

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5
PAUL GOSAR FOR CONGRESS

ADDRESS (number and street) PO Box 2967
 Check if different than previously reported. (ACC) Prescott AZ 86302

2. **FEC IDENTIFICATION NUMBER** C C00461806 3. IS THIS REPORT NEW (N) **OR** AMENDED (A) AZ 04

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 M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 01 / 01 / 2014 through M M / D D / Y Y Y Y 03 / 31 / 2014

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 Dr. W. Brian Powley

Signature of Treasurer Dr. W. Brian Powley *[Electronically Filed]* Date M M / D D / Y Y Y Y 04 / 24 / 2014

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
PAUL GOSAR FOR CONGRESS

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	41885.05	338628.03
(b) Total Contribution Refunds (from Line 20(d))	55.00	555.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	41830.05	338073.03
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	18184.16	161321.07
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	15194.83
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	18184.16	146126.24
8. Cash on Hand at Close of Reporting Period (from Line 27).....	200311.54	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

PAUL GOSAR FOR CONGRESS

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	16750.00	186916.04
(ii) Unitemized	2635.05	24943.55
(iii) TOTAL of contributions from individuals	19385.05	211859.59
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	22500.00	126768.44
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	41885.05	338628.03
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	148.81
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	15194.83
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	2.80
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	41885.05	353974.47

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	18184.16	161321.07
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	55.00	555.00
(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)).....	55.00	555.00
21. OTHER DISBURSEMENTS	4000.00	63900.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	22239.16	225776.07

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	180665.65
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	41885.05
25. SUBTOTAL (add Line 23 and Line 24).....	222550.70
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	22239.16
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	200311.54

**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 5 OF 38
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Steve C. Barclay

Mailing Address 40 N Central Ave #1400

City Phoenix	State AZ	Zip Code 85004
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FEC ID number of contributing federal political committee. **C**

Name of Employer Barclay Legal	Occupation Attorney
-----------------------------------	------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2014

Transaction ID : SA11AI.17861

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Matthew J. Campbell Jr.

Mailing Address 1601 Elsdon Cir

City Carmichael	State CA	Zip Code 95608
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FEC ID number of contributing federal political committee. **C**

Name of Employer Campbell Dental	Occupation Dentist
-------------------------------------	-----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 11 / 2014

Transaction ID : SA11AI.17802

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
John Carlson

Mailing Address 3575 McCormick Dr #2-203

City Bullhead City	State AZ	Zip Code 86429
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FEC ID number of contributing federal political committee. **C**

Name of Employer Mohave Electric Co-op	Occupation CEO
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Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2014

Transaction ID : SA11AI.17840

Amount of Each Receipt this Period
500.00

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

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

1250.00

**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 6 OF 38
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)
Kevin S Conroy

Mailing Address 9411 E Calle De Las Brisas

City State Zip Code
Scottsdale AZ 85255

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

Name of Employer Occupation
Allen Endodontic Group Administrator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 10 / 2014

Transaction ID : SA11AI.17870

Amount of Each Receipt this Period
750.00

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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 13 / 2014

Transaction ID : SA11AI.17803

Amount of Each Receipt this Period
250.00

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

Mailing Address 4017 Estes Rd.

City State Zip Code
Nashville TN 37216

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

Name of Employer Occupation
CCA Chief Development Officer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.17872

Amount of Each Receipt this Period
1000.00

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

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

2000.00

**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 7 OF 38
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Douglas Hadnot		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 11 / 2014
Mailing Address PO Box 278		Transaction ID : SA11AI.17804
City Lolo	State MT	Zip Code 59747
FEC ID number of contributing federal political committee.	C	
Name of Employer Self	Occupation Dentist	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00	
		Amount of Each Receipt this Period 100.00

Full Name (Last, First, Middle Initial) B. Thomas Harrison		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 11 / 2014
Mailing Address 21715 Kingsland Blvd.		Transaction ID : SA11AI.17831
City Katy	State TX	Zip Code 77450
FEC ID number of contributing federal political committee.	C	
Name of Employer Harrison Dental	Occupation Dentist	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	
		Amount of Each Receipt this Period 250.00

Full Name (Last, First, Middle Initial) C. Dr. Robert Hawke		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 23 / 2014
Mailing Address 6745 E Tivani Dr.		Transaction ID : SA11AI.17817
City Tucson	State AZ	Zip Code 85715
FEC ID number of contributing federal political committee.	C	
Name of Employer Robert F. Hawke, DDS	Occupation Dentist	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3000.00	
		Amount of Each Receipt this Period 200.00

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: (check only one)	PAGE 8 OF 38
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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. Robert Hawke

Mailing Address 6745 E Tivani Dr.

