

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 2222 E. Cedar Ave.  
 Check if different than previously reported. (ACC)  
Flagstaff AZ 86004

2. **FEC IDENTIFICATION NUMBER** C00461806  
**CITY** STATE ZIP CODE STATE DISTRICT  
IS THIS REPORT  NEW (N) OR  AMENDED (A)  
AZ 01

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on [ ] [ ] [ ] in the State of [ ]  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on [ ] [ ] [ ] in the State of [ ]

5. Covering Period 11 23 2010 through 12 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Dr. W. Brian Powley  
Signature of Treasurer Electronically Filed by Dr. W. Brian Powley Date 05 31 2011

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

**SUMMARY PAGE**

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

PAUL GOSAR FOR CONGRESS

Report Covering the Period:

From: 

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	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)).....	21600.00	28455.00
(b) Total Contribution Refunds (from Line 20(d)).....	4266.65	4766.65
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	17333.35	23688.35
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	21703.82	41640.22
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	21703.82	41640.22
8. Cash on Hand at Close of Reporting Period (from Line 27).....	739.51	
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).....	58770.78	

**For further information contact:**

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name  
PAUL GOSAR FOR CONGRESS

Report Covering the Period: From: 

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees	4900.00	7550.00
(i) Itemized (use Schedule A).....	700.00	1380.00
(ii) Unitemized.....	5600.00	8930.00
(iii) TOTAL of contributions from individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	16000.00	19525.00
(c) Other Political Committees (such as PACS).....	0.00	0.00
(d) The Candidate.....	21600.00	28455.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))		
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....</b>	0.00	0.00
<b>13. LOANS</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.09	0.09
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	21600.09	28455.09

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	21703.82	41640.22
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.....	1600.00	2100.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2666.65	2666.65
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	4266.65	4766.65
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	25970.47	46406.87

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	5109.89
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	21600.09
25. SUBTOTAL (add Line 23 and Line 24).....	26709.98
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	25970.47
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	739.51

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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

NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) John Coughlin		Date of Receipt
	Mailing Address 830 N 4th Ave.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 3 0 / 2 0 1 0
	City	State	Zip Code
	Phoenix	AZ	85003
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.11464
Name of Employer Highground		Occupation President	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/>	Debt Repayment

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Bryan C. Edgar		Date of Receipt
	Mailing Address 1911 SW Campus Dr.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 3 0 / 2 0 1 0
	City	State	Zip Code
	Federal Way	WA	98023
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.11466
Name of Employer Edgar Dental		Occupation Dentist	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 250.00
		<input type="text"/>	Debt Repayment

<b>C.</b>	Full Name (Last, First, Middle Initial) Bess Foster		Date of Receipt
	Mailing Address PO Box 3378		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 2 4 / 2 0 1 0
	City	State	Zip Code
	Grand Canyon	AZ	86023
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.11440
Name of Employer Red Feather Lodge		Occupation General Manager	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 500.00
		<input type="text"/>	Debt Repayment

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 6 / 28  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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

**A.** Full Name (Last, First, Middle Initial)  
Dr. Scott Houfek

Mailing Address **Box 488**

City **Big Piney** State **MT** Zip Code **83113**

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

Name of Employer **Houfek Dental** Occupation **Dentist**

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **250.00**

Date of Receipt **12 / 30 / 2010**  
**Transaction ID: SA11AI.11467**  
 Amount of Each Receipt this Period **250.00**  
 Debt Repayment

**B.** Full Name (Last, First, Middle Initial)  
Mr. Jason D. Rose

Mailing Address **5630 E Nauni Valley Dr.**

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

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

Name of Employer **Rose + Moser + Allyn** Occupation **Consultant**

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Date of Receipt **12 / 24 / 2010**  
**Transaction ID: SA11AI.11442**  
 Amount of Each Receipt this Period **500.00**  
 Debt Repayment

