

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

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

PAUL GOSAR FOR CONGRESS

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

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

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

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

(a) Quarterly Reports:

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

Termination Report (TER)

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

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

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

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

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

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

5. Covering Period 10 01 2009 through 12 31 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 08 01 2010

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

Office Use Only

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

PAUL GOSAR FOR CONGRESS

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	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)).....	102300.74	204861.79
(b) Total Contribution Refunds (from Line 20(d)).....	500.00	500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	101800.74	204361.79
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	45275.21	74632.20
(b) Total Offsets to Operating Expenditures (from Line 14).....	1353.74	2478.74
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	43921.47	72153.46
8. Cash on Hand at Close of Reporting Period (from Line 27).....	132238.63	
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
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
1	2

D	D
3	1

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	65701.95	145971.63
(i) Itemized (use Schedule A).....	9095.94	16648.94
(ii) Unitemized.....	74797.89	162620.57
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	22000.00	31500.00
(c) Other Political Committees (such as PACS).....	5502.85	10741.22
(d) The Candidate.....	102300.74	204861.79
(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.....	0.00	4000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	4000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....	1353.74	2478.74
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	15.31	30.30
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	103669.79	211370.83

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	45275.21	74632.20
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	4000.00	4000.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	4000.00	4000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	500.00	500.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	500.00	500.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	49775.21	79132.20

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	78344.05
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	103669.79
25. SUBTOTAL (add Line 23 and Line 24).....	182013.84
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	49775.21
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	132238.63

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 / 84
(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

<p>A. Full Name (Last, First, Middle Initial) Dr. Roger B. Anderson</p> <p>Mailing Address 3061 N. Willow Creek Drive</p> <p>City State Zip Code Tucson AZ 85712</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Anderson 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 1 2 / 2 0 / 2 0 0 9</p> <p>Transaction ID: SA11AI.5235</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Check</p>
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<p>B. Full Name (Last, First, Middle Initial) Pamela Baldassarre</p> <p>Mailing Address 56 Oak Drive</p> <p>City State Zip Code Bedford NH 03110</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Baldassarre 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 1 1 / 0 1 / 2 0 0 9</p> <p>Transaction ID: SA11AI.4973</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Credit Card</p>
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<p>C. Full Name (Last, First, Middle Initial) Dr. Paul Barnes</p> <p>Mailing Address 337 Longford Dr</p> <p>City State Zip Code Granville OH 43023</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Barnes 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 1 1 / 1 1 / 2 0 0 9</p> <p>Transaction ID: SA11AI.5082</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Credit Card</p>
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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 / 84
(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. Daniel A. Bertoch

Mailing Address 4401 Carrollwood Village Dr.

City Tampa State FL Zip Code 33618

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

Name of Employer Bertoch Dental Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
10 / 17 / 2009

Transaction ID: SA11AI.4817

Amount of Each Receipt this Period
500.00

Check

B. Full Name (Last, First, Middle Initial)
Dr. Daniel A. Bertoch

Mailing Address 4401 Carrollwood Village Dr.

City Tampa State FL Zip Code 33618

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

Name of Employer Bertoch Dental Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt MM / DD / YYYY
12 / 31 / 2009

Transaction ID: SA11AI.5436

Amount of Each Receipt this Period
1000.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Dr. David H. Bills

Mailing Address 20 Coburn Court

City Sedona State AZ Zip Code 86351

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

Name of Employer Bills Dental Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
12 / 20 / 2009

Transaction ID: SA11AI.5265

Amount of Each Receipt this Period
250.00

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 84
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

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

Mailing Address 1473 N East Hills Dr

City Bountiful State UT Zip Code 84010

FEC ID number of contributing federal political committee. C

Name of Employer Blaisdell Dental Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
11 / 10 / 2009

Transaction ID: SA11AI.5059

Amount of Each Receipt this Period 250.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Patricia Blanton

Mailing Address 4666 Fairfax

City Dallas State TX Zip Code 75209

FEC ID number of contributing federal political committee. C

Name of Employer Blanton Dental Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
11 / 10 / 2009

Transaction ID: SA11AI.5065

Amount of Each Receipt this Period 250.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Dr. Anthony Borgia

Mailing Address 64 Early Red Circle

City Plymouth State MA Zip Code 02360

FEC ID number of contributing federal political committee. C

Name of Employer Borgia Dental Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: SA11AI.5088

Amount of Each Receipt this Period 250.00

Credit Card

SUBTOTAL of Receipts This Page (optional) 750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 84
(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 Brei</p> <p>Mailing Address 4820 E. Camp Lowell Drive</p> <p>City State Zip Code Tucson AZ 85712</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Brei Dental Dentist</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 7 / 2 0 0 9</p> <p>Transaction ID: SA11AI.5281</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Credit Card</p>
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<p>B. Full Name (Last, First, Middle Initial) Dr. Thomas Buza</p> <p>Mailing Address 6453 S. Woodland Hills Dr.</p> <p>City State Zip Code Tucson AZ 85747</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Buza Dental Dentist</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 9</p> <p>Transaction ID: SA11AI.5291</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Credit Card</p>
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<p>C. Full Name (Last, First, Middle Initial) Dr. Angelle M. Casagrande</p> <p>Mailing Address 3150 N. Swan Road</p> <p>City State Zip Code Tucson AZ 85712</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Casagrande Dental Dentist</p> <p>Receipt For: 2010 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p style="text-align: right;">250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 0 / 2 0 0 9</p> <p>Transaction ID: SA11AI.5237</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Check</p>
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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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 84
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

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

Mailing Address 21922 Deer Canyon

City State Zip Code
Gardin Ridge TX 78266

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Chancellor Dental Dentist

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

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

Transaction ID: SA11AI.4776

Amount of Each Receipt this Period
250.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Jeffrey M. Cole

Mailing Address 2396 Limestone Rd

City State Zip Code
Wilmington DE 19808

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Cole Dental Dentist

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

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.4836

Amount of Each Receipt this Period
250.00

Check

C. Full Name (Last, First, Middle Initial)
Dr. Clifford W. Cornelius

Mailing Address 11461 E. Calle Del Ricon

City State Zip Code
Tucson AZ 85749

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Cornelius Dental Dentist

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

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

Transaction ID: SA11AI.5229

Amount of Each Receipt this Period
250.00

Check

SUBTOTAL of Receipts This Page (optional) 750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 84
	<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. James Corning		Date of Receipt
	Mailing Address 575 W Valoro Dr		<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Tucson	AZ	85737
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.5223
	C		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	
Name of Employer Corning Dental		Occupation Dentist	Credit Card
Receipt For: 2010		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼			

B.	Full Name (Last, First, Middle Initial) Dr. Richard Crinzi		Date of Receipt
	Mailing Address 522 W. Sammamish Pkwy SE		<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Bellvue	WA	98008
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.5219
	C		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	
Name of Employer Crinzi Dental		Occupation Dentist	Credit Card
Receipt For: 2010		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼			

C.	Full Name (Last, First, Middle Initial) Dr. Reed Day		Date of Receipt
	Mailing Address 2222 E. Highland Ave. #320		<input type="text" value="12"/> / <input type="text" value="29"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Phoenix	AZ	85016
	FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.5362
	C		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>	
Name of Employer Day Dental		Occupation Dentist	Credit Card
Receipt For: 2010		Election Cycle-to-Date ▼	
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼			

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 11 / 84
(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)
Jean Devitt Brown

Mailing Address 4425 N. Hacienda Del Sol

City Tucson State AZ Zip Code 85718

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

Name of Employer Graig D. Brown DDS Occupation Healthcare Administrator

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 12 / 14 / 2009
Transaction ID: SA11AI.5279
 Amount of Each Receipt this Period 500.00
 Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Jason Dittberner

Mailing Address 1785 W. Soft Wind Lane

City Flagstaff State AZ Zip Code 86001

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

Name of Employer Flagstaff Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2009
Transaction ID: SA11AI.5431
 Amount of Each Receipt this Period 500.00
 Check

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

Mailing Address Joseph S. Dovgan

City Phoenix State AZ Zip Code 85028

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

Name of Employer Dovgan Dental Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2009
Transaction ID: SA11AI.5449
 Amount of Each Receipt this Period 500.00
 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 12 / 84

(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. 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 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.5409

Amount of Each Receipt this Period

1000.00

Credit Card

B.

Full Name (Last, First, Middle Initial)

Dr. Arthur A. Dugoni

Mailing Address 620 Sand Hill Rd Apt: 207C

City State Zip Code
Palo Alto CA 94304

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

Name of Employer Occupation
University of the Pacific Educator

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
1 1 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.4991

Amount of Each Receipt this Period

250.00

Credit Card

C.

Full Name (Last, First, Middle Initial)

Dr. James R. Dumas, Jr.