City Tucson	State AZ	Zip Code 85715
----------------	-------------	-------------------

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

Name of Employer Robert F. Hawke, DDS	Occupation Dentist
--	-----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3200.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 24 / 2014

Transaction ID : SA11AI.17816

Amount of Each Receipt this Period
200.00

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

Mailing Address 6745 E Tivani Dr.

City Tucson	State AZ	Zip Code 85715
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FEC ID number of contributing federal political committee. **C**

Name of Employer Robert F. Hawke, DDS	Occupation Dentist
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Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3400.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 24 / 2014

Transaction ID : SA11AI.17815

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Bruce Hutchison

Mailing Address 15010 Starry Night Lane

City Centreville	State VA	Zip Code 20120
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Dentist
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Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 11 / 2014

Transaction ID : SA11AI.17865

Amount of Each Receipt this Period
500.00

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

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

900.00

**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 9 OF 38
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)
Michael Ingram

Mailing Address 6094 E Cholla Dr.

City Paradise Valley	State AZ	Zip Code 85253
-------------------------	-------------	-------------------

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

Name of Employer El Dorado Holidngs Inc.	Occupation Real Estate Investment
---	--------------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11AI.17808

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
James Landers

Mailing Address 956 12th St

City Cody	State WY	Zip Code 82414
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FEC ID number of contributing federal political committee. **C**

Name of Employer Landers Dental	Occupation Dentist
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Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 11 / 2014

Transaction ID : SA11AI.17832

Amount of Each Receipt this Period
300.00

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

Mailing Address 7278 E Cozy Camp Dr.

City Prescott	State AZ	Zip Code 86305
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FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation Retired
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Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 07 / 2014

Transaction ID : SA11AI.17880

Amount of Each Receipt this Period
250.00

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

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

1550.00

**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 10 OF 38
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)
James Lange

Mailing Address 7278 E Cozy Camp Dr.

City Prescott	State AZ	Zip Code 86305
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FEC ID number of contributing federal political committee. **C**

Name of Employer N/A	Occupation Retired
-------------------------	-----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
450.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 05 / 2014

Transaction ID : SA11AI.17810

Amount of Each Receipt this Period
200.00

B. Full Name (Last, First, Middle Initial)
Cheryl Lombard

Mailing Address 1005 E Hearn Rd.

City Phoenix	State AZ	Zip Code 85022
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FEC ID number of contributing federal political committee. **C**

Name of Employer The Nature Conservancy	Occupation Government Relations Director
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Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 10 / 2014

Transaction ID : SA11AI.17827

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Ray Maddox

Mailing Address 1200 N Walnut St.

City Hartford City	State IN	Zip Code 47348
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FEC ID number of contributing federal political committee. **C**

Name of Employer Maddox Dental	Occupation Dentist
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Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 17 / 2014

Transaction ID : SA11AI.17881

Amount of Each Receipt this Period
100.00

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

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

800.00

**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 11 OF 38
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)
Madjid Matin

Mailing Address 5532 Wisconsin Ave #1545

City State Zip Code
Chevy Chase MD 20815

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

Name of Employer Occupation
Self Periodontist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 22 / 2014

Transaction ID : SA11AI.17837

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Bernard McDermott

Mailing Address 4208 Chesapeake St NW

City State Zip Code
Washington DC 20016

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

Name of Employer Occupation
Retired Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 22 / 2014

Transaction ID : SA11AI.17826

Amount of Each Receipt this Period
250.00

C. 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 Occupation
McDougall Dental Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 11 / 2014

Transaction ID : SA11AI.17866

Amount of Each Receipt this Period
500.00

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

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

1000.00

**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 12 OF 38
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)
Charles McGinty

Mailing Address 5059 McClelland Blvd

City Joplin State MO Zip Code 64804

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

Name of Employer McGinty Dental Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 13 / 2014

Transaction ID : SA11AI.17858

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Steven S. Mehta

Mailing Address 1340 S Jimson Loop

City Show Low State AZ Zip Code 85901

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

Name of Employer Mehtaesthetics Vein and Laser Occupation Medical Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : SA11AI.17873

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Julian Moiseiwitsch

Mailing Address 3040 Garrison St NW

City Washington State DC Zip Code 20008

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

Name of Employer Self Occupation Endodontist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
01 / 22 / 2014

Transaction ID : SA11AI.17857

Amount of Each Receipt this Period
250.00

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

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

1500.00

**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 13 OF 38
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)
Ron Ober

Mailing Address 10313 N 50th St.

