

**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.

1 2 F E 4 M 5

GOSAR FOR CONGRESS

ADDRESS (number and street)

PO BOX 5322

Check if different  
than previously  
reported. (ACC)

GOODYEAR

AZ

85338

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00461806

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

STATE ▼ DISTRICT

AZ

09

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

through

M M /

D D /

Y Y Y Y

*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 BILBRAY, BRIANA, , , CPA

Signature of Treasurer

BILBRAY, BRIANA, , , CPA

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office  
Use  
Only**FEC FORM 3**  
(Revised 05/2016)

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

**GOSAR FOR CONGRESS**

Report Covering the Period:

From:

MM / DD / YYYY  
07 / 01 / 2025

To:

MM / DD / YYYY  
09 / 30 / 2025

	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)) ....	72780.36	254988.81
(b) Total Contribution Refunds (from Line 20(d)) .....	25.00	368.23
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	72755.36	254620.58
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	44422.12	193690.67
(b) Total Offsets to Operating Expenditures (from Line 14) .....	1485.00	2185.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	42937.12	191505.67
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	142570.44	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	558.19	

For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov).

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

**GOSAR FOR CONGRESS**

Report Covering the Period:

From:

MM / DD / YYYY  
07 / 01 / 2025

To:

MM / DD / YYYY  
09 / 30 / 2025**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).....

46570.52

165329.50

(ii) Unitemized .....

11209.84

66659.31

(iii) TOTAL of contributions  
from individuals ▶

57780.36

231988.81

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees  
(such as PACs) .....

15000.00

23000.00

(d) The Candidate .....

0.00

0.00

(e) TOTAL CONTRIBUTIONS  
(other than loans)  
(add Lines 11(a)(iii), (b), (c), and (d))..

72780.36

254988.81

12. TRANSFERS FROM OTHER  
AUTHORIZED COMMITTEES .....

0.00

0.00

## 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.) .....

1485.00

2185.00

15. OTHER RECEIPTS  
(Dividends, Interest, etc.) .....

17.50

1517.50

16. **TOTAL RECEIPTS** (add Lines  
11(e), 12, 13(c), 14, and 15)  
(Carry Total to Line 24, page 4)..... ▶

74282.86

258691.31

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	44422.12	193690.67
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 .....	25.00	368.23
(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)).....	25.00	368.23
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	44447.12	194058.90

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	112734.70
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	74282.86
25. SUBTOTAL (add Line 23 and Line 24).....	187017.56
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	44447.12
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	142570.44

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 5 OF 64

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

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)

**GOSAR FOR CONGRESS**

Full Name (Last, First, Middle Initial)

BECKER, JOHN, , ,

A.

Mailing Address 20790 N HACKAMORE LANE

City

PAULDEN

State

AZ

Zip Code

86334

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PAPILLON

Occupation

DIRECTOR OF OPERATIONS

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	2	5

Transaction ID : A-465688

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

BROWN, BRIAN, , ,

B.

Mailing Address 5044 N. LOUIS RIVER WAY

City

TUCSON

State

AZ

Zip Code

85718

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KITCHELL

Occupation

REGIONAL EXECUTIVE

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	2	5

Transaction ID : A-465175

Amount of Each Receipt this Period

1000.00

☐ Memo Item

EARMARK VIA WINRED ON 2025-07-06

Full Name (Last, First, Middle Initial)

WINRED

C.

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

55095.39

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	2	5

Transaction ID : A-465175CM

Amount of Each Receipt this Period

3845.78

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT  
CONTRIBUTION LIMIT NOT AFFECTED.

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 64

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

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NAME OF COMMITTEE (In Full)

**GOSAR FOR CONGRESS**

Full Name (Last, First, Middle Initial)

BURGE, KRYSTAL, , ,

**A.**

Mailing Address 3845 STOCKTON HILL ROAD

City

KINGMAN

State

AZ

Zip Code

86409

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DESERT DE ORO FOODS, INC.

Occupation

CO-FOUNDER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 26 2025

Transaction ID : A-465176

Amount of Each Receipt this Period

2500.00

☐ Memo Item

EARMARK VIA WINRED ON 2025-07-06

Full Name (Last, First, Middle Initial)

WINRED

**B.**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

55095.39

Date of Receipt

M M / D D / Y Y Y Y Y  
07 06 2025

Transaction ID : A-465176CM

Amount of Each Receipt this Period

3845.78

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT  
CONTRIBUTION LIMIT NOT AFFECTED.

Full Name (Last, First, Middle Initial)

CHILTON, JAMES, K., , JR.

**C.**

Mailing Address PO BOX 423

City

ARIVACA

State

AZ

Zip Code

85601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF - EMPLOYED

Occupation

RANCHER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 08 2025

Transaction ID : A-465811

Amount of Each Receipt this Period

260.00

☐ Memo Item

2760.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 64

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

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NAME OF COMMITTEE (In Full)

**GOSAR FOR CONGRESS**

Full Name (Last, First, Middle Initial)

CHILTON, JAMES, K., , JR.

**A.**

Mailing Address PO BOX 423

City

ARIVACA

State

AZ

Zip Code

85601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF - EMPLOYEDOccupation  
RANCHER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

770.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	2	5

Transaction ID : A-466197

Amount of Each Receipt this Period

260.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

CONNOLLY, PATRICK, , ,

Mailing Address 1729 NAVIGATOR DR

City

LAKE HAVASU CITY

State

AZ

Zip Code

86404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

232.18

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	2	5

Transaction ID : A-465886

Amount of Each Receipt this Period

52.05

☐ Memo Item

EARMARK VIA WINRED ON 2025-09-07

**C.**

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

72731.68

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	7		2	0	2	5

Transaction ID : A-465886CM

Amount of Each Receipt this Period

102.05

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT  
CONTRIBUTION LIMIT NOT AFFECTED.**SUBTOTAL** of Receipts This Page (optional)..... ▶

312.05

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 64

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

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NAME OF COMMITTEE (In Full)

**GOSAR FOR CONGRESS**

Full Name (Last, First, Middle Initial)

CONSORTI, FRED, , MR,

**A.** Mailing Address 1257 E CHARLESTON AVECity  
PHOENIXState  
AZZip Code  
85022-1251FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 13 2025

Transaction ID : A-466004

Amount of Each Receipt this Period

117.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

DANIELS, MARTHA, , ,

**B.** Mailing Address 2988 LA QUESTACity  
PRESCOTTState  
AZZip Code  
86305FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTEDOccupation  
INFORMATION REQUESTED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 08 2025

Transaction ID : A-465774

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

DANIELS, MARTHA, , ,

**C.** Mailing Address 2988 LA QUESTACity  
PRESCOTTState  
AZZip Code  
86305FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTEDOccupation  
INFORMATION REQUESTED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 25 2025

Transaction ID : A-466225

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

617.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 64

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

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NAME OF COMMITTEE (In Full)

**GOSAR FOR CONGRESS**

Full Name (Last, First, Middle Initial)

DE SZENDEFFY, ROD, P, ,

Mailing Address PO BOX 4450

City

CAVE CREEK

State

AZ

Zip Code

85327

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED - ROD P DE SZENDEFFY

Occupation

BUSINESS OWNER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	2	5

Transaction ID : A-466143

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

DOLBOW, BILL, , ,

Mailing Address 18532 PARTLOW ROAD

City

BEAVERDAM

State

VA

Zip Code

23015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DGSR LLC

Occupation

CONSULTANT

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	2		2	0	2	5

Transaction ID : A-465865

Amount of Each Receipt this Period

1000.00

☐ Memo Item

EARMARK VIA WINRED ON 2025-08-17

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

72472.22

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	2	5

Transaction ID : A-465865CM

Amount of Each Receipt this Period

12129.51

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT  
CONTRIBUTION LIMIT NOT AFFECTED.**SUBTOTAL** of Receipts This Page (optional)..... ▶

1100.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 64

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

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NAME OF COMMITTEE (In Full)

**GOSAR FOR CONGRESS**

Full Name (Last, First, Middle Initial)