Mailing Address PO Box 700

City State Zip Code
Prentiss MS 39474

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

Name of Employer Occupation
Dumas 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
1 0 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.4815

Amount of Each Receipt this Period

250.00

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: (check only one)	PAGE 13 / 84
	<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. Bryan C. Edgar		Date of Receipt MM / DD / YYYY 10 / 17 / 2009
	Mailing Address 1911 SW Campus Dr.		Transaction ID: SA11AI.4841
	City Federal Way	State WA	Zip Code 98023
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Edgar Dental	Occupation 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	

B.	Full Name (Last, First, Middle Initial) O.G. Elliott		Date of Receipt MM / DD / YYYY 11 / 10 / 2009
	Mailing Address 146 Kyawy #3188		Transaction ID: SA11AI.5061
	City Risner	State KY	Zip Code 41649
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Elliott Dental	Occupation Dentist	Credit Card
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) Dr. Julian Fair		Date of Receipt MM / DD / YYYY 11 / 10 / 2009
	Mailing Address 1040 Wagener Trail Rd		Transaction ID: SA11AI.5063
	City Wagener	State SC	Zip Code 29164
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Fair Detnal	Occupation Dentist	Credit Card
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 84
	(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) Dr. Ed Feinberg		Date of Receipt
	Mailing Address 14 Harwood Ct		<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Scarsdale	NY	10583
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Feinberg Dental		Occupation Dentist	Transaction ID: SA11AI.4779
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

B.	Full Name (Last, First, Middle Initial) Dr. Robert Ferris		Date of Receipt
	Mailing Address 475 Maitland Ave.		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Altamonte Springs	FL	32701
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Ferris Dental		Occupation Dentist	Transaction ID: SA11AI.5418
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

C.	Full Name (Last, First, Middle Initial) Dr. Marvin H. Fitzgerald		Date of Receipt
	Mailing Address 9036 E. Voltaire Dr.		<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Scottsdale	AZ	85260
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Fitzgerald Dental		Occupation Dentist	Transaction ID: SA11AI.4839
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

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="750.00"/>
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 15 / 84
	(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. Lisa A. Fogle	Date of Receipt MM / DD / YYYY 12 / 23 / 2009
	Mailing Address 915 N. Swan Road	Transaction ID: SA11AI.5319
	City State Zip Code Tucson AZ 85711	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Check
	Name of Employer: Fogle 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) Max Fose	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 498 W. Oregon Ave.	Transaction ID: SA11AI.5386
	City State Zip Code Phoenix AZ 85013	Amount of Each Receipt this Period 2400.00
	FEC ID number of contributing federal political committee. C	Check
	Name of Employer: IWS Occupation: Owner 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. Gerald Gelfand	Date of Receipt MM / DD / YYYY 10 / 26 / 2009
	Mailing Address 455 La Barca Dr.	Transaction ID: SA11AI.4861
	City State Zip Code Tarzana CA 91356	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Check
	Name of Employer: Gelfand 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)	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 16 / 84
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

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

Mailing Address 3408 State St.

City Erie State PA Zip Code 16508

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

Name of Employer Glecos Dental Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 10 / 17 / 2009
Transaction ID: SA11AI.4785
 Amount of Each Receipt this Period 250.00
 Check

B. Full Name (Last, First, Middle Initial)
Dr. Joel Glover

Mailing Address 1195 W. Peckham Ln.

City Reno State NV Zip Code 89509

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

Name of Employer Glover Dental Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 11 / 01 / 2009
Transaction ID: SA11AI.4979
 Amount of Each Receipt this Period 500.00
 Credit Card

C. Full Name (Last, First, Middle Initial)
Dr. Joel Glover

Mailing Address 1195 W. Peckham Ln.

City Reno State NV Zip Code 89509

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

Name of Employer Glover Dental Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 11 / 10 / 2009
Transaction ID: SA11AI.5072
 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 17 / 84
(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. Kristine Gomez

Mailing Address 720 11th St

City State Zip Code
Douglas AZ 85607

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

Name of Employer Gomez Dental Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: SA11AI.5438

Amount of Each Receipt this Period
250.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Robert G. Griego

Mailing Address 7151 N. Central Ave.

City State Zip Code
Phoenix AZ 85020

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

Name of Employer Griego Dental Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Transaction ID: SA11AI.4859

Amount of Each Receipt this Period
500.00

Check

C. Full Name (Last, First, Middle Initial)
Dr. Sherry Hancock

Mailing Address 115 Aspen Grove Dr. W

City State Zip Code
Evanston WY 82930

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

Name of Employer Hancock Dental Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Transaction ID: SA11AI.4855

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 18 / 84
(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)
Stephen J. Harkins

Mailing Address 5186 N. Marlin Canyon Place

City Tucson State AZ Zip Code 85750

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

Name of Employer Harkins Detrial Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 12 / 20 / 2009
Transaction ID: SA11AI.5256
 Amount of Each Receipt this Period 250.00
 Check

B.

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

Mailing Address 480 Hawthorne Rd

City Elkin State NC Zip Code 28621

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

Name of Employer Harrell Dental Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 10 / 02 / 2009
Transaction ID: SA11AI.4782
 Amount of Each Receipt this Period 500.00
 Credit Card

C.

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

Mailing Address 1575 N. Swan #200

City Tucson State AZ Zip Code 85712

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

Name of Employer Hawke Dental Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt 12 / 20 / 2009
Transaction ID: SA11AI.5287
 Amount of Each Receipt this Period 250.00
 Credit Card

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 84
(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. Heather B. Heddens

Mailing Address 2748 E. Trio Lane

City Washington State IA Zip Code 52353

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

Name of Employer Heddens Dental Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 10 / 29 / 2009
Transaction ID: SA11AI.4896
 Amount of Each Receipt this Period 500.00
 Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Richard C. Hibner

Mailing Address 2982 E. Fort Lowell

City Tucson State AZ Zip Code 85716

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

Name of Employer Hibner Dental Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 12 / 20 / 2009
Transaction ID: SA11AI.5241
 Amount of Each Receipt this Period 250.00
 Check

C. Full Name (Last, First, Middle Initial)
Dr. Steven Hollar

Mailing Address 1632 S. Woodfield Tr.

City Warsaw State IN Zip Code 46580

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

Name of Employer Hollar Dental Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 11 / 05 / 2009
Transaction ID: SA11AI.4995
 Amount of Each Receipt this Period 250.00
 Credit Card

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 84
	<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) William J. Hooker		Date of Receipt
	Mailing Address 718 N Humphreys		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Flagstaff	AZ	86004
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5388
Name of Employer Hooker 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" value="500.00"/>
		<input type="text" value="1000.00"/>	Check

B.	Full Name (Last, First, Middle Initial) Dr. Allison House		Date of Receipt
	Mailing Address 10615 N. 44th Street		<input type="text" value="12"/> / <input type="text" value="22"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Phoenix	AZ	85028
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5337
Name of Employer House 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" value="500.00"/>
		<input type="text" value="500.00"/>	Credit Card

C.	Full Name (Last, First, Middle Initial) Dr. Mark Hughes		Date of Receipt
	Mailing Address 25201 N. 47th Dr.		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Phoenix	AZ	85083
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5430
Name of Employer Hughes 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" value="800.00"/>
		<input type="text" value="1400.00"/>	Credit Card

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1800.00"/>
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 21 / 84
	(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) Dr. Oliver G. Hundelt		Date of Receipt
	Mailing Address 160 Siesta Way		<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Sedona	AZ	86336
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Hundelt Dental		Occupation Dentist	Transaction ID: SA11AI.5267
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. Philip Hunke		Date of Receipt
	Mailing Address 505 E. Newport Ln		<input type="text" value="12"/> / <input type="text" value="15"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	McAllen	TX	78501
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Hunke Dental		Occupation Dentist	Transaction ID: SA11AI.5221
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"/>	Credit Card

C.	Full Name (Last, First, Middle Initial) Jenanne Ismael		Date of Receipt
	Mailing Address 6051 N Paseo Valdear		<input type="text" value="12"/> / <input type="text" value="17"/> / <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 Unknown		Occupation Unknown	Transaction ID: SA11AI.5475
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="1327.69"/>
		<input type="text" value="1327.69"/>	In-kind - Fundraiser Costs

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="2077.69"/>
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 22 / 84
(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)
Beverly Karam
 Mailing Address 1898 N. Pendleton
 City State Zip Code
 Rio Rico AZ 85648
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation General Contractor
 Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify)
 Date of Receipt: 12 / 20 / 2009
Transaction ID: SA11AI.5252
 Amount of Each Receipt this Period: 250.00
 Check

B. Full Name (Last, First, Middle Initial)
Dr. Alan P. Kawakami
 Mailing Address PO Box 3006
 City State Zip Code
 Sierra Vista AZ 85636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kawakami Dental Occupation Dentist
 Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify)
 Date of Receipt: 12 / 31 / 2009
Transaction ID: SA11AI.5393
 Amount of Each Receipt this Period: 100.00
 Check

C. Full Name (Last, First, Middle Initial)
Dr. Kathryn Kell
 Mailing Address 6401 Utica Ridge Rd.
 City State Zip Code
 Davenport IA 52807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kell Dental Occupation Dentist
 Receipt For: 2010 Election Cycle-to-Date
 Primary General
 Other (specify)
 Date of Receipt: 10 / 01 / 2009
Transaction ID: SA11AI.4773
 Amount of Each Receipt this Period: 250.00
 Credit Card

SUBTOTAL of Receipts This Page (optional) ▶ **600.00**
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 84

(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. David H. Kiesling

Mailing Address 5511 York Road

City State Zip Code
Helena MT 59602

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

Name of Employer Occupation
Kiesling 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
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.5376

Amount of Each Receipt this Period

500.00

Credit Card

B.

