

# 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 04 01 2010 through 06 30 2010

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 15 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							
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**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
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	88562.01	368123.69
(b) Total Contribution Refunds (from Line 20(d)).....	200.00	700.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	88362.01	367423.69
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	126970.89	238647.50
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	2478.74
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	126970.89	236168.76
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>131352.59</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	

**For further information contact:**

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name  
PAUL GOSAR FOR CONGRESS

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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	69947.29	262810.14
(i) Itemized (use Schedule A).....	10372.60	42316.85
(ii) Unitemized.....	80319.89	305126.99
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	2500.00	43500.00
(c) Other Political Committees (such as PACS).....	5742.12	19496.70
(d) The Candidate.....	88562.01	368123.69
(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.).....		
	0.00	2478.74
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	33.40	97.66
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶		
	88595.41	374700.09

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3 (Revised 02/2003)

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<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	126970.89	238647.50
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	4000.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	4000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	200.00	700.00
(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)).....	200.00	700.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	127170.89	243347.50

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	169928.07
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	88595.41
25. SUBTOTAL (add Line 23 and Line 24).....	258523.48
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	127170.89
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	131352.59

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

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

FOR LINE NUMBER: PAGE 5 / 88  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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

NAME OF COMMITTEE (In Full)  
**PAUL GOSAR FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
Pamela Baldassarre

Mailing Address 56 Oak Drive

City Bedford State NH Zip Code 03110

FEC ID number of contributing federal political committee. C

Name of Employer Baldassarre Dental Occupation Dentist

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 04 / 12 / 2010  
**Transaction ID: SA11AI.6348**  
 Amount of Each Receipt this Period 500.00  
 Check

**B.** Full Name (Last, First, Middle Initial)  
Malcom W. Barrett

Mailing Address 2054 Old Kettle Dr.

City Prescott State AZ Zip Code 86305

FEC ID number of contributing federal political committee. C

Name of Employer Barrett Propane Occupation Owner

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1097.50

Date of Receipt 06 / 27 / 2010  
**Transaction ID: SA11AI.6592**  
 Amount of Each Receipt this Period 1000.00  
 Check

**C.** Full Name (Last, First, Middle Initial)  
Nancy L. Barrett

Mailing Address 2054 Old Kettle Dr.

City Prescott State AZ Zip Code 86305

FEC ID number of contributing federal political committee. C

Name of Employer None Occupation Housewife

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 06 / 27 / 2010  
**Transaction ID: SA11AI.6594**  
 Amount of Each Receipt this Period 1000.00  
 Check

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

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 6 / 88  
(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 ▼ 2000.00

Date of Receipt 04 / 12 / 2010  
**Transaction ID:** SA11AI.6346  
 Amount of Each Receipt this Period 500.00  
 Check

**B.** Full Name (Last, First, Middle Initial)  
George Biederman

Mailing Address 8490 S. Power Rd #105124

City Gilbert State AR Zip Code 85297

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

Name of Employer Century 21 Occupation Realtor

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 05 / 09 / 2010  
**Transaction ID:** SA11AI.6375  
 Amount of Each Receipt this Period 250.00  
 Check

**C.** Full Name (Last, First, Middle Initial)  
Dr. Michael Biermann

Mailing Address 3529 North Willamette Blvd.

City Portland State OR Zip Code 97217

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

Name of Employer Michael Biermann Occupation Dentist

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 800.00

Date of Receipt 04 / 12 / 2010  
**Transaction ID:** SA11AI.6211  
 Amount of Each Receipt this Period 300.00  
 Credit Card

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 88
	<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**

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Gerald W. Bird	Date of Receipt MM / DD / YYYY 04 / 17 / 2010
	Mailing Address 1983 S Rockledge Dr	<b>Transaction ID:</b> SA11AI.6189
	City State Zip Code Rockledge FL 32955	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. <b>C</b>	Check
	Name of Employer Occupation Bird Dental Dentist	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Nick A. Bouzis	Date of Receipt MM / DD / YYYY 06 / 28 / 2010
	Mailing Address 708 W. 8th	<b>Transaction ID:</b> SA11AI.6625
	City State Zip Code Gillette WY 82716	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Check
	Name of Employer Occupation Bouzis Dental Dentist	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 700.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Ronald Bowen	Date of Receipt MM / DD / YYYY 05 / 17 / 2010
	Mailing Address 954 East 71455 #B101	<b>Transaction ID:</b> SA11AI.6419
	City State Zip Code Midvale UT 84047	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. <b>C</b>	Cass
	Name of Employer Occupation Bowen Dental Dentist	
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 550.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<b>TOTAL</b> 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 / 88  
(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)  
Leslie Branson

Mailing Address 4830 Ridge Top Circle

City Anchorage State AK Zip Code 99508

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

Name of Employer Service Group of America Occupation Manager

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 06 / 18 / 2010  
**Transaction ID:** SA11AI.6564  
 Amount of Each Receipt this Period 250.00  
 Check

**B.**

Full Name (Last, First, Middle Initial)  
Scott & Cecily Buell

Mailing Address 8355 DK Ranch Rd

City Flagstaff State AZ Zip Code 86001

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

Name of Employer Self Occupation Attorney

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 04 / 09 / 2010  
**Transaction ID:** SA11AI.6396  
 Amount of Each Receipt this Period 250.00  
 Check

**C.**

Full Name (Last, First, Middle Initial)  
Everett & Krystal Burge

Mailing Address 6430 Stockton Hill Rd

City Kingman State AZ Zip Code 86409

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

Name of Employer Hualapai Investments Occupation Directors

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2400.00

Date of Receipt 04 / 30 / 2010  
**Transaction ID:** SA11AI.6391  
 Amount of Each Receipt this Period 2400.00  
 Check

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2900.00

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 88  
(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 E Butler

Mailing Address 10014 Canterbury Farms 842-4272

City State Zip Code  
St Louis MO 63128

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Butler Dental Dentist

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 450.00

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

**Transaction ID:** SA11AI.6334

Amount of Each Receipt this Period 200.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Dr. Bruce Camp

Mailing Address PO Box 100

City State Zip Code  
Villa Rica GA 30180

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Camp Dental Dentist

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 300.00

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

**Transaction ID:** SA11AI.6263

Amount of Each Receipt this Period 300.00

Credit Card

**C.** Full Name (Last, First, Middle Initial)  
James Ciraulo

Mailing Address 15740 E. Jackrabbit Ln

City State Zip Code  
Fountain Hills AZ 85268

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
EHC, LLC Manager

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 780.00

Date of Receipt M M / D D / Y Y Y Y  
0 4 / 0 6 / 2 0 1 0

**Transaction ID:** SA11AI.6092

Amount of Each Receipt this Period 80.00

Credit Card

**SUBTOTAL** of Receipts This Page (optional) ..... 580.00

**TOTAL** This Period (last page this line number only) .....

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

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

FOR LINE NUMBER: PAGE 10 / 88

(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 Condrey

Mailing Address 3939 Pleasant Valley Drive

City State Zip Code  
Missouri City TX 77459

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

Name of Employer Occupation  
Condrey Dental Dentist

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt

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

Transaction ID: SA11AI.6249

Amount of Each Receipt this Period

100.00

Credit Card

**B.**

Full Name (Last, First, Middle Initial)  
Corps of Discovery Dental Seminars

Mailing Address 121 North Last Chance Gulch

City State Zip Code  
Helena MT 59601

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

Name of Employer Occupation

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 950.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 8 / 2 0 1 0

Transaction ID: SA11AI.6562

Amount of Each Receipt this Period

950.00

Check

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Joseph Cowart

Mailing Address 460 Lambs Crk Rd

City State Zip Code  
Brevard NC 28712

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

Name of Employer Occupation  
Cowart 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  
0 6 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.6632

Amount of Each Receipt this Period

250.00

Credit Card

**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 11 / 88  
(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. Sally Cram

Mailing Address 6341 Linway Terrace

City State Zip Code  
McLean VA 22101

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

Name of Employer Occupation  
Cram Dental Dentist

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

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 12 / 2010

Transaction ID: SA11AI.6198

Amount of Each Receipt this Period  
500.00

Credit Card

**B.**

Full Name (Last, First, Middle Initial)  
Nancy B. Daley

Mailing Address 11660 E Windrose Dr

City State Zip Code  
Scottsdale AZ 85259

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

Name of Employer Occupation  
None None

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

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 29 / 2010

Transaction ID: SA11AI.6767

Amount of Each Receipt this Period  
250.00

Check

**C.**

Full Name (Last, First, Middle Initial)  
Jason S. Day

Mailing Address PO Box 429

City State Zip Code  
Apache Junction AZ 85217

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) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 09 / 2010

Transaction ID: SA11AI.6377

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 12 / 88  
(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)  
Scarlet Disse-Pfeifer  
Mailing Address 12009 So. Allerton Circle  
City Parker State CO Zip Code 80138  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Disse-Pfeifer Dental Occupation Dentist  
Receipt For: 2010 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼  
Date of Receipt 06 / 18 / 2010  
Transaction ID: SA11AI.6570  
Amount of Each Receipt this Period 250.00  
Check

**B.** Full Name (Last, First, Middle Initial)  
Dennis & Kathy Domagala  
Mailing Address 13326 N Manzanita Ln  
City Fountain Hills State AZ Zip Code 85268  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Food Services of America Occupation Management  
Receipt For: 2010 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼  
Date of Receipt 06 / 30 / 2010  
Transaction ID: SA11AI.6684  
Amount of Each Receipt this Period 250.00  
Check

**C.** Full Name (Last, First, Middle Initial)  
Lugene Dorr  
Mailing Address 910 W. Gurley St. #42  
City Prescott State AZ Zip Code 86305  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Orthopedic Surgeon  
Receipt For: 2010 Election Cycle-to-Date  
 Primary    General  
 Other (specify) ▼  
Date of Receipt 05 / 07 / 2010  
Transaction ID: SA11AI.6365  
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 13 / 88

(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)  
Lugene Dorr

Mailing Address 910 W. Gurley St. #42

City State Zip Code  
Prescott AZ 86305

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

Name of Employer Self Occupation  
Orthopedic Surgeon

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.6434

Amount of Each Receipt this Period

250.00

Check

**B.**

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

Mailing Address Joseph S. Dovgan

City State Zip Code  
Phoenix AZ 85028

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

Name of Employer Dovgan Dental Occupation  
Dentist

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.6725

Amount of Each Receipt this Period

500.00

Credit Card

**C.**

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 Dow Dental Occupation  
Dentist

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2400.00

Date of Receipt

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

Transaction ID: SA11AI.6174

Amount of Each Receipt this Period

400.00

Check

**SUBTOTAL** of Receipts This Page (optional) .....

1150.00

**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 / 88  
(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)  
Guy C. Drake