DOUGLASS, DONALD, J, MR,

**A.** Mailing Address 8961 LAKE DR APT 306City  
CAPE CANAVERALState  
FLZip Code  
32920FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 03 2025

Transaction ID : A-465772

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

DOUGLASS, DONALD, J, MR,

**B.** Mailing Address 8961 LAKE DR APT 306City  
CAPE CANAVERALState  
FLZip Code  
32920FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 25 2025

Transaction ID : A-466203

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

ELLER, JOAN, , ,

**C.** Mailing Address 2225 EAST GEORGIA AVENUECity  
PHOENIXState  
AZZip Code  
85016FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 29 2025

Transaction ID : A-465968

Amount of Each Receipt this Period

250.00

☐ Memo Item

350.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 64

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

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NAME OF COMMITTEE (In Full)

**GOSAR FOR CONGRESS**

Full Name (Last, First, Middle Initial)

EVANS, BEATRICE, , ,

**A.**

Mailing Address 3139 CRESTVIEW DR

City

LAKE HAVASU CITY

State

AZ

Zip Code

86404

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	2	5

Transaction ID : A-465878

Amount of Each Receipt this Period

25.00

☐ Memo Item

EARMARK VIA WINRED ON 2025-08-31

**B.**

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

72629.63

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	2	5

Transaction ID : A-465878CM

Amount of Each Receipt this Period

95.00

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT  
CONTRIBUTION LIMIT NOT AFFECTED.**C.**

Full Name (Last, First, Middle Initial)

EVANS, BEATRICE, , ,

Mailing Address 3139 CRESTVIEW DR

City

LAKE HAVASU CITY

State

AZ

Zip Code

86404

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	2	5

Transaction ID : A-465926

Amount of Each Receipt this Period

50.00

☐ Memo Item

EARMARK VIA WINRED ON 2025-09-21

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

75.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 64

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

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NAME OF COMMITTEE (In Full)

**GOSAR FOR CONGRESS**Full Name (Last, First, Middle Initial)  
WINRED**A.** Mailing Address PO BOX 9891City  
ARLINGTONState  
VAZip Code  
22219FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

74060.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	2	5

Transaction ID : A-465926CM

Amount of Each Receipt this Period

1212.47

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT  
CONTRIBUTION LIMIT NOT AFFECTED.Full Name (Last, First, Middle Initial)  
EVANS, PATRICIA, , DR.,**B.** Mailing Address 664 CARLTON STCity  
KINGMANState  
AZZip Code  
86409FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

SELF - EMPLOYED

ANESTHESIOLOGY

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	2	5

Transaction ID : A-465804

Amount of Each Receipt this Period

500.00

☐ Memo ItemFull Name (Last, First, Middle Initial)  
EWING, JOHN, L., ,**C.** Mailing Address 1744 E 26TH PLCity  
YUMAState  
AZZip Code  
85365-3124FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

INFO REQUESTED

INFO REQUESTED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	3		2	0	2	5

Transaction ID : A-465779

Amount of Each Receipt this Period

250.00

☐ Memo Item**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 64

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

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NAME OF COMMITTEE (In Full)

**GOSAR FOR CONGRESS**

Full Name (Last, First, Middle Initial)

FERRARI, MARY, , ,

**A.**

Mailing Address 1545 E EL RODEO RD LOT 16

City

FORT MOHAVE

State

AZ

Zip Code

86426

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

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

Transaction ID : A-465719

Amount of Each Receipt this Period

25.00

☐ Memo Item

EARMARK VIA WINRED ON 2025-08-03

**B.**

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

60256.95

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	2	5

Transaction ID : A-465719CM

Amount of Each Receipt this Period

2241.51

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT  
CONTRIBUTION LIMIT NOT AFFECTED.**C.**

Full Name (Last, First, Middle Initial)

FERRARI, MARY, , ,

Mailing Address 1545 E EL RODEO RD LOT 16

City

FORT MOHAVE

State

AZ

Zip Code

86426

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	2	5

Transaction ID : A-465877

Amount of Each Receipt this Period

25.00

☐ Memo Item

EARMARK VIA WINRED ON 2025-08-31

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

50.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 64

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

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NAME OF COMMITTEE (In Full)

**GOSAR FOR CONGRESS**Full Name (Last, First, Middle Initial)  
**WINRED**

Mailing Address PO BOX 9891

City  
**ARLINGTON**State  
**VA**Zip Code  
**22219**FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

72629.63

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	2	5

Transaction ID : A-465877CM

Amount of Each Receipt this Period

95.00

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT  
CONTRIBUTION LIMIT NOT AFFECTED.Full Name (Last, First, Middle Initial)  
**GRAHAM, WALTER, , ,**

Mailing Address 5200 N SADDLEBACK DR

City  
**PRESCOTT VALLEY**State  
**AZ**Zip Code  
**86314**FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

226.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	2	5

Transaction ID : A-466189

Amount of Each Receipt this Period

125.00

☐ Memo ItemFull Name (Last, First, Middle Initial)  
**HAKEEM, ROBBIE, , ,**

Mailing Address 15431 N 67TH AVE APT 2049

City  
**GLENDALE**State  
**AZ**Zip Code  
**85306**FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

HEELEX MEDICAL

MEDICAL PHYSICIST

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	3		2	0	2	5

Transaction ID : A-465716

Amount of Each Receipt this Period

2500.00

☐ Memo Item

EARMARK VIA WINRED ON 2025-07-27

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

2625.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 64

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

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NAME OF COMMITTEE (In Full)

**GOSAR FOR CONGRESS**Full Name (Last, First, Middle Initial)  
WINRED**A.** Mailing Address PO BOX 9891City  
ARLINGTONState  
VAZip Code  
22219FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

58015.44

Date of Receipt

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

Transaction ID : A-465716CM

Amount of Each Receipt this Period

2638.33

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT  
CONTRIBUTION LIMIT NOT AFFECTED.Full Name (Last, First, Middle Initial)  
HAMILTON, CHARLES, W., ,**B.** Mailing Address 7690 W QUAIL SPRINGS RANCH RD.City  
DOLAN SPRINGSState  
AZZip Code  
86441FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

DBA: CHARLES HAMILTON

RANCHER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	5	

Transaction ID : A-465754

Amount of Each Receipt this Period

500.00

☐ Memo ItemFull Name (Last, First, Middle Initial)  
HAYDEN, MARILYN, J., ,**C.** Mailing Address 10306 E. CALLE DE LAS BRISASCity  
SCOTTSDALEState  
AZZip Code  
85255FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2204.55

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	6		2	0	5	

Transaction ID : A-465740

Amount of Each Receipt this Period

204.55

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶

704.55

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 64

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

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NAME OF COMMITTEE (In Full)

**GOSAR FOR CONGRESS**

Full Name (Last, First, Middle Initial)

HAYDEN, MARILYN, J, ,

**A.**

Mailing Address 10306 E. CALLE DE LAS BRISAS

City

SCOTTSDALE

State

AZ

Zip Code

85255

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3704.55

Date of Receipt

M M / D D / Y Y Y Y Y  
07 27 2025

Transaction ID : A-465731

Amount of Each Receipt this Period

1500.00

☐ Memo Item

EARMARK VIA WINRED ON 2025-08-03

Full Name (Last, First, Middle Initial)

WINRED

**B.**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

60256.95

Date of Receipt

M M / D D / Y Y Y Y Y  
08 03 2025

Transaction ID : A-465731CM

Amount of Each Receipt this Period

2241.51

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT  
CONTRIBUTION LIMIT NOT AFFECTED.