Full Name (Last, First, Middle Initial)

Walter Brent Kyte

Mailing Address 800 North Camino Cordon

City State Zip Code
Tucson AZ 85748

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

Name of Employer Occupation
Pizza Hut Franchise Owner

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

Date of Receipt

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

Transaction ID: SA11AI.5243

Amount of Each Receipt this Period

250.00

Check

C.

Full Name (Last, First, Middle Initial)

Dr. Lisa Lear

Mailing Address 6001 E. Placita De Las Luces

City State Zip Code
Tucson AZ 85750

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

Name of Employer Occupation
Lear Dental Dentist

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

Date of Receipt

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

Transaction ID: SA11AI.5288

Amount of Each Receipt this Period

250.00

Credit Card

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 / 84
	(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) Dr. Thomas W. Leslie		Date of Receipt
	Mailing Address 4759 Cold Run Valley Road		<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Berkeley Springs	WV	25411
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Leslie Dental		Occupation Dentist	Transaction ID: SA11AI.4809
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. Jeffrey D. Lewis		Date of Receipt
	Mailing Address 8361 E Hillwood Lane		<input type="text" value="12"/> / <input type="text" value="20"/> / <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 Lewis Dental		Occupation Dentist	Transaction ID: SA11AI.5231
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) Stephen F. Lex		Date of Receipt
	Mailing Address 3108 North Joy Lane		<input type="text" value="12"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Flagstaff	AZ	86001
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Plastic Surgeons of N AZ		Occupation Plastic Surgeon	Transaction ID: SA11AI.5331
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

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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 84
	<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. Gayle Lundvedt		Date of Receipt
	Mailing Address 4292 S Sauk Ave		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Sierra Vista	AZ	85650
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5420
Name of Employer Lundvedt 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" value="500.00"/>
			Credit Card

B.	Full Name (Last, First, Middle Initial) Dr. Robert Mahanti		Date of Receipt
	Mailing Address 900 North San Francisco Street		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Flagstaff	AZ	86001
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5434
Name of Employer Robert Mahanti		Occupation Optomologist	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" value="250.00"/>
			Check

C.	Full Name (Last, First, Middle Initial) Dr. Dennis E. Manning		Date of Receipt
	Mailing Address 1000 Hollister Dr. Ste 300		<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Libertyville	IL	60048
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4834
Name of Employer Manning 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" 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 26 / 84
(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 S. Marshall

Mailing Address 201 Ridge St.

City State Zip Code
Council Bluffs IA 51503

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

Name of Employer Occupation
Marshall 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
1 2 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.5372

Amount of Each Receipt this Period
500.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Jeffery Lynn Martin

Mailing Address 6146 San Cristobal

City State Zip Code
Tucson AZ 85715

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

Name of Employer Occupation
Martin 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
1 2 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.5258

Amount of Each Receipt this Period
250.00

Check

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

Mailing Address 1201 Rocky Dell Ln.

City State Zip Code
Signal Mountain TN 37377

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

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

Transaction ID: SA11AI.4993

Amount of Each Receipt this Period
250.00

Credit Card

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

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

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

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

FOR LINE NUMBER: PAGE 27 / 84
(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. Bernard McDermott

Mailing Address 4208 Chesapeake St NW

City State Zip Code
Washington DC 20016

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

Name of Employer Retired Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 12 / 31 / 2009
Transaction ID: SA11AI.5410
 Amount of Each Receipt this Period: 500.00
 Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Bettie R. McKaig

Mailing Address 2425 Argyle Dr.

City State Zip Code
Raleigh NC 27609

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

Name of Employer McKaig Dental Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.4807
 Amount of Each Receipt this Period: 250.00
 Check

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

Mailing Address 3840 N. Woodridge Way

City State Zip Code
Flagstaff AZ 86004

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

Name of Employer Michael McLaughlin, DDS Occupation Business Manager

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 12 / 10 / 2009
Transaction ID: SA11AI.5175
 Amount of Each Receipt this Period: 1000.00
 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: PAGE 28 / 84
(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. Pete Mellas

Mailing Address 4910 E Greenway road 2

City State Zip Code
Scottsdale AZ 85254

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

Name of Employer Occupation
Mellas Dental Dentist

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

Date of Receipt
MM / DD / YYYY
12 / 29 / 2009

Transaction ID: SA11AI.5358

Amount of Each Receipt this Period
500.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Jade Miller

Mailing Address 4150 Longknife Rd

City State Zip Code
Reno NV 89519

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

Name of Employer Occupation
Miller Dental Dentist

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

Date of Receipt
MM / DD / YYYY
11 / 10 / 2009

Transaction ID: SA11AI.5044

Amount of Each Receipt this Period
250.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Dr. Anne L. Mitchell

Mailing Address 321 Dogwood Circle

City State Zip Code
Gadsden AL 35901

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

Name of Employer Occupation
Mitchell Dental Dentist

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

Date of Receipt
MM / DD / YYYY
10 / 17 / 2009

Transaction ID: SA11AI.4799

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 29 / 84
(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)
Robert L. Morrow

Mailing Address PO Box 70

City Walsh State CO Zip Code 81090

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

Name of Employer Walsh Dental Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period: 250.00

Check

Date of Receipt: 10 / 17 / 2009
Transaction ID: SA11AI.4853

B. 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 ▼

Amount of Each Receipt this Period: 1750.00

Credit Card

Date of Receipt: 10 / 01 / 2009
Transaction ID: SA11AI.4771

C. 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 ▼

Amount of Each Receipt this Period: 900.00

Credit Card

Date of Receipt: 12 / 31 / 2009
Transaction ID: SA11AI.5444

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 30 / 84
(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. Steve Nelson

Mailing Address 5650 S. Grape Ct.

City Greenwood Village State CO Zip Code 80121

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

Name of Employer Nelson Dental Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 11 / 01 / 2009
Transaction ID: SA11AI.4977
 Amount of Each Receipt this Period 500.00
 Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Steve Nelson

Mailing Address 5650 S. Grape Ct.

City Greenwood Village State CO Zip Code 80121

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

Name of Employer Nelson Dental Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 11 / 10 / 2009
Transaction ID: SA11AI.5068
 Amount of Each Receipt this Period 500.00
 Credit Card

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

Mailing Address 480 St. Marry's Blvd

City Greenbay State WI Zip Code 54301

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

Name of Employer Nelson Dental Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 11 / 05 / 2009
Transaction ID: SA11AI.4989
 Amount of Each Receipt this Period 250.00
 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 31 / 84 (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

<p>A. Full Name (Last, First, Middle Initial) Dr. Greg Ogata</p> <p>Mailing Address 22603 NE Inglewood Hill Rd</p> <p>City State Zip Code Sammamish WA 98074</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Ogata 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 <table border="1" style="width: 100%; text-align: center;"> <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>1</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Transaction ID: SA11AI.5225</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Credit Card</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		1	5		2	0	0	9												

<p>B. Full Name (Last, First, Middle Initial) Dr. Albert G. Orman</p> <p>Mailing Address 6160 Camina Arco</p> <p>City State Zip Code Tucson AZ 85718</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Orman 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 <table border="1" style="width: 100%; text-align: center;"> <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>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p>Transaction ID: SA11AI.5389</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Check</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		3	1		2	0	0	9												

<p>C. Full Name (Last, First, Middle Initial) Dr. Robert J. Oro</p> <p>Mailing Address 10260 N. Camino Valdeflores</p> <p>City State Zip Code Tucson AZ 85737</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Oro 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 <table border="1" style="width: 100%; text-align: center;"> <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>1</td><td>2</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> </p> <p>Transaction ID: SA11AI.5246</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Check</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	0		2	0	0	9												

<p>SUBTOTAL of Receipts This Page (optional)</p>	<table border="1" style="width: 100%;"> <tr> <td style="text-align: right;">750.00</td> </tr> </table>	750.00
750.00		
<p>TOTAL This Period (last page this line number only)</p>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td> </td> </tr> </table>	

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

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

FOR LINE NUMBER: PAGE 32 / 84

(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. M. Parker

Mailing Address 333 Sunstone Dr

City State Zip Code
Cary TX 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) ▼ 250.00

Date of Receipt

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

Transaction ID: SA11AI.5094

Amount of Each Receipt this Period

250.00

Credit Card

B.

Full Name (Last, First, Middle Initial)
Dr. Oscar M. Pena

Mailing Address 1605 E. River Road

City State Zip Code
Tucson AZ 85718

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

Name of Employer Occupation
Pena 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
1 2 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.5239

Amount of Each Receipt this Period

250.00

Check

C.

Full Name (Last, First, Middle Initial)
Dr. Timothy J. Pieper

Mailing Address 112 Holly Dr.

City State Zip Code
Torrington WY 82240

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

Name of Employer Occupation
Pieper 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
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.5538

Amount of Each Receipt this Period

500.00

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 33 / 84

(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. Anne F. Plage

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
Plage 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
1 0 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.4812

Amount of Each Receipt this Period

250.00

Check

B.

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) ▼ 1650.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.4891

Amount of Each Receipt this Period

380.32

In-kind - ADA Fundraiser
HI

C.