Mailing Address PO Box 231

City State Zip Code  
Thermopolis WY 82443

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

Name of Employer Occupation  
Drake Dental Dentist

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

Date of Receipt  
MM / DD / YYYY  
06 / 28 / 2010

**Transaction ID:** SA11AI.6611

Amount of Each Receipt this Period  
500.00

Check

**B.** 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) ▼

Date of Receipt  
MM / DD / YYYY  
04 / 12 / 2010

**Transaction ID:** SA11AI.6184

Amount of Each Receipt this Period  
100.00

Check

**C.** Full Name (Last, First, Middle Initial)  
O.G. Elliott

Mailing Address 146 Kyawy #3188

City State Zip Code  
Risner KY 41649

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

Name of Employer Occupation  
Elliott Dental Dentist

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

Date of Receipt  
MM / DD / YYYY  
04 / 12 / 2010

**Transaction ID:** SA11AI.6227

Amount of Each Receipt this Period  
250.00

Credit Card

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 88  
(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)  
Joseph J. Erramouspe  
Mailing Address 217 Aspen Way  
City State Zip Code  
Rock Springs WY 82901  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self Occupation Unknown  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 750.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 9 / 2 0 1 0  
Transaction ID: SA11AI.6457  
Amount of Each Receipt this Period  
250.00  
Check

**B.** Full Name (Last, First, Middle Initial)  
Dr. Ed Feinberg  
Mailing Address 14 Harwood Ct  
City State Zip Code  
Scarsdale NY 10583  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Feinberg Dental Occupation Dentist  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 350.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 1 0  
Transaction ID: SA11AI.6306  
Amount of Each Receipt this Period  
100.00  
Check

**C.** Full Name (Last, First, Middle Initial)  
Maxwell Felman  
Mailing Address 7457 E. Desert Cove Ave  
City State Zip Code  
Scottsdale AZ 85260  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Student Occupation Student  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 1 / 2 0 1 0  
Transaction ID: SA11AI.6462  
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 16 / 88  
(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)  
Max Fose

Mailing Address 498 W. Oregon Ave.

City State Zip Code  
Phoenix AZ 85013

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

Name of Employer Occupation  
IWS Owner

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2010

Transaction ID: SA11AI.6652

Amount of Each Receipt this Period  
2400.00

Check

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

Mailing Address 1009 S. Jackson Highway

City State Zip Code  
Sheffield AL 35660

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

Name of Employer Occupation  
Gamble Dental Dentist

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 12 / 2010

Transaction ID: SA11AI.6295

Amount of Each Receipt this Period  
100.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Dr. Richard Geyer

Mailing Address 4521 East County 14th Street

City State Zip Code  
Yuma AZ 85365

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

Name of Employer Occupation  
Geyer Dental Dentist

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2010

Transaction ID: SA11AI.6724

Amount of Each Receipt this Period  
250.00

Credit Card

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2750.00**

**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 / 88  
(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. Eugene Giannini

Mailing Address 5104 Rockwood Pkwy NW

City Washington State DC Zip Code 20016

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

Name of Employer Giannini Dental Occupation Dentist

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt 04 / 12 / 2010  
**Transaction ID:** SA11AI.6341  
 Amount of Each Receipt this Period 250.00  
 Check

**B.** Full Name (Last, First, Middle Initial)  
Great Basin Academy

Mailing Address 7037 Horizon Circle

City Salt Lake City State UT Zip Code 84121

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 06 / 18 / 2010  
**Transaction ID:** SA11AI.6559  
 Amount of Each Receipt this Period 1000.00  
 Check

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

Mailing Address 502 North Hart Boulevard

City Harvard State IL Zip Code 60033

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

Name of Employer Hagenbruch Dental Occupation Dentist

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

Date of Receipt 04 / 12 / 2010  
**Transaction ID:** SA11AI.6335  
 Amount of Each Receipt this Period 200.00  
 Check

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1450.00

**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 / 88  
(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)  
John Hanck

Mailing Address 1224 Forest Hills Lane

City State Zip Code  
Fort Collins CO 80524

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

Name of Employer Occupation  
Hanck Dental Dentist

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 19 / 2010

**Transaction ID:** SA11AI.6526

Amount of Each Receipt this Period  
500.00

Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Dr. Randall 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 Occupation  
Hancock 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  
04 / 12 / 2010

**Transaction ID:** SA11AI.6344

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 Occupation  
Hancock Dental Dentist

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 28 / 2010

**Transaction ID:** SA11AI.6629

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 19 / 88

(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)  
Hawaii Dental Association

Mailing Address 1345 South Beretania Street

City State Zip Code  
Honolulu HI 96814

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

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

Transaction ID: SA11AI.6352

Amount of Each Receipt this Period

1000.00

Check

**B.**

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

Mailing Address 1575 N. Swan #200

City State Zip Code  
Tucson AZ 85712

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

Name of Employer Occupation  
Hawke Dental 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  
0 4 / 2 3 / 2 0 1 0

Transaction ID: SA11AI.6274

Amount of Each Receipt this Period

200.00

Credit Card

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Paul W. Hicks

Mailing Address 1969 Shadow Valley Dr.

City State Zip Code  
Prescott AZ 86301

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

Name of Employer Occupation  
Hicks Dental Dentist

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 1 0

Transaction ID: SA11AI.6596

Amount of Each Receipt this Period

300.00

Checks

**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 20 / 88  
(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)  
Susan F. Hoag

Mailing Address 5308 E 22nd St

City State Zip Code  
Casper WY 82609

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

Name of Employer: Hoag Dental   Occupation: Dentist

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 06 / 28 / 2010  
**Transaction ID:** SA11AI.6613  
 Amount of Each Receipt this Period: 1000.00  
 Check

**B.** Full Name (Last, First, Middle Initial)  
Bruce A. Holwell

Mailing Address PO Box 187

City State Zip Code  
Big Horn WY 82833

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

Name of Employer: Holwell Dental   Occupation: Dentist

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 06 / 28 / 2010  
**Transaction ID:** SA11AI.6615  
 Amount of Each Receipt this Period: 500.00  
 Check

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

Mailing Address 4925 E. Desert Cove Ave, Unit #111

City State Zip Code  
Scottsdale AZ 85254

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

Name of Employer: Hom Dental   Occupation: Dentist

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 04 / 30 / 2010  
**Transaction ID:** SA11AI.6386  
 Amount of Each Receipt this Period: 2400.00  
 Check

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3900.00**

**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 21 / 88
	<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**

<b>A.</b>	Full Name (Last, First, Middle Initial) William J. Hooker		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 718 N Humphreys		<b>Transaction ID:</b> SA11AI.6753
	City	State	Zip Code
	Flagstaff	AZ	86004
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Hooker 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 ▼ 1500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Allison House		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 10615 N. 44th Street		<b>Transaction ID:</b> SA11AI.7239
	City	State	Zip Code
	Phoenix	AZ	85028
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer House 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 ▼ 1250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Stephen Joseph Huff		Date of Receipt MM / DD / YYYY 06 / 29 / 2010
	Mailing Address 225 Calle Diamante		<b>Transaction ID:</b> SA11AI.6688
	City	State	Zip Code
	Sedona	AZ	86336
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Retired		Occupation Retired	Credit Card
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 22 / 88  
(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)  
Carol Hungerford  
Mailing Address 1300 Chara Ave  
City State Zip Code  
Gillette WY 82718  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Hungerford Dental Dentist  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 8 / 2 0 1 0  
Transaction ID: SA11AI.6621  
Amount of Each Receipt this Period  
500.00  
Check

**B.** Full Name (Last, First, Middle Initial)  
Dr. Richard A Huot  
Mailing Address 8776 W Orchid Island Circle  
City State Zip Code  
Vero Beach FL 32963  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Huot Dental Dentist  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 350.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 0  
Transaction ID: SA11AI.7237  
Amount of Each Receipt this Period  
100.00  
Credit Card

**C.** Full Name (Last, First, Middle Initial)  
Dr. Norton J. Jacobs  
Mailing Address HC1 Box 1274  
City State Zip Code  
Strawberry AZ 85544  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Jacobs Dental Dentist  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 300.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 0 / 2 0 1 0  
Transaction ID: SA11AI.6165  
Amount of Each Receipt this Period  
50.00  
In-kind - Fundraiser Expenses - Invitations & postage

**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 23 / 88  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Dr. Norton J. Jacobs

Mailing Address HC1 Box 1274

City State Zip Code  
Strawberry AZ 85544

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

Name of Employer Occupation  
Jacobs Dental Dentist

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

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2010

Transaction ID: SA11AI.6885

Amount of Each Receipt this Period  
270.98

In-kind - Postage & Food  
Casa Grande Fundraiser

570.98

**B.** Full Name (Last, First, Middle Initial)  
Jeffrey D. Jeppesen

Mailing Address 1631 W. Laurel Greens Dr

City State Zip Code  
Anthem AZ 85086

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

Name of Employer Occupation  
System Services VP

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

Date of Receipt  
MM / DD / YYYY  
06 / 27 / 2010

Transaction ID: SA11AI.6607

Amount of Each Receipt this Period  
250.00

Check

250.00

**C.** Full Name (Last, First, Middle Initial)  
James & Dana Keller

Mailing Address 6843 E Joan De Arc Ave

City State Zip Code  
Scottsdale AZ 85254

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

Name of Employer Occupation  
Food Service of America CPA

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

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2010

Transaction ID: SA11AI.6680

Amount of Each Receipt this Period  
250.00

Check

250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **770.98**

**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 / 88  
(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. Bradley Kincheloe

Mailing Address 6244 Yellowstone Rd

City Cheyenne State WY Zip Code 82009

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

Name of Employer Kincheloe Dental Occupation Dentist

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 06 / 28 / 2010  
**Transaction ID:** SA11AI.6630  
 Amount of Each Receipt this Period 500.00  
 Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Dr. Rodney J Klima

Mailing Address 9807 Flintridge Court

City Fairfax State VA Zip Code 22032

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

Name of Employer Klima Dental Occupation Dentist

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt 04 / 30 / 2010  
**Transaction ID:** SA11AI.6398  
 Amount of Each Receipt this Period 250.00  
 Check

**C.** Full Name (Last, First, Middle Initial)  
Dr. Rodney J Klima

Mailing Address 9807 Flintridge Court

City Fairfax State VA Zip Code 22032

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

Name of Employer Klima Dental Occupation Dentist

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1250.00

Date of Receipt 06 / 30 / 2010  
**Transaction ID:** SA11AI.6756  
 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 25 / 88  
(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)  
Orest Komarnyckj  
Mailing Address 3304 N Manor Dr W  
City Phoenix State AZ Zip Code 85014  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Komarnyckj Dental Occupation Dentist  
Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
Election Cycle-to-Date ▼ 250.00  
Date of Receipt 06 / 28 / 2010  
Transaction ID: SA11AI.6644  
Amount of Each Receipt this Period 250.00  
Credit Card

**B.** Full Name (Last, First, Middle Initial)  
James Landers  
Mailing Address 956 12th St  
City Cody State WY Zip Code 82414  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Landers Dental Occupation Dentist  
Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
Election Cycle-to-Date ▼ 500.00  
Date of Receipt 06 / 30 / 2010  
Transaction ID: SA11AI.6726  
Amount of Each Receipt this Period 500.00  
Credit Card

**C.** Full Name (Last, First, Middle Initial)  
Dr. Lisa Lear  
Mailing Address 6001 E. Placita De Las Luces  
City Tucson State AZ Zip Code 85750  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Lear Dental Occupation Dentist  
Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
Election Cycle-to-Date ▼ 1100.00  
Date of Receipt 06 / 29 / 2010  
Transaction ID: SA11AI.6707  
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 26 / 88  
(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. John R. Leonard

Mailing Address 821 Brittany Dr.