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

Mailing Address **2480 W Kiltie Ln.**

City **Flagstaff** State **AZ** Zip Code **86001**

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

Name of Employer **C R C Commercial Refrigeration** Occupation **President**

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Date of Receipt **12 / 24 / 2010**  
**Transaction ID: SA11AI.11432**  
 Amount of Each Receipt this Period **500.00**  
 Debt Repayment

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 28  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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

**A.** Full Name (Last, First, Middle Initial)  
Christopher Thurston

Mailing Address **Box 693**

City **Grand Canyon** State **AZ** Zip Code **86023**

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

Name of Employer **Red Feather Properties** Occupation **Owner**

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt MM / DD / YYYY  
12 / 24 / 2010

**Transaction ID: SA11AI.11434**

Amount of Each Receipt this Period 1000.00

Debt Repayment

**B.** Full Name (Last, First, Middle Initial)  
John Thurston

Mailing Address **PO Box 3355**

City **Grand Canyon** State **AZ** Zip Code **86023**

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

Name of Employer **Self** Occupation **Real Estate**

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **400.00**

Date of Receipt MM / DD / YYYY  
12 / 24 / 2010

**Transaction ID: SA11AI.11436**

Amount of Each Receipt this Period 400.00

Debt Repayment

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

Mailing Address **PO Box 1427**

City **Grand Canyon** State **AZ** Zip Code **86023**

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

Name of Employer **Self** Occupation **Property Manager**

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Date of Receipt MM / DD / YYYY  
12 / 24 / 2010

**Transaction ID: SA11AI.11438**

Amount of Each Receipt this Period 500.00

Debt Repayment

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1900.00

**TOTAL** This Period (last page this line number only) ..... ► 4900.00

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

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

FOR LINE NUMBER: PAGE 8 / 28  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN ASSOCIATION OF CLINICAL UROLOGISTS - AMERICAN UROLOGICAL ASSOCIATION PAC (AUA PAC)

Mailing Address 1100 E. Woodfield Road, Suite 520

City State Zip Code  
SCHAUMBURG IL 60173

FEC ID number of contributing federal political committee. **C** C00273003

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

Transaction ID: SA11C.11447

Amount of Each Receipt this Period  
1000.00

Debt Repayment

**B.** Full Name (Last, First, Middle Initial)  
AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)

Mailing Address 1120 Connecticut Avenue NW  
Suite 600

City State Zip Code  
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

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

Transaction ID: SA11C.11449

Amount of Each Receipt this Period  
2500.00

Debt Repayment

**C.** Full Name (Last, First, Middle Initial)  
BNSF RAILWAY COMPANY RAILPAC (BNSF RAILPAC)

Mailing Address P.O. Box 961039  
Suite 220

City State Zip Code  
Fort Worth TX 76161

FEC ID number of contributing federal political committee. **C** C00235739

Name of Employer Occupation

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

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

Transaction ID: SA11C.11451

Amount of Each Receipt this Period  
2500.00

Debt Repayment

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6000.00

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



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

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

FOR LINE NUMBER: PAGE 9 / 28  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
EXXON MOBIL CORPORATION POLITICAL ACTION COMMITTEE (EXXONMOBIL PAC)  
 Mailing Address PO Box 20503  
 City Indianapolis State IN Zip Code 46220  
 Date of Receipt 12 / 30 / 2010  
**Transaction ID:** SA11C.11458  
 Amount of Each Receipt this Period 3000.00  
 Debt Repayment  
 FEC ID number of contributing federal political committee. **C** C00121368  
 Name of Employer Occupation  
 Receipt For: 2010  
 Primary  General  
 Other (specify) Election Cycle-to-Date 3000.00

**B.** Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS POLITICAL ACTION COMM  
 Mailing Address 2901 Telestar Ct.  
 City Falls Church State VA Zip Code 22042  
 Date of Receipt 12 / 30 / 2010  
**Transaction ID:** SA11C.11455  
 Amount of Each Receipt this Period 2500.00  
 Debt Repayment  
 FEC ID number of contributing federal political committee. **C** C00005249  
 Name of Employer Occupation  
 Receipt For: 2010  
 Primary  General  
 Other (specify) Election Cycle-to-Date 2500.00