Full Name (Last, First, Middle Initial)

HOGAN, RICHARD, J, ,

**C.**

Mailing Address 3700 COMET DR

City

LAKE HAVASU CITY

State

AZ

Zip Code

86406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 09 2025

Transaction ID : A-465809

Amount of Each Receipt this Period

50.00

☐ Memo Item

1550.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 64

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

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NAME OF COMMITTEE (In Full)

**GOSAR FOR CONGRESS**

Full Name (Last, First, Middle Initial)

HOGAN, RICHARD, J, ,

**A.**

Mailing Address 3700 COMET DR

City

LAKE HAVASU CITY

State

AZ

Zip Code

86406

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 26 / 2025

Transaction ID : A-466097

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

JACKSON, THOMAS, E, ,

**B.**

Mailing Address 7407 E SUPERSTITION DR

City

KINGMAN

State

AZ

Zip Code

86401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 16 / 2025

Transaction ID : A-466137

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

JACOBY, WILLIAM, , ,

**C.**

Mailing Address 5030 E BERYL AVE

City

PARADISE VALLEY

State

AZ

Zip Code

85253

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RAD PARTNERS

Occupation

RADIOLOGIST

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1033.06

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 14 / 2025

Transaction ID : A-465931

Amount of Each Receipt this Period

1033.06

☐ Memo Item

EARMARK VIA WINRED ON 2025-09-21

1158.06

**SUBTOTAL** of Receipts This Page (optional)..... ▶**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 64

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

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NAME OF COMMITTEE (In Full)

**GOSAR FOR CONGRESS**Full Name (Last, First, Middle Initial)  
WINRED**A.** Mailing Address PO BOX 9891City  
ARLINGTONState  
VAZip Code  
22219FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

74060.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	2	5

Transaction ID : A-465931CM

Amount of Each Receipt this Period

1212.47

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT  
CONTRIBUTION LIMIT NOT AFFECTED.**B.** Full Name (Last, First, Middle Initial)  
KARSANT O'KEEFFE, ATHENA, , ,

Mailing Address 820 LAGUNA HONDA BOULEVARD

City  
SAN FRANCISCOState  
CAZip Code  
94127FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

HOMEMAKER

HOMEMAKER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1955.86

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	2	5

Transaction ID : A-465906

Amount of Each Receipt this Period

1955.86

☐ Memo Item

EARMARK VIA WINRED ON 2025-08-17

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

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

72472.22

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	2	5

Transaction ID : A-465906CM

Amount of Each Receipt this Period

12129.51

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT  
CONTRIBUTION LIMIT NOT AFFECTED.**SUBTOTAL** of Receipts This Page (optional)..... ►

1955.86

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 64

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

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NAME OF COMMITTEE (In Full)

**GOSAR FOR CONGRESS**

Full Name (Last, First, Middle Initial)

KOONTZ, STEVEN, , ,

**A.**

Mailing Address 1721 EAST BELT LINE ROAD

City

COPPELL

State

TX

Zip Code

75019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 28 2025

Transaction ID : A-465721

Amount of Each Receipt this Period

25.00

☐ Memo Item

EARMARK VIA WINRED ON 2025-08-03

**B.**

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

60256.95

Date of Receipt

M M / D D / Y Y Y Y Y  
08 03 2025

Transaction ID : A-465721CM

Amount of Each Receipt this Period

2241.51

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT  
CONTRIBUTION LIMIT NOT AFFECTED.**C.**

Full Name (Last, First, Middle Initial)

KOONTZ, STEVEN, , ,

Mailing Address 1721 EAST BELT LINE ROAD

City

COPPELL

State

TX

Zip Code

75019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 28 2025

Transaction ID : A-465879

Amount of Each Receipt this Period

25.00

☐ Memo Item

EARMARK VIA WINRED ON 2025-09-07

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

50.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 64

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

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NAME OF COMMITTEE (In Full)

**GOSAR FOR CONGRESS**Full Name (Last, First, Middle Initial)  
WINRED**A.** Mailing Address PO BOX 9891City  
ARLINGTONState  
VAZip Code  
22219FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

72731.68

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
09		07		2025

Transaction ID : A-465879CM

Amount of Each Receipt this Period

102.05

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT  
CONTRIBUTION LIMIT NOT AFFECTED.Full Name (Last, First, Middle Initial)  
KOWAL, JUSTIN, , ,**B.** Mailing Address 2625 EAST CAMELBACK ROAD  
#332City  
PHOENIXState  
AZZip Code  
85016FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

INFORMATION REQUESTED

INFORMATION REQUESTED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
09		10		2025

Transaction ID : A-465910

Amount of Each Receipt this Period

3500.00

☐ Memo ItemFull Name (Last, First, Middle Initial)  
LABONTE, NOEL, H., MR,**C.** Mailing Address 541 S BOWIE RDCity  
GOLDEN VALLEYState  
AZZip Code  
86413-8385FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
09		11		2025

Transaction ID : A-466176

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶

3600.00

**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 PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**GOSAR FOR CONGRESS**

Full Name (Last, First, Middle Initial)

LECHTER, MICHAEL, , ,

**A.**

Mailing Address 12285 EAST TURQUOISE AVENUE

City

SCOTTSDALE

State

AZ

Zip Code

85259

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	5	

Transaction ID : A-465966

Amount of Each Receipt this Period

1000.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

LINDELL, TANYA, V, ,

Mailing Address 642 W ROLLER COASTER RD

City

TUCSON

State

AZ

Zip Code

85704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : A-465828

Amount of Each Receipt this Period

200.00

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

LINDELL, TANYA, V, ,

Mailing Address 642 W ROLLER COASTER RD

City

TUCSON

State

AZ

Zip Code

85704

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	5	

Transaction ID : A-466227

Amount of Each Receipt this Period

200.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶

1400.00

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**GOSAR FOR CONGRESS**

Full Name (Last, First, Middle Initial)

LIVANIOS, ANTHONY, , ,

**A.**

Mailing Address 19826 PARTRIDGE RUN DRIVE

City  
HOUSTONState  
TXZip Code  
77094FEC ID number of contributing  
federal political committee.

C

Name of Employer  
US ENERGY STREAMOccupation  
CEO

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 10 2025

Transaction ID : A-465685

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

LUKAS, BONNIE, , ,

**B.**

Mailing Address PO BOX 11656

City  
GLENDALEState  
AZZip Code  
85318FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LAW ENFORCEMENT SPECIALISTSOccupation  
BUSINESS OWNER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 29 2025

Transaction ID : A-465967

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

MAPLE, RALPH, E, ,

**C.**

Mailing Address 5215 VALLEY BLUFF LN

City  
KATYState  
TXZip Code  
77494-2966FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 23 2025

Transaction ID : A-465777

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

3250.00

# **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 23 OF 64

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**GOSAR FOR CONGRESS**

Full Name (Last, First, Middle Initial)

MAPLE, RALPH, E, ,

**A.**

Mailing Address 5215 VALLEY BLUFF LN

City  
KATY

State  
TX

Zip Code  
77494-2966

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 05 2025

Transaction ID : A-466229

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

MAPLE, RALPH, E, ,

**B.**

Mailing Address 5215 VALLEY BLUFF LN

City  
KATY

State  
TX

Zip Code  
77494-2966

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 15 2025

Transaction ID : A-466154

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

MCKENNA, RONALD, , ,

**C.**

Mailing Address 13500 N RANCHO VISTOSO BLVD APT 24

City  
ORO VALLEY

State  
AZ

Zip Code  
85755

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 02 2025

Transaction ID : A-465798

Amount of Each Receipt this Period

500.00

☐ Memo Item

1300.00

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

**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 PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**GOSAR FOR CONGRESS**

Full Name (Last, First, Middle Initial)

MORRIS, MARY, , ,

**A.**

Mailing Address 100 SOLO DE PASO LANE

City  
SEDONAState  
AZZip Code  
86351FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 10 2025

Transaction ID : A-465675

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

O'KEEFFE, WILLIAM, , ,

**B.**

Mailing Address 820 LAGUNA HONDA BLVD

City  
SAN FRANCISCOState  
CAZip Code  
94127FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SAFTIOccupation  
PRESIDENT

Receipt For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5520.51

Date of Receipt

M M / D D / Y Y Y Y Y  
07 24 2025

Transaction ID : A-465717

Amount of Each Receipt this Period

520.51

☐ Memo Item

EARMARK VIA WINRED ON 2025-08-03

Full Name (Last, First, Middle Initial)