City State Zip Code  
Cheyenne WY 82009

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

Name of Employer Occupation  
Leonard Dental 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
0	6	/	2	8	/	2	0	1	0

**Transaction ID:** SA11AI.6643

Amount of Each Receipt this Period  
500.00

Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Dr. David Logan

Mailing Address 2237 N. Jordan Ave

City State Zip Code  
Juneau AK 99801

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

Name of Employer Occupation  
Logan Dental Dentist

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	3	/	2	0	1	0

**Transaction ID:** SA11AI.6271

Amount of Each Receipt this Period  
250.00

Credit Card

**C.** Full Name (Last, First, Middle Initial)  
Charles & Tammy Lucero

Mailing Address 3480 Southern Vista Dr.

City State Zip Code  
Kingman AZ 86401

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

Name of Employer Occupation  
Lucero Dental Dentist

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	7	/	2	0	1	0

**Transaction ID:** SA11AI.6821

Amount of Each Receipt this Period  
1000.00

Check

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 88  
(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)  
David Lurye

Mailing Address PO Box 314  
4000 County Road 5

City State Zip Code  
Winter Park CO 80482

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

Name of Employer Occupation  
Lurye Dental Dentist

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

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2010

Transaction ID: SA11AI.6560

Amount of Each Receipt this Period  
650.00

Check

**B.** Full Name (Last, First, Middle Initial)  
David Lurye

Mailing Address PO Box 314  
4000 County Road 5

City State Zip Code  
Winter Park CO 80482

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

Name of Employer Occupation  
Lurye Dental Dentist

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

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2010

Transaction ID: SA11AI.6576

Amount of Each Receipt this Period  
50.00

Check

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

Mailing Address 5817 N. Cedar Springs Rd

City State Zip Code  
Muncie IN 47304

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

Name of Employer Occupation  
Maddox Dental Dentist

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

Date of Receipt  
MM / DD / YYYY  
04 / 12 / 2010

Transaction ID: SA11AI.6217

Amount of Each Receipt this Period  
250.00

Credit Card

**SUBTOTAL** of Receipts This Page (optional) ..... ► **950.00**

**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 / 88  
(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. Raymond M Maddox

Mailing Address 5817 N. Cedar Springs Rd

City State Zip Code  
Muncie IN 47304

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

Name of Employer Occupation  
Maddox Dental Dentist

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2010

Transaction ID: SA11AI.6718

Amount of Each Receipt this Period  
250.00

Credit Card

1500.00

**B.**

Full Name (Last, First, Middle Initial)  
Steven Manuszak

Mailing Address 161100 N. 71st St

City State Zip Code  
Scottsdale AZ 85254

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

Name of Employer Occupation  
Service Group of America Executive

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 27 / 2010

Transaction ID: SA11AI.6609

Amount of Each Receipt this Period  
250.00

Check

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Ruben J. Martinez

Mailing Address 8400 Osuna N.E. Suite 5A

City State Zip Code  
Albuquerque NM 87111

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

Name of Employer Occupation  
Martinez 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  
04 / 30 / 2010

Transaction ID: SA11AI.6384

Amount of Each Receipt this Period  
1000.00

Check

1000.00

**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 29 / 88  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Dr. David N Matthews

Mailing Address 3611 Broadway

City State Zip Code  
Fort Wayne IN 46807

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

Name of Employer: Matthews   Occupation: Dentist

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt: 04 / 12 / 2010  
**Transaction ID:** SA11AI.6317  
 Amount of Each Receipt this Period: 100.00  
 Check

**B.** Full Name (Last, First, Middle Initial)  
Dr. Kenneth McDougall

Mailing Address 1605 9th Ave SE

City State Zip Code  
Jamestown ND 58401

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

Name of Employer: McDougall Dental   Occupation: Dentist

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 04 / 12 / 2010  
**Transaction ID:** SA11AI.6336  
 Amount of Each Receipt this Period: 250.00  
 Check

**C.** Full Name (Last, First, Middle Initial)  
Charles McGinty

Mailing Address 5059 McClelland Blvd

City State Zip Code  
Joplin MO 64804

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

Name of Employer: McGinty Dental   Occupation: Dentist

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 04 / 12 / 2010  
**Transaction ID:** SA11AI.6339  
 Amount of Each Receipt this Period: 250.00  
 Check

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 30 / 88</span> (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><b>A.</b> Full Name (Last, First, Middle Initial) Heather L. McKay</p> <p>Mailing Address 4431 Daveenport St. NW</p> <p>City State Zip Code <b>Washington DC 20016</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Integrated Web Strategy Partner</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>Date of Receipt                      M M / D D / Y Y Y Y  <b>06 / 01 / 2010</b> </p> <p><b>Transaction ID: SA11AI.6545</b></p> <p>Amount of Each Receipt this Period                      2300.00                 </p> <p>Check</p>
--	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) Paul D. McKay</p> <p>Mailing Address 4431 Davenport St. NW</p> <p>City State Zip Code <b>Washington DC 20016</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Integrated Web Strategy Partner</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>Date of Receipt                      M M / D D / Y Y Y Y  <b>06 / 01 / 2010</b> </p> <p><b>Transaction ID: SA11AI.6543</b></p> <p>Amount of Each Receipt this Period                      2300.00                 </p> <p>Check</p>
--	--

<p><b>C.</b> Full Name (Last, First, Middle Initial) Michael McLaughlin</p> <p>Mailing Address 3840 N. Woodridge Way</p> <p>City State Zip Code <b>Flagstaff AZ 86004</b></p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation McLaughlin 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>Date of Receipt                      M M / D D / Y Y Y Y  <b>06 / 29 / 2010</b> </p> <p><b>Transaction ID: SA11AI.6695</b></p> <p>Amount of Each Receipt this Period                      500.00                 </p> <p>Credit Card</p>
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<p><b>SUBTOTAL</b> of Receipts This Page (optional) .....</p>	<p><b>5100.00</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p> </p>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 88  
(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)  
John R. McPherson  
Mailing Address 1408 Mitchell St  
City Laramie State WY Zip Code 82072  
FEC ID number of contributing federal political committee. **C**  
Name of Employer McPherson Dental Occupation Dentist  
Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
300.00  
Date of Receipt 06 / 28 / 2010  
Transaction ID: SA11AI.6623  
Amount of Each Receipt this Period 300.00  
Check

**B.** Full Name (Last, First, Middle Initial)  
Douglas J. Minert  
Mailing Address 16100 N 71st st, Ste 400  
City Scottsdale State AZ Zip Code 85254  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Food Services of America Occupation CPA  
Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
2400.00  
Date of Receipt 06 / 27 / 2010  
Transaction ID: SA11AI.6600  
Amount of Each Receipt this Period 2400.00  
Check

**C.** Full Name (Last, First, Middle Initial)  
George Mohatt  
Mailing Address 147 Scott Dr  
City Sheridan State WY Zip Code 82801  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Mohatt Dental Occupation Dentist  
Receipt For: 2010  
 Primary    General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
500.00  
Date of Receipt 06 / 30 / 2010  
Transaction ID: SA11AI.6729  
Amount of Each Receipt this Period 500.00  
Credit Card

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3200.00  
**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 32 / 88  
(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. Matthew Neary

Mailing Address 99 Summit

City Riverside State CT Zip Code 06878

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

Name of Employer Neary Dental Occupation Dentist

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1100.00

Date of Receipt: 04 / 12 / 2010  
**Transaction ID:** SA11AI.6296  
Amount of Each Receipt this Period: 100.00  
Check

**B.** Full Name (Last, First, Middle Initial)  
Dr. David Okana

Mailing Address 1208 Hilltop Dr. 209

City Rock Springs State WY Zip Code 82901

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

Name of Employer Okana Dental Occupation Dentist

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt: 04 / 12 / 2010  
**Transaction ID:** SA11AI.6244  
Amount of Each Receipt this Period: 100.00  
Credit Card

**C.** Full Name (Last, First, Middle Initial)  
Dr. David Okana

Mailing Address 1208 Hilltop Dr. 209

City Rock Springs State WY Zip Code 82901

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

Name of Employer Okana Dental Occupation Dentist

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt: 06 / 28 / 2010  
**Transaction ID:** SA11AI.6640  
Amount of Each Receipt this Period: 100.00  
Credit Card

**SUBTOTAL** of Receipts This Page (optional) ..... ► 300.00

**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 / 88  
(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. Larry Osborne

Mailing Address 710 Stevens Creek Blvd.