**C.** Full Name (Last, First, Middle Initial)  
RAYTHEON COMPANY POLITICAL ACTION COMMITTEE  
 Mailing Address 1100 Wilson Blvd Suite 1500  
 City Arlington State VA Zip Code 22209  
 Date of Receipt 12 / 30 / 2010  
**Transaction ID:** SA11C.11459  
 Amount of Each Receipt this Period 2500.00  
 Debt Repayment  
 FEC ID number of contributing federal political committee. **C** C00097568  
 Name of Employer Occupation  
 Receipt For: 2010  
 Primary  General  
 Other (specify) Election Cycle-to-Date 2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 8000.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 28  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

A.

Full Name (Last, First, Middle Initial) SAFARI CLUB INTERNATIONAL PAC (SCI-PAC)		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 0 / 2 0 1 0
Mailing Address 4800 W. GATES PASS ROAD		Transaction ID: SA11C.11461
City TUCSON	State AZ	Zip Code 85745
FEC ID number of contributing federal political committee. <b>C</b> C00122101		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	Debt Repayment
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	16000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: SB17.11485 Date of Disbursement 11 / 23 / 2010
	Mailing Address 175 E. Houston St.	Amount of Each Disbursement this Period 204.32
	City San Antonio State TX Zip Code 78205	
	Purpose of Disbursement Telephone Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) AT&T	Transaction ID: SB17.11420 Date of Disbursement 12 / 23 / 2010
	Mailing Address 175 E. Houston St.	Amount of Each Disbursement this Period 203.22
	City San Antonio State TX Zip Code 78205	
	Purpose of Disbursement Telephone Candidate Name	001 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) Authorize.net Corp.	Transaction ID: SB17.11404 Date of Disbursement 12 / 01 / 2010
	Mailing Address 915 South 500 East, Suite 200	Amount of Each Disbursement this Period 4.95
	City American Fork State UT Zip Code 84003	
	Purpose of Disbursement Credit Card Merchant Fees Candidate Name	003 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**412.49**

**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 Page

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) Authorize.net Corp. <hr/> Mailing Address 915 South 500 East, Suite 200 <hr/> City American Fork State UT Zip Code 84003 <hr/> Purpose of Disbursement Credit Card Merchant Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.11405 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 51.20
<b>B.</b> Full Name (Last, First, Middle Initial) Authorize.net Corp. <hr/> Mailing Address 915 South 500 East, Suite 200 <hr/> City American Fork State UT Zip Code 84003 <hr/> Purpose of Disbursement Credit Card Merchant Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.11408 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 1 0
	Amount of Each Disbursement this Period 81.58
<b>C.</b> Full Name (Last, First, Middle Initial) Authorize.net Corp. <hr/> Mailing Address 915 South 500 East, Suite 200 <hr/> City American Fork State UT Zip Code 84003 <hr/> Purpose of Disbursement Credit Card Merchant Fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB17.11414 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 1 0
	Amount of Each Disbursement this Period 66.37

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

199.15

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)  
Authorize.net Corp.

Transaction ID: SB17.11415  
Date of Disbursement

Mailing Address 915 South 500 East, Suite 200

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

City State Zip Code  
American Fork UT 84003

Amount of Each Disbursement this Period

Purpose of Disbursement  
Credit Card Merchant Fees

003
Category/ Type

42.27
-------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: District:

B.

Full Name (Last, First, Middle Initial)  
Authorize.net Corp.

Transaction ID: SB17.11416  
Date of Disbursement

Mailing Address 915 South 500 East, Suite 200

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

City State Zip Code  
American Fork UT 84003

Amount of Each Disbursement this Period

Purpose of Disbursement  
Credit Card Merchant Fees

003
Category/ Type

8.62
------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: District:

C.