WINRED

**C.**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

60256.95

Date of Receipt

M M / D D / Y Y Y Y Y  
08 03 2025

Transaction ID : A-465717CM

Amount of Each Receipt this Period

2241.51

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT  
CONTRIBUTION LIMIT NOT AFFECTED.**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

1020.51



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**GOSAR FOR CONGRESS**

Full Name (Last, First, Middle Initial)

O'KEEFFE, WILLIAM, , ,

**A.**

Mailing Address 820 LAGUNA HONDA BLVD

City

SAN FRANCISCO

State

CA

Zip Code

94127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SAFTI

Occupation

PRESIDENT

Receipt For: 2026

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	2	5

Transaction ID : A-465891

Amount of Each Receipt this Period

1479.49

☐ Memo Item

EARMARK VIA WINRED ON 2025-08-17

**B.**

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2026

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

72472.22

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	2	5

Transaction ID : A-465891CM

Amount of Each Receipt this Period

12129.51

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT  
CONTRIBUTION LIMIT NOT AFFECTED.**C.**

Full Name (Last, First, Middle Initial)

PARKER, LIESELOTTE, , ,

Mailing Address 7941 WATERLOO ST NE

City

KEIZER

State

OR

Zip Code

97303-1762

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary  
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	2	5

Transaction ID : A-466218

Amount of Each Receipt this Period

200.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶

1679.49

**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 PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**GOSAR FOR CONGRESS**

Full Name (Last, First, Middle Initial)

RAMSEY, PAMELA, D, ,

**A.** Mailing Address 1934 W DES MOINES CIRCity  
MESAState  
AZZip Code  
85201FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PAZETTI SARNULS WEISS MCKIRGANOccupation  
PARALEGAL

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

227.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 18 2025

Transaction ID : A-466144

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

RHODE, JAMES, A, ,

**B.** Mailing Address 8230 N 16TH STCity  
PHOENIXState  
AZZip Code  
85020-3903FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 12 2025

Transaction ID : A-466179

Amount of Each Receipt this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

ROBERTS, GARY, , ,

**C.** Mailing Address 1328 LONGSHORE LANECity  
LAKE HAVASU CITYState  
AZZip Code  
86404FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 29 2025

Transaction ID : A-465993

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

450.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**GOSAR FOR CONGRESS**

Full Name (Last, First, Middle Initial)

ROGERS, ERIC, , ,

**A.** Mailing Address 8150 N. WINDING TRLCity  
PRESCOTT VALLEYState  
AZZip Code  
86315FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 13 2025

Transaction ID : A-465673

Amount of Each Receipt this Period

25.00

☐ Memo Item

EARMARK VIA WINRED ON 2025-07-20

Full Name (Last, First, Middle Initial)

WINRED

**B.** Mailing Address PO BOX 9891City  
ARLINGTONState  
VAZip Code  
22219FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

55377.11

Date of Receipt

M M / D D / Y Y Y Y Y  
07 20 2025

Transaction ID : A-465673CM

Amount of Each Receipt this Period

136.41

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT  
CONTRIBUTION LIMIT NOT AFFECTED.

Full Name (Last, First, Middle Initial)

ROGERS, ERIC, , ,

**C.** Mailing Address 8150 N. WINDING TRLCity  
PRESCOTT VALLEYState  
AZZip Code  
86315FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 13 2025

Transaction ID : A-465866

Amount of Each Receipt this Period

25.00

☐ Memo Item

EARMARK VIA WINRED ON 2025-08-17

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

50.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 64

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

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NAME OF COMMITTEE (In Full)

**GOSAR FOR CONGRESS**Full Name (Last, First, Middle Initial)  
**WINRED****A.** Mailing Address PO BOX 9891City  
ARLINGTONState  
VAZip Code  
22219FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

72472.22

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	2	5

Transaction ID : A-465866CM

Amount of Each Receipt this Period

12129.51

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT  
CONTRIBUTION LIMIT NOT AFFECTED.Full Name (Last, First, Middle Initial)  
**ROGERS, ERIC, , ,****B.** Mailing Address 8150 N. WINDING TRLCity  
PRESCOTT VALLEYState  
AZZip Code  
86315FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	2	5

Transaction ID : A-465927

Amount of Each Receipt this Period

25.00

☐ Memo Item

EARMARK VIA WINRED ON 2025-09-21

Full Name (Last, First, Middle Initial)  
**WINRED****C.** Mailing Address PO BOX 9891City  
ARLINGTONState  
VAZip Code  
22219FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

74060.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	2	5

Transaction ID : A-465927CM

Amount of Each Receipt this Period

1212.47

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT  
CONTRIBUTION LIMIT NOT AFFECTED.**SUBTOTAL** of Receipts This Page (optional)..... ►

25.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 64

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

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NAME OF COMMITTEE (In Full)

**GOSAR FOR CONGRESS**

Full Name (Last, First, Middle Initial)

SCOTT, FRED, W, MR,

A.

Mailing Address 2000 S APACHE RD LOT 1

City

BUCKEYE

State

AZ

Zip Code

85326

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTEDOccupation  
INFORMATION REQUESTED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 03 2025

Transaction ID : A-465806

Amount of Each Receipt this Period

100.00

☐ Memo Item

B.

Full Name (Last, First, Middle Initial)

SCOTT, FRED, W, MR,

Mailing Address 2000 S APACHE RD LOT 1

City

BUCKEYE

State

AZ

Zip Code

85326

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTEDOccupation  
INFORMATION REQUESTED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 15 2025

Transaction ID : A-466093

Amount of Each Receipt this Period

100.00

☐ Memo Item

C.

Full Name (Last, First, Middle Initial)

SHOEN, MICHAEL, , ,

Mailing Address 6719 EAST MALCOMB DRIVE

City

PARADISE VALLEY

State

AZ

Zip Code

85253

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
U-HAULOccupation  
EXECUTIVE

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 10 2025

Transaction ID : A-465676

Amount of Each Receipt this Period

2000.00

☐ Memo Item

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

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

2200.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**GOSAR FOR CONGRESS**

Full Name (Last, First, Middle Initial)

SMOLDON, RUSSELL, , ,

**A.**

Mailing Address 357 E. MONTE VISTA RD

City  
PHOENIXState  
AZZip Code  
85004FEC ID number of contributing  
federal political committee.

C

Name of Employer  
B3 STRATEGIESOccupation  
CEO

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 13 2025

Transaction ID : A-465868

Amount of Each Receipt this Period

1000.00

☐ Memo Item

EARMARK VIA WINRED ON 2025-08-17

Full Name (Last, First, Middle Initial)

WINRED

**B.**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

72472.22

Date of Receipt

M M / D D / Y Y Y Y Y  
08 17 2025

Transaction ID : A-465868CM

Amount of Each Receipt this Period

12129.51

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT  
CONTRIBUTION LIMIT NOT AFFECTED.

Full Name (Last, First, Middle Initial)

STENSON, ERIC, , ,

**C.**

Mailing Address 222 W BELMONT AVE

City  
PHOENIXState  
AZZip Code  
85021FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PIVOT EQUITYOccupation  
CEO

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 11 2025

Transaction ID : A-465730

Amount of Each Receipt this Period

3500.00

☐ Memo Item

EARMARK VIA WINRED ON 2025-08-17

**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 PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**GOSAR FOR CONGRESS**Full Name (Last, First, Middle Initial)  
WINRED**A.** Mailing Address PO BOX 9891City  
ARLINGTONState  
VAZip Code  
22219FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

72472.22

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	2	5

**Transaction ID : A-465730CM**

Amount of Each Receipt this Period

12129.51

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT  
CONTRIBUTION LIMIT NOT AFFECTED.Full Name (Last, First, Middle Initial)  
STENSON, ERIC, , ,**B.** Mailing Address 222 W BELMONT AVECity  
PHOENIXState  
AZZip Code  
85021FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

PIVOT EQUITY

CEO

Receipt For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	1		2	0	2	5

**Transaction ID : A-465892**

Amount of Each Receipt this Period

3100.00

☐ Memo Item

EARMARK VIA WINRED ON 2025-08-17

Full Name (Last, First, Middle Initial)  
WINRED**C.** Mailing Address PO BOX 9891City  
ARLINGTONState  
VAZip Code  
22219FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