City State Zip Code  
Forsyth IL 62535

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

Name of Employer Occupation  
Osborne Dental Dentist

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

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

Transaction ID: SA11AI.6190

Amount of Each Receipt this Period  
250.00

Credit Card

550.00

**B.** Full Name (Last, First, Middle Initial)  
Jacqueline M. Parker

Mailing Address 16211 N Scottsdale Rd

City State Zip Code  
Scottsdale AZ 85254

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

Name of Employer Occupation  
Food Services of America Management

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

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.6676

Amount of Each Receipt this Period  
250.00

Check

250.00

**C.** Full Name (Last, First, Middle Initial)  
Robert E. Pattalochi

Mailing Address 1933 E. A Street

City State Zip Code  
Casper WY 82601

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

Name of Employer Occupation  
Pattalochi Dental Dentist

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

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.6754

Amount of Each Receipt this Period  
500.00

Check

500.00

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

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

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

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

FOR LINE NUMBER: PAGE 34 / 88  
(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 Peppard

Mailing Address 4005 Spicewood Spring Road

City Austin State TX Zip Code 78759

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

Name of Employer Peppard Dental Occupation Dentist

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 350.00

Date of Receipt 04 / 12 / 2010  
**Transaction ID:** SA11AI.6229  
 Amount of Each Receipt this Period 250.00  
 Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Victor & Kathleen Pereboom

Mailing Address 1640 Willow Creek Road

City Prescott State AZ Zip Code 86301

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

Name of Employer Self Occupation CPA

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 05 / 17 / 2010  
**Transaction ID:** SA11AI.6417  
 Amount of Each Receipt this Period 500.00  
 Check

**C.** Full Name (Last, First, Middle Initial)  
Mark T. Peterson

Mailing Address 1410 S High Valley Ranch Rd

City Prescott State AZ Zip Code 86303

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

Name of Employer Taco Bell Occupation Franchise Owner

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 06 / 27 / 2010  
**Transaction ID:** SA11AI.6598  
 Amount of Each Receipt this Period 1000.00  
 Check

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 88  
(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)  
Frank J. Peugh

Mailing Address 2568 West Post Oak Drive

City State Zip Code  
Prescott AZ 86305

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

Name of Employer Occupation  
Retired Military Retired Military

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 18 / 2010

Transaction ID: SA11AI.6568

Amount of Each Receipt this Period  
250.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Frank J. Peugh

Mailing Address 2568 West Post Oak Drive

City State Zip Code  
Prescott AZ 86305

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

Name of Employer Occupation  
Retired Military Retired Military

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 25 / 2010

Transaction ID: SA11AI.6538

Amount of Each Receipt this Period  
200.00

Credit Card

**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) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 29 / 2010

Transaction ID: SA11AI.7139

Amount of Each Receipt this Period  
500.00

Check

**SUBTOTAL** of Receipts This Page (optional) ..... ► **950.00**

**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 / 88  
(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)  
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 Retired Occupation Retired

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 1 / 2 0 1 0

**Transaction ID:** SA11AI.6529

Amount of Each Receipt this Period  
250.00

Credit Card

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

Mailing Address 11413 n 76th Place

City State Zip Code  
Scottsdale AZ 85260

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

Name of Employer Ramsey 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  
0 6 / 2 8 / 2 0 1 0

**Transaction ID:** SA11AI.6626

Amount of Each Receipt this Period  
399.00

Credit Card

**C.** Full Name (Last, First, Middle Initial)  
James F. Ripley

Mailing Address 1711 Clifton Cts

City State Zip Code  
Casper WY 82609

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

Name of Employer Ripley Dental Occupation Dentist

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 8 / 2 0 1 0

**Transaction ID:** SA11AI.6617

Amount of Each Receipt this Period  
1500.00

Check

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2149.00**

**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 37 / 88  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Dr. Gary L Roberts

Mailing Address 8510 Line Avenue

City State Zip Code  
Shreveport LA 71106

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

Name of Employer Occupation  
Roberts Dental Dentist

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

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

Transaction ID: SA11AI.6201

Amount of Each Receipt this Period  
100.00

Credit Card

1100.00

**B.** Full Name (Last, First, Middle Initial)  
Don C. Robertson

Mailing Address 8325 S Dead Bear Draw

City State Zip Code  
Hereford AZ 85615

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

Name of Employer Occupation  
Robertson Dental Dentist06/30/2010

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.6757

Amount of Each Receipt this Period  
1000.00

Check

1000.00

**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  
0 4 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.6170

Amount of Each Receipt this Period  
241.84

In-kind - DC Fundraiser -  
Taxi travel meetings parking

1144.58

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1341.84**

**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 / 88  
(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)  
Darelene Roussalis

Mailing Address 1220 W 30th St

City Casper State WY Zip Code 82601

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

Name of Employer None Occupation Housewife

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 06 / 28 / 2010  
**Transaction ID:** SA11AI.6634  
 Amount of Each Receipt this Period: 250.00  
 Credit Card

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

Mailing Address 7569 Brookbend Lane

City Sandy State UT Zip Code 84093

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

Name of Employer Ryser Dental Occupation Dentist

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 04 / 12 / 2010  
**Transaction ID:** SA11AI.6226  
 Amount of Each Receipt this Period: 100.00  
 Credit Card

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

Mailing Address 735 Yardglen Court

City Colorado Springs State CO Zip Code 80906

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

Name of Employer Salcetti Dental Occupation Dentist

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt: 04 / 12 / 2010  
**Transaction ID:** SA11AI.6243  
 Amount of Each Receipt this Period: 500.00  
 Credit Card

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

**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 / 88  
(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)  
Hans T. Schatz

Mailing Address 8366 E Eagle Feather Rd

City State Zip Code  
Scottsdale AZ 85266

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

Name of Employer Occupation  
Food Services of America Management

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2010

Transaction ID: SA11AI.6678

Amount of Each Receipt this Period  
250.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Dr. James C. Setterberg

Mailing Address 65 Aspen Way

City State Zip Code  
Glenwood Springs CO 81601

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

Name of Employer Occupation  
Setterberg Dental Dentist

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 18 / 2010

Transaction ID: SA11AI.6566

Amount of Each Receipt this Period  
250.00

Check

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

Mailing Address 1120 N. Conifer

City State Zip Code  
Flagstaff AZ 86001

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

Name of Employer Occupation  
Shanahan Dental Dentist

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2010

Transaction ID: SA11AI.6721

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 40 / 88  
(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 Shane

Mailing Address 868 Tweed Ln

City Lander State WY Zip Code 82520

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

Name of Employer Shane Dental Occupation Dentist

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 06 / 28 / 2010  
**Transaction ID:** SA11AI.6636  
 Amount of Each Receipt this Period: 250.00  
 Credit Card

**B.**

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

Mailing Address 116 Millburn Ave Ste 215

City Millburn State NJ Zip Code 07041

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

Name of Employer Shekitka dENTAL Occupation dENTIST

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt: 04 / 12 / 2010  
**Transaction ID:** SA11AI.6342  
 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 Sierra Vista State AZ Zip Code 85635

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

Name of Employer Simpson Dental Occupation Dentist

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1350.00

Date of Receipt: 04 / 12 / 2010  
**Transaction ID:** SA11AI.6270  
 Amount of Each Receipt this Period: 350.00  
 Credit Card

**SUBTOTAL** of Receipts This Page (optional) ..... ► **850.00**

**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 / 88  
(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)  
Dena Smith

Mailing Address 9539 E. Chino Drive

City State Zip Code  
Scottsdale AZ 85255

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

Name of Employer Occupation  
Unemployed Housewife

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 27 / 2010

Transaction ID: SA11AI.6590

Amount of Each Receipt this Period  
2400.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Peter Smith

Mailing Address 9539 E. Chino Drive

City State Zip Code  
Scottsdale AZ 85255

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

Name of Employer Occupation  
Service Group of America CEO

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 27 / 2010

Transaction ID: SA11AI.6588

Amount of Each Receipt this Period  
2400.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Andrea Stewart

Mailing Address 3315 217th PI NE

City State Zip Code  
Sammamish WA 98704

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

Name of Employer Occupation  
Event Services of America Owner

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 21 / 2010

Transaction ID: SA11AI.6844

Amount of Each Receipt this Period  
250.00

Check

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5050.00**

**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 42 / 88
	<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**

<b>A.</b>	Full Name (Last, First, Middle Initial) Slade A. Stewart		Date of Receipt
	Mailing Address 23623 N. Scottsdale Rd Ste. D3-222		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Scottsdale	AZ	85265
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Service Group of America		Occupation Management	Transaction ID: SA11AI.6846
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>
			Check

<b>B.</b>	Full Name (Last, First, Middle Initial) Russell E. Storjohann		Date of Receipt
	Mailing Address 2158 W. Cohen Ct		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Anthem	AZ	85086
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Food Services of America		Occupation Management	Transaction ID: SA11AI.6674
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="500.00"/>
			Check

<b>C.</b>	Full Name (Last, First, Middle Initial) Bill & Tina Strickler		Date of Receipt
	Mailing Address 4610 E Ardmore Rd		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Phoenix	AZ	85044
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Smart Health		Occupation Director of Business Development	Transaction ID: SA11AI.6739
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="1131.92"/>	<input type="text" value="681.92"/>
			In-kind - Campaign Tooth Brushes & Bags

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1681.92"/>
<b>TOTAL</b> 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 43 / 88

(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. 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 Occupation  
Summerhays Dental Dentist

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt

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

Transaction ID: SA11AI.6313

Amount of Each Receipt this Period

100.00

Check

**B.**

Full Name (Last, First, Middle Initial)  
Arnie G. Sybrant

Mailing Address 3505 Robertson Road

City State Zip Code  
Casper WY 82604

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

Name of Employer Occupation  
Sybrant 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  
0 6 / 2 8 / 2 0 1 0

Transaction ID: SA11AI.6627

Amount of Each Receipt this Period

1000.00

Credit Card

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Ronald G. Testa

Mailing Address 530 Plymouth Court

City State Zip Code  
Frankfort IL 60423

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

Name of Employer Occupation  
Testa Dental Dentist

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 225.00

Date of Receipt

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

Transaction ID: SA11AI.6203

Amount of Each Receipt this Period

100.00

Credit Card

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

1200.00

**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 / 88  
(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. Bart Thompson

Mailing Address 7110 E. McDonald Ste A-3

City State Zip Code  
Scottsdale AZ 85253

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 ▼

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 19 / 2010

**Transaction ID:** SA11AI.6887

Amount of Each Receipt this Period  
565.71

In-kind - Food Drinks Pin-top Fundraiser Gov Hull

815.71

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

Mailing Address 7110 E. McDonald Ste A-3

City State Zip Code  
Scottsdale AZ 85253

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 ▼

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 29 / 2010

**Transaction ID:** SA11AI.6698

Amount of Each Receipt this Period  
250.00

Credit Card

1065.71

**C.** 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 ▼

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 22 / 2010

**Transaction ID:** SA11AI.6464

Amount of Each Receipt this Period  
200.00

Credit Card

800.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1015.71**

**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 45 / 88  
(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 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 21 / 2010

**Transaction ID:** SA11AI.6531

Amount of Each Receipt this Period  
200.00

Credit Card

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2010

**Transaction ID:** SA11AI.6848

Amount of Each Receipt this Period  
100.00

Credit Card

**C.** Full Name (Last, First, Middle Initial)  
Sandoval Tori

Mailing Address 2535 Hualapai Mountain Rd. Ste E

City State Zip Code  
Kingman AZ 86401

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

Name of Employer Occupation  
Ridgeview Dental Dentist

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 17 / 2010

**Transaction ID:** SA11AI.6823

Amount of Each Receipt this Period  
250.00

Check

**SUBTOTAL** of Receipts This Page (optional) ..... ► **550.00**

**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 / 88  
(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. Roger Triftshauser

Mailing Address 63 Ellicott Ave.

