

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

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CORY GARDNER FOR SENATE		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2014
Mailing Address 9227 E. LINCOLN AVE., #200-234		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB21.18357
City LONE TREE State CO Zip Code 80124	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. FRIENDS OF FRANK GUINTA		Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2014
Mailing Address PO BOX 877		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB21.18350
City MANCHESTER State NH Zip Code 03105	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. MARILINDA GARCIA FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2014
Mailing Address PO BOX 821		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB21.18353
City SALEM State NH Zip Code 03079	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5000.00
TOTAL This Period (last page this line number only).....	