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) ▼ 2054.14

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.6650

Amount of Each Receipt this Period

404.14

In-kind - ADA Fundraiser
HI

SUBTOTAL of Receipts This Page (optional) ▶

1034.46

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

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

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

FOR LINE NUMBER: PAGE 34 / 84
(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) ▼ 2804.14

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

Transaction ID: SA11AI.5371

Amount of Each Receipt this Period
750.00

Credit Card

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

Mailing Address 16276 E Rosetta Drive #59

City State Zip Code
Fountain Hills AZ 85268

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

Name of Employer Occupation
Retired Retired

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
1 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.5351

Amount of Each Receipt this Period
250.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Mittida Raksanaves

Mailing Address 6761 Placita Manzanita

City State Zip Code
Tucson AZ 85718

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

Name of Employer Occupation
Unknown Unknown

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

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

Transaction ID: SA11AI.5233

Amount of Each Receipt this Period
250.00

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 35 / 84
(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. 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
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.5442

Amount of Each Receipt this Period
200.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Douglas S. Rawls

Mailing Address 704 S. Main

City State Zip Code
Summerville SC 29483

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

Name of Employer Occupation
Rawls 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
1 0 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.4795

Amount of Each Receipt this Period
250.00

Check

C. Full Name (Last, First, Middle Initial)
Dr. Jessica Robertson

Mailing Address 1110 W Beal Rd

City State Zip Code
Flagstaff AZ 86001

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

Name of Employer Occupation
Around The Mountain Pediatric Dentist

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

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

Transaction ID: SA11AI.5289

Amount of Each Receipt this Period
2400.00

Credit Card

SUBTOTAL of Receipts This Page (optional) ► **2850.00**

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

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

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

FOR LINE NUMBER: PAGE 36 / 84
(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. Clyde M. Robinson

Mailing Address 2330 N. Rosemont

City State Zip Code
Tucson AZ 85712

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

Name of Employer Occupation
Robinson 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
1 2 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.5254

Amount of Each Receipt this Period
250.00

Check

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

Mailing Address 11039 E. HARRIS HAWK TRAIL

City State Zip Code
SCOTTSDALE AZ 85262

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

Name of Employer Occupation
RETIRED DENTIST

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

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

Transaction ID: SA11AI.4917

Amount of Each Receipt this Period
712.67

In-kind - Montana Fundraiser

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

Mailing Address 11039 E. HARRIS HAWK TRAIL

City State Zip Code
SCOTTSDALE AZ 85262

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

Name of Employer Occupation
RETIRED DENTIST

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

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

Transaction ID: SA11AI.5026

Amount of Each Receipt this Period
14.69

In-kind - Travel

SUBTOTAL of Receipts This Page (optional) ► **977.36**

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

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

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

FOR LINE NUMBER: PAGE 37 / 84
(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)
ROBERT WADE ROBINSON, II

Mailing Address 11039 E. HARRIS HAWK TRAIL

City State Zip Code
SCOTTSDALE AZ 85262

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

Name of Employer Occupation
RETIRED DENTIST

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

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 16 / 2009

Transaction ID: SA11AI.5112

Amount of Each Receipt this Period
5.89

In-kind - Washington DC

744.15

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

Mailing Address 11039 E. HARRIS HAWK TRAIL

City State Zip Code
SCOTTSDALE AZ 85262

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

Name of Employer Occupation
RETIRED DENTIST

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

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 19 / 2009

Transaction ID: SA11AI.5114

Amount of Each Receipt this Period
6.55

In-kind - Washington DC

750.70

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 Occupation
Roda & Sluyk Dentist

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

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 30 / 2009

Transaction ID: SA11AI.4910

Amount of Each Receipt this Period
400.00

Credit Card

1200.00

SUBTOTAL of Receipts This Page (optional) ► **412.44**

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 38 / 84
(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 S. Roda</p> <p>Mailing Address 7054 E Cochise Road</p> <p>City State Zip Code Scottsdale AZ 85253</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Roda & Sluyk 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 ▼ 1600.00</p>	<p>Date of Receipt MM / DD / YYYY 11 / 28 / 2009</p> <p>Transaction ID: SA11AI.5148</p> <p>Amount of Each Receipt this Period 400.00</p> <p>Credit Card</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Dr. Robert S. Roda</p> <p>Mailing Address 7054 E Cochise Road</p> <p>City State Zip Code Scottsdale AZ 85253</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Roda & Sluyk 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 ▼ 2000.00</p>	<p>Date of Receipt MM / DD / YYYY 12 / 28 / 2009</p> <p>Transaction ID: SA11AI.5355</p> <p>Amount of Each Receipt this Period 400.00</p> <p>Credit Card</p>
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<p>C. Full Name (Last, First, Middle Initial) Mr. Jason D. Rose</p> <p>Mailing Address 7044 N Hillside Dr.</p> <p>City State Zip Code Paradise Valley AZ 85253</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Rose & Allyn Occupation Consultant</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 MM / DD / YYYY 10 / 26 / 2009</p> <p>Transaction ID: SA11AI.4863</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Check</p>
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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 39 / 84
(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. Jason D. Rose

Mailing Address 7044 N Hillside Dr.

City State Zip Code
Paradise Valley AZ 85253

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

Name of Employer Occupation
Rose & Allyn Consultant

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

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

Transaction ID: SA11AI.5385

Amount of Each Receipt this Period
500.00

Check

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

Mailing Address 8530 N Pleasant Valley Road

City State Zip Code
Flagstaff AZ 86004

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

Name of Employer Occupation
Unknown Unknown

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.5077

Amount of Each Receipt this Period
2400.00

Check

C. Full Name (Last, First, Middle Initial)
Karen Scarpella

Mailing Address 4182 WCR 27

City State Zip Code
Ft. Lupton CO 80621

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

Name of Employer Occupation
Unknown Unknown

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

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

Transaction ID: SA11AI.4902

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 40 / 84
(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. Thomas J. Schripsema
Mailing Address 11416 Brussels Ave. NE

City State Zip Code
Albuquerque NM 87111

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

Name of Employer Schripsema Dental Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 9
Transaction ID: SA11AI.4797
Amount of Each Receipt this Period 250.00
Check

B. 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 Shanahan Dental Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9
Transaction ID: SA11AI.4912
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 Shanahan Dental Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 3 0 / 2 0 0 9
Transaction ID: SA11AI.5380
Amount of Each Receipt this Period 500.00
Credit Card

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 84
(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. Denis Simon

Mailing Address 9804 B Bluebonnet Blvd

City State Zip Code
Baton Rouge LA 70810

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

Name of Employer Occupation
Simon 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
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.5422

Amount of Each Receipt this Period
250.00

Credit Card

B. 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 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

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

Transaction ID: SA11AI.5245

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 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

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

Transaction ID: SA11AI.5443

Amount of Each Receipt this Period
150.00

Credit Card

SUBTOTAL of Receipts This Page (optional) ► **650.00**

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 42 / 84
(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. Hank Singley

Mailing Address 1927- 23rd Ave.

City State Zip Code
Meridan MS 39301

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

Name of Employer Singley Dental Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period
250.00

Check

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.4805

B.

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

Mailing Address 2002 Taneytown Road

City State Zip Code
Gettysburg PA 17325

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

Name of Employer Soliday Dental Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period
1000.00

Check

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.4847

C.

Full Name (Last, First, Middle Initial)
Mrs. Madena A. Stewart

Mailing Address 6161 N 59th Place

City State Zip Code
Paradise Valley AZ 85253

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

Name of Employer None Occupation Unknown

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period
2400.00

Check

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

Transaction ID: SA11AI.4900

SUBTOTAL of Receipts This Page (optional) ► **3650.00**

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 43 / 84
(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. Thomas J. Stewart

Mailing Address 6161 N 59th Place

City State Zip Code
Paradise Valley AZ 85253

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

Name of Employer Occupation
Service Group of America President

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

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

Transaction ID: SA11AI.4898

Amount of Each Receipt this Period
2400.00

Check

B.

Full Name (Last, First, Middle Initial)
Zack Studstill

Mailing Address 501 Arrowhead Drive

City State Zip Code
Montgomery AL 36117

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

Name of Employer Occupation
Studstill 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
1 2 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.5466

Amount of Each Receipt this Period
500.00

Check

C.

Full Name (Last, First, Middle Initial)
Dr. Thomas E. Sullivan

Mailing Address 9840 Dickens St.

City State Zip Code
Westchester IL 60154

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

Name of Employer Occupation
Sullivan 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
1 0 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.4894

Amount of Each Receipt this Period
500.00

Credit Card

SUBTOTAL of Receipts This Page (optional) ► **3400.00**

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 44 / 84
(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. Carol Summerhays

Mailing Address 6635 Flanders Drive Suite E

City State Zip Code
San Diego CA 92121

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

Name of Employer Summerhays 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
1 1 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.5096

Amount of Each Receipt this Period
500.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Raymund M. Tanaka

Mailing Address 411 E Brook Hollow Dr

City State Zip Code
Phoenix AZ 85022

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

Name of Employer Tanaka Dental Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1600.00

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

Transaction ID: SA11AI.5149

Amount of Each Receipt this Period
800.00

Credit Card

C. Full Name (Last, First, Middle Initial)
Dr. Raymund M. Tanaka

Mailing Address 411 E Brook Hollow Dr

City State Zip Code
Phoenix AZ 85022

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

Name of Employer Tanaka Dental Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

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

Transaction ID: SA11AI.5215

Amount of Each Receipt this Period
800.00

Credit Card

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 84
(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. Scott L. Theurer

Mailing Address 1340 N. 600 E Ste. 1

City Logan State UT Zip Code 84341

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

Name of Employer Theurer Dental Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 12 / 31 / 2009
Transaction ID: SA11AI.5468
 Amount of Each Receipt this Period 250.00
 Check

B. Full Name (Last, First, Middle Initial)
Dr. Bart Thompson

Mailing Address 7110 E. McDonald Ste A-3

City Scottsdale State AZ Zip Code 85253

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

Name of Employer Thompson Dental Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 12 / 30 / 2009
Transaction ID: SA11AI.5378
 Amount of Each Receipt this Period 250.00
 Credit Card

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

Mailing Address 6223 E Everett Drive

City Scottsdale State AZ Zip Code 85254

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

Name of Employer Thompson Dental Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 10 / 30 / 2009
Transaction ID: SA11AI.4911
 Amount of Each Receipt this Period 100.00
 Credit Card

SUBTOTAL of Receipts This Page (optional) ► 600.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 84
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A.

