr. Eugene Giannini

Mailing Address 5104 Rockwood Pkwy NW

City State Zip Code
Washington DC 20016

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

Name of Employer Occupation
Giannini 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
06 / 05 / 2009

Transaction ID: SA11AI.4228

Amount of Each Receipt this Period
500.00

Credit Card

SUBTOTAL of Receipts This Page (optional) ► **1050.00**

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

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

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

FOR LINE NUMBER: PAGE 9 / 30
(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)
Mr. Colin Gibb

Mailing Address 8243 E. Redberry St.

City State Zip Code
Mesa AZ 85207

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

Name of Employer Occupation
Red Mountain Dental Arts Dental Technician

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

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2009

Transaction ID: SA11AI.4268

Amount of Each Receipt this Period
250.00

Credit Card

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

Mailing Address 1717 Maybrook Road

City State Zip Code
Jackson MI 49203

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

Name of Employer Occupation
Center For Family Health Dentist

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

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2009

Transaction ID: SA11AI.4272

Amount of Each Receipt this Period
1000.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Dr. Joseph F Hagenbruch

Mailing Address 502 North Hart Boulevard

City State Zip Code
Harvard IL 60033

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

Name of Employer Occupation
Hagenbruch Dental Dentist

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

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2009

Transaction ID: SA11AI.4258

Amount of Each Receipt this Period
500.00

CHECK

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 10 / 30
(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. Brien V. Harvey

Mailing Address 6051 N Paseo Valdear

City Tucson State AZ Zip Code 85750

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

Name of Employer: Brien V. Harvey Periodontics Occupation: Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt: 05 / 05 / 2009
Transaction ID: SA11AI.4103
 Amount of Each Receipt this Period: 2400.00
 Credit Card

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

Mailing Address 8776 W Orchid Island Circle

City Vero Beach State FL Zip Code 32963

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

Name of Employer: Huot Dental Occupation: Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 06 / 08 / 2009
Transaction ID: SA11AI.4235
 Amount of Each Receipt this Period: 250.00
 Check

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

Mailing Address 1401 parkdale dr

City Dover State OH Zip Code 44622

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

Name of Employer: Karłowicz Dental Occupation: Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 05 / 11 / 2009
Transaction ID: SA11AI.4133
 Amount of Each Receipt this Period: 500.00
 Credit Card

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 30
	(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) Tamara S Kempf		Date of Receipt
	Mailing Address 1215 N.Marion		<input type="text" value="05"/> / <input type="text" value="18"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Oak Park	IL	60302
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer American Dental Association		Occupation Attorney	Transaction ID: SA11AI.4172
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"/>	Check

B.	Full Name (Last, First, Middle Initial) Adaline Klemmedson		Date of Receipt
	Mailing Address 4501 N. Paseo Imuris		<input type="text" value="05"/> / <input type="text" value="18"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Tucson	AZ	85750
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer None		Occupation None	Transaction ID: SA11AI.4187
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="2400.00"/>
		<input type="text" value="2400.00"/>	Check

C.	Full Name (Last, First, Middle Initial) Dr. Daniel J Klemmedson		Date of Receipt
	Mailing Address 4501 N Paseo Imuris		<input type="text" value="05"/> / <input type="text" value="18"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Tucson	AZ	85750
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Klemmedson Dental		Occupation Dentist	Transaction ID: SA11AI.4184
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="2400.00"/>
		<input type="text" value="2400.00"/>	Check

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="5800.00"/>
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 12 / 30
(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. Rodney J Klima

Mailing Address 9807 Flintridge Court

City State Zip Code
Fairfax VA 22032

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

Name of Employer Occupation
Klima 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
0 5 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.4180

Amount of Each Receipt this Period
500.00

Check

B. Full Name (Last, First, Middle Initial)
Dr. T Harold Landcaster

Mailing Address Vernon Park Mall, Suite 812-A

City State Zip Code
Kingston NC 28504

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

Name of Employer Occupation
Landcaster 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
0 6 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.4222