City Paradise Valley	State AZ	Zip Code 85253
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FEC ID number of contributing federal political committee. **C**

Name of Employer Policy Development Group	Occupation President & CEO
--	-------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 09 / 2014

Transaction ID : SA11AI.17813

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Pat Rabot

Mailing Address 11581 E Arabian Park Dr.

City Scottsdale	State AZ	Zip Code 85259
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Oral Surgeon
--------------------------	----------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 28 / 2014

Transaction ID : SA11AI.17822

Amount of Each Receipt this Period
750.00

C. Full Name (Last, First, Middle Initial)
Brent Roufs

Mailing Address 400 Allison

City Newton	State KS	Zip Code 67114
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FEC ID number of contributing federal political committee. **C**

Name of Employer Roufs Dental	Occupation Dentist
----------------------------------	-----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 11 / 2014

Transaction ID : SA11AI.17859

Amount of Each Receipt this Period
250.00

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

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

1500.00

**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 14 OF 38
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Paula L. Russo DDS		Date of Receipt M M / D D / Y Y Y Y 01 / 22 / 2014	
Mailing Address 2021 K St NW #522		Transaction ID : SA11AI.17791	
City Washington	State DC	Zip Code 20006	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Self	Occupation Dentist		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) B. Brian Scott		Date of Receipt M M / D D / Y Y Y Y 01 / 11 / 2014	
Mailing Address 511 Byron St.		Transaction ID : SA11AI.17867	
City Palo Alto	State CA	Zip Code 94301	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Self	Occupation Dentist		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) C. Janice Scott		Date of Receipt M M / D D / Y Y Y Y 01 / 11 / 2014	
Mailing Address 2648 St Helena Ct		Transaction ID : SA11AI.17868	
City Livermore	State CA	Zip Code 94550	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Self	Occupation Dentist		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	2000.00

**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 15 OF 38
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dr. Bryan 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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 11 / 2014

Transaction ID : SA11AI.17825

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Lois Marie Smith

Mailing Address P.O. Box 1950

City State Zip Code
Prescott AZ 86302

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

Name of Employer Occupation
N/A Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 07 / 2014

Transaction ID : SA11AI.17864

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Russell Smolden

Mailing Address 357 E Monte Vista

City State Zip Code
Phoenix AZ 85004

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

Name of Employer Occupation
B3 Strategies CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1250.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 27 / 2014

Transaction ID : SA11AI.17806

Amount of Each Receipt this Period
750.00

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

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

1500.00

**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 16 OF 38
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Howard Sorenson		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2014	
Mailing Address 2648 S 36th Drive		Transaction ID : SA11AI.17863	
City Yuma	State AZ	Zip Code 85364	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Yuma Endodontics	Occupation Dentist		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) B. Dr. Carol Summerhays		Date of Receipt M M / D D / Y Y Y Y 01 / 11 / 2014	
Mailing Address 6635 Flanders Drive Suite E		Transaction ID : SA11AI.17820	
City San Diego	State CA	Zip Code 92121	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Summerhays Dental	Occupation Dentist		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 750.00		

Full Name (Last, First, Middle Initial) C. Mark A. Tromblay		Date of Receipt M M / D D / Y Y Y Y 01 / 22 / 2014	
Mailing Address 1929 Summit Terrace		Transaction ID : SA11AI.17839	
City Alexandria	State VA	Zip Code 22307	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Self	Occupation Dentist		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	1000.00

**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 17 OF 38
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)
Steve Trussell

Mailing Address 271 S Yale Ct.