Full Name (Last, First, Middle Initial)  
Best Buy

Transaction ID: SB17.11961  
Date of Disbursement

Mailing Address 7601 Penn Avenue South

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

City State Zip Code  
Richfield MN 55423

Amount of Each Disbursement this Period

Purpose of Disbursement  
Computers

001
Category/ Type

427.55
--------

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: District:

[MEMO ITEM]

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

50.89
-------

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Brandy's Mailing Address 1500 E Cedar Ave City Flagstaff State AZ Zip Code 86004 Purpose of Disbursement Campaign Meals Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.11422 Date of Disbursement 12 / 23 / 2010 Amount of Each Disbursement this Period 12.87 Category/Type: 001
B.	Full Name (Last, First, Middle Initial) Bulleri Building Account Mailing Address P.O. Box 472 City Prescott State AZ Zip Code 86302 Purpose of Disbursement Office Rent Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.11487 Date of Disbursement 11 / 27 / 2010 Amount of Each Disbursement this Period 612.00 Category/Type: 001
C.	Full Name (Last, First, Middle Initial) Eric Crown Mailing Address 5665 E Valle Vista Rd City Phoenix State AZ Zip Code 85018 Purpose of Disbursement Catering for fundraising event Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.11401 Date of Disbursement 12 / 31 / 2010 Amount of Each Disbursement this Period 3129.60 Category/Type: 003

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

**3754.47**

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) PAUL ANTHONY ANTHONY GOSAR	Transaction ID: SB17.11500 Date of Disbursement																			
	Mailing Address 7485 RAIN VALLEY RD	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	7		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	7		2	0	1	0												
	City FLAGSTAFF State AZ Zip Code 86004	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Gas	<table border="1"><tr><td>1335.87</td></tr></table>	1335.87																		
1335.87																					
	Candidate Name PAUL GOSAR FOR CONGRESS	Category/Type 002																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) PAUL ANTHONY ANTHONY GOSAR	Transaction ID: SB17.11501 Date of Disbursement																			
	Mailing Address 7485 RAIN VALLEY RD	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	7		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	7		2	0	1	0												
	City FLAGSTAFF State AZ Zip Code 86004	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Parking	<table border="1"><tr><td>177.00</td></tr></table>	177.00																		
177.00																					
	Candidate Name PAUL GOSAR FOR CONGRESS	Category/Type 002																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) PAUL ANTHONY ANTHONY GOSAR	Transaction ID: SB17.11502 Date of Disbursement																			
	Mailing Address 7485 RAIN VALLEY RD	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	7		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
1	2		2	7		2	0	1	0												
	City FLAGSTAFF State AZ Zip Code 86004	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Car Rental	<table border="1"><tr><td>278.41</td></tr></table>	278.41																		
278.41																					
	Candidate Name PAUL GOSAR FOR CONGRESS	Category/Type 002																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>1791.28</td></tr></table>	1791.28
1791.28		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td></td></tr></table>	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
PAUL ANTHONY ANTHONY GOSAR