Amount of Each Receipt this Period
250.00

Check

C. Full Name (Last, First, Middle Initial)
Charles G Leonard

Mailing Address 23272 Two Rivers Road

City State Zip Code
Basalt CO 81621

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

Name of Employer Occupation
Self Unknown

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.4191

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 13 / 30
(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. David Logan

Mailing Address 2237 N. Jordan Ave

City Juneau State AK Zip Code 99801

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

Name of Employer Logan Dental Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 06 / 02 / 2009
Transaction ID: SA11AI.4226
 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 Missouri City State TX Zip Code 77459

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

Name of Employer Long Dental Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 05 / 11 / 2009
Transaction ID: SA11AI.4119
 Amount of Each Receipt this Period 1000.00
 Credit Card

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

Mailing Address 5817 N. Cedar Springs Rd

City Muncie State IN Zip Code 47304

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

Name of Employer Maddox Dental Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 05 / 18 / 2009
Transaction ID: SA11AI.4168
 Amount of Each Receipt this Period 500.00
 Check

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 14 / 30
(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. David N Matthews

Mailing Address 3611 Broadway

City State Zip Code
Fort Wayne IN 46807

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

Name of Employer: Matthews Occupation: Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 05 / 18 / 2009
Transaction ID: SA11AI.4182
 Amount of Each Receipt this Period: 250.00
 Check

B. Full Name (Last, First, Middle Initial)
Dr. Fred McDonald

Mailing Address 3900 Olive Street

City State Zip Code
Pine Bluff AR 71603

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

Name of Employer: McDonald Dental Occupation: Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 06 / 30 / 2009
Transaction ID: SA11AI.4266
 Amount of Each Receipt this Period: 250.00
 Credit Card

C. Full Name (Last, First, Middle Initial)
Dr. Rhett Murray

Mailing Address 11903 E Yale Way

City State Zip Code
Aurora CO 80014

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

Name of Employer: Rhett I Murray DDSPC Occupation: Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 05 / 17 / 2009
Transaction ID: SA11AI.4162
 Amount of Each Receipt this Period: 1000.00
 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 15 / 30
(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. Rhett Murray
Mailing Address 11903 E Yale Way
City Aurora State CO Zip Code 80014
FEC ID number of contributing federal political committee. **C**
Name of Employer Rhett I Murray DDSPC Occupation Dentist
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1500.00
Date of Receipt 05 / 18 / 2009
Transaction ID: SA11AI.4177
Amount of Each Receipt this Period 500.00
Check

B. Full Name (Last, First, Middle Initial)
Dr. Matthew Neary
Mailing Address 99 Summit
City Riverside State CT Zip Code 06878
FEC ID number of contributing federal political committee. **C**
Name of Employer Neary Dental Occupation Dentist
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 05 / 11 / 2009
Transaction ID: SA11AI.4137
Amount of Each Receipt this Period 1000.00
Credit Card

C. Full Name (Last, First, Middle Initial)
Dr. Charles Norman
Mailing Address 2012 Pembroke Rd
City Greensboro State NC Zip Code 27408
FEC ID number of contributing federal political committee. **C**
Name of Employer Norman Dental Occupation Dentist
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 300.00
Date of Receipt 05 / 11 / 2009
Transaction ID: SA11AI.4158
Amount of Each Receipt this Period 300.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ► 1800.00
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 / 30
(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. Merle Nunemaker

Mailing Address 400 E Red Bridge Rd, Ste 120

City State Zip Code
Kansas City MO 64131

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

Name of Employer Occupation
Merle A Nunemaker, DDS & As- Dentist
social

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.4201

Amount of Each Receipt this Period
250.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Larry Osborne

Mailing Address 710 Stevens Creek Blvd.