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

Mailing Address 6223 E Everett Drive

City State Zip Code
Scottsdale AZ 85254

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

Name of Employer Occupation
Thompson Dental Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	0	/	2	0	0	9

Transaction ID: SA11AI.5375

Amount of Each Receipt this Period
200.00

Credit Card

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 ▼
500.00

Date of Receipt

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

Transaction ID: SA11AI.4814

Amount of Each Receipt this Period
250.00

Check

C.

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

Mailing Address 724 Druid Hills Rd.

City State Zip Code
Tampa FL 33617

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

Name of Employer Occupation
Dept of Veterans Affairs 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
1	2	/	0	1	/	2	0	0	9

Transaction ID: SA11AI.5152

Amount of Each Receipt this Period
200.00

Credit Card

SUBTOTAL of Receipts This Page (optional) ► **650.00**

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 47 / 84
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

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

Mailing Address 724 Druid Hills Rd.

City Tampa State FL Zip Code 33617

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

Name of Employer Dept of Veterans Affairs Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt 12 / 30 / 2009
Transaction ID: SA11AI.5370
 Amount of Each Receipt this Period 200.00
 Credit Card

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

Mailing Address 4040 Morsay Drive

City Rockford State IL Zip Code 61107

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

Name of Employer Tuneberg Dental Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt 10 / 17 / 2009
Transaction ID: SA11AI.4829
 Amount of Each Receipt this Period 1000.00
 Check

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

Mailing Address 1580 Makaloa St. #560

City Honolulu State HI Zip Code 96814

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

Name of Employer Umeda Dental Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 11 / 08 / 2009
Transaction ID: SA11AI.5016
 Amount of Each Receipt this Period 300.00
 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 48 / 84
(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)
Thomas Van Flein
Mailing Address PO Box 102359
City Anchorage State AK Zip Code 99510
FEC ID number of contributing federal political committee. **C**
Name of Employer Clapp Peterson Occupation Attorney
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00
Date of Receipt 12 / 31 / 2009
Transaction ID: SA11AI.5445
Amount of Each Receipt this Period 1000.00
Credit Card

B. Full Name (Last, First, Middle Initial)
Thomas Van Flein
Mailing Address PO Box 102359
City Anchorage State AK Zip Code 99510
FEC ID number of contributing federal political committee. **C**
Name of Employer Clapp Peterson Occupation Attorney
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 1850.00
Date of Receipt 12 / 31 / 2009
Transaction ID: SA11AI.5471
Amount of Each Receipt this Period 850.00
In-kind - Airline Ticket

C. Full Name (Last, First, Middle Initial)
Thomas Van Flein
Mailing Address PO Box 102359
City Anchorage State AK Zip Code 99510
FEC ID number of contributing federal political committee. **C**
Name of Employer Clapp Peterson Occupation Attorney
Receipt For: 2010
 Primary General
 Other (specify) ▼ Election Cycle-to-Date ▼ 3350.00
Date of Receipt 12 / 31 / 2009
Transaction ID: SA11AI.5473
Amount of Each Receipt this Period 1500.00
In-kind - Legal

SUBTOTAL of Receipts This Page (optional) ► 3350.00
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 49 / 84
(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. Ronald Veto

Mailing Address 2700 E. Fry Blvd., B3

City State Zip Code
Sierra Vista AZ 85635

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

Name of Employer High Desert Dentistry Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: SA11AI.5424

Amount of Each Receipt this Period
250.00

Credit Card

B.

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

Mailing Address 3600 S. 40th St.

City State Zip Code
Lincoln NE 68506

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

Name of Employer Vigna Dental Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.4819

Amount of Each Receipt this Period
500.00

Check

C.

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

Mailing Address 7019 McBride Pt

City State Zip Code
Tallahassee FL 32312

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

Name of Employer Walton Dental Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

Transaction ID: SA11AI.5405

Amount of Each Receipt this Period
250.00

Credit Card

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 50 / 84
(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. Russell I Webb

Mailing Address 1058 Truchard Lane

City Lincoln State CA Zip Code 95648

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

Name of Employer Webb Dental Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt 10 / 17 / 2009
Transaction ID: SA11AI.4811
 Amount of Each Receipt this Period 250.00
 Check

B. Full Name (Last, First, Middle Initial)
Dr. Richard I. Weiss

Mailing Address 3921 E Coronado Drive

City Tucson State AZ Zip Code 85718

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

Name of Employer Weiss Dental Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 10 / 26 / 2009
Transaction ID: SA11AI.4867
 Amount of Each Receipt this Period 250.00
 Check

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

Mailing Address 2510 Applegate Road

City Bethel Park State PA Zip Code 15102

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

Name of Employer Wells Dental Occupation Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt 10 / 17 / 2009
Transaction ID: SA11AI.4838
 Amount of Each Receipt this Period 250.00
 Check

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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

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

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

FOR LINE NUMBER: PAGE 51 / 84
(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)
Mrs. Barbara Wirth

Mailing Address 344 E Hope St

City State Zip Code
Meas AZ 85201

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

Name of Employer Occupation
Homemaker Homemaker

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

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 11 / 2009

Transaction ID: SA11AI.5079

Amount of Each Receipt this Period
250.00

Credit Card

B. Full Name (Last, First, Middle Initial)
Dr. Gary Yonemoto

Mailing Address 1105 Ward Ave., #1015

City State Zip Code
Honolulu HI 96814

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

Name of Employer Occupation
Yonemoto 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
11 / 01 / 2009

Transaction ID: SA11AI.4975

Amount of Each Receipt this Period
500.00

Credit Card

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

Mailing Address 1105 Ward Ave., #1015

City State Zip Code
Honolulu HI 96814

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

Name of Employer Occupation
Yonemoto 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
11 / 11 / 2009

Transaction ID: SA11AI.5081

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 52 / 84
(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. Dennis J. Zent

Mailing Address 3030 N. Bay View

City State Zip Code
Angola IN 46703

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

Name of Employer Occupation
Zent Dental Dentist

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.4803

Amount of Each Receipt this Period
250.00

Check

250.00

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	65701.95

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

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

FOR LINE NUMBER: PAGE 53 / 84
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

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

Mailing Address 401 N. Lindbergh Blvd

City State Zip Code
St. Louis MO 63141

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

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

Transaction ID: SA11C.5346

Amount of Each Receipt this Period
5000.00

Check

B. 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 ▼
10000.00

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

Transaction ID: SA11C.5348

Amount of Each Receipt this Period
5000.00

Check

C. Full Name (Last, First, Middle Initial)
SAWTOOTH POLITICAL ACTION COMMITTEE (SAWTOOTH PAC)

Mailing Address PO BOX 65636

City State Zip Code
WASHINGTON DC 20035

FEC ID number of contributing federal political committee. **C** C00461996

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
1 2 / 2 3 / 2 0 0 9

Transaction ID: SA11C.5350

Amount of Each Receipt this Period
2000.00

Check

SUBTOTAL of Receipts This Page (optional) ► **12000.00**

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 54 / 84
(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)
SERVICES GROUP OF AMERICA POLITICAL ACTION COMMITTEE (SGA PAC)
Mailing Address PO BOX 25169

City State Zip Code
SCOTTSDALE AZ 85255

FEC ID number of contributing federal political committee. **C** C00224618

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
1	2	/	3	1	/	2	0	0	9

Transaction ID: SA11C.5427
 Amount of Each Receipt this Period
 5000.00
 Check

B. Full Name (Last, First, Middle Initial)
SERVICES GROUP OF AMERICA POLITICAL ACTION COMMITTEE (SGA PAC)
Mailing Address PO BOX 25169

City State Zip Code
SCOTTSDALE AZ 85255

FEC ID number of contributing federal political committee. **C** C00224618

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: SA11C.5429
 Amount of Each Receipt this Period
 5000.00
 Check

SUBTOTAL of Receipts This Page (optional)	▶	10000.00
TOTAL This Period (last page this line number only)	▶	22000.00

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

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

FOR LINE NUMBER: PAGE 55 / 84
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PAUL ANTHONY ANTHONY GOSAR
Mailing Address 7485 RAIN VALLEY RD

City State Zip Code
FLAGSTAFF AZ 86004

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

Name of Employer SELF Occupation DENTIST

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 9266.95

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 1 4 / 2 0 0 9
Transaction ID: SA11D.4944
 Amount of Each Receipt this Period 28.58
 In-kind - gas Casa Grande Merchant Showcase