72472.22

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	2	5

**Transaction ID : A-465892CM**

Amount of Each Receipt this Period

12129.51

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT  
CONTRIBUTION LIMIT NOT AFFECTED.**SUBTOTAL** of Receipts This Page (optional)..... ▶

3100.00

**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 PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**GOSAR FOR CONGRESS**

Full Name (Last, First, Middle Initial)

STRAYER, BRIAN, , ,

**A.** Mailing Address 12619 W. SOLANO DRCity  
LITCHFIELD PARKState  
AZZip Code  
85340FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MIRABEL COATINGSOccupation  
MANAGER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 27 2025

Transaction ID : A-465720

Amount of Each Receipt this Period

91.00

☐ Memo Item

EARMARK VIA WINRED ON 2025-08-03

Full Name (Last, First, Middle Initial)

WINRED

**B.** Mailing Address PO BOX 9891City  
ARLINGTONState  
VAZip Code  
22219FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

60256.95

Date of Receipt

M M / D D / Y Y Y Y Y  
08 03 2025

Transaction ID : A-465720CM

Amount of Each Receipt this Period

2241.51

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT  
CONTRIBUTION LIMIT NOT AFFECTED.

Full Name (Last, First, Middle Initial)

STRAYER, BRIAN, , ,

**C.** Mailing Address 12619 W. SOLANO DRCity  
LITCHFIELD PARKState  
AZZip Code  
85340FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MIRABEL COATINGSOccupation  
MANAGER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

241.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 01 2025

Transaction ID : A-465885

Amount of Each Receipt this Period

25.00

☐ Memo Item

EARMARK VIA WINRED ON 2025-09-07

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

116.00

**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 PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**GOSAR FOR CONGRESS**Full Name (Last, First, Middle Initial)  
WINRED**A.** Mailing Address PO BOX 9891City  
ARLINGTONState  
VAZip Code  
22219FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

72731.68

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
09		07		2025

Transaction ID : A-465885CM

Amount of Each Receipt this Period

102.05

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT  
CONTRIBUTION LIMIT NOT AFFECTED.**B.** Full Name (Last, First, Middle Initial)  
TAO, JESSICA, , ,

Mailing Address 1725 LELA AVENUE

City  
CHARLOTTEState  
NCZip Code  
28208FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

192.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
07		14		2025

Transaction ID : A-465674

Amount of Each Receipt this Period

24.00

☐ Memo Item

EARMARK VIA WINRED ON 2025-07-20

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

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

55377.11

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
07		20		2025

Transaction ID : A-465674CM

Amount of Each Receipt this Period

136.41

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT  
CONTRIBUTION LIMIT NOT AFFECTED.**SUBTOTAL** of Receipts This Page (optional)..... ▶

24.00

**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 PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**GOSAR FOR CONGRESS**

Full Name (Last, First, Middle Initial)

TAO, JESSICA, , ,

Mailing Address 1725 LELA AVENUE

City

CHARLOTTE

State

NC

Zip Code

28208

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 14 / 2025

Transaction ID : A-465869

Amount of Each Receipt this Period

24.00

☐ Memo Item

EARMARK VIA WINRED ON 2025-08-24

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

72534.63

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 24 / 2025

Transaction ID : A-465869CM

Amount of Each Receipt this Period

62.41

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT  
CONTRIBUTION LIMIT NOT AFFECTED.

Full Name (Last, First, Middle Initial)

TAO, JESSICA, , ,

Mailing Address 1725 LELA AVENUE

City

CHARLOTTE

State

NC

Zip Code

28208

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 14 / 2025

Transaction ID : A-465930

Amount of Each Receipt this Period

24.00

☐ Memo Item

EARMARK VIA WINRED ON 2025-09-21

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

48.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 35 OF 64

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

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NAME OF COMMITTEE (In Full)

**GOSAR FOR CONGRESS**Full Name (Last, First, Middle Initial)  
WINRED

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

74060.36

Date of Receipt

M M / D D / Y Y Y Y Y  
09 21 2025

Transaction ID : A-465930CM

Amount of Each Receipt this Period

1212.47

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT  
CONTRIBUTION LIMIT NOT AFFECTED.Full Name (Last, First, Middle Initial)  
TOMLIN, JACOB JEFFREY, , ,

Mailing Address 3568 AIRPORT ROAD

City  
GRAND CANYON VILLAGEState  
AZZip Code  
86023FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

PAPILLION AIR

EXECUTIVE

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 14 2025

Transaction ID : A-465687

Amount of Each Receipt this Period

500.00

☐ Memo ItemFull Name (Last, First, Middle Initial)  
TRAVIS, MARK, , ,

Mailing Address 4320 MILLER OAK DR

City  
AUBURNState  
CAZip Code  
95602FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RIPPLE LABS INC

SOFTWARE DEVELOPER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 29 2025

Transaction ID : A-465994

Amount of Each Receipt this Period

3500.00

☐ Memo Item

4000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶**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 36 OF 64

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**GOSAR FOR CONGRESS**

Full Name (Last, First, Middle Initial)

TRAVIS, MARK, , ,

**A.**

Mailing Address 4320 MILLER OAK DR

City

AUBURN

State

CA

Zip Code

95602

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RIPPLE LABS INC

Occupation

SOFTWARE DEVELOPER

Receipt For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 29 2025

Transaction ID : A-465995

Amount of Each Receipt this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

WHITEHEAD, PHILLIP, , ,

**B.**

Mailing Address PO BOX 13

City

KIRKLAND

State

AZ

Zip Code

86332

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

RANCHER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 19 2025

Transaction ID : A-466138

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

WOODYARD, TERRY, , ,

**C.**

Mailing Address 2752 LA PALOMA DR

City

BULLHEAD CITY

State

AZ

Zip Code

86429

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 12 2025

Transaction ID : A-466210

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

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

3850.00

# **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)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**GOSAR FOR CONGRESS**

Full Name (Last, First, Middle Initial)

WRIGHT, STEVEN, E, , DDS

**A.**

Mailing Address PO BOX 953

City

SEDONA

State

AZ

Zip Code

86339

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DBA: STEVEN WRIGHT

Occupation

DENTIST

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 19 2025

Transaction ID : A-466177

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

ZICK, ALFORD, E, , JR

**B.**

Mailing Address 11 ROLLING HILLS DR

City

BARRINGTON

State

IL

Zip Code

60010-9333

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 18 2025

Transaction ID : A-466088

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

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

☐ Memo Item

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

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

400.00

46570.52

# **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)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**GOSAR FOR CONGRESS**

Full Name (Last, First, Middle Initial)

ANTI-WOKE FUND

Mailing Address C/O RED CURVE SOLUTIONS

138 CONANT ST, STE 401

City

BEVERLY

State

MA

Zip Code

01915

FEC ID number of contributing  
federal political committee.

C C00894717

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 16 2025

Transaction ID : A-465905

Amount of Each Receipt this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

ASSOCIATED BUILDERS AND CONTRACTORS, PAC

Mailing Address 440 FIRST STREET NORTHWEST

SUITE 200

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

C C00010421

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 16 2025

Transaction ID : A-465751

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

LETS GET TO WORK PAC

Mailing Address PO BOX 76024

City

WASHINGTON

State

DC

Zip Code

20002

FEC ID number of contributing  
federal political committee.