City State Zip Code
Forsyth IL 62535

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

Name of Employer Occupation
Osborne 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
0 5 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.4159

Amount of Each Receipt this Period
300.00

Credit Card

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

Mailing Address po box 189

City State Zip Code
franklinton NC 27525

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

Name of Employer Occupation
Gary Oyster DDS Dentist

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

Date of Receipt
M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.4111

Amount of Each Receipt this Period
2400.00

Credit Card

SUBTOTAL of Receipts This Page (optional) ► **2950.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 30

(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. Alec Parker

Mailing Address 333 sunstone dr

City State Zip Code
cary NC 27519

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

Name of Employer Occupation
Parker Dental Dentist

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

Date of Receipt

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

Transaction ID: SA11AI.4113

Amount of Each Receipt this Period

500.00

Credit Card

B.

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

Mailing Address 14120 w snoq valley rd

City State Zip Code
duvall WA 98019

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

Name of Employer Occupation
Parish Dental Dentist

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

Date of Receipt

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

Transaction ID: SA11AI.4127

Amount of Each Receipt this Period

500.00

Credit Card

C.

Full Name (Last, First, Middle Initial)
Dr. Robert G Place

Mailing Address 807 Wood Cove Rd

City State Zip Code
Wilmington NC 28409

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

Name of Employer Occupation
Place 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
0 6 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.4274

Amount of Each Receipt this Period

500.00

Check

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 18 / 30
(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. Robert Raiber</p> <p>Mailing Address 45 rockefeller plaza</p> <p>City State Zip Code New York NY 10111</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Raiber Dental Dentist</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 9</p> <p>Transaction ID: SA11AI.4121</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Credit Card</p>
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<p>B. Full Name (Last, First, Middle Initial) Dr. William K Rich</p> <p>Mailing Address 130 Ridgelea Drive</p> <p>City State Zip Code Williamstown KY 41097</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Rich Dental Dentist</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 8 / 2 0 0 9</p> <p>Transaction ID: SA11AI.4166</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Check</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) Dr. Richard Riva</p> <p>Mailing Address 393 Wyoming Ave</p> <p>City State Zip Code Milburn NJ 07078</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Riva Dental Dentist</p> <p>Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 1 / 2 0 0 9</p> <p>Transaction ID: SA11AI.4123</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Credit Card</p>
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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 19 / 30
(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. Gary L Roberts

Mailing Address 8510 Line Avenue

City State Zip Code
Shreveport LA 71106

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

Name of Employer Occupation
Roberts 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
0 5 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.4196

Amount of Each Receipt this Period
1000.00

Check

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

Mailing Address 7569 Brookbend Lane

City State Zip Code
Sandy UT 84093

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

Name of Employer Occupation
Ryser 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
0 6 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.4237

Amount of Each Receipt this Period
600.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Dr. Jeanne L Schoemaker

Mailing Address 105 W. 9th Ave

City State Zip Code
Fort Morgan CO 80701

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

Name of Employer Occupation
Schoemaker 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
0 5 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.4170

Amount of Each Receipt this Period
500.00

Check

SUBTOTAL of Receipts This Page (optional) ► **2100.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 30
(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. 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 ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	5	/	2	0	0	9

Transaction ID: SA11AI.4250

Amount of Each Receipt this Period
500.00

Check

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

Mailing Address 63 Ellicott Ave.

City State Zip Code
Batavia NY 14020

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

Name of Employer Occupation
Triftshauer 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
0	5	/	2	1	/	2	0	0	9

Transaction ID: SA11AI.4204

Amount of Each Receipt this Period
250.00

Check

C. Full Name (Last, First, Middle Initial)
Dr. Perry K Tuneberg

Mailing Address 4040 Morsay Drive

City State Zip Code
Rockford IL 61107

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

Name of Employer Occupation
Tuneberg 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	5	/	1	8	/	2	0	0	9

Transaction ID: SA11AI.4174

Amount of Each Receipt this Period
500.00

Check

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 21 / 30
(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. Vaclav Vaclav