B. Full Name (Last, First, Middle Initial)
PAUL ANTHONY ANTHONY GOSAR
Mailing Address 7485 RAIN VALLEY RD

City State Zip Code
FLAGSTAFF AZ 86004

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

Name of Employer SELF Occupation DENTIST

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 9286.95

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 0 / 2 6 / 2 0 0 9
Transaction ID: SA11D.4869
 Amount of Each Receipt this Period 20.00
 Check

C. Full Name (Last, First, Middle Initial)
PAUL ANTHONY ANTHONY GOSAR
Mailing Address 7485 RAIN VALLEY RD

City State Zip Code
FLAGSTAFF AZ 86004

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

Name of Employer SELF Occupation DENTIST

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 10286.95

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 3 1 / 2 0 0 9
Transaction ID: SA11D.5437
 Amount of Each Receipt this Period 1000.00
 Check

SUBTOTAL of Receipts This Page (optional) ► **1048.58**

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 56 / 84
	(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"/> 11d
		<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) PAUL ANTHONY ANTHONY GOSAR	Date of Receipt
	Mailing Address 7485 RAIN VALLEY RD	<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City State Zip Code FLAGSTAFF AZ 86004	Transaction ID: SA11D.7140
	FEC ID number of contributing federal political committee. <input type="text" value="C H0AZ01259"/>	Amount of Each Receipt this Period <input type="text" value="4454.27"/>
	Name of Employer Occupation SELF DENTIST	In-kind - Fuel, Travel, Telephone
	Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="4454.27"/>
TOTAL This Period (last page this line number only)	<input type="text" value="5502.85"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 84
(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)
Best Buy

Mailing Address 7601 Penn Avenue South

City State Zip Code
Richfield MN 55423

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1353.74

Date of Receipt
MM / DD / YYYY
11 / 10 / 2009

Transaction ID: SA14.5100

Amount of Each Receipt this Period
1353.74

Camera & Accessories

SUBTOTAL of Receipts This Page (optional)	▶	1353.74
TOTAL This Period (last page this line number only)	▶	1353.74

**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

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)

Apple Store

Mailing Address 15169 North Scottsdale Road

City State Zip Code
Scottsdale AZ 85254

Purpose of Disbursement

Cell Phone

001
Category/
Type

Candidate Name
PAUL GOSAR FOR CONGRESS

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: AZ District: 01

Transaction ID: SB17.4881

Date of Disbursement

10 / 10 / 2009

Amount of Each Disbursement this Period

483.42

B.

Full Name (Last, First, Middle Initial)

Apple Store

Mailing Address 15169 North Scottsdale Road

City State Zip Code
Scottsdale AZ 85254

Purpose of Disbursement

Return Cell Phone Accessory

001
Category/
Type

Candidate Name
PAUL GOSAR FOR CONGRESS

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: AZ District: 01

Transaction ID: SB17.4880

Date of Disbursement

10 / 13 / 2009

Amount of Each Disbursement this Period

-31.31

C.

Full Name (Last, First, Middle Initial)

AT&T

Mailing Address 175 E. Houston St.

City State Zip Code
San Antonio TX 78205

Purpose of Disbursement

Telephone

001
Category/
Type

Candidate Name
PAUL GOSAR FOR CONGRESS

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: AZ District: 01

Transaction ID: SB17.5012

Date of Disbursement

10 / 22 / 2009

Amount of Each Disbursement this Period

318.43

SUBTOTAL of Disbursements This Page (optional) ▶

770.54

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) AT&T	Transaction ID: SB17.4919 Date of Disbursement 10 / 30 / 2009
	Mailing Address 175 E. Houston St.	Amount of Each Disbursement this Period 172.86
	City San Antonio State TX Zip Code 78205	
	Purpose of Disbursement Telephone Candidate Name PAUL GOSAR FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01	001 Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: SB17.4921 Date of Disbursement 10 / 30 / 2009
	Mailing Address 175 E. Houston St.	Amount of Each Disbursement this Period 190.97
	City San Antonio State TX Zip Code 78205	
	Purpose of Disbursement Telephone Candidate Name PAUL GOSAR FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01	001 Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: SB17.4922 Date of Disbursement 10 / 30 / 2009
	Mailing Address 175 E. Houston St.	Amount of Each Disbursement this Period 177.74
	City San Antonio State TX Zip Code 78205	
	Purpose of Disbursement Telephone Candidate Name PAUL GOSAR FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01	001 Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

541.57

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: SB17.4923 Date of Disbursement 10 / 30 / 2009
	Mailing Address 175 E. Houston St.	Amount of Each Disbursement this Period 156.53
	City San Antonio State TX Zip Code 78205	
	Purpose of Disbursement Telephone Candidate Name PAUL GOSAR FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01	001 Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: SB17.5013 Date of Disbursement 11 / 23 / 2009
	Mailing Address 175 E. Houston St.	Amount of Each Disbursement this Period 219.17
	City San Antonio State TX Zip Code 78205	
	Purpose of Disbursement Telephone Candidate Name PAUL GOSAR FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01	001 Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: SB17.5464 Date of Disbursement 12 / 24 / 2009
	Mailing Address 175 E. Houston St.	Amount of Each Disbursement this Period 206.42
	City San Antonio State TX Zip Code 78205	
	Purpose of Disbursement Telephone Candidate Name PAUL GOSAR FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01	001 Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

582.12

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) Authorize.net Corp. <hr/> Mailing Address 915 South 500 East, Suite 200 <hr/> City American Fork State UT Zip Code 84003 <hr/> Purpose of Disbursement Credit Card Fees Candidate Name PAUL GOSAR FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5106 Date of Disbursement 11 / 12 / 2009 <hr/> Amount of Each Disbursement this Period 29.49
	Category/Type 003
B. Full Name (Last, First, Middle Initial) Authorize.net Corp. <hr/> Mailing Address 915 South 500 East, Suite 200 <hr/> City American Fork State UT Zip Code 84003 <hr/> Purpose of Disbursement Credit Card Fees Candidate Name PAUL GOSAR FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5107 Date of Disbursement 11 / 12 / 2009 <hr/> Amount of Each Disbursement this Period 3.48
	Category/Type 003
C. Full Name (Last, First, Middle Initial) Authorize.net Corp. <hr/> Mailing Address 915 South 500 East, Suite 200 <hr/> City American Fork State UT Zip Code 84003 <hr/> Purpose of Disbursement Credit Card Fees Candidate Name PAUL GOSAR FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5303 Date of Disbursement 12 / 02 / 2009 <hr/> Amount of Each Disbursement this Period 60.55
	Category/Type 003

SUBTOTAL of Disbursements This Page (optional) ▶

93.52

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)
Authorize.net Corp.

Transaction ID: SB17.5304
Date of Disbursement

Mailing Address 915 South 500 East, Suite 200

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

City State Zip Code
American Fork UT 84003

Amount of Each Disbursement this Period

101.82

Purpose of Disbursement
Credit Card Fees

003

Category/
Type

Candidate Name
PAUL GOSAR FOR CONGRESS

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

B.

Full Name (Last, First, Middle Initial)
Authorize.net Corp.

Transaction ID: SB17.5306
Date of Disbursement

Mailing Address 915 South 500 East, Suite 200

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

City State Zip Code
American Fork UT 84003

Amount of Each Disbursement this Period

207.14

Purpose of Disbursement
Credit Card Fees

003

Category/
Type

Candidate Name
PAUL GOSAR FOR CONGRESS

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

C.

Full Name (Last, First, Middle Initial)
Authorize.net Corp.

Transaction ID: SB17.5307
Date of Disbursement

Mailing Address 915 South 500 East, Suite 200

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

City State Zip Code
American Fork UT 84003

Amount of Each Disbursement this Period

47.75

Purpose of Disbursement
Credit Card Fees

003

Category/
Type

Candidate Name
PAUL GOSAR FOR CONGRESS

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

SUBTOTAL of Disbursements This Page (optional)

356.71

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) Authorize.net Corp. <hr/> Mailing Address 915 South 500 East, Suite 200 <hr/> City American Fork State UT Zip Code 84003 <hr/> Purpose of Disbursement Credit Card Fees Candidate Name PAUL GOSAR FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5308 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 9
	Amount of Each Disbursement this Period 21.00
	Category/ Type 003
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Best Buy <hr/> Mailing Address 7601 Penn Avenue South <hr/> City Richfield State MN Zip Code 55423 <hr/> Purpose of Disbursement Telephone Accessories Candidate Name PAUL GOSAR FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4884 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 0 / 2 0 0 9
	Amount of Each Disbursement this Period 257.95
	Category/ Type 001
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Best Buy <hr/> Mailing Address 7601 Penn Avenue South <hr/> City Richfield State MN Zip Code 55423 <hr/> Purpose of Disbursement Telephone Accessories Candidate Name PAUL GOSAR FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4888 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 1 2 / 2 0 0 9
	Amount of Each Disbursement this Period 194.28
	Category/ Type 001
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