City State Zip Code  
Batavia NY 14020

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

Name of Employer Triftshauser Dental Occupation Dentist

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

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

Transaction ID: SA11AI.6323

Amount of Each Receipt this Period  
100.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Barrett Family Trust

Mailing Address 4617 E. Ocotillo Rd

City State Zip Code  
Paradise Valley AZ 85253

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

Name of Employer Trust Occupation Trust

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.6382

Amount of Each Receipt this Period  
1000.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Jonathan Twist

Mailing Address 2843-2 E. Sherran Ln

City State Zip Code  
Phoenix AZ 85016

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

Name of Employer Rose & Allyn Occupation PR Consultant

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1407.94

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.6842

Amount of Each Receipt this Period  
157.94

In-kind - Printing, Mail-  
ing Maps & Tent for Fundra-  
ising

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1257.94**

**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 / 88  
(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)  
Steven J. Twist  
Mailing Address 13870 N. 98th Place  
City State Zip Code  
Scottsdale AZ 85260  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Services Group of America Occupation Lawyer  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 4800.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 1 / 2 0 1 0  
Transaction ID: SA11AI.6530  
Amount of Each Receipt this Period  
2400.00  
Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Thomas Van Flein  
Mailing Address PO Box 102359  
City State Zip Code  
Anchorage AK 99510  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Clapp Peterson Occupation Attorney  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3400.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 1 0  
Transaction ID: SA11AI.6804  
Amount of Each Receipt this Period  
50.00  
In-kind - Alaska Fundrais-  
er Food & Drinks

**C.** Full Name (Last, First, Middle Initial)  
Thomas Van Flein  
Mailing Address PO Box 102359  
City State Zip Code  
Anchorage AK 99510  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Clapp Peterson Occupation Attorney  
Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3400.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 1 0  
Transaction ID: SA11AI.6806  
Amount of Each Receipt this Period  
140.00  
In-kind - Alaska Fundrais-  
er Food & Drinks

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2590.00  
**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 / 88
	(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**

<b>A.</b>	Full Name (Last, First, Middle Initial) Thomas Van Flein		Date of Receipt
	Mailing Address PO Box 102359		<input type="text" value="06"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	<b>Anchorage</b>	<b>AK</b>	<b>99510</b>
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Clapp Peterson		Occupation Attorney	<b>Transaction ID: SA11AI.6808</b>
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	Amount of Each Receipt this Period <input type="text" value="1260.00"/>
		<input type="text" value="4660.00"/>	In-kind - Legal consulting

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Mark Walker		Date of Receipt
	Mailing Address 20725 Snag Island Dr		<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	<b>Lake Tapps</b>	<b>WA</b>	<b>98391</b>
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer meridian dental		Occupation Dentist	<b>Transaction ID: SA11AI.6320</b>
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="100.00"/>
		<input type="text" value="1100.00"/>	Check

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Douglas Walsh		Date of Receipt
	Mailing Address 4853 Beach Drive SW		<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	<b>Seattle</b>	<b>WA</b>	<b>98106</b>
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Walsh Dental		Occupation Dentist	<b>Transaction ID: SA11AI.6266</b>
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>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1610.00"/>
<b>TOTAL</b> 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 49 / 88  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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

NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Fred Warren

Mailing Address 6116 E Charter Oak

City State Zip Code  
Scottsdale AZ 85254

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

Name of Employer Occupation  
Food Service of America Management

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

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2010

Transaction ID: SA11AI.6682

Amount of Each Receipt this Period  
250.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Dr. Richard Weinman

Mailing Address 175 Inland Ridge Way NE

City State Zip Code  
Atlanta GA 30342

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

Name of Employer Occupation  
Buckhead Dental Associates Dentist

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

Date of Receipt  
MM / DD / YYYY  
04 / 12 / 2010

Transaction ID: SA11AI.6314

Amount of Each Receipt this Period  
100.00

Check

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

Mailing Address 2510 Applegate Road

City State Zip Code  
Bethel Park PA 15102

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

Name of Employer Occupation  
Wells Dental Dentist

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

Date of Receipt  
MM / DD / YYYY  
04 / 12 / 2010

Transaction ID: SA11AI.6228

Amount of Each Receipt this Period  
100.00

Credit Card

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **450.00**

**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 / 88  
(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 & La Wanda Wiles

Mailing Address 11712 E Bloomfield Dr

City State Zip Code  
Scottsdale AZ 85259

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

Name of Employer Occupation  
Food Service of America Management

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2010

Transaction ID: SA11AI.6686

Amount of Each Receipt this Period  
250.00

Check

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

Mailing Address E Saguaro Vista Court

City State Zip Code  
Cave Creek AZ 85331

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

Name of Employer Occupation  
Wilson Dental Dentist

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 17 / 2010

Transaction ID: SA11AI.6524

Amount of Each Receipt this Period  
250.00

Credit Card

**C.** Full Name (Last, First, Middle Initial)  
Dr. Deborah J Worsham

Mailing Address 215 Hurdt St.

City State Zip Code  
Cebter TX 75935

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

Name of Employer Occupation  
Worsham 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  
04 / 12 / 2010

Transaction ID: SA11AI.6347

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 51 / 88  
(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)  
Steven E. Wright

Mailing Address PO Box 953

City State Zip Code  
Sedona AZ 86339

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

Name of Employer Occupation  
WRight Dental Dentist

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2010

**Transaction ID:** SA11AI.6759

Amount of Each Receipt this Period  
500.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Wyoming Dental Association

Mailing Address 259 South Center, Suite 201

City State Zip Code  
Casper WY 82601

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

Name of Employer Occupation

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 25 / 2010

**Transaction ID:** SA11AI.6839

Amount of Each Receipt this Period  
499.90

In-kind - Fundraiser Hotel  
food WY Fundraiser

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 12 / 2010

**Transaction ID:** SA11AI.6333

Amount of Each Receipt this Period  
200.00

Check

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1199.90**

**TOTAL** This Period (last page this line number only) ..... ► **69947.29**

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

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

FOR LINE NUMBER: PAGE 52 / 88  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

A.

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

Mailing Address 211 E Chicago Ave  
Suite 700

City State Zip Code  
Chicago IL 60611

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

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  

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

Transaction ID: SA11C.6647

Amount of Each Receipt this Period  
2500.00

Check

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 88
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) PAUL ANTHONY ANTHONY GOSAR		Date of Receipt
	Mailing Address 7485 RAIN VALLEY RD		<input type="text" value="04"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	FLAGSTAFF	AZ	86004
	FEC ID number of contributing federal political committee.		<b>C</b> H0AZ01259
Name of Employer SELF		Occupation DENTIST	Transaction ID: SA11D.6425
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="17825.19"/>	<input type="text" value="70.61"/>
In-kind -			

<b>B.</b>	Full Name (Last, First, Middle Initial) PAUL ANTHONY ANTHONY GOSAR		Date of Receipt
	Mailing Address 7485 RAIN VALLEY RD		<input type="text" value="05"/> / <input type="text" value="12"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	FLAGSTAFF	AZ	86004
	FEC ID number of contributing federal political committee.		<b>C</b> H0AZ01259
Name of Employer SELF		Occupation DENTIST	Transaction ID: SA11D.6750
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="17856.39"/>	<input type="text" value="31.20"/>
In-kind - Postage Postmaster			

<b>C.</b>	Full Name (Last, First, Middle Initial) PAUL ANTHONY ANTHONY GOSAR		Date of Receipt
	Mailing Address 7485 RAIN VALLEY RD		<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	FLAGSTAFF	AZ	86004
	FEC ID number of contributing federal political committee.		<b>C</b> H0AZ01259
Name of Employer SELF		Occupation DENTIST	Transaction ID: SA11D.6746
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="17936.34"/>	<input type="text" value="79.95"/>
In-kind - Sam's Club Supplies for Grand Opening BBQ			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="181.76"/>
<b>TOTAL</b> 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 54 / 88
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**PAUL GOSAR FOR CONGRESS**

<b>A.</b>	Full Name (Last, First, Middle Initial) PAUL ANTHONY ANTHONY GOSAR		Date of Receipt MM / DD / YYYY 05 / 17 / 2010
	Mailing Address 7485 RAIN VALLEY RD		Transaction ID: SA11D.6744
	City FLAGSTAFF	State AZ	Zip Code 86004
	FEC ID number of contributing federal political committee. <b>C</b> H0AZ01259		Amount of Each Receipt this Period 233.14
	Name of Employer SELF	Occupation DENTIST	In-kind - Best Buy Computer Hard Drive & Enclosure
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 18169.48	

<b>B.</b>	Full Name (Last, First, Middle Initial) PAUL ANTHONY ANTHONY GOSAR		Date of Receipt MM / DD / YYYY 05 / 21 / 2010
	Mailing Address 7485 RAIN VALLEY RD		Transaction ID: SA11D.6895
	City FLAGSTAFF	State AZ	Zip Code 86004
	FEC ID number of contributing federal political committee. <b>C</b> H0AZ01259		Amount of Each Receipt this Period 592.09
	Name of Employer SELF	Occupation DENTIST	In-kind - Air Fare Alaska Fundraiser
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 18761.57	

<b>C.</b>	Full Name (Last, First, Middle Initial) PAUL ANTHONY ANTHONY GOSAR		Date of Receipt MM / DD / YYYY 06 / 08 / 2010
	Mailing Address 7485 RAIN VALLEY RD		Transaction ID: SA11D.6893
	City FLAGSTAFF	State AZ	Zip Code 86004
	FEC ID number of contributing federal political committee. <b>C</b> H0AZ01259		Amount of Each Receipt this Period 308.50
	Name of Employer SELF	Occupation DENTIST	In-kind - Air Fare Dillingham Fundraiser
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 19070.07	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1133.73</b>
<b>TOTAL</b> 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 55 / 88
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input checked="" type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) PAUL ANTHONY ANTHONY GOSAR		Date of Receipt
	Mailing Address 7485 RAIN VALLEY RD		<input type="text" value="06"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	FLAGSTAFF	AZ	86004
	FEC ID number of contributing federal political committee.		<b>C</b> H0AZ01259
Name of Employer SELF		Occupation DENTIST	Transaction ID: SA11D.6748
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="19115.07"/>	<input type="text" value="45.00"/>
In-kind - Republic Women Fund Raiser Fee			

<b>B.</b>	Full Name (Last, First, Middle Initial) PAUL ANTHONY ANTHONY GOSAR		Date of Receipt
	Mailing Address 7485 RAIN VALLEY RD		<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	FLAGSTAFF	AZ	86004
	FEC ID number of contributing federal political committee.		<b>C</b> H0AZ01259
Name of Employer SELF		Occupation DENTIST	Transaction ID: SA11D.6890
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="19964.98"/>	<input type="text" value="849.91"/>
In-kind - Campaign Tooth Brushes			