Mailing Address 7201 w 34th

City Amarillo State TX Zip Code 79109

FEC ID number of contributing federal political committee. C

Name of Employer Vaclav Dental Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 05 / 11 / 2009
Transaction ID: SA11AI.4117

Amount of Each Receipt this Period 500.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Ken Versman

Mailing Address 2900 s peoria st

City aurora State CO Zip Code 80014

FEC ID number of contributing federal political committee. C

Name of Employer ken versman dds Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 05 / 11 / 2009
Transaction ID: SA11AI.4109

Amount of Each Receipt this Period 1500.00

Credit Card

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

Mailing Address 20725 snag island dr

City lake taps State WA Zip Code 98391

FEC ID number of contributing federal political committee. C

Name of Employer meridian dental Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 05 / 11 / 2009
Transaction ID: SA11AI.4105

Amount of Each Receipt this Period 1000.00

Credit Card

SUBTOTAL of Receipts This Page (optional) 3000.00

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 22 / 30
	<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. Russell I Webb	Date of Receipt MM / DD / YYYY 05 / 28 / 2009
	Mailing Address 1058 Truchard Lane	Transaction ID: SA11AI.4208
	City State Zip Code Lincoln CA 95648	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Check
	Name of Employer: Webb 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	

B.	Full Name (Last, First, Middle Initial) Dr. Richard Weinman	Date of Receipt MM / DD / YYYY 06 / 29 / 2009
	Mailing Address 175 Inland Ridge Way NE	Transaction ID: SA11AI.4262
	City State Zip Code Atlanta GA 30342	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	Credit Card
	Name of Employer: Buckhead Dental Associates Occupation: Dentist Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Dr. Deborah J Worsham	Date of Receipt MM / DD / YYYY 05 / 18 / 2009
	Mailing Address 215 Hurdt St.	Transaction ID: SA11AI.4194
	City State Zip Code Cebter TX 75935	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Check
	Name of Employer: Worsham Dental Occupation: Dentist Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	1800.00
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 / 30	
	(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. Denny Zent		Date of Receipt																					
	Mailing Address 3030 n bay view		<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>5</td><td></td><td>1</td><td>1</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	5		1	1		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	5		1	1		2	0	0	9														
	City State Zip Code angola IN 46703		Transaction ID: SA11AI.4107																					
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00																					
Name of Employer Occupation Zent 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 ▼ 500.00																						

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	41450.00

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

<p>A. Full Name (Last, First, Middle Initial) ADA Travel</p> <p>Mailing Address 211 East Chicago Ave</p> <p>City Chicago State IL Zip Code 60611</p> <p>Purpose of Disbursement Airline Ticket</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4308</p> <p>Date of Disbursement 05 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 470.90</p> <p>Category/Type 002</p>
<p>B. Full Name (Last, First, Middle Initial) American Dental Association</p> <p>Mailing Address 211 East Chicago Ave</p> <p>City Chicago State IL Zip Code 60611</p> <p>Purpose of Disbursement Campaign School</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4323</p> <p>Date of Disbursement 05 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 425.00</p> <p>Category/Type 007</p>
<p>C. Full Name (Last, First, Middle Initial) Aristotle</p> <p>Mailing Address 205 Pennsylvania Ave, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Fundraising Program</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4320</p> <p>Date of Disbursement 05 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 1125.00</p> <p>Category/Type 003</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2020.90

