

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) ►