<b>C.</b>	Full Name (Last, First, Middle Initial) PAUL ANTHONY ANTHONY GOSAR		Date of Receipt
	Mailing Address 7485 RAIN VALLEY RD		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	FLAGSTAFF	AZ	86004
	FEC ID number of contributing federal political committee.		<b>C</b> H0AZ01259
Name of Employer SELF		Occupation DENTIST	Transaction ID: SA11D.6869
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="20486.31"/>	<input type="text" value="521.33"/>
In-kind - Office Supplies			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1416.24"/>
<b>TOTAL</b> 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 56 / 88  
(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 ▼ 20511.31

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	0

**Transaction ID:** SA11D.6873

Amount of Each Receipt this Period  
25.00

In-kind - Meeting Fees

**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 ▼ 20558.31

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	0

**Transaction ID:** SA11D.6875

Amount of Each Receipt this Period  
47.00

In-kind - Campaign Signs

**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 ▼ 20618.30

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	0

**Transaction ID:** SA11D.6877

Amount of Each Receipt this Period  
59.99

In-kind - Computer Supplies

**SUBTOTAL** of Receipts This Page (optional) ..... ► **131.99**

**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 57 / 88  
(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 Occupation  
SELF DENTIST

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 21581.90

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2010

**Transaction ID:** SA11D.6879

Amount of Each Receipt this Period  
963.60

In-kind - Gas/Fuel

**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 Occupation  
SELF DENTIST

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 21877.75

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2010

**Transaction ID:** SA11D.6881

Amount of Each Receipt this Period  
295.85

In-kind - Hotel

**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 Occupation  
SELF DENTIST

Receipt For: 2010 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 23496.70

Date of Receipt  
M M / D D / Y Y Y Y Y  
06 / 30 / 2010

**Transaction ID:** SA11D.6883

Amount of Each Receipt this Period  
1618.95

In-kind - Fundraising Speaking Travel Expenses

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2878.40**

**TOTAL** This Period (last page this line number only) ..... ► **5742.12**

# 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) Arizona Sportsmen for Wildlife Conservation  Mailing Address PO Box 13116  City Phoenix State AZ Zip Code 85002  Purpose of Disbursement eNDORSEMENT 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: SB17.6252 Date of Disbursement 04 / 25 / 2010  Amount of Each Disbursement this Period 300.00  Category/Type 007
B.	Full Name (Last, First, Middle Initial) AT&T  Mailing Address 175 E. Houston St.  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 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6353 Date of Disbursement 04 / 23 / 2010  Amount of Each Disbursement this Period 207.31  Category/Type 001
C.	Full Name (Last, First, Middle Initial) AT&T  Mailing Address 175 E. Houston St.  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 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6522 Date of Disbursement 05 / 25 / 2010  Amount of Each Disbursement this Period 207.31  Category/Type 001

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>714.62</b>
<b>TOTAL</b> 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)

<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

<b>A.</b>	Full Name (Last, First, Middle Initial) AT&T  Mailing Address 175 E. Houston St.  City San Antonio State TX Zip Code 78205  Purpose of Disbursement Telephone Bill 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>Transaction ID:</b> SB17.6583 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 3 / 2 0 1 0	Amount of Each Disbursement this Period 209.25
<b>B.</b>	Full Name (Last, First, Middle Initial) Authorize.net Corp.  Mailing Address 915 South 500 East, Suite 200  City American Fork State UT Zip Code 84003  Purpose of Disbursement Credit Card Fees 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>Transaction ID:</b> SB17.6156 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 2 / 2 0 1 0	Amount of Each Disbursement this Period 65.95
<b>C.</b>	Full Name (Last, First, Middle Initial) Authorize.net Corp.  Mailing Address 915 South 500 East, Suite 200  City American Fork State UT Zip Code 84003  Purpose of Disbursement Credit Card Fees 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>Transaction ID:</b> SB17.6157 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 0 5 / 2 0 1 0	Amount of Each Disbursement this Period 148.38

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**423.58**

**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

<b>A.</b> Full Name (Last, First, Middle Initial) Authorize.net Corp.  Mailing Address 915 South 500 East, Suite 200  City American Fork State UT Zip Code 84003  Purpose of Disbursement Credit Card Fees 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>Transaction ID:</b> SB17.6238 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 1 0
	Amount of Each Disbursement this Period  447.44
	Category/ Type 003
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Authorize.net Corp.  Mailing Address 915 South 500 East, Suite 200  City American Fork State UT Zip Code 84003  Purpose of Disbursement Credit Card Fees 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>Transaction ID:</b> SB17.6240 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 1 0
	Amount of Each Disbursement this Period  55.15
	Category/ Type 003
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Authorize.net Corp.  Mailing Address 915 South 500 East, Suite 200  City American Fork State UT Zip Code 84003  Purpose of Disbursement Credit Card Fees 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>Transaction ID:</b> SB17.6241 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 1 0
	Amount of Each Disbursement this Period  49.10
	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) ..... ►

551.69

**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

<b>A.</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 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6444 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 3 / 2 0 1 0
	Amount of Each Disbursement this Period 4.95 Category/Type 003
<b>B.</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 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6445 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 1 0
	Amount of Each Disbursement this Period 64.35 Category/Type 003
<b>C.</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 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6447 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 1 0
	Amount of Each Disbursement this Period 167.19 Category/Type 003

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	236.49
<b>TOTAL</b> 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)

<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

<b>A.</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: SB17.6452 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 1 0
	Amount of Each Disbursement this Period 248.14 Category/Type 003
<b>B.</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: SB17.6453 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 1 0
	Amount of Each Disbursement this Period 82.63 Category/Type 003
<b>C.</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: SB17.6454 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 1 0
	Amount of Each Disbursement this Period 26.30 Category/Type 003

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	357.07
<b>TOTAL</b> 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)

<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

<b>A.</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) ▼	<b>Transaction ID:</b> SB17.6547 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 1 0
	Amount of Each Disbursement this Period 4.95 Category/Type: 003
<b>B.</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 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) ▼	<b>Transaction ID:</b> SB17.6549 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 53.00 Category/Type: 003
<b>C.</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) ▼	<b>Transaction ID:</b> SB17.6550 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 7 / 2 0 1 0
	Amount of Each Disbursement this Period 17.80 Category/Type: 003

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>75.75</b>
<b>TOTAL</b> 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: SB17.6551  
Date of Disbursement

Mailing Address 915 South 500 East, Suite 200

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

City State Zip Code  
American Fork UT 84003

Amount of Each Disbursement this Period

Purpose of Disbursement  
Credit Card Fees

003
Category/ Type

42.12
-------

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: SB17.6552  
Date of Disbursement

Mailing Address 915 South 500 East, Suite 200

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

City State Zip Code  
American Fork UT 84003

Amount of Each Disbursement this Period

Purpose of Disbursement  
Credit Card Fees

003
Category/ Type

12.50
-------

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: SB17.6553  
Date of Disbursement

Mailing Address 915 South 500 East, Suite 200

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

City State Zip Code  
American Fork UT 84003

Amount of Each Disbursement this Period

Purpose of Disbursement  
Credit Card Fees

003
Category/ Type

1.57
------

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) .....

56.19

**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 65 / 88

<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

<b>A.</b> Full Name (Last, First, Middle Initial) Banners N More <hr/> Mailing Address 438 S. Montezuma Ste B <hr/> City Prescott State AZ Zip Code 86301 <hr/> Purpose of Disbursement Campaign Banners 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: SB17.6450 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 1 0
	Amount of Each Disbursement this Period 368.39
	Category/ Type 006
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Brandon Froemming <hr/> Mailing Address 1586 S Mountain View Rd. <hr/> City Apache Junction State AZ Zip Code 85219 <hr/> Purpose of Disbursement Shooting of the Video of Debate 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: SB17.6466 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 1 0
	Amount of Each Disbursement this Period 400.00
	Category/ Type 007
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Bulleri Building Account <hr/> Mailing Address P.O. Box 472 <hr/> City Prescott State AZ Zip Code 86302 <hr/> Purpose of Disbursement Office Rent 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: SB17.6167 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 1 0
	Amount of Each Disbursement this Period 600.00
	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) ..... ▶

1368.39

**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><b>A.</b> Full Name (Last, First, Middle Initial) Bulleri Building Account</p> <p>Mailing Address P.O. Box 472</p> <p>City Prescott State AZ Zip Code 86302</p> <p>Purpose of Disbursement Office Rent</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><b>Transaction ID:</b> SB17.6169</p> <p>Date of Disbursement 04 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 612.00</p> <p>001 Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Bulleri Building Account</p> <p>Mailing Address P.O. Box 472</p> <p>City Prescott State AZ Zip Code 86302</p> <p>Purpose of Disbursement Campaign Office Rent</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><b>Transaction ID:</b> SB17.6152</p> <p>Date of Disbursement 05 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 612.00</p> <p>001 Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Bulleri Building Account</p> <p>Mailing Address P.O. Box 472</p> <p>City Prescott State AZ Zip Code 86302</p> <p>Purpose of Disbursement Rent Prescott Office</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><b>Transaction ID:</b> SB17.6494</p> <p>Date of Disbursement 06 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 612.00</p> <p>001 Category/Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1836.00

**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

<b>A.</b> Full Name (Last, First, Middle Initial) Coleman Dahm & Associates <hr/> Mailing Address 4715 North 32nd Street Suite 107 <hr/> City Phoenix State AZ Zip Code 85018 <hr/> Purpose of Disbursement Campaign Signs 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) ▼	<b>Transaction ID:</b> SB17.6235 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 1 0
	Amount of Each Disbursement this Period 25000.00
	Category/ Type 006
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Coleman Dahm & Associates <hr/> Mailing Address 4715 North 32nd Street Suite 107 <hr/> City Phoenix State AZ Zip Code 85018 <hr/> Purpose of Disbursement Yard Signs Campaign sign 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) ▼	<b>Transaction ID:</b> SB17.6407 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 3 / 2 0 1 0
	Amount of Each Disbursement this Period 3337.00
	Category/ Type 006
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Coleman Dahm & Associates <hr/> Mailing Address 4715 North 32nd Street Suite 107 <hr/> City Phoenix State AZ Zip Code 85018 <hr/> Purpose of Disbursement Printing Thank You Cards 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) ▼	<b>Transaction ID:</b> SB17.6482 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 1 0
	Amount of Each Disbursement this Period 524.25
	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) ..... ▶