C C00692327

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 05 2025

Transaction ID : A-465907

Amount of Each Receipt this Period

5000.00

☐ Memo Item

EARMARK VIA HOUSE FREEDOM FUND ON 2025-09-10

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

13000.00

**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  
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(check only one)

PAGE 39 OF 64

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

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NAME OF COMMITTEE (In Full)

**GOSAR FOR CONGRESS**

Full Name (Last, First, Middle Initial)

HOUSE FREEDOM FUND

**A.**

Mailing Address PO BOX 1948

City

ALEXANDRIA

State

VA

Zip Code

22313

FEC ID number of contributing  
federal political committee.**C** C00552851

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10870.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	2	5

Transaction ID : A-465907CM

Amount of Each Receipt this Period

7015.00

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT  
CONTRIBUTION LIMIT NOT AFFECTED.**B.**

Full Name (Last, First, Middle Initial)

LETS GET TO WORK PAC

Mailing Address PO BOX 76024

City

WASHINGTON

State

DC

Zip Code

20002

FEC ID number of contributing  
federal political committee.**C** C00692327

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	2	5

Transaction ID : A-465908

Amount of Each Receipt this Period

2000.00

☐ Memo ItemEARMARK VIA HOUSE FREEDOM FUND ON 2025-  
09-10**C.**

Full Name (Last, First, Middle Initial)

HOUSE FREEDOM FUND

Mailing Address PO BOX 1948

City

ALEXANDRIA

State

VA

Zip Code

22313

FEC ID number of contributing  
federal political committee.**C** C00552851

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10870.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	2	5

Transaction ID : A-465908CM

Amount of Each Receipt this Period

7015.00

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT  
CONTRIBUTION LIMIT NOT AFFECTED.**SUBTOTAL** of Receipts This Page (optional)..... ►

2000.00

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

15000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 40 OF 64

<input 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 checked="" type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)

**GOSAR FOR CONGRESS**

Full Name (Last, First, Middle Initial)

LA SOTA, TIMOTHY, , ,

**A.**

Mailing Address 303 W STELLA

City

PHOENIX

State

AZ

Zip Code

85013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TIMOTHY A. LA SOTA, PLC

Occupation

ATTORNEY

Receipt For: 2024

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID : A-465701

Amount of Each Receipt this Period

1485.00

☐ Memo Item

LEGAL - CHECK NEVER CASHED

**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  
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

☐ Memo Item**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  
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

1485.00

1485.00



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 41 OF 64

<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)

**GOSAR FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address 3 WORLD FINANCIAL CENTER

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		22		2025

City  
NEW YORKState  
NYZip Code  
10285

FEC Identification Number

**C**Purpose of Disbursement  
CREDIT CARD REWARD

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

- 11.18

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Transaction ID : B-465915

☒ Memo Item MEMO: SUBVENDOR OF-AMERICAN EXPRESS

State:

District:

Full Name (Last, First, Middle Initial)

**B. AMERICAN EXPRESS**

Mailing Address 3 WORLD FINANCIAL CENTER

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		22		2025

City  
NEW YORKState  
NYZip Code  
10285

FEC Identification Number

**C**Purpose of Disbursement  
CREDIT CARD CHARGES

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

2634.10

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Transaction ID : B-465911

☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

**C. AMERICAN EXPRESS**

Mailing Address 3 WORLD FINANCIAL CENTER

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		23		2025

City  
NEW YORKState  
NYZip Code  
10285

FEC Identification Number

**C**Purpose of Disbursement  
CREDIT CARD REWARD

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

- 52.90

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Transaction ID : B-465944

☒ Memo Item MEMO: SUBVENDOR OF-AMERICAN EXPRESS

State:

District:

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

2634.10

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 42 OF 64

<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)

**GOSAR FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. AMERICAN EXPRESS**

Mailing Address 3 WORLD FINANCIAL CENTER

City  
NEW YORKState  
NYZip Code  
10285Purpose of Disbursement  
CREDIT CARD CHARGE

001

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1544.49

Transaction ID : B-465934

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BILBRAY TAX SERVICE**Mailing Address 970 SEACOAST DRIVE  
STE 7City  
IMPERIAL BEACHState  
CAZip Code  
91932Purpose of Disbursement  
ACCOUNTING SERVICES

001

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : B-465180

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BILBRAY TAX SERVICE**Mailing Address 970 SEACOAST DRIVE  
STE 7City  
IMPERIAL BEACHState  
CAZip Code  
91932Purpose of Disbursement  
ACCOUNTING SERVICES

001

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : B-465678

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4544.49

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 43 OF 64

<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)

**GOSAR FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. BILBRAY TAX SERVICE**Mailing Address 970 SEACOAST DRIVE  
STE 7City  
IMPERIAL BEACHState  
CAZip Code  
91932Purpose of Disbursement  
ACCOUNTING SERVICES

001

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : B-465700

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BILBRAY TAX SERVICE**Mailing Address 970 SEACOAST DRIVE  
STE 7City  
IMPERIAL BEACHState  
CAZip Code  
91932Purpose of Disbursement  
ACCOUNTING SERVICES

001

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : B-465881

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BOOTY'S WINGS BURGERS & BEER**Mailing Address 1300 SOUTH WATSON ROAD  
STE 109City  
BUCKEYEState  
AZZip Code  
85326Purpose of Disbursement  
VOLUNTEER FOOD AND BEVERAGE

003

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

149.09

Transaction ID : B-465939

☒ Memo Item MEMO: SUBVENDOR OF-  
AMERICAN EXPRESS**SUBTOTAL** of Disbursements This Page (optional).....▶

3000.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 44 OF 64

<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)

**GOSAR FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. CAPITOL HILL CLUB**

Mailing Address 300 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
FUNDRAISING FOOD AND BEVERAGES

003

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2447.19

Transaction ID : B-465912

☒ Memo Item MEMO: SUBVENDOR OF-AMERICAN EXPRESS

Full Name (Last, First, Middle Initial)

**B. CAPITOL HILL CLUB**

Mailing Address 300 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
FUNDRAISING FOOD AND BEVERAGES

003

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

482.69

Transaction ID : B-465938

☒ Memo Item MEMO: SUBVENDOR OF-AMERICAN EXPRESS

Full Name (Last, First, Middle Initial)

**C. DIRECT MAIL PROCESSORS**

Mailing Address 1150 CONRAD COURT

City  
HAGERSTOWNState  
MDZip Code  
21740Purpose of Disbursement  
SHIPPING EXPENSES

003

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

465.44

Transaction ID : B-465856

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

465.44

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 45 OF 64

<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)

**GOSAR FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. DIRECT MAIL PROCESSORS**

Mailing Address 1150 CONRAD COURT

City  
HAGERSTOWNState  
MDZip Code  
21740Purpose of Disbursement  
SHIPPING EXPENSES

003

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

723.47

Transaction ID : B-466068

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DIRECT MAIL PROCESSORS**

Mailing Address 1150 CONRAD COURT

City  
HAGERSTOWNState  
MDZip Code  
21740Purpose of Disbursement  
SHIPPING EXPENSES

003

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

461.50

Transaction ID : B-466235

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DONOR BUREAU**

Mailing Address 1900 NORTH CULPEPER STREET

City  
ARLINGTONState  
VAZip Code  
22207Purpose of Disbursement  
DATA FILES

001

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

130.28

Transaction ID : B-466071

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1315.25

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 46 OF 64

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

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NAME OF COMMITTEE (In Full)

**GOSAR FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. ELITE CARD PROCESSING**

Mailing Address 13701 MAUGER STE 5

City  
HAGERSTOWNState  
MDZip Code  
21740Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

001

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

68.74

Transaction ID : B-465853

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ELITE CARD PROCESSING**

Mailing Address 13701 MAUGER STE 5

City  
HAGERSTOWNState  
MDZip Code  
21740Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

001

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

79.02

Transaction ID : B-466066

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ELITE CARD PROCESSING**

Mailing Address 13701 MAUGER STE 5

City  
HAGERSTOWNState  
MDZip Code  
21740Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

001

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

66.28

Transaction ID : B-466239

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

214.04

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 47 OF 64

<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)

**GOSAR FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. FULFILLMENT SOLUTIONS INC.**

Mailing Address 44970 FALCON PLACE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		10		2025

City  
STERLINGState  
VAZip Code  
20166

FEC Identification Number

**C**Purpose of Disbursement  
MAIL SERVICES

003

Amount of Each Disbursement this Period

663.47

Transaction ID : B-465857

☐ Memo Item

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

**B. FULFILLMENT SOLUTIONS INC.**

Mailing Address 44970 FALCON PLACE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		23		2025