473.23

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) Best Buy <hr/> Mailing Address 7601 Penn Avenue South <hr/> City Richfield State MN Zip Code 55423 <hr/> Purpose of Disbursement Camera & Accessories Candidate Name PAUL GOSAR FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5098 Date of Disbursement 10 / 21 / 2009
	Amount of Each Disbursement this Period 1407.86
	Category/ Type 004
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Complete Campaigns <hr/> Mailing Address 3635 Ruffin Road, 3rd Floor <hr/> City San Diego State CA Zip Code 92123 <hr/> Purpose of Disbursement Credit Card Fee Candidate Name PAUL GOSAR FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4772 Date of Disbursement 10 / 01 / 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. Full Name (Last, First, Middle Initial) Complete Campaigns <hr/> Mailing Address 3635 Ruffin Road, 3rd Floor <hr/> City San Diego State CA Zip Code 92123 <hr/> Purpose of Disbursement Credit Card Fee Candidate Name PAUL GOSAR FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4775 Date of Disbursement 10 / 01 / 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) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1432.86

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: SB17.4778</p> <p>Date of Disbursement 10 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 12.50</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: SB17.4781</p> <p>Date of Disbursement 10 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 12.50</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: SB17.4784</p> <p>Date of Disbursement 10 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 25.00</p> <p>Category/Type 003</p>

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)

PAGE 66 / 84

<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.	Transaction ID: SB17.4871 Date of Disbursement 10 / 23 / 2009
	Mailing Address One Dell Way Mail Stop 8129	Amount of Each Disbursement this Period 242.98
	City Round Rock State TX Zip Code 78682	
	Purpose of Disbursement Windows 7 Upgrade	001 Category/ Type
	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.	Full Name (Last, First, Middle Initial) Donovan House	Transaction ID: SB17.5135 Date of Disbursement 11 / 19 / 2009
	Mailing Address 1155 14th Street NW	Amount of Each Disbursement this Period 1299.74
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Washington DC Travel	002 Category/ Type
	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.	Full Name (Last, First, Middle Initial) Dr. Don's Button's	Transaction ID: SB17.5006 Date of Disbursement 10 / 09 / 2009
	Mailing Address 3906 W. Morrow Drive	Amount of Each Disbursement this Period 270.70
	City Glendale State AZ Zip Code 85308	
	Purpose of Disbursement Fundraising Material	003 Category/ Type
	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	

SUBTOTAL of Disbursements This Page (optional) ▶

1813.42

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) 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 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: SB17.5111 Date of Disbursement 11 / 29 / 2009	Amount of Each Disbursement this Period 900.00
B.	Full Name (Last, First, Middle Initial) PAUL ANTHONY ANTHONY GOSAR Mailing Address 7485 RAIN VALLEY RD City FLAGSTAFF State AZ Zip Code 86004 Purpose of Disbursement In-kind - gas Casa Grande Merchant Showcase Candidate Name 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: SB17.4945 Date of Disbursement 10 / 14 / 2009	Amount of Each Disbursement this Period 28.58
C.	Full Name (Last, First, Middle Initial) PAUL ANTHONY ANTHONY GOSAR Mailing Address 7485 RAIN VALLEY RD City FLAGSTAFF State AZ Zip Code 86004 Purpose of Disbursement In-kind - Fuel, Travel, Telephone Candidate Name 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: SB17.7141 Date of Disbursement 12 / 31 / 2009	Amount of Each Disbursement this Period 4454.27

SUBTOTAL of Disbursements This Page (optional) ▶

5382.85

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) Hawaiian Airlines Mailing Address 3375 Koapaka Street, G-350 City Honolulu State HI Zip Code 96819 Purpose of Disbursement Flight HI ADA 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: SB17.4924 Date of Disbursement 10 / 30 / 2009 Amount of Each Disbursement this Period 411.87 002 Category/ Type
B.	Full Name (Last, First, Middle Initial) Hawaiian Airlines Mailing Address 3375 Koapaka Street, G-350 City Honolulu State HI Zip Code 96819 Purpose of Disbursement Extra Bag HI ADA 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: SB17.4926 Date of Disbursement 10 / 30 / 2009 Amount of Each Disbursement this Period 15.00 002 Category/ Type
C.	Full Name (Last, First, Middle Initial) Hawaiian Airlines Mailing Address 3375 Koapaka Street, G-350 City Honolulu State HI Zip Code 96819 Purpose of Disbursement Extra Bag HI ADA 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: SB17.4927 Date of Disbursement 10 / 30 / 2009 Amount of Each Disbursement this Period 15.00 002 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	441.87
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. Full Name (Last, First, Middle Initial) Hertz <hr/> Mailing Address 225 Brae Blvd <hr/> City Park Ridge State NJ Zip Code 07656 <hr/> Purpose of Disbursement ADA HI Fundraiser Candidate Name PAUL GOSAR FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4928 Date of Disbursement 10 / 30 / 2009
	Amount of Each Disbursement this Period 416.23
	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) Hyatt Hotels <hr/> Mailing Address 9805 Q Street <hr/> City Omaha State NE Zip Code 68127 <hr/> Purpose of Disbursement Travel Candidate Name PAUL GOSAR FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5145 Date of Disbursement 11 / 15 / 2009
	Amount of Each Disbursement this Period 215.69
	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) Integrated Web Strategy <hr/> Mailing Address 206 East Morris <hr/> City Phoenix State AZ Zip Code 85012 <hr/> Purpose of Disbursement Consulting Services Candidate Name PAUL GOSAR FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.4873 Date of Disbursement 10 / 28 / 2009
	Amount of Each Disbursement this Period 4500.00
	Category/Type 001
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5131.92

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) Integrated Web Strategy</p> <p>Mailing Address 206 East Morris</p> <p>City Phoenix State AZ Zip Code 85012</p> <p>Purpose of Disbursement Consulting</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: SB17.4956</p> <p>Date of Disbursement 11 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>Category/Type 001</p>
<p>B. Full Name (Last, First, Middle Initial) Jenanne Ismael</p> <p>Mailing Address 6051 N Paseo Valdear</p> <p>City Tucson State AZ Zip Code 85750</p> <p>Purpose of Disbursement In-kind - Fundraiser Costs</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: SB17.5477</p> <p>Date of Disbursement 12 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 1327.69</p> <p>Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) J.P. Twist</p> <p>Mailing Address 2843 E. Sherran Lane #2</p> <p>City Phoenix State AZ Zip Code 85016</p> <p>Purpose of Disbursement Consulting</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: SB17.4984</p> <p>Date of Disbursement 11 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>Category/Type 001</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5827.69

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) J.P. Twist <hr/> Mailing Address 2843 E. Sherran Lane #2 <hr/> City Phoenix State AZ Zip Code 85016 <hr/> Purpose of Disbursement Consultant Candidate Name PAUL GOSAR FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5069 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 3 / 2 0 0 9
	Amount of Each Disbursement this Period 1500.00
	Category/ Type 001
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) J.P. Twist <hr/> Mailing Address 2843 E. Sherran Lane #2 <hr/> City Phoenix State AZ Zip Code 85016 <hr/> Purpose of Disbursement Consulting Candidate Name PAUL GOSAR FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5151 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 3 / 2 0 0 9
	Amount of Each Disbursement this Period 1500.00
	Category/ Type 001
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) PinPros <hr/> Mailing Address 78 S. Fairfield Road - 127 <hr/> City Layton State UT Zip Code 84041 <hr/> Purpose of Disbursement Fundraising Materials Candidate Name PAUL GOSAR FOR CONGRESS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5005 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 0 2 / 2 0 0 9
	Amount of Each Disbursement this Period 600.00
	Category/ Type 003
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3600.00

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. Full Name (Last, First, Middle Initial) PinPros</p> <p>Mailing Address 78 S. Fairfield Road - 127</p> <p>City Layton State UT Zip Code 84041</p> <p>Purpose of Disbursement Fundraising Pins</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: SB17.4876</p> <p>Date of Disbursement 10 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 591.00</p> <p>003 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Postmaster</p> <p>Mailing Address 475 L'Enfant Plaza, SW</p> <p>City Washington State DC Zip Code 20260</p> <p>Purpose of Disbursement Stamps</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: SB17.5165</p> <p>Date of Disbursement 12 / 07 / 2009</p> <p>Amount of Each Disbursement this Period 700.00</p> <p>003 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Postmaster</p> <p>Mailing Address 475 L'Enfant Plaza, SW</p> <p>City Washington State DC Zip Code 20260</p> <p>Purpose of Disbursement Postage</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: SB17.5227</p> <p>Date of Disbursement 12 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 125.00</p> <p>003 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1416.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Dr. W. Brian Powley	Transaction ID: SB17.4893 Date of Disbursement																			
	Mailing Address 5212 E Larkspur Drive	<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>1</td><td>0</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	1	0		2	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	8		2	0	0	9												
	City State Zip Code Scottsdale AZ 85254	Amount of Each Disbursement this Period																			
	Purpose of Disbursement In-kind - ADA Fundraiser HI	<table border="1"><tr><td>380.32</td></tr></table>	380.32																		
380.32																					
	Candidate Name	Category/Type																			
	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:																				

B.	Full Name (Last, First, Middle Initial) Dr. W. Brian Powley	Transaction ID: SB17.6651 Date of Disbursement																			
	Mailing Address 5212 E Larkspur Drive	<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>1</td><td>0</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	1	0		2	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	8		2	0	0	9												
	City State Zip Code Scottsdale AZ 85254	Amount of Each Disbursement this Period																			
	Purpose of Disbursement In-kind - ADA Fundraiser HI	<table border="1"><tr><td>404.14</td></tr></table>	404.14																		
404.14																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:																				