**28861.25**

**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><b>A.</b> Full Name (Last, First, Middle Initial) Computer Services</p> <p>Mailing Address P.O. Box 608</p> <p>City Chandler State AZ Zip Code 85244</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name PAUL GOSAR FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.6147</p> <p>Date of Disbursement 04 / 07 / 2010</p> <p>Amount of Each Disbursement this Period 796.58</p> <p>Category/Type 006</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Computer Services</p> <p>Mailing Address P.O. Box 608</p> <p>City Chandler State AZ Zip Code 85244</p> <p>Purpose of Disbursement Printing &amp; Mailing Grand Opening</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><b>Transaction ID:</b> SB17.6481</p> <p>Date of Disbursement 05 / 31 / 2010</p> <p>Amount of Each Disbursement this Period 1320.00</p> <p>Category/Type 004</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Dell Inc.</p> <p>Mailing Address One Dell Way Mail Stop 8129</p> <p>City Round Rock State TX Zip Code 78682</p> <p>Purpose of Disbursement Computer Repair</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><b>Transaction ID:</b> SB17.6519</p> <p>Date of Disbursement 05 / 20 / 2010</p> <p>Amount of Each Disbursement this Period 259.04</p> <p>Category/Type 001</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2375.62

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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) Delta Airlines	Transaction ID: SB17.6582
	Mailing Address 1030 Delta Boulevard	Date of Disbursement 06 / 23 / 2010
	City Atlanta State GA Zip Code 30320	Amount of Each Disbursement this Period 351.40
	Purpose of Disbursement Airline Ticket for Fundraiser	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) Delta Airlines	Transaction ID: SB17.6523
	Mailing Address 1030 Delta Boulevard	Date of Disbursement 06 / 24 / 2010
	City Atlanta State GA Zip Code 30320	Amount of Each Disbursement this Period 23.00
	Purpose of Disbursement Travel Fundraiser extra bag	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) Events by Andrea	Transaction ID: SB17.6149
	Mailing Address 345 East Orange Dr.	Date of Disbursement 04 / 07 / 2010
	City Phoenix State AZ Zip Code 85012	Amount of Each Disbursement this Period 6500.00
	Purpose of Disbursement Fundraising	003 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) ..... ▶

6874.40

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><b>A.</b> Full Name (Last, First, Middle Initial) Frontier Airlines</p> <p>Mailing Address 7001 Tower Rd</p> <p>City Denver State CO Zip Code 80249</p> <p>Purpose of Disbursement Airline Ticket to Fundraiser</p> <p>Candidate Name PAUL GOSAR FOR CONGRESS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB17.6580</p> <p>Date of Disbursement 06 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 369.40</p> <p>Category/Type 002</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) PAUL ANTHONY ANTHONY GOSAR</p> <p>Mailing Address 7485 RAIN VALLEY RD</p> <p>City FLAGSTAFF State AZ Zip Code 86004</p> <p>Purpose of Disbursement In-kind -</p> <p>Candidate Name</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><b>Transaction ID:</b> SB17.6426</p> <p>Date of Disbursement 04 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 70.61</p> <p>Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) PAUL ANTHONY ANTHONY GOSAR</p> <p>Mailing Address 7485 RAIN VALLEY RD</p> <p>City FLAGSTAFF State AZ Zip Code 86004</p> <p>Purpose of Disbursement In-kind - Postage Postmaster</p> <p>Candidate Name</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><b>Transaction ID:</b> SB17.6751</p> <p>Date of Disbursement 05 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 31.20</p> <p>Category/Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

471.21

**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><b>A.</b> Full Name (Last, First, Middle Initial) PAUL ANTHONY ANTHONY GOSAR</p> <p>Mailing Address 7485 RAIN VALLEY RD</p> <p>City FLAGSTAFF State AZ Zip Code 86004</p> <p>Purpose of Disbursement In-kind - Sam's Club Supplies for Grand Opening BBQ</p> <p>Candidate Name</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><b>Transaction ID:</b> SB17.6747</p> <p>Date of Disbursement 05 / 15 / 2010</p> <p>Amount of Each Disbursement this Period 79.95</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) PAUL ANTHONY ANTHONY GOSAR</p> <p>Mailing Address 7485 RAIN VALLEY RD</p> <p>City FLAGSTAFF State AZ Zip Code 86004</p> <p>Purpose of Disbursement In-kind - Best Buy Computer Hard Drive &amp; Enclosure</p> <p>Candidate Name</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><b>Transaction ID:</b> SB17.6745</p> <p>Date of Disbursement 05 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 233.14</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) PAUL ANTHONY ANTHONY GOSAR</p> <p>Mailing Address 7485 RAIN VALLEY RD</p> <p>City FLAGSTAFF State AZ Zip Code 86004</p> <p>Purpose of Disbursement In-kind - Air Fare Alaska Fundraiser</p> <p>Candidate Name</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><b>Transaction ID:</b> SB17.6896</p> <p>Date of Disbursement 05 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 592.09</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

905.18

**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)  
PAUL ANTHONY ANTHONY GOSAR

Mailing Address 7485 RAIN VALLEY RD

City FLAGSTAFF State AZ Zip Code 86004

Purpose of Disbursement  
In-kind - Air Fare Dillingham Fundraiser

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: AZ District: 01

Transaction ID: SB17.6894

Date of Disbursement

06 / 08 / 2010

Amount of Each Disbursement this Period

308.50

**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 - Republic Women Fund Raiser Fee

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: AZ District: 01

Transaction ID: SB17.6749

Date of Disbursement

06 / 22 / 2010

Amount of Each Disbursement this Period

45.00

**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 - Campaign Tooth Brushes

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: AZ District: 01

Transaction ID: SB17.6891

Date of Disbursement

06 / 25 / 2010

Amount of Each Disbursement this Period

849.91

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

1203.41

**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) PAUL ANTHONY ANTHONY GOSAR	Transaction ID: SB17.6871 Date of Disbursement 06 / 30 / 2010
	Mailing Address 7485 RAIN VALLEY RD	Amount of Each Disbursement this Period 521.33
	City FLAGSTAFF State AZ Zip Code 86004	
	Purpose of Disbursement In-kind - Office Supplies	
	Candidate Name	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) PAUL ANTHONY ANTHONY GOSAR	Transaction ID: SB17.6874 Date of Disbursement 06 / 30 / 2010
	Mailing Address 7485 RAIN VALLEY RD	Amount of Each Disbursement this Period 25.00
	City FLAGSTAFF State AZ Zip Code 86004	
	Purpose of Disbursement In-kind - Meeting Fees	
	Candidate Name	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PAUL ANTHONY ANTHONY GOSAR	Transaction ID: SB17.6876 Date of Disbursement 06 / 30 / 2010
	Mailing Address 7485 RAIN VALLEY RD	Amount of Each Disbursement this Period 47.00
	City FLAGSTAFF State AZ Zip Code 86004	
	Purpose of Disbursement In-kind - Campaign Signs	
	Candidate Name	Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	593.33
<b>TOTAL</b> 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)  
PAUL ANTHONY ANTHONY GOSAR

Mailing Address 7485 RAIN VALLEY RD

City FLAGSTAFF State AZ Zip Code 86004

Purpose of Disbursement  
In-kind - Computer Supplies

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: AZ District: 01

Transaction ID: SB17.6878

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

59.99

**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/Fuel

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: AZ District: 01

Transaction ID: SB17.6880

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

963.60

**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 - Hotel

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: AZ District: 01

Transaction ID: SB17.6882

Date of Disbursement

06 / 30 / 2010

Amount of Each Disbursement this Period

295.85

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1319.44

**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) PAUL ANTHONY ANTHONY GOSAR	Transaction ID: SB17.6884 Date of Disbursement 06 / 30 / 2010
	Mailing Address 7485 RAIN VALLEY RD	Amount of Each Disbursement this Period 1618.95
	City FLAGSTAFF State AZ Zip Code 86004	
	Purpose of Disbursement In-kind - Fundraising Speaking Travel Expenses	Category/ Type
	Candidate Name	
	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) Hammond & Associates	Transaction ID: SB17.6142 Date of Disbursement 04 / 07 / 2010
	Mailing Address P.O. Box 368	Amount of Each Disbursement this Period 3118.75
	City Falls Church State VA Zip Code 22040	
	Purpose of Disbursement Fundraising	003 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) Hammond & Associates	Transaction ID: SB17.6402 Date of Disbursement 05 / 10 / 2010
	Mailing Address P.O. Box 368	Amount of Each Disbursement this Period 1041.50
	City Falls Church State VA Zip Code 22040	
	Purpose of Disbursement Fundraising expense April D.C. Event	003 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>SUBTOTAL</b> of Disbursements This Page (optional) .....	5779.20
<b>TOTAL</b> 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

<b>A.</b> Full Name (Last, First, Middle Initial) Hassayampa Inn <hr/> Mailing Address 122 East Gurley Street <hr/> City Prescott State AZ Zip Code 86301 <hr/> Purpose of Disbursement Hotel Speach Forum Prescott 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: SB17.6461 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 4 / 2 0 1 0
	Amount of Each Disbursement this Period 143.61
	Category/ Type 002
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> 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 Media Buy 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: SB17.6144 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 1 0
	Amount of Each Disbursement this Period 9364.59
	Category/ Type 004
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> 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 Fundraising & Advertizing 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: SB17.6239 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 1 0
	Amount of Each Disbursement this Period 1853.17
	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) ..... ▶

11361.37

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<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

<b>A.</b> 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 Radio Buy 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: SB17.6357 Date of Disbursement 05 / 03 / 2010
	Amount of Each Disbursement this Period 6262.50
	Category/ Type 004
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> 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 Emailing & Radio 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: SB17.6401 Date of Disbursement 05 / 10 / 2010
	Amount of Each Disbursement this Period 574.03
	Category/ Type 004
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> 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 Campaign Consultant Management 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: SB17.6471 Date of Disbursement 05 / 27 / 2010
	Amount of Each Disbursement this Period 1254.50
	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) ..... ▶

8091.03

**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

<b>A.</b> 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 Campaign Management Consulting 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 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6474 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 1 0
	Amount of Each Disbursement this Period 2667.00
	Category/ Type 001
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Dr. Norton J. Jacobs <hr/> Mailing Address HC1 Box 1274 <hr/> City Strawberry State AZ Zip Code 85544 <hr/> Purpose of Disbursement In-kind - Postage & Food Casa Grande Fundraiser Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6886 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 4 / 2 0 1 0
	Amount of Each Disbursement this Period 270.98
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Krause Creative <hr/> Mailing Address 9449 S. 50th Street <hr/> City Phoenix State AZ Zip Code 85044 <hr/> Purpose of Disbursement Campaign Business Cards 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: SB17.6472 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 7 / 2 0 1 0
	Amount of Each Disbursement this Period 300.00
	Category/ Type 004
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