Mailing Address 7485 RAIN VALLEY RD

City FLAGSTAFF State AZ Zip Code 86004

Purpose of Disbursement  
Car Maintenance - See memo transaction

Candidate Name  
PAUL GOSAR FOR CONGRESS

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: AZ District: 01

Transaction ID: SB17.11503  
Date of Disbursement

12 / 27 / 2010

Amount of Each Disbursement this Period

824.41

**B.** Full Name (Last, First, Middle Initial)  
PAUL ANTHONY ANTHONY GOSAR

Mailing Address 7485 RAIN VALLEY RD

City FLAGSTAFF State AZ Zip Code 86004

Purpose of Disbursement  
Meals

Candidate Name  
PAUL GOSAR FOR CONGRESS

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: AZ District: 01

Transaction ID: SB17.11504  
Date of Disbursement

12 / 27 / 2010

Amount of Each Disbursement this Period

1700.84

**C.** Full Name (Last, First, Middle Initial)  
PAUL ANTHONY ANTHONY GOSAR

Mailing Address 7485 RAIN VALLEY RD

City FLAGSTAFF State AZ Zip Code 86004

Purpose of Disbursement  
Campaign Gifts - See Memo Transactions

Candidate Name  
PAUL GOSAR FOR CONGRESS

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: AZ District: 01

Transaction ID: SB17.11505  
Date of Disbursement

12 / 27 / 2010

Amount of Each Disbursement this Period

227.02

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

2752.27

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



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

<b>A.</b>	Full Name (Last, First, Middle Initial) PAUL ANTHONY ANTHONY GOSAR  Mailing Address 7485 RAIN VALLEY RD  City FLAGSTAFF State AZ Zip Code 86004  Purpose of Disbursement Office Supplies - See Memo Transactions Candidate Name PAUL GOSAR FOR CONGRESS  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.11506 Date of Disbursement 12 / 27 / 2010  Amount of Each Disbursement this Period 384.67  Category/Type 001
<b>B.</b>	Full Name (Last, First, Middle Initial) PAUL ANTHONY ANTHONY GOSAR  Mailing Address 7485 RAIN VALLEY RD  City FLAGSTAFF State AZ Zip Code 86004  Purpose of Disbursement Postage - See Memo Transactions Candidate Name PAUL GOSAR FOR CONGRESS  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.11507 Date of Disbursement 12 / 27 / 2010  Amount of Each Disbursement this Period 37.35  Category/Type 003
<b>C.</b>	Full Name (Last, First, Middle Initial) PAUL ANTHONY ANTHONY GOSAR  Mailing Address 7485 RAIN VALLEY RD  City FLAGSTAFF State AZ Zip Code 86004  Purpose of Disbursement Telephone - See Memo Transactions Candidate Name PAUL GOSAR FOR CONGRESS  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 01  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.11508 Date of Disbursement 12 / 27 / 2010  Amount of Each Disbursement this Period 969.31  Category/Type 001