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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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) Aristotle</p> <p>Mailing Address 205 Pennsylvania Ave, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Campaign Program</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>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: SB17.4326</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1125.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Capitol Grill</p> <p>Mailing Address 601 Pennsylvania Ave, NW</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Fundrasinf Committee Meeting</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>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: SB17.4303</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="479.86"/></p>
<p>C. 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</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>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: SB17.4327</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1390.00"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2994.86"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s)
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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) Dell Inc. Mailing Address One Dell Way Mail Stop 8129 City Round Rock State TX Zip Code 78682 Purpose of Disbursement Computer Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.4306 Date of Disbursement 04 / 29 / 2009 Amount of Each Disbursement this Period 1720.85 001 Category/ Type
B.	Full Name (Last, First, Middle Initial) Dell Inc. Mailing Address One Dell Way Mail Stop 8129 City Round Rock State TX Zip Code 78682 Purpose of Disbursement Computer Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.4307 Date of Disbursement 04 / 29 / 2009 Amount of Each Disbursement this Period 211.19 001 Category/ Type
C.	Full Name (Last, First, Middle Initial) Dell Inc. Mailing Address One Dell Way Mail Stop 8129 City Round Rock State TX Zip Code 78682 Purpose of Disbursement Computer Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB17.4299 Date of Disbursement 05 / 05 / 2009 Amount of Each Disbursement this Period 1857.24 001 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

3789.28

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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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) Dell Inc. Mailing Address One Dell Way Mail Stop 8129 City Round Rock State TX Zip Code 78682 Purpose of Disbursement Computer Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4301 Date of Disbursement 05 / 05 / 2009 Amount of Each Disbursement this Period 86.70 001 Category/ Type
B.	Full Name (Last, First, Middle Initial) Embassy Suites Mailing Address 9336 Civic Center Drive City Beverly Hills State CA Zip Code 90210 Purpose of Disbursement Hotel Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4318 Date of Disbursement 05 / 14 / 2009 Amount of Each Disbursement this Period 218.40 002 Category/ Type
C.	Full Name (Last, First, Middle Initial) Gammage & Burnham P.L.C. Mailing Address Two North Central Avenue 12th Floor City Phoenix State AZ Zip Code 85004 Purpose of Disbursement Attorney Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4284 Date of Disbursement 06 / 15 / 2009 Amount of Each Disbursement this Period 617.50 001 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	922.60
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) Intuit</p> <p>Mailing Address 2632 Marine Way</p> <p>City Mountain View State CA Zip Code 94043</p> <p>Purpose of Disbursement Check Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4305</p> <p>Date of Disbursement 05 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 230.95</p> <p>001 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Intuit</p> <p>Mailing Address 2632 Marine Way</p> <p>City Mountain View State CA Zip Code 94043</p> <p>Purpose of Disbursement Checks</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4290</p> <p>Date of Disbursement 06 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 224.18</p> <p>Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Marriott</p> <p>Mailing Address 10400 Fernwood Road</p> <p>City Bethesda State MD Zip Code 20817</p> <p>Purpose of Disbursement Hotel Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB17.4315</p> <p>Date of Disbursement 05 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 412.38</p> <p>002 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

867.51

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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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) Marriott <hr/> Mailing Address 10400 Fernwood Road <hr/> City Bethesda State MD Zip Code 20817 <hr/> Purpose of Disbursement Hotel Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4302 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 9
	Amount of Each Disbursement this Period 70.50
	Category/ Type 002
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Marriott <hr/> Mailing Address 10400 Fernwood Road <hr/> City Bethesda State MD Zip Code 20817 <hr/> Purpose of Disbursement Hotel Travel Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4282 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 9
	Amount of Each Disbursement this Period 547.32
	Category/ Type 002
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Staples <hr/> Mailing Address 2625 S Woodlands Vlg Blvd #100 <hr/> City Flagstaff State AZ Zip Code 86001 <hr/> Purpose of Disbursement Printing Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4311 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 0 9
	Amount of Each Disbursement this Period 398.54
	Category/ Type 006
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1016.36

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

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ITEMIZED DISBURSEMENTS**

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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)

US Airways

Mailing Address 4000 E. Sky Harbor Blvd.

City Phoenix State AZ Zip Code 85034

Purpose of Disbursement

Airline Ticket

Candidate Name

002
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB17.4292

Date of Disbursement

06 / 29 / 2009

Amount of Each Disbursement this Period

645.00

SUBTOTAL of Disbursements This Page (optional)

645.00

TOTAL This Period (last page this line number only)

12256.51