3237.98

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) Marriott <hr/> Mailing Address 10400 Fernwood Road <hr/> City Bethesda State MD Zip Code 20817 <hr/> Purpose of Disbursement WLC Room & Food 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: SB17.6356 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 003
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Marriott <hr/> Mailing Address 10400 Fernwood Road <hr/> City Bethesda State MD Zip Code 20817 <hr/> Purpose of Disbursement 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 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.6242 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 1 0
	Amount of Each Disbursement this Period 1485.54
	Category/ Type 002
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Marriott <hr/> Mailing Address 10400 Fernwood Road <hr/> City Bethesda State MD Zip Code 20817 <hr/> Purpose of Disbursement Fundraising Food Room etc. 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: SB17.6237 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 6 / 2 0 1 0
	Amount of Each Disbursement this Period 1044.75
	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) ..... ▶

4530.29

**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

<b>A.</b> Full Name (Last, First, Middle Initial) MBQF Consulting <hr/> Mailing Address 18650 N 91st Ave Unit#2001 <hr/> City Peoria State AZ Zip Code 85382 <hr/> Purpose of Disbursement Auto Dial Fee Prescott Grand Opening 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: SB17.6439 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 9 / 2 0 1 0
	Amount of Each Disbursement this Period 212.00
	Category/ Type 004
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Postmaster <hr/> Mailing Address 475 L'Enfant Plaza, SW <hr/> City Washington State DC Zip Code 20260 <hr/> Purpose of Disbursement Pastage & Mailing 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: SB17.6554 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 1 0
	Amount of Each Disbursement this Period 308.00
	Category/ Type 004
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Prescott Frontier Days, Inc <hr/> Mailing Address PO Box 2037 <hr/> City Prescott State AZ Zip Code 86302 <hr/> Purpose of Disbursement Entry Fee Parade 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: SB17.6428 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 7 / 2 0 1 0
	Amount of Each Disbursement this Period 350.00
	Category/ Type 004
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	870.00
<b>TOTAL</b> 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)

<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Public Opinion Strategies	Transaction ID: SB17.6150 Date of Disbursement 04 / 07 / 2010
	Mailing Address Public Opinion Strategies	Amount of Each Disbursement this Period 12000.00
	City Alexandria State VA Zip Code 22314	005 Category/ Type
	Purpose of Disbursement Polling 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>B.</b>	Full Name (Last, First, Middle Initial) ROBERT WADE ROBINSON, II	Transaction ID: SB17.6141 Date of Disbursement 04 / 09 / 2010
	Mailing Address 11039 E. HARRIS HAWK TRAIL	Amount of Each Disbursement this Period 120.58
	City SCOTTSDALE State AZ Zip Code 85262	001 Category/ Type
	Purpose of Disbursement Check Staples 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial) ROBERT WADE ROBINSON, II	Transaction ID: SB17.6171 Date of Disbursement 04 / 16 / 2010
	Mailing Address 11039 E. HARRIS HAWK TRAIL	Amount of Each Disbursement this Period 241.84
	City SCOTTSDALE State AZ Zip Code 85262	003 Category/ Type
	Purpose of Disbursement In-kind - DC Fundraiser - Taxi travel meetings parking 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) ..... ▶

12362.42

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Rose & Allyn  Mailing Address 7144 East Stetson Drive, Suite 400  City State Zip Code Scottsdale AZ 85251  Purpose of Disbursement Media & Consulting - General Campaign Consultant & PR Firm  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: SB17.6145 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 1 0  Amount of Each Disbursement this Period  15601.05  Category/ Type 003
<b>B.</b>	Full Name (Last, First, Middle Initial) Anthony K. Smith  Mailing Address 9539 E. Chino Drive  City State Zip Code Scottsdale AZ 85255  Purpose of Disbursement Campaign Manager and scheduler  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: SB17.6478 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 1 0  Amount of Each Disbursement this Period  1000.00  Category/ Type 001
<b>C.</b>	Full Name (Last, First, Middle Initial) Anthony K. Smith  Mailing Address 9539 E. Chino Drive  City State Zip Code Scottsdale AZ 85255  Purpose of Disbursement Fuel for 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: SB17.6480 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 1 0  Amount of Each Disbursement this Period  208.79  Category/ Type 002

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

16809.84

**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) Anthony K. Smith	Transaction ID: SB17.6501 Date of Disbursement 06 / 24 / 2010
	Mailing Address 9539 E. Chino Drive	
	City Scottsdale State AZ Zip Code 85255	Amount of Each Disbursement this Period 274.80
	Purpose of Disbursement Travel Expenses - Fuel Maps	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) Staples	Transaction ID: SB17.6520 Date of Disbursement 05 / 28 / 2010
	Mailing Address 2625 S Woodlands Vlg Blvd #100	
	City Flagstaff State AZ Zip Code 86001	Amount of Each Disbursement this Period 409.72
	Purpose of Disbursement Printing	006 Category/ Type
	Candidate Name PAUL GOSAR FOR CONGRESS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Bill & Tina Strickler	Transaction ID: SB17.6740 Date of Disbursement 06 / 21 / 2010
	Mailing Address 4610 E Ardmore Rd	
	City Phoenix State AZ Zip Code 85044	Amount of Each Disbursement this Period 681.92
	Purpose of Disbursement In-kind - Campaign Tooth Brushes & Bags	<input type="checkbox"/> Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1366.44
<b>TOTAL</b> 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. Bart Thompson

Transaction ID: SB17.6888  
Date of Disbursement

Mailing Address 7110 E. McDonald Ste A-3

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

City State Zip Code  
Scottsdale AZ 85253

Amount of Each Disbursement this Period

565.71
--------

Purpose of Disbursement  
In-kind - Food Drinks Pinetop Fundraiser Gov Hull

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Jonathan Twist

Transaction ID: SB17.6146  
Date of Disbursement

Mailing Address 2843-2 E. Sherran Ln

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	1	0

City State Zip Code  
Phoenix AZ 85016

Amount of Each Disbursement this Period

1500.00
---------

Purpose of Disbursement  
Consulting - Campaign Management

001
-----

Candidate Name  
PAUL GOSAR FOR CONGRESS

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: AZ District: 01

C.

Full Name (Last, First, Middle Initial)  
Jonathan Twist

Transaction ID: SB17.6168  
Date of Disbursement

Mailing Address 2843-2 E. Sherran Ln

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	1	0

City State Zip Code  
Phoenix AZ 85016

Amount of Each Disbursement this Period

1500.00
---------

Purpose of Disbursement  
Consulting - Campaign Management

001
-----

Candidate Name  
PAUL GOSAR FOR CONGRESS

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: AZ District: 01

**SUBTOTAL** of Disbursements This Page (optional) .....

3565.71
---------

**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	Transaction ID: SB17.6359 Date of Disbursement 05 / 03 / 2010
	Mailing Address 2843-2 E. Sherran Ln	Amount of Each Disbursement this Period 1500.00
	City Phoenix State AZ Zip Code 85016	
	Purpose of Disbursement Consulting - Campaign Management	001 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) Jonathan Twist	Transaction ID: SB17.6427 Date of Disbursement 05 / 17 / 2010
	Mailing Address 2843-2 E. Sherran Ln	Amount of Each Disbursement this Period 1500.00
	City Phoenix State AZ Zip Code 85016	
	Purpose of Disbursement Consulting - Campaign Manager	001 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) Jonathan Twist	Transaction ID: SB17.6468 Date of Disbursement 05 / 27 / 2010
	Mailing Address 2843-2 E. Sherran Ln	Amount of Each Disbursement this Period 1500.00
	City Phoenix State AZ Zip Code 85016	
	Purpose of Disbursement Campaign Manager Consulting Fee	001 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>SUBTOTAL</b> of Disbursements This Page (optional) .....	4500.00
<b>TOTAL</b> 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><b>A.</b> Full Name (Last, First, Middle Initial) Jonathan Twist</p> <p>Mailing Address 2843-2 E. Sherran Ln</p> <p>City Phoenix State AZ Zip Code 85016</p> <p>Purpose of Disbursement Consulting - Campaign Management</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><b>Transaction ID:</b> SB17.6497</p> <p>Date of Disbursement MM / DD / YYYY 06 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>Category/Type 001</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Jonathan Twist</p> <p>Mailing Address 2843-2 E. Sherran Ln</p> <p>City Phoenix State AZ Zip Code 85016</p> <p>Purpose of Disbursement In-kind - Printing, Mailing Maps &amp; Tent for Fundraising</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><b>Transaction ID:</b> SB17.6843</p> <p>Date of Disbursement MM / DD / YYYY 06 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 157.94</p> <p>Category/Type</p>
<p><b>C.</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 Travel WLC</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><b>Transaction ID:</b> SB17.6155</p> <p>Date of Disbursement MM / DD / YYYY 04 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 1334.80</p> <p>Category/Type 002</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2992.74

**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)  
Thomas Van Flein

Transaction ID: SB17.6805  
Date of Disbursement

Mailing Address PO Box 102359

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	0

City Anchorage State AK Zip Code 99510

Amount of Each Disbursement this Period

Purpose of Disbursement  
In-kind - Alaska Fundraiser Food & Drinks

50.00
-------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Thomas Van Flein

Transaction ID: SB17.6807  
Date of Disbursement

Mailing Address PO Box 102359

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	0

City Anchorage State AK Zip Code 99510

Amount of Each Disbursement this Period

Purpose of Disbursement  
In-kind - Alaska Fundraiser Food & Drinks

140.00
--------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Thomas Van Flein

Transaction ID: SB17.6809  
Date of Disbursement

Mailing Address PO Box 102359

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	3		2	0	1	0

City Anchorage State AK Zip Code 99510

Amount of Each Disbursement this Period

Purpose of Disbursement  
In-kind - Legal consulting

1260.00
---------

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) .....

1450.00
---------

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Wyoming Dental Association</p> <p>Mailing Address 259 South Center, Suite 201</p> <p>City Casper State WY Zip Code 82601</p> <p>Purpose of Disbursement In-kind - Fundraiser Hotel food WY Fundraiser</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><b>Transaction ID:</b> SB17.6841</p> <p>Date of Disbursement 06 / 25 / 2010</p> <p>Amount of Each Disbursement this Period 499.90</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Yavapai GOP</p> <p>Mailing Address 112-B Union Street</p> <p>City Prescott State AZ Zip Code 86303</p> <p>Purpose of Disbursement Fundraising Diner</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><b>Transaction ID:</b> SB17.6360</p> <p>Date of Disbursement 05 / 03 / 2010</p> <p>Amount of Each Disbursement this Period 120.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Yavapai GOP</p> <p>Mailing Address 112-B Union Street</p> <p>City Prescott State AZ Zip Code 86303</p> <p>Purpose of Disbursement Fundraising Event 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><b>Transaction ID:</b> SB17.6548</p> <p>Date of Disbursement 06 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 210.00</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>829.90</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>125970.54</b>