City  
STERLINGState  
VAZip Code  
20166

FEC Identification Number

**C**Purpose of Disbursement  
MAIL SERVICES

003

Amount of Each Disbursement this Period

3931.82

Transaction ID : B-465860

☐ Memo Item

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

**C. FULFILLMENT SOLUTIONS INC.**

Mailing Address 44970 FALCON PLACE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		22		2025

City  
STERLINGState  
VAZip Code  
20166

FEC Identification Number

**C**Purpose of Disbursement  
MAIL SERVICES

003

Amount of Each Disbursement this Period

1337.73

Transaction ID : B-466074

☐ Memo Item

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

5933.02

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 48 OF 64

<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)

**GOSAR FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. FULFILLMENT SOLUTIONS INC.**

Mailing Address 44970 FALCON PLACE

City  
STERLINGState  
VAZip Code  
20166Purpose of Disbursement  
MAIL SERVICES

003

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1840.29

Transaction ID : B-466072

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. GOODYEAR SELF STORAGE**

Mailing Address 2121 SOUTH LITCHFIELD ROAD

City  
GOODYEARState  
AZZip Code  
85338Purpose of Disbursement  
STORAGE UNIT

001

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

170.98

Transaction ID : B-465913

☒ Memo Item MEMO: SUBVENDOR OF-AMERICAN EXPRESS

Full Name (Last, First, Middle Initial)

**C. GOODYEAR SELF STORAGE**

Mailing Address 2121 SOUTH LITCHFIELD ROAD

City  
GOODYEARState  
AZZip Code  
85338Purpose of Disbursement  
STORAGE UNIT

001

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

170.98

Transaction ID : B-465936

☒ Memo Item MEMO: SUBVENDOR OF-AMERICAN EXPRESS**SUBTOTAL** of Disbursements This Page (optional).....▶

1840.29

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 49 OF 64

<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)

**GOSAR FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. HSP DIRECT**Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
PROGRAM MANAGEMENT FEE

003

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

285.67

Transaction ID : B-465859

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. HSP DIRECT**Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
PROGRAM MANAGEMENT FEE

003

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1150.00

Transaction ID : B-466073

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. HSP DIRECT**Mailing Address 20130 LAKEVIEW CENTER PLAZA  
SUITE 300City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
PROGRAM MANAGEMENT FEE

003

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

297.33

Transaction ID : B-466236

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1733.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 50 OF 64

<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)

**GOSAR FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. INTEGRATED SOLUTIONS: POLITICAL**Mailing Address 4142 ADAMS AVENUE  
SUITE 103-550City  
SAN DIEGOState  
CAZip Code  
92116Purpose of Disbursement  
SOFTWARE

001

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

815.00

Transaction ID : B-465679

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. INTEGRATED SOLUTIONS: POLITICAL**Mailing Address 4142 ADAMS AVENUE  
SUITE 103-550City  
SAN DIEGOState  
CAZip Code  
92116Purpose of Disbursement  
SOFTWARE

001

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

815.00

Transaction ID : B-465699

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. INTEGRATED SOLUTIONS: POLITICAL**Mailing Address 4142 ADAMS AVENUE  
SUITE 103-550City  
SAN DIEGOState  
CAZip Code  
92116Purpose of Disbursement  
SOFTWARE

001

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

815.00

Transaction ID : B-465880

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2445.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 51 OF 64

<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)

**GOSAR FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. MATTINA'S RISTORANTE ITALIANO**

Mailing Address 318 EAST OAK STREET

City  
KINGMANState  
AZZip Code  
86401Purpose of Disbursement  
VOLUNTEER FOOD AND BEVERAGE

003

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

337.93

Transaction ID : B-465937

☒ Memo Item MEMO: SUBVENDOR OF-AMERICAN EXPRESS

Full Name (Last, First, Middle Initial)

**B. MCSHANE LLC**Mailing Address 6950 O'BANNON DRIVE  
STE 100City  
LAS VEGASState  
NVZip Code  
89117Purpose of Disbursement  
FUNDRAISING COMMISSION

003

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

350.00

Transaction ID : B-465761

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MCSHANE LLC**Mailing Address 6950 O'BANNON DRIVE  
STE 100City  
LAS VEGASState  
NVZip Code  
89117Purpose of Disbursement  
FUNDRAISING SERVICES

003

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

4000.00

Transaction ID : B-465697

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4350.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 52 OF 64

<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)

**GOSAR FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. MCSHANE LLC**Mailing Address 6950 O'BANNON DRIVE  
STE 100City  
LAS VEGASState  
NVZip Code  
89117Purpose of Disbursement  
EMAIL

001

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

299.00

Transaction ID : B-465698

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MCSHANE LLC**Mailing Address 6950 O'BANNON DRIVE  
STE 100City  
LAS VEGASState  
NVZip Code  
89117Purpose of Disbursement  
FUNDRAISING COMMISSION

003

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

52.05

Transaction ID : B-465762

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MCSHANE LLC**Mailing Address 6950 O'BANNON DRIVE  
STE 100City  
LAS VEGASState  
NVZip Code  
89117Purpose of Disbursement  
FUNDRAISING

003

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

4000.00

Transaction ID : B-465861

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4351.05

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 53 OF 64

<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)

**GOSAR FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. MCSHANE LLC**Mailing Address 6950 O'BANNON DRIVE  
STE 100City  
LAS VEGASState  
NVZip Code  
89117Purpose of Disbursement  
EMAIL BROADCASTING

001

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

299.00

Transaction ID : B-465862

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MCSHANE LLC**Mailing Address 6950 O'BANNON DRIVE  
STE 100City  
LAS VEGASState  
NVZip Code  
89117Purpose of Disbursement  
FUNDRAISING COMMISSION

003

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

343.54

Transaction ID : B-465882

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MCSHANE LLC**Mailing Address 6950 O'BANNON DRIVE  
STE 100City  
LAS VEGASState  
NVZip Code  
89117Purpose of Disbursement  
FUNDRAISING SERVICES

003

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

4000.00

Transaction ID : B-465945

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4642.54

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 54 OF 64

<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)

**GOSAR FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. MCSHANE LLC**Mailing Address 6950 O'BANNON DRIVE  
STE 100City  
LAS VEGASState  
NVZip Code  
89117Purpose of Disbursement  
EMAIL

001

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

299.00

Transaction ID : B-465946

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MIDDLETOWN VALLEY BANK**

Mailing Address 24 WEST MAIN STREET

City  
MIDDLETOWNState  
DEZip Code  
19709Purpose of Disbursement  
BANK FEES

001

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

51.11

Transaction ID : B-465854

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MIDDLETOWN VALLEY BANK**

Mailing Address 24 WEST MAIN STREET

City  
MIDDLETOWNState  
DEZip Code  
19709Purpose of Disbursement  
BANK FEES

001

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

44.32

Transaction ID : B-466067

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

394.43

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 55 OF 64

<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)

**GOSAR FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. MIDDLETOWN VALLEY BANK**

Mailing Address 24 WEST MAIN STREET

City  
MIDDLETOWNState  
DEZip Code  
19709Purpose of Disbursement  
BANK FEES

001

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

43.02

Transaction ID : B-466238

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ONPOINT DATA STRATEGY**

Mailing Address 20130 LAKEVIEW CENTER PLAZA

City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
DONOR DATA REPORTS

003

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

270.00

Transaction ID : B-465855

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ONPOINT DATA STRATEGY**

Mailing Address 20130 LAKEVIEW CENTER PLAZA

City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
DONOR DATA REPORTS

003

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

261.19

Transaction ID : B-465858

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

574.21

**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 PageFOR 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)

**GOSAR FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. ONPOINT DATA STRATEGY**

Mailing Address 20130 LAKEVIEW CENTER PLAZA

City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
DONOR DATA REPORTS

003

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

270.00

Transaction ID : B-466069

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ONPOINT DATA STRATEGY**

Mailing Address 20130 LAKEVIEW CENTER PLAZA

City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
DONOR DATA REPORTS

003

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

377.50

Transaction ID : B-466070

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ONPOINT DATA STRATEGY**

Mailing Address 20130 LAKEVIEW CENTER PLAZA

City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
DONOR DATA REPORTS

003

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1915.05

Transaction ID : B-466234

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2562.55

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



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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)