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

1391.33

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
PAUL ANTHONY ANTHONY GOSAR

Mailing Address 7485 RAIN VALLEY RD

City FLAGSTAFF State AZ Zip Code 86004

Purpose of Disbursement  
Hotels

002  
Category/  
Type

Candidate Name  
PAUL GOSAR FOR CONGRESS

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: AZ District: 01

Transaction ID: SB17.11509  
Date of Disbursement

12 / 27 / 2010

Amount of Each Disbursement this Period

1236.61

**B.** Full Name (Last, First, Middle Initial)  
PAUL ANTHONY ANTHONY GOSAR

Mailing Address 7485 RAIN VALLEY RD

City FLAGSTAFF State AZ Zip Code 86004

Purpose of Disbursement  
Computers - See Memo Transactions

001  
Category/  
Type

Candidate Name  
PAUL GOSAR FOR CONGRESS

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: AZ District: 01

Transaction ID: SB17.11510  
Date of Disbursement

12 / 27 / 2010

Amount of Each Disbursement this Period

427.55

**C.** Full Name (Last, First, Middle Initial)  
PAUL ANTHONY ANTHONY GOSAR

Mailing Address 7485 RAIN VALLEY RD

City FLAGSTAFF State AZ Zip Code 86004

Purpose of Disbursement  
Cleaning

001  
Category/  
Type

Candidate Name  
PAUL GOSAR FOR CONGRESS

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: AZ District: 01

Transaction ID: SB17.11511  
Date of Disbursement

12 / 27 / 2010

Amount of Each Disbursement this Period

216.35

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

1880.51

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

C. Form/Schedule : **SB17**

Under \$200 aggregate per vendor

Transaction ID : **SB17.11511**

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 20 / 28

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

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Integrated Web Strategy  Mailing Address 206 East Morris  City Phoenix State AZ Zip Code 85012  Purpose of Disbursement Radio Spot Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.11496 Date of Disbursement 11 / 27 / 2010  Amount of Each Disbursement this Period 1250.00  Category/Type 004
B.	Full Name (Last, First, Middle Initial) Pine Cone Inn  Mailing Address 1245 White Spar Road  City Prescott State AZ Zip Code 86303  Purpose of Disbursement Event Catering and Room Rental Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.11497 Date of Disbursement 11 / 29 / 2010  Amount of Each Disbursement this Period 548.03  Category/Type 007
C.	Full Name (Last, First, Middle Initial) Postmaster  Mailing Address 475 L'Enfant Plaza, SW  City Washington State DC Zip Code 20260  Purpose of Disbursement Postage Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB17.11960 Date of Disbursement 12 / 27 / 2010  Amount of Each Disbursement this Period 37.35  Category/Type 001  [MEMO ITEM]

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

1798.03

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

<p><b>A.</b> Full Name (Last, First, Middle Initial) Anthony K. Smith</p> <p>Mailing Address 9539 E. Chino Drive</p> <p>City Scottsdale State AZ Zip Code 85255</p> <p>Purpose of Disbursement Consulting - Campaign Management</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB17.11444</p> <p>Date of Disbursement 12 / 01 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>Category/Type 001</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Anthony K. Smith</p> <p>Mailing Address 9539 E. Chino Drive</p> <p>City Scottsdale State AZ Zip Code 85255</p> <p>Purpose of Disbursement Mileage Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB17.11477</p> <p>Date of Disbursement 12 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 445.38</p> <p>Category/Type 002</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Anthony K. Smith</p> <p>Mailing Address 9539 E. Chino Drive</p> <p>City Scottsdale State AZ Zip Code 85255</p> <p>Purpose of Disbursement Consulting - Campaign Management</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> SB17.11483</p> <p>Date of Disbursement 12 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>Category/Type 001</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><b>6445.38</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: SB17.11956 Date of Disbursement 12 / 27 / 2010
	Mailing Address 2625 S Woodlands Vlg Blvd #100	Amount of Each Disbursement this Period 384.67
	City Flagstaff State AZ Zip Code 86001	
	Purpose of Disbursement Office Supplies Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) Tyrrell Marxen Chevrolet	Transaction ID: SB17.11962 Date of Disbursement 12 / 27 / 2010
	Mailing Address 1118 W Highway 66	Amount of Each Disbursement this Period 824.41
	City Flagstaff State AZ Zip Code 86001	
	Purpose of Disbursement Car Repairs Candidate Name	001 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) US Airways	Transaction ID: SB17.11425 Date of Disbursement 12 / 27 / 2010
	Mailing Address 4000 E. Sky Harbor Blvd.	Amount of Each Disbursement this Period 318.90
	City Phoenix State AZ Zip Code 85034	
	Purpose of Disbursement Airfare Candidate Name	002 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

318.90

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 28

<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)  
PAUL GOSAR FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) Verizon Wireless		Transaction ID: SB17.11957																					
	Mailing Address One Verizon Way		Date of Disbursement																					
	City Basking Ridge State NJ Zip Code 07920		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>2</td><td>7</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	2	7	/	2	0	1	0
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	2	/	2	7	/	2	0	1	0														
Purpose of Disbursement Cell Phone		Amount of Each Disbursement this Period																						
Candidate Name		<table border="1"> <tr> <td colspan="10">969.31</td> </tr> </table>		969.31																				
969.31																								
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010		[MEMO ITEM]																				
State: District:		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
		<table border="1"> <tr> <td colspan="2">001</td> </tr> <tr> <td colspan="2">Category/Type</td> </tr> </table>			001		Category/Type																	
001																								
Category/Type																								

SUBTOTAL of Disbursements This Page (optional) .....	▶	0.00
TOTAL This Period (last page this line number only) .....	▶	20794.70

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 28

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

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

A.