C.	Full Name (Last, First, Middle Initial) ROBERT WADE ROBINSON, II	Transaction ID: SB17.4918 Date of Disbursement																			
	Mailing Address 11039 E. HARRIS HAWK TRAIL	<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>1</td><td>0</td><td></td><td>3</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	1	0		3	0		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		3	0		2	0	0	9												
	City State Zip Code SCOTTSDALE AZ 85262	Amount of Each Disbursement this Period																			
	Purpose of Disbursement In-kind - Montana Fundraiser	<table border="1"><tr><td>712.67</td></tr></table>	712.67																		
712.67																					
	Candidate Name	Category/Type																			
	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:																				

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>1497.13</td></tr></table>	1497.13
1497.13		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) ROBERT WADE ROBINSON, II Mailing Address 11039 E. HARRIS HAWK TRAIL City SCOTTSDALE State AZ Zip Code 85262 Purpose of Disbursement In-kind - Travel 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: SB17.5027 Date of Disbursement 11 / 01 / 2009 Amount of Each Disbursement this Period 14.69 Category/ Type
B.	Full Name (Last, First, Middle Initial) ROBERT WADE ROBINSON, II Mailing Address 11039 E. HARRIS HAWK TRAIL City SCOTTSDALE State AZ Zip Code 85262 Purpose of Disbursement In-kind - Washington DC 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: SB17.5113 Date of Disbursement 11 / 16 / 2009 Amount of Each Disbursement this Period 5.89 Category/ Type
C.	Full Name (Last, First, Middle Initial) ROBERT WADE ROBINSON, II Mailing Address 11039 E. HARRIS HAWK TRAIL City SCOTTSDALE State AZ Zip Code 85262 Purpose of Disbursement In-kind - Washington DC 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: SB17.5115 Date of Disbursement 11 / 19 / 2009 Amount of Each Disbursement this Period 6.55 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

27.13

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) 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 Services</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: SB17.4872</p> <p>Date of Disbursement 10 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 2854.58</p> <p>001 Category/Type</p>
<p>B. 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 & 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: SB17.5020</p> <p>Date of Disbursement 11 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 4423.31</p> <p>001 Category/Type</p>
<p>C. Full Name (Last, First, Middle Initial) Shell</p> <p>Mailing Address P.O. Box 2463</p> <p>City Houston State TX Zip Code 77252</p> <p>Purpose of Disbursement Fuel</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: SB17.5009</p> <p>Date of Disbursement 10 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 29.66</p> <p>002 Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

7307.55

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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: SB17.4966 Date of Disbursement 11 / 01 / 2009
	Mailing Address P.O. Box 2463	Amount of Each Disbursement this Period 38.29
	City Houston State TX Zip Code 77252	
	Purpose of Disbursement Fuel Prescott	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: SB17.4963 Date of Disbursement 11 / 04 / 2009
	Mailing Address P.O. Box 2463	Amount of Each Disbursement this Period 35.72
	City Houston State TX Zip Code 77252	
	Purpose of Disbursement Fuel Prescott	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) Shell	Transaction ID: SB17.5141 Date of Disbursement 11 / 13 / 2009
	Mailing Address P.O. Box 2463	Amount of Each Disbursement this Period 27.57
	City Houston State TX Zip Code 77252	
	Purpose of Disbursement Embry Riddle Speech Travel	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) ▼

SUBTOTAL of Disbursements This Page (optional)	101.58
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)
Shell

Transaction ID: SB17.5461
Date of Disbursement

Mailing Address P.O. Box 2463

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	3		2	0	0	9

City Houston State TX Zip Code 77252

Amount of Each Disbursement this Period

Purpose of Disbursement
Fuel

002
Category/ Type

43.77

Candidate Name
PAUL GOSAR FOR CONGRESS

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

State: AZ District: 01

B.

Full Name (Last, First, Middle Initial)
Staples

Transaction ID: SB17.4870
Date of Disbursement

Mailing Address 2625 S Woodlands Vlg Blvd #100

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	0	9

City Flagstaff State AZ Zip Code 86001

Amount of Each Disbursement this Period

Purpose of Disbursement
Printer

001
Category/ Type

623.52

Candidate Name
PAUL GOSAR FOR CONGRESS

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

State: AZ District: 01

C.

Full Name (Last, First, Middle Initial)
Staples

Transaction ID: SB17.4998
Date of Disbursement

Mailing Address 2625 S Woodlands Vlg Blvd #100

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	4		2	0	0	9

City Flagstaff State AZ Zip Code 86001

Amount of Each Disbursement this Period

Purpose of Disbursement
Printing

001
Category/ Type

120.83

Candidate Name
PAUL GOSAR FOR CONGRESS

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

State: AZ District: 01

SUBTOTAL of Disbursements This Page (optional)

788.12

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Jonathan Twist Mailing Address 2843-2 E. Sherran Ln City Phoenix State AZ Zip Code 85016 Purpose of Disbursement Consulting Candidate Name PAUL GOSAR FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.5218 Date of Disbursement 12 / 15 / 2009 Amount of Each Disbursement this Period 1500.00 Category/Type 001
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 D.C. Travel 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: SB17.4960 Date of Disbursement 10 / 27 / 2009 Amount of Each Disbursement this Period 439.20 Category/Type 002
C.	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 Rob D.C. 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: SB17.5014 Date of Disbursement 10 / 27 / 2009 Amount of Each Disbursement this Period 439.20 Category/Type 002

SUBTOTAL of Disbursements This Page (optional) ▶	2378.40
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) 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 Sacramento D.C. Paul</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: SB17.4961</p> <p>Date of Disbursement 11 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 429.20</p> <p>Category/Type 002</p>
<p>B. 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 Paul Change 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: SB17.4962</p> <p>Date of Disbursement 11 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 150.00</p> <p>Category/Type 002</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 Travel Change 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: SB17.5103</p> <p>Date of Disbursement 11 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 150.00</p> <p>Category/Type 002</p>

SUBTOTAL of Disbursements This Page (optional) ▶

729.20

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) US Airways	Transaction ID: SB17.5104 Date of Disbursement 11 / 04 / 2009
	Mailing Address 4000 E. Sky Harbor Blvd.	Amount of Each Disbursement this Period 268.00
	City Phoenix State AZ Zip Code 85034	
	Purpose of Disbursement Travel Change 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	002 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Thomas Van Flein	Transaction ID: SB17.5472 Date of Disbursement 12 / 31 / 2009
	Mailing Address PO Box 102359	Amount of Each Disbursement this Period 850.00
	City Anchorage State AK Zip Code 99510	
	Purpose of Disbursement In-kind - Airline Ticket Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Thomas Van Flein	Transaction ID: SB17.5474 Date of Disbursement 12 / 31 / 2009
	Mailing Address PO Box 102359	Amount of Each Disbursement this Period 1500.00
	City Anchorage State AK Zip Code 99510	
	Purpose of Disbursement In-kind - Legal Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	▶	2618.00
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.

Full Name (Last, First, Middle Initial)
Yavapai GOP

Transaction ID: SB17.4875

Date of Disbursement

Mailing Address 112-B Union Street

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	0	9

City State Zip Code
Prescott AZ 86303

Amount of Each Disbursement this Period

180.00

Purpose of Disbursement
Speaking/ Campaign Dinner

003
Category/ Type

Candidate Name
PAUL GOSAR FOR CONGRESS

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: AZ District: 01

SUBTOTAL of Disbursements This Page (optional) ►

180.00

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

43541.41

**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 type="checkbox"/>	17	<input type="checkbox"/>	18	<input checked="" 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: SB19A.4954

Date of Disbursement

Mailing Address 7485 RAIN VALLEY RD

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

City State Zip Code
FLAGSTAFF AZ 86004

Amount of Each Disbursement this Period

4000.00

Purpose of Disbursement
Repay Loan

009
Category/ Type

Candidate Name
PAUL GOSAR FOR CONGRESS

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

Disbursement For: 2010
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

4000.00

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

4000.00

**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)

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

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)
Dr. Steve Nelson

Mailing Address 5650 S. Grape Ct.

City Greenwood Village State CO Zip Code 80121

Purpose of Disbursement
Credit Card

Candidate Name
PAUL GOSAR FOR CONGRESS

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

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB20A.5150
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	3		2	0	0	9

Amount of Each Disbursement this Period

500.00

010
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ►

500.00

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

500.00

SCHEDULE C (FEC Form 3)

LOANS

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

PAGE 84 / 84

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

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:
 Primary
 General
 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	4000.00	0.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:																
<table style="font-size: small;"> <tr><td>M</td><td>M</td></tr> <tr><td>0</td><td>9</td></tr> </table> <table style="font-size: small;"> <tr><td>D</td><td>D</td></tr> <tr><td>3</td><td>0</td></tr> </table> <table style="font-size: small;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table>	M	M	0	9	D	D	3	0	Y	Y	Y	Y	2	0	0	9	10/7/2009	6.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
M	M																		
0	9																		
D	D																		
3	0																		
Y	Y	Y	Y																
2	0	0	9																

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: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="0.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text" value="0.00"/>

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