City State Zip Code
Gilbert AZ 85296

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

Name of Employer Occupation
Arizona Rock Products Associat Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.17860

Amount of Each Receipt this Period
500.00

B. 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 Occupation
Services Group of America Lawyer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11AI.17869

Amount of Each Receipt this Period
700.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

1200.00

16750.00

**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 18 OF 38
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Mailing Address 401 N. Lindbergh Blvd

City State Zip Code
St. Louis MO 63141

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2014

Transaction ID : SA11C.17773

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
BUILD PAC

Mailing Address 1201 15th Street NW

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00000901

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 21 / 2014

Transaction ID : SA11C.17777

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
BUILD PAC

Mailing Address 1201 15th Street NW

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00000901

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : SA11C.17704

Amount of Each Receipt this Period
1000.00

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

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

7000.00

**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 19 OF 38
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) DEVON ENERGY CORPORATION POLITICAL ACTION COMMITTEE (DEC PAC)		Date of Receipt M M / D D / Y Y Y Y 01 / 16 / 2014	
Mailing Address 333 WEST SHERIDAN		Transaction ID : SA11C.17778	
City OKLAHOMA CITY	State OK	Zip Code 73102	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00354753			
Name of Employer Occupation			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) FREEMPORT-MCMORAN COPPER & GOLD INC. CITIZENSHIP COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2014	
Mailing Address 1 NORTH CENTRAL AVENUE		Transaction ID : SA11C.17703	
City PHOENIX	State AZ	Zip Code 85004	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C C00320101			
Name of Employer Occupation			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) FREEMPORT-MCMORAN COPPER & GOLD INC. CITIZENSHIP COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2014	
Mailing Address 1 NORTH CENTRAL AVENUE		Transaction ID : SA11C.17705	
City PHOENIX	State AZ	Zip Code 85004	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C C00320101			
Name of Employer Occupation			
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 7500.00	

SUBTOTAL of Receipts This Page (optional).....	6000.00
TOTAL This Period (last page this line number only).....	6000.00

**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 20 OF 38
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)
HALLIBURTON COMPANY PAC

Mailing Address 801 17TH ST NW
10TH FLOOR

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C C00035691**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 07 / 2014

Transaction ID : SA11C.17698

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
IPAA WILDCATTERS FUND

Mailing Address 1201 15TH STREET, NW
SUITE 300

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00246306**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 18 / 2014

Transaction ID : SA11C.17768

Amount of Each Receipt this Period
 2000.00

C. Full Name (Last, First, Middle Initial)
NATIONAL OCEAN INDUSTRIES ASSOCIATION (NOIA) POLITICAL ACTIO

Mailing Address 1120 G STREET NW
SUITE 900

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00409565**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 07 / 2014

Transaction ID : SA11C.17702

Amount of Each Receipt this Period
 1000.00

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

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

4000.00

**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 21 OF 38
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 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)
NATIONAL RESTAURANT ASSOCIATION PAC

Mailing Address 1200 17th Street NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00003764

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 14 / 2014

Transaction ID : SA11C.17779

Amount of Each Receipt this Period
 2500.00

B. Full Name (Last, First, Middle Initial)
OCCIDENTAL PETROLEUM CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 10889 WILSHIRE BLVD.

City LOS ANGELES State CA Zip Code 90024

FEC ID number of contributing federal political committee. **C** C00083857

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 18 / 2014

Transaction ID : SA11C.17769

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
WESTERN ENERGY ALLIANCE PAC

Mailing Address 410 17TH STREET SUITE 700

City DENVER State CO Zip Code 80202

FEC ID number of contributing federal political committee. **C** C00426569

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 05 / 2014

Transaction ID : SA11C.17701

Amount of Each Receipt this Period
 1000.00

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

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

4500.00

**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 22 OF 38
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 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)
WPX ENERGY, INC. POLITICAL ACTION COMMITTEE

Mailing Address 801 PENNSYLVANIA AVE. NW
SUITE 315

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00502518

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 27 / 2014

Transaction ID : SA11C.17775

Amount of Each Receipt this Period
 1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