Full Name (Last, First, Middle Initial)

Gerald A Schwalbach

Mailing Address 601 Carlson parkway - Suite 350

City State Zip Code  
Minnetonka MN 55305

Purpose of Disbursement  
Excessive Contribution G2010

Candidate Name

010  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: SB20A.11480

Date of Disbursement

12 / 30 / 2010

Amount of Each Disbursement this Period

766.67

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

766.67

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

766.67



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

A.	Full Name (Last, First, Middle Initial) SERVICES GROUP OF AMERICA POLITICAL ACTION COMMITTEE (S-GA PAC)	Transaction ID: SB20C.11481
	Mailing Address PO BOX 25169	Date of Disbursement MM / DD / YYYY 12 / 30 / 2010
	City SCOTTSDALE State AZ Zip Code 85255	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Excessive Contribution G2010	010 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) SERVICES GROUP OF AMERICA POLITICAL ACTION COMMITTEE (S-GA PAC)	Transaction ID: SB20C.11482
	Mailing Address PO BOX 25169	Date of Disbursement MM / DD / YYYY 12 / 30 / 2010
	City SCOTTSDALE State AZ Zip Code 85255	Amount of Each Disbursement this Period 1666.65
	Purpose of Disbursement Excessive Contribution G2010	010 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

2666.65

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

2666.65

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Hammond & Associates			Nature of Debt (Purpose): Fundraising Fees
Mailing Address P.O. Box 368			
City Falls Church	State VA	ZIP Code 22040	

Outstanding Balance Beginning This Period <input type="text" value="4373.04"/>		<b>Transaction ID:</b> SD10.11367	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="4373.04"/>	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Hammond & Associates			Nature of Debt (Purpose): Fundraising Services
Mailing Address P.O. Box 368			
City Falls Church	State VA	ZIP Code 22040	

Outstanding Balance Beginning This Period <input type="text" value="10573.47"/>		<b>Transaction ID:</b> SD10.11368	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="10573.47"/>	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Integrated Web Strategy			Nature of Debt (Purpose): Campaign Consulting Services
Mailing Address 206 East Morris			
City Phoenix	State AZ	ZIP Code 85012	

Outstanding Balance Beginning This Period <input type="text" value="20000.00"/>		<b>Transaction ID:</b> SD10.11385	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="20000.00"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="34946.51"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
PAUL GOSAR FOR CONGRESS

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> ROBERT WADE ROBINSON, II			Nature of Debt (Purpose): Travel Expenses
Mailing Address 11039 E. HARRIS HAWK TRAIL			
City	State	ZIP Code	
SCOTTSDALE	AZ	85262	

Outstanding Balance Beginning This Period		Transaction ID: SD10.11366	
914.60			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	914.60	

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> ROBERT WADE ROBINSON, II			Nature of Debt (Purpose): Fundraising Meeting Expenses
Mailing Address 11039 E. HARRIS HAWK TRAIL			
City	State	ZIP Code	
SCOTTSDALE	AZ	85262	

Outstanding Balance Beginning This Period		Transaction ID: SD10.11499	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
212.07	0.00	212.07	

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Yescalis Campaign Strategies			Nature of Debt (Purpose): Fundraising Services
Mailing Address 1010 N 2nd Avenue 425C			
City	State	ZIP Code	
Phoenix	AZ	85003	

Outstanding Balance Beginning This Period		Transaction ID: SD10.11369	
15433.06			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	15433.06	

1) <b>SUBTOTALS</b> This Period This Page (optional).....	▶	16559.73
2) <b>TOTALS</b> This Period (last page this line number only).....	▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	▶	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	▶	

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

(Use separate schedule(s) for each numbered line)	PAGE 28 / 28	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
 PAUL GOSAR FOR CONGRESS

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Yescalis Campaign Strategies	Nature of Debt (Purpose): Fundraising Services
Mailing Address 1010 N 2nd Avenue 425C	
City State ZIP Code Phoenix AZ 85003	

Outstanding Balance Beginning This Period	<b>Transaction ID: SD10.11383</b>	
7264.54		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	7264.54

1) <b>SUBTOTALS</b> This Period This Page (optional).....	7264.54
2) <b>TOTALS</b> This Period (last page this line number only).....	58770.78
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	58770.78