**GOSAR FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. ONPOINT DATA STRATEGY**

Mailing Address 20130 LAKEVIEW CENTER PLAZA

City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
DONOR DATA REPORTS

003

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

263.08

Transaction ID : B-466237

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. THE STOCKYARDS**Mailing Address 5009 EAST WASHINGTON STREET  
STE 115City  
PHOENIXState  
AZZip Code  
85034Purpose of Disbursement  
FUNDRAISING FOOD

003

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

200.10

Transaction ID : B-465935

☒ Memo Item MEMO: SUBVENDOR OF-  
AMERICAN EXPRESS

Full Name (Last, First, Middle Initial)

**C. TTK CONSULTING**

Mailing Address 515 WEST ERIE STREET

City  
CHANDLERState  
AZZip Code  
85225Purpose of Disbursement  
FUNDRAISING COMMISSION

003

Candidate Name

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2122.57

Transaction ID : B-465883

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

2385.65

**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 PageFOR 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)

**GOSAR FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. WINRED**

Mailing Address PO BOX 9891

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		06		2025

City  
ARLINGTONState  
VAZip Code  
22219

FEC Identification Number

**C**Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

003

Amount of Each Disbursement this Period

151.54

Transaction ID : B-465197

☐ Memo ItemCandidate Name  
WINREDCategory/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

**B. WINRED**

Mailing Address PO BOX 9891

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		13		2025

City  
ARLINGTONState  
VAZip Code  
22219

FEC Identification Number

**C**Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

003

Amount of Each Disbursement this Period

5.73

Transaction ID : B-465692

☐ Memo ItemCandidate Name  
WINREDCategory/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

**C. WINRED**

Mailing Address PO BOX 9891

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		20		2025

City  
ARLINGTONState  
VAZip Code  
22219

FEC Identification Number

**C**Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

003

Amount of Each Disbursement this Period

5.39

Transaction ID : B-465734

☐ Memo ItemCandidate Name  
WINREDCategory/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

162.66

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 59 OF 64

<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)

**GOSAR FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. WINRED**

Mailing Address PO BOX 9891

Date of Disbursement

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

City  
ARLINGTONState  
VAZip Code  
22219

FEC Identification Number

**C**Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

003

Amount of Each Disbursement this Period

103.95

Transaction ID : B-465737

☐ Memo ItemCandidate Name  
WINREDCategory/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

**B. WINRED**

Mailing Address PO BOX 9891

Date of Disbursement

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

City  
ARLINGTONState  
VAZip Code  
22219

FEC Identification Number

**C**Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

003

Amount of Each Disbursement this Period

3.50

Transaction ID : B-465738

☐ Memo ItemCandidate Name  
WINREDCategory/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

**C. WINRED**

Mailing Address PO BOX 9891

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	2	5

City  
ARLINGTONState  
VAZip Code  
22219

FEC Identification Number

**C**Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

003

Amount of Each Disbursement this Period

83.78

Transaction ID : B-465742

☐ Memo ItemCandidate Name  
WINREDCategory/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

191.23

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 60 OF 64

<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)

**GOSAR FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. WINRED**

Mailing Address PO BOX 9891

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	2	5

City  
ARLINGTONState  
VAZip Code  
22219

FEC Identification Number

**C**Purpose of Disbursement  
MERCHANDISE BILL PAY

003

Amount of Each Disbursement this Period

45.00

Transaction ID : B-465743

☐ Memo ItemCandidate Name  
WINREDCategory/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

**B. WINRED**

Mailing Address PO BOX 9891

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	2	5

City  
ARLINGTONState  
VAZip Code  
22219

FEC Identification Number

**C**Purpose of Disbursement  
REFUND FEE

003

Amount of Each Disbursement this Period

15.00

Transaction ID : B-465745

☐ Memo ItemCandidate Name  
WINREDCategory/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

**C. WINRED**

Mailing Address PO BOX 9891

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	2	5

City  
ARLINGTONState  
VAZip Code  
22219

FEC Identification Number

**C**Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

003

Amount of Each Disbursement this Period

3.39

Transaction ID : B-465750

☐ Memo ItemCandidate Name  
WINREDCategory/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

63.39

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 61 OF 64

<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)

**GOSAR FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. WINRED**

Mailing Address PO BOX 9891

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	7		2	0	2	5

City  
ARLINGTONState  
VAZip Code  
22219

FEC Identification Number

**C**Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

003

Amount of Each Disbursement this Period

477.91

Transaction ID : B-465918

☐ Memo ItemCandidate Name  
WINREDCategory/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

**B. WINRED**

Mailing Address PO BOX 9891

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	4		2	0	2	5

City  
ARLINGTONState  
VAZip Code  
22219

FEC Identification Number

**C**Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

003

Amount of Each Disbursement this Period

2.46

Transaction ID : B-465903

☐ Memo ItemCandidate Name  
WINREDCategory/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

**C. WINRED**

Mailing Address PO BOX 9891

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	2	5

City  
ARLINGTONState  
VAZip Code  
22219

FEC Identification Number

**C**Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

003

Amount of Each Disbursement this Period

3.75

Transaction ID : B-465899

☐ Memo ItemCandidate Name  
WINREDCategory/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

484.12

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

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 62 OF 64

<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)

**GOSAR FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. WINRED**

Mailing Address PO BOX 9891

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		07		2025

City  
ARLINGTONState  
VAZip Code  
22219

FEC Identification Number

**C**Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

003

Amount of Each Disbursement this Period

4.03

Transaction ID : B-465895

☐ Memo ItemCandidate Name  
WINREDCategory/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

**B. WINRED**

Mailing Address PO BOX 9891

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		14		2025

City  
ARLINGTONState  
VAZip Code  
22219

FEC Identification Number

**C**Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

003

Amount of Each Disbursement this Period

4.58

Transaction ID : B-465923

☐ Memo ItemCandidate Name  
WINREDCategory/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

**C. WINRED**

Mailing Address PO BOX 9891

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		21		2025

City  
ARLINGTONState  
VAZip Code  
22219

FEC Identification Number

**C**Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

003

Amount of Each Disbursement this Period

40.14

Transaction ID : B-465973

☐ Memo ItemCandidate Name  
WINREDCategory/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

48.75

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 63 OF 64

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

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

NAME OF COMMITTEE (In Full)

**GOSAR FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. WINRED**

Mailing Address PO BOX 9891

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		29		2025

City  
ARLINGTONState  
VAZip Code  
22219

FEC Identification Number

**C**Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

003

Category/  
Type

Amount of Each Disbursement this Period

3.66

Transaction ID : B-465963

☐ Memo ItemCandidate Name  
WINRED

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

**C**

Purpose of Disbursement

Category/  
Type

Amount of Each Disbursement this Period

☐ Memo Item

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:

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

**C**

Purpose of Disbursement

Category/  
Type

Amount of Each Disbursement this Period

☐ Memo Item

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).....▶

3.66

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

44338.87

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 64 OF 64

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**GOSAR FOR CONGRESS**

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

**AMERICAN EXPRESS**

Nature of Debt (Purpose):

**FUNDRAISING FOOD AND BEVERAGES**

Mailing Address 3 WORLD FINANCIAL CENTER

City

NEW YORK

State

NY

Zip Code

10285

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-466260

Amount Incurred This Period

558.19

Payment This Period

0.00

Outstanding Balance at Close of This Period

558.19

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

**BILBRAY TAX SERVICE**

Nature of Debt (Purpose):

**ACCOUNTING SERVICES**Mailing Address 970 SEACOAST DRIVE  
STE 7

City

IMPERIAL BEACH

State

CA

Zip Code

91932

Outstanding Balance Beginning This Period

1500.00

Transaction ID : D-465677

Amount Incurred This Period

0.00

Payment This Period

1500.00

Outstanding Balance at Close of This Period

0.00

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

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) ▶

558.19

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

558.19

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) ▶

558.19