1000.00

22500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 38			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Authorize.net Corp.		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 915 South 500 East, Suite 200		Amount of Each Disbursement this Period 27.95 Transaction ID : SB17.17750
City American Fork	State UT	
Zip Code 84003	Purpose of Disbursement Credit Card Merchant Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Authorize.net Corp.		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 915 South 500 East, Suite 200		Amount of Each Disbursement this Period 27.95 Transaction ID : SB17.17753
City American Fork	State UT	
Zip Code 84003	Purpose of Disbursement Credit Card Merchant Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Authorize.net Corp.		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address 915 South 500 East, Suite 200		Amount of Each Disbursement this Period 27.95 Transaction ID : SB17.17757
City American Fork	State UT	
Zip Code 84003	Purpose of Disbursement Credit Card Merchant Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	83.85
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 38	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2014
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 107.42 Transaction ID : SB17.17712
City Washington State DC Zip Code 20003	Purpose of Disbursement Meals	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2014
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 833.28 Transaction ID : SB17.17720
City Washington State DC Zip Code 20003	Purpose of Disbursement Meals and Fundraising Events	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 100.60 Transaction ID : SB17.17723
City Washington State DC Zip Code 20003	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1041.30
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 25 OF 38	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Delta Airlines		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 1030 Delta Boulevard		Amount of Each Disbursement this Period 295.00 Transaction ID : SB17.17764
City Atlanta	State GA Zip Code 30320	
Purpose of Disbursement Airfare	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. DreamHost.com		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 417 Associated Dr PMB #257		Amount of Each Disbursement this Period 119.40 Transaction ID : SB17.17737
City Brea	State CA Zip Code 92821	
Purpose of Disbursement Web Hosting	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Facebook		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014
Mailing Address 1 Hacker Way		Amount of Each Disbursement this Period 50.27 Transaction ID : SB17.17706
City Menlo Park	State CA Zip Code 94025	
Purpose of Disbursement Online Advertising	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	464.67
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 26 OF 38			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Global Payments		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014
Mailing Address 10 Glenlake Pakrway		Amount of Each Disbursement this Period 112.10
City Atlanta	State GA Zip Code 30328	
Purpose of Disbursement Credit Card Merchant Fees	Category/Type	Transaction ID : SB17.17749
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Global Payments		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2014
Mailing Address 10 Glenlake Pakrway		Amount of Each Disbursement this Period 26.02
City Atlanta	State GA Zip Code 30328	
Purpose of Disbursement Credit Card Merchant Fees	Category/Type	Transaction ID : SB17.17754
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Global Payments		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 10 Glenlake Pakrway		Amount of Each Disbursement this Period 53.96
City Atlanta	State GA Zip Code 30328	
Purpose of Disbursement Credit Card Merchant Fees	Category/Type	Transaction ID : SB17.17756
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	192.08
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 27 OF 38			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Hieu Tran & Company		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address PO Box 11494		Amount of Each Disbursement this Period 1250.00
City Tempe	State AZ	
Zip Code 85284	Purpose of Disbursement Accounting and Compliance	Transaction ID : SB17.17746
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. iContact		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2014
Mailing Address 2450 Perimeter Park Drive #105		Amount of Each Disbursement this Period 80.25
City Morrisville	State NC	
Zip Code 27560	Purpose of Disbursement Email Service	Transaction ID : SB17.17724
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. iContact		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014
Mailing Address 2450 Perimeter Park Drive #105		Amount of Each Disbursement this Period 80.25
City Morrisville	State NC	
Zip Code 27560	Purpose of Disbursement Email Service	Transaction ID : SB17.17725
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1410.50
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 28 OF 38	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. iContact		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014
Mailing Address 2450 Perimeter Park Drive #105		Amount of Each Disbursement this Period 80.25
City Morrisville	State NC	
Zip Code 27560	Purpose of Disbursement Email service	Transaction ID : SB17.17726
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Lovas Co.		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address 6740 W Deer Valley Red Ste D107-205		Amount of Each Disbursement this Period 5500.00
City Glendale	State AZ	
Zip Code 85310	Purpose of Disbursement Fundraising Fees	Transaction ID : SB17.17747
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Lovas Co.		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2014
Mailing Address 6740 W Deer Valley Red Ste D107-205		Amount of Each Disbursement this Period 5500.00
City Glendale	State AZ	
Zip Code 85310	Purpose of Disbursement Fundraising Fees	Transaction ID : SB17.17748
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	11080.25
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)	PAGE 29 OF 38			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Piryx		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 144 2nd St,		Amount of Each Disbursement this Period 9.00
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit Card Merchant Fees	Transaction ID : SB17.17752
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Piryx		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 144 2nd St,		Amount of Each Disbursement this Period 11.25
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit Card Merchant Fees	Transaction ID : SB17.17755
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Piryx		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 144 2nd St,		Amount of Each Disbursement this Period 9.00
City San Francisco	State CA	
Zip Code 94105	Purpose of Disbursement Credit Card Merchant Fees	Transaction ID : SB17.17759
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	29.25
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)	PAGE 30 OF 38			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Postmaster		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014
Mailing Address 475 L'Enfant Plaza, SW		Amount of Each Disbursement this Period 96.00
City Washington	State DC	
Zip Code 20260	Purpose of Disbursement PO Box Renewal	Transaction ID : SB17.17760
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Salt River Fields		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2014
Mailing Address 7555 N Pima Rd.		Amount of Each Disbursement this Period 1090.00
City Scottsdale	State AZ	
Zip Code 85258	Purpose of Disbursement Fundraising Event - Suite Rental	Transaction ID : SB17.17738
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Salt River Fields		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 7555 N Pima Rd.		Amount of Each Disbursement this Period 795.00
City Scottsdale	State AZ	
Zip Code 85258	Purpose of Disbursement Fundraising Event - Suite Rental and Catering	Transaction ID : SB17.17740
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1981.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 38		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Square		Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2014
Mailing Address 901 Mission Street		Amount of Each Disbursement this Period 619.66 Transaction ID : SB17.17751
City San Francisco	State CA Zip Code 94103	
Purpose of Disbursement Credit Card Merchant Fees	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. The Standard		Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2014
Mailing Address 130 S Main St.		Amount of Each Disbursement this Period 267.08 Transaction ID : SB17.17715
City Yuma	State AZ Zip Code 85364	
Purpose of Disbursement Fundraising Event	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. US Airways		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 4000 E. Sky Harbor Blvd.		Amount of Each Disbursement this Period 236.50 Transaction ID : SB17.17765
City Phoenix	State AZ Zip Code 85034	
Purpose of Disbursement Airfare	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1123.24
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 32 OF 38	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Wells Fargo Bank		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014
Mailing Address 10959 E Dynamite Blvd.		Amount of Each Disbursement this Period 3.00
City Scottsdale	State AZ	
Zip Code 85262	Purpose of Disbursement Bank Fee	Transaction ID : SB17.17743
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Wells Fargo Bank		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 10959 E Dynamite Blvd.		Amount of Each Disbursement this Period 3.00
City Scottsdale	State AZ	
Zip Code 85262	Purpose of Disbursement Bank Fee	Transaction ID : SB17.17744
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6.00
TOTAL This Period (last page this line number only).....	17412.14

**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 33 OF 38	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JUSTIN AMASH FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2014
Mailing Address 1500 E BELTLINE AVE SE STE 250		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB21.17727
City GRAND RAPIDS State MI Zip Code 49506	Purpose of Disbursement Contribution 011 Category/Type	
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MI District: 03		

Full Name (Last, First, Middle Initial) B. MILLER-MEEKS FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 11674-90TH ST		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB21.17732
City OTTUMWA State IA Zip Code 52501	Purpose of Disbursement Campaign Contribution 011 Category/Type	
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: IA District: 02		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4000.00
TOTAL This Period (last page this line number only).....	4000.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

PAUL GOSAR FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Hammond & Associates

Nature of Debt (Purpose):
Fundraising Services

Mailing Address P.O. Box 368

City State Zip Code
Falls Church VA 22040

Outstanding Balance Beginning This Period

7500.00

Transaction ID : SD10.11368

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Integrated Web Strategy

Nature of Debt (Purpose):
Ad Purchase

Mailing Address 5330 N 12th St.

City State Zip Code
Phoenix AZ 85012

Outstanding Balance Beginning This Period

110.00

Transaction ID : SD10.14600

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Integrated Web Strategy

Nature of Debt (Purpose):
Video Production

Mailing Address 5330 N 12th St.

City State Zip Code
Phoenix AZ 85012

Outstanding Balance Beginning This Period

850.00

Transaction ID : SD10.14601

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional) ▶

0.00

2) **TOTALS** This Period (last page this line number only) ▶

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

0.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.11368

(Current loan amount of 7500.00 from a balance of 7500.00 has been forgiven)

Form/Schedule: SD10

Transaction ID: SD10.14600

(Current loan amount of 110.00 from a balance of 110.00 has been forgiven)

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.14601

(Current loan amount of 850.00 from a balance of 850.00 has been forgiven)

Form/Schedule:

Transaction ID:

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER:
 (check only one) 9
 10

NAME OF COMMITTEE (In Full)

PAUL GOSAR FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Integrated Web Strategy

Mailing Address 5330 N 12th St.

City State Zip Code
 Phoenix AZ 85012

Nature of Debt (Purpose):
 Video Production

Outstanding Balance Beginning This Period **Transaction ID : SD10.14603**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text" value="0.00"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="0.00"/>

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.14603

(Current loan amount of 1600.00 from a balance of 1600.00 has been forgiven)

Form/Schedule:

Transaction ID: