

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.

12FE4M5

PAUL GOSAR FOR CONGRESS

ADDRESS (number and street) ▼

2222 E. Cedar Ave.

Check if different than previously reported. (ACC)

Flagstaff

AZ

86004

2. **FEC IDENTIFICATION NUMBER** ▼

C C00461806

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. 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

/ /

through

/ /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dr. W. Brian Powley

Signature of Treasurer Dr. W. Brian Powley

[Electronically Filed]

Date

/ /

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

Office Use Only								
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
PAUL GOSAR FOR CONGRESS

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	111546.19	592293.57
(b) Total Contribution Refunds (from Line 20(d))	1000.00	6366.65
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	110546.19	585926.92
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	90393.57	357560.54
(b) Total Offsets to Operating Expenditures (from Line 14).....	519.44	519.44
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	89874.13	357041.10
8. Cash on Hand at Close of Reporting Period (from Line 27).....	256044.18	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	28062.07	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

PAUL GOSAR FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	44151.00	304354.00
(ii) Unitemized.....	7490.85	55525.85
(iii) TOTAL of contributions from individuals ▶	51641.85	359879.85
(b) Political Party Committees.....	1154.34	1154.34
(c) Other Political Committees (such as PACs).....	58750.00	231259.38
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	111546.19	592293.57
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	8465.71
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.)	519.44	519.44
15. OTHER RECEIPTS (Dividends, Interest, etc.)	1.05	1.36
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	112066.68	601280.08

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	90393.57	357560.54
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	1000.00	3700.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2666.65
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	1000.00	6366.65
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	91393.57	363927.19

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	235371.07
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	112066.68
25. SUBTOTAL (add Line 23 and Line 24).....	347437.75
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	91393.57
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	256044.18

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Alejandro Aguirre

Mailing Address 12545 42nd Place N

City Plymouth State MN Zip Code 55442

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

Name of Employer self Occupation Endodontist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 07 / 2011

Transaction ID : SA11AI.13819

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 12545 42nd Place N

City Plymouth State MN Zip Code 55442

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

Name of Employer self Occupation Endodontist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2011

Transaction ID : SA11AI.13820

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Malcolm W. Barrett

Mailing Address 2054 Old Kettle Dr.

City Prescott State AZ Zip Code 86305

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

Name of Employer N/A Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 20 / 2011

Transaction ID : SA11AI.13875

Amount of Each Receipt this Period
 250.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ajay Bhatnager

Mailing Address 273 W Malibu

City Chandler State AZ Zip Code 85248

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

Name of Employer Cancer Treatment Services Inte Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2011

Transaction ID : SA11AI.13898

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 15715 S 46th St. Ste 104

City Phoenix State AZ Zip Code 85048

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

Name of Employer BellaVista DentalCare Occupation Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 12 / 2011

Transaction ID : SA11AI.13846

Amount of Each Receipt this Period
 1500.00

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

Mailing Address 5 Briarwood Ln.

City Newtown State CT Zip Code 06470

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

Name of Employer self Occupation Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 06 / 2011

Transaction ID : SA11AI.13963

Amount of Each Receipt this Period
 500.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Daniel Bock

Mailing Address 7141 E Berneil Dr.

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

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

Name of Employer McCarty & Associates, LLC	Occupation Investor
---	------------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 06 / 2011

Transaction ID : SA11AI.14007

Amount of Each Receipt this Period
500.00

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

Mailing Address 503 David

City Flagstaff	State AZ	Zip Code 86001
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FEC ID number of contributing federal political committee. **C**

Name of Employer Flagstaff Medical Center	Occupation President
--	-------------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 26 / 2011

Transaction ID : SA11AI.13967

Amount of Each Receipt this Period
250.00

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

Mailing Address 1601 Elsdon Circle

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

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

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 06 / 2011

Transaction ID : SA11AI.13849

Amount of Each Receipt this Period
1000.00

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

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

1750.00

**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 8 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Doris Carpenter

Mailing Address 224 South Mount Vernon Ave.

City Prescott	State AZ	Zip Code 86303
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FEC ID number of contributing federal political committee. **C**

Name of Employer NA	Occupation Retired
------------------------	-----------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		22		2011

Transaction ID : SA11AI.13881

Amount of Each Receipt this Period
25.00

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

Mailing Address 224 South Mount Vernon Ave.

City Prescott	State AZ	Zip Code 86303
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FEC ID number of contributing federal political committee. **C**

Name of Employer NA	Occupation Retired
------------------------	-----------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		30		2011

Transaction ID : SA11AI.13882

Amount of Each Receipt this Period
50.00

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

Mailing Address 555 W Wackerly Rd. STE 2900

City Midland	State MI	Zip Code 48640
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FEC ID number of contributing federal political committee. **C**

Name of Employer Carter Dental	Occupation Dentist
-----------------------------------	-----------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2011

Transaction ID : SA11AI.13978

Amount of Each Receipt this Period
500.00

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

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

575.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Edmund Cassella

Mailing Address 1441 Kapiolani Blvd. #1506

City Honolulu State HI Zip Code 96814

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

Name of Employer Cassella Dental Occupation Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2011

Transaction ID : SA11AI.13833

Amount of Each Receipt this Period
1000.00

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

Mailing Address 2025 Meander

City Prescott State AZ Zip Code 86305

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

Name of Employer N/A Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 22 / 2011

Transaction ID : SA11AI.14069

Amount of Each Receipt this Period
50.00

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

Mailing Address 522 W. Sammamish Pkwy SE

City Bellvue State WA Zip Code 98008

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

Name of Employer Crinzi Dental Occupation Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 29 / 2011

Transaction ID : SA11AI.13968

Amount of Each Receipt this Period
500.00

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

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

1550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Joseph Crowley		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 10 / 2011	
Mailing Address 3475 North Bend Road		Transaction ID : SA11AI.13923	
City State Zip Code Cincinnati OH 45239	Amount of Each Receipt this Period _____ 500.00		
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period _____ 1000.00		
Name of Employer SELF Occupation Dentist	Election Cycle-to-Date _____ 1000.00		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Kevin Dens		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 22 / 2011	
Mailing Address 2220 Norway Pine Rd SW		Transaction ID : SA11AI.13880	
City State Zip Code Brainerd MN 56401	Amount of Each Receipt this Period _____ 250.00		
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period _____ 250.00		
Name of Employer Dens Dental Occupation Dentist	Election Cycle-to-Date _____ 250.00		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. Greg Edmunds		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 14 / 2011	
Mailing Address 15215 S 48th St. #158		Transaction ID : SA11AI.14074	
City State Zip Code Phoenix AZ 85044	Amount of Each Receipt this Period _____ 300.00		
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period _____ 300.00		
Name of Employer Self Occupation Dentist	Election Cycle-to-Date _____ 300.00		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional).....	_____ 1050.00
TOTAL This Period (last page this line number only).....	_____

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

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

FOR LINE NUMBER: PAGE 11 OF 78
(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)
Carolyn Eppler

Mailing Address 1471 N Cherry Ave.

City Miami State AZ Zip Code 85539

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

Name of Employer Action Analysis Partners LLC Occupation Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 20 / 2011

Transaction ID : SA11AI.14076

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Edward Feinberg DMD

Mailing Address Harwood Building Ste 322

City Scarsdale State NY Zip Code 10583

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

Name of Employer Self Occupation Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 06 / 2011

Transaction ID : SA11AI.14040

Amount of Each Receipt this Period
 750.00

C. Full Name (Last, First, Middle Initial)
Loren J Feldner

Mailing Address 13009 S 83rd Ct

City Palos Ok State IL Zip Code 60464

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

Name of Employer Self Occupation Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 06 / 2011

Transaction ID : SA11AI.13823

Amount of Each Receipt this Period
 300.00

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

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

800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Paul Fieldstone

Mailing Address 1828 E Florence Blvd #143

City State Zip Code
Casa Grande AZ 85122

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

Name of Employer self Occupation
self Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 19 / 2011

Transaction ID : SA11AI.13865

Amount of Each Receipt this Period
500.00

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

Mailing Address 2138 N Lakeshore Dr.

City State Zip Code
Casa Grande AZ 85222

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

Name of Employer Self Occupation
Self Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 14 / 2011

Transaction ID : SA11AI.13878

Amount of Each Receipt this Period
500.00

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

Mailing Address 498 W. Oregon Ave.

City State Zip Code
Phoenix AZ 85013

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

Name of Employer IWS Occupation
IWS Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5001.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 09 / 2011

Transaction ID : SA11AI.13961

Amount of Each Receipt this Period
1.00

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

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

1001.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

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

Mailing Address 1009 S. Jackson Highway

City Sheffield State AL Zip Code 35660

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

Name of Employer Gamble Dental Occupation Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2011

Transaction ID : SA11AI.14048

Amount of Each Receipt this Period
100.00

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

Mailing Address 13783 E Gail Rd.

City Scottsdale State AZ Zip Code 85259

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

Name of Employer GCW Consulting Occupation Consultant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 29 / 2011

Transaction ID : SA11AI.13827

Amount of Each Receipt this Period
500.00

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

Mailing Address 8131 N Mohave Rd.

City Paradise Valley State AZ Zip Code 85253

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

Name of Employer B&D LITHO, INC Occupation Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 29 / 2011

Transaction ID : SA11AI.14021

Amount of Each Receipt this Period
500.00

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

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

1100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Thomas Gorny		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 29 / 2011
Mailing Address 8311 N 50th St.		Transaction ID : SA11AI.14025
City Paradise Valley	State AZ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Nextiva, Inc.	Occupation President	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) B. William Grafton		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 29 / 2011
Mailing Address 3320 S Justin St.		Transaction ID : SA11AI.13920
City Flagstaff	State AZ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer N/A	Occupation Retired	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 310.00	

Full Name (Last, First, Middle Initial) C. Arthur M Guida		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 28 / 2011
Mailing Address PO Box 2430		Transaction ID : SA11AI.14058
City Payson	State AZ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer N/A	Occupation Retired	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 600.00	

SUBTOTAL of Receipts This Page (optional).....	1600.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. John Guzik		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 02 / 2011	
Mailing Address 7908 Oak Hollow Lane		Transaction ID : SA11AI.14017	
City Fairfax Station	State VA	Zip Code 22039	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer The Franklin Partnership, LLP	Occupation Partner		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) B. David Herald		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 26 / 2011	
Mailing Address 1305 Bates Rd.		Transaction ID : SA11AI.13824	
City Cottonwood	State AZ	Zip Code 86326	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Herald Dental	Occupation Dentist		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) C. Steven Hilton		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 29 / 2011	
Mailing Address 10387 E Rob's Camp Rd.		Transaction ID : SA11AI.13795	
City Scottsdale	State AZ	Zip Code 85255	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Meritage Homes Corporation	Occupation Chairman		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	1100.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

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

Mailing Address 2893 Kelly Square

City State Zip Code
Vienna VA 22181

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

Name of Employer Occupation
Self Consultant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 22 / 2011

Transaction ID : SA11AI.14077

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Mark Hughes

Mailing Address 25201 N. 47th Dr.

City State Zip Code
Phoenix AZ 85083

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

Name of Employer Occupation
Hughes Dental Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 06 / 2011

Transaction ID : SA11AI.13891

Amount of Each Receipt this Period
400.00

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

Mailing Address 7301 E 3rd Ave Ste 412

City State Zip Code
Scottsdale AZ 85251

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

Name of Employer Occupation
Canyon Ridge Endodontics Endodontist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 12 / 2011

Transaction ID : SA11AI.14011

Amount of Each Receipt this Period
500.00

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

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

1900.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mohit Khurana		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 14 / 2011	
Mailing Address 3281 E Cedar Drive		Transaction ID : SA11AI.13917	
City State Zip Code Chandler AZ 85249	Amount of Each Receipt this Period _____ 500.00		
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period _____ 500.00		
Name of Employer Occupation Global Delivery Strategies Consulting	Election Cycle-to-Date _____ 500.00		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

Full Name (Last, First, Middle Initial) B. Rahul Kode		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 13 / 2011	
Mailing Address 14216 S 5th St.		Transaction ID : SA11AI.13832	
City State Zip Code Phoenix AZ 85044	Amount of Each Receipt this Period _____ 500.00		
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period _____ 500.00		
Name of Employer Occupation Dental by Design Dentist	Election Cycle-to-Date _____ 500.00		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

Full Name (Last, First, Middle Initial) C. W. Brent Kyte		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 07 / 2011	
Mailing Address 800 North Camino Cordon		Transaction ID : SA11AI.14019	
City State Zip Code Tucson AZ 85748	Amount of Each Receipt this Period _____ 500.00		
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period _____ 500.00		
Name of Employer Occupation Pizza Hut Franchise Owner	Election Cycle-to-Date _____ 1000.00		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 1500.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. James Landers		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 06 / 2011	
Mailing Address 956 12th St		Transaction ID : SA11AI.14035	
City State Zip Code Cody WY 82414	Amount of Each Receipt this Period 400.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Landers Dental Dentist		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00		

Full Name (Last, First, Middle Initial) B. Stephen F. Lex		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 26 / 2011	
Mailing Address 1020 San Francisco		Transaction ID : SA11AI.13793	
City State Zip Code Flagstaff AZ 86001	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Plastic Surgeons of N AZ Plastic Surgeon		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

Full Name (Last, First, Middle Initial) C. William MacDonnell		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 06 / 2011	
Mailing Address 158 Hunter Drive		Transaction ID : SA11AI.13847	
City State Zip Code West Hartford CT 06107	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Self Dentist		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	1650.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mashantucket Pequot Tribal Nation

Mailing Address PO Box 3008

City Mashantucket State CT Zip Code 06338

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 06 / 2011

Transaction ID : SA11AI.14104

Amount of Each Receipt this Period
 2000.00

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

Mailing Address 4544 E. Rockridge Road

City Phoenix State AZ Zip Code 85018

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

Name of Employer Occupation
 Coe & Van Loo Consultants, Inc. CFO

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2011

Transaction ID : SA11AI.13951

Amount of Each Receipt this Period
 500.00

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

Mailing Address 1605 9th Ave SE

City Jamestown State ND Zip Code 58401

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

Name of Employer Occupation
 McDougall Dental Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 06 / 2011

Transaction ID : SA11AI.13850

Amount of Each Receipt this Period
 500.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ken W. Merritt		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 30 / 2011	
Mailing Address 121 Tanner Way		Transaction ID : SA11AI.13817	
City Clovis	State NM	Zip Code 88101	Amount of Each Receipt this Period _____ 100.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Self-Employed	Occupation Dentist		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 600.00		

Full Name (Last, First, Middle Initial) B. Morongo Band of Mission Indians		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 28 / 2011	
Mailing Address 12700 Pumarra Road		Transaction ID : SA11AI.14102	
City Banning	State CA	Zip Code 92220	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer		Occupation	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00		

Full Name (Last, First, Middle Initial) C. Dr. Rhett Murray		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 19 / 2011	
Mailing Address 11903 E Yale Way		Transaction ID : SA11AI.13808	
City Aurora	State CO	Zip Code 80014	Amount of Each Receipt this Period _____ 1000.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Rhett I Murray DDSPC	Occupation Dentist		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1500.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 2100.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Dr. Rhett Murray		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 06 / 2011	
Mailing Address 11903 E Yale Way		Transaction ID : SA11AI.13809	
City Aurora	State CO	Zip Code 80014	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Rhett I Murray DDSPC	Occupation Dentist		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2000.00		

Full Name (Last, First, Middle Initial) B. Erika Neuberg		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 29 / 2011	
Mailing Address 700 N Dobson #9		Transaction ID : SA11AI.14002	
City Chandler	State AZ	Zip Code 85224	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Psychologist		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

Full Name (Last, First, Middle Initial) C. Susan Nunnally		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 27 / 2011	
Mailing Address 435 West 57th St #3C		Transaction ID : SA11AI.13939	
City New York	State NY	Zip Code 10019	Amount of Each Receipt this Period _____ 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer None	Occupation Self		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 300.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 1200.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Sumir Patel

Mailing Address 4420 S Oleander Dr.

City Chandler State AZ Zip Code 85248

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

Name of Employer Self Occupation Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2011

Transaction ID : SA11AI.13945

Amount of Each Receipt this Period
 500.00

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

Mailing Address 1750 N. Vista Drive

City Flagstaff State AZ Zip Code 86001

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

Name of Employer NA Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 04 / 2011

Transaction ID : SA11AI.13863

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 4350 E Ray Rd. Bldg 3 Ste 112

City Phoenix State AZ Zip Code 85044

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

Name of Employer Pearson Dental Occupation Orthodontist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2011

Transaction ID : SA11AI.13941

Amount of Each Receipt this Period
 500.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Dr. Jessica Robertson		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 04 / 2011	
Mailing Address 1110 W Beal Rd		Transaction ID : SA11AI.13801	
City Flagstaff	State AZ	Zip Code 86001	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 1875.00	
Name of Employer Around The Mountain Pediatric		Occupation Dentist	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2375.00	

Full Name (Last, First, Middle Initial) B. Dr. Jessica Robertson		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 03 / 2011	
Mailing Address 1110 W Beal Rd		Transaction ID : SA11AI.13802	
City Flagstaff	State AZ	Zip Code 86001	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 1750.00	
Name of Employer Around The Mountain Pediatric		Occupation Dentist	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 4125.00	

Full Name (Last, First, Middle Initial) C. Dr. Jessica Robertson		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 03 / 2011	
Mailing Address 1110 W Beal Rd		Transaction ID : SA11AI.14177	
City Flagstaff	State AZ	Zip Code 86001	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 125.00	
Name of Employer Around The Mountain Pediatric		Occupation Dentist	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 4250.00	

SUBTOTAL of Receipts This Page (optional).....	3750.00
TOTAL This Period (last page this line number only).....	[Empty Box]

**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 24 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dr. Clyde M. Robinson

Mailing Address 2330 N. Rosemont

City State Zip Code
Tucson AZ 85712

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

Name of Employer Occupation
Robinson Dental Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 28 / 2011

Transaction ID : SA11AI.13884

Amount of Each Receipt this Period
250.00

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

Mailing Address 6611 Dearborn Dr.

City State Zip Code
Falls Church VA 22044

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

Name of Employer Occupation
Akin Gump Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 28 / 2011

Transaction ID : SA11AI.13995

Amount of Each Receipt this Period
250.00

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

Mailing Address 400 Allison

City State Zip Code
Newton KS 67114

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

Name of Employer Occupation
Roufs Dental Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 06 / 2011

Transaction ID : SA11AI.13929

Amount of Each Receipt this Period
250.00

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

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

750.00

**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 25 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Saginaw Chippewa Indian Tribe		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 06 / 2011	
Mailing Address 7070 E Broadway		Transaction ID : SA11AI.14106	
City Mt. Pleasant	State MI	Zip Code 48858	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation		Election Cycle-to-Date 2500.00	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Dr. Jeanne M. Salcetti		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 28 / 2011	
Mailing Address PO Box 455		Transaction ID : SA11AI.14065	
City Yucca	State AZ	Zip Code 86438	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Salcetti Dental Occupation Dentist		Election Cycle-to-Date 750.00	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. Jacqueline Schafer		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 26 / 2011	
Mailing Address 445 2nd Street, SE		Transaction ID : SA11AI.13946	
City Washington	State DC	Zip Code 20003	Amount of Each Receipt this Period 125.00
FEC ID number of contributing federal political committee. C			
Name of Employer N/A Occupation Retired		Election Cycle-to-Date 225.00	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional).....	2875.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Jacqueline Schafer

Mailing Address 445 2nd Street, SE

City Washington State DC Zip Code 20003

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

Name of Employer N/A Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **275.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 29 / 2011

Transaction ID : SA11AI.13947

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Dr. Jeane L. Schoemaker

Mailing Address 105 W. 9th Ave

City Fort Morgan State CO Zip Code 80701

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

Name of Employer Schoemaker Dental Occupation Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2011

Transaction ID : SA11AI.13796

Amount of Each Receipt this Period
500.00

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

Mailing Address 1552 W Augusta Ave.

City Phoenix State AZ Zip Code 85021

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

Name of Employer Seidberg Law Offices, P.C. Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 29 / 2011

Transaction ID : SA11AI.13840

Amount of Each Receipt this Period
500.00

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

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

1050.00

**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 27 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Howard Selland

Mailing Address 1671 E Singletree Ct.

City State Zip Code
Flagstaff AZ 86001

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

Name of Employer Occupation
NA Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 20 / 2011

Transaction ID : SA11AI.13855

Amount of Each Receipt this Period
250.00

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

Mailing Address 8302 N Mockingbird Ln.

City State Zip Code
Paradise Valley AZ 85253

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

Name of Employer Occupation
Self Physician

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 29 / 2011

Transaction ID : SA11AI.14023

Amount of Each Receipt this Period
500.00

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

Mailing Address 4610 E Ardmore Rd.

City State Zip Code
Phoenix AZ 85044

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

Name of Employer Occupation
Smart Health Director

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2011

Transaction ID : SA11AI.14085

Amount of Each Receipt this Period
100.00

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

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

850.00

**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 28 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

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

Mailing Address 3505 Robertson Road

City Casper State WY Zip Code 82604

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

Name of Employer Sybrant Dental Occupation Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 06 / 2011

Transaction ID : SA11AI.13924

Amount of Each Receipt this Period
500.00

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

Mailing Address P.O. Box 3424

City Pinetop State AZ Zip Code 85935

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

Name of Employer Self Occupation CRNA

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 29 / 2011

Transaction ID : SA11AI.14086

Amount of Each Receipt this Period
100.00

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

Mailing Address 4715 N 32nd St. Ste 102

City Phoenix State AZ Zip Code 85018

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

Name of Employer Tratt Properties, LLC Occupation Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 06 / 2011

Transaction ID : SA11AI.13955

Amount of Each Receipt this Period
500.00

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

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

1100.00

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

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

FOR LINE NUMBER: PAGE 29 OF 78
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Mark Tucker

Mailing Address 724 Druid Hills Road

City Tampa State FL Zip Code 33617

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

Name of Employer Self Occupation Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2011

Transaction ID : SA11AI.14009

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
John H Van Houten

Mailing Address 1636 Morning Stone Dr.

City Prescott State AZ Zip Code 86305

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

Name of Employer Retired Occupation Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
950.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 22 / 2011

Transaction ID : SA11AI.13852

Amount of Each Receipt this Period
500.00

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

Mailing Address PO Box 10601

City Casa Grande State AZ Zip Code 85230

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

Name of Employer Sunbelt Farms Occupation Owner

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 22 / 2011

Transaction ID : SA11AI.14051

Amount of Each Receipt this Period
250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dr. Russell I Webb

Mailing Address 1058 Truchard Lane

City Lincoln State CA Zip Code 95648

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

Name of Employer Webb Dental Occupation Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 30 / 2011

Transaction ID : SA11AI.14166

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 175 Inland Ridge Way NE

City Atlanta State GA Zip Code 30342

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

Name of Employer Buckhead Dental Associates Occupation Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 06 / 2011

Transaction ID : SA11AI.13862

Amount of Each Receipt this Period
 500.00

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

Mailing Address 17487 N 100th PI

City Scottsdale State AZ Zip Code 85255

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

Name of Employer Swan Financial Services Occupation Financial Advisor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 29 / 2011

Transaction ID : SA11AI.14088

Amount of Each Receipt this Period
 500.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
George Weisz

Mailing Address 5329 E Yucca

City State Zip Code
Scottsdale AZ 85254

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

Name of Employer Occupation
Self Investor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 17 / 2011

Transaction ID : SA11AI.13974

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Jay R Wells

Mailing Address 2510 Applegate Road

City State Zip Code
Bethel Park PA 15102

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

Name of Employer Occupation
Retired Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 07 / 2011

Transaction ID : SA11AI.13889

Amount of Each Receipt this Period
300.00

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

Mailing Address 2510 Applegate Road

City State Zip Code
Bethel Park PA 15102

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

Name of Employer Occupation
Wells Dental Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 27 / 2011

Transaction ID : SA11AI.13890

Amount of Each Receipt this Period
100.00

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

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

1400.00

**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 32 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Mark Woodson		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 20 / 2011	
Mailing Address 2820 W Darleen Dr.		Transaction ID : SA11AI.13902	
City Flagstaff	State AZ	Zip Code 86001	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Woodson Engineering and Survey	Occupation Engineer		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) B. Mark Woodson		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 28 / 2011	
Mailing Address 2820 W Darleen Dr.		Transaction ID : SA11AI.13903	
City Flagstaff	State AZ	Zip Code 86001	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer Woodson Engineering and Survey	Occupation Engineer		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) C. Traci Yanke		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 12 / 2011	
Mailing Address 11965 E Calle de Valle		Transaction ID : SA11AI.13811	
City Scottsdale	State AZ	Zip Code 85255	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Arizona Medical Imaging	Occupation Radiologist		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	800.00
TOTAL This Period (last page this line number only).....	[]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 78
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dr. Dennis J. Zent

Mailing Address 3030 N. Bay View

City: Angola State: IN Zip Code: 46703

FEC ID number of contributing federal political committee: C

Name of Employer: Zent Dental Occupation: Dentist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date: 700.00

Date of Receipt: 11 / 06 / 2011

Transaction ID : SA11AI.13911

Amount of Each Receipt this Period: 200.00

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

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

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

200.00

44151.00

**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 34 OF 78
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
REPUBLICAN CAMPAIGN COMMITTEE OF NEW MEXICO

Mailing Address PO BOX 94083

City ALBUQUERQUE State NM Zip Code 87199

FEC ID number of contributing federal political committee. **C** C00020818

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
223.74

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 13 / 2011

Transaction ID : SA11B.13782

Amount of Each Receipt this Period
223.74

In-kind - Hotel and Lodging

B. Full Name (Last, First, Middle Initial)
REPUBLICAN CAMPAIGN COMMITTEE OF NEW MEXICO

Mailing Address PO BOX 94083

City ALBUQUERQUE State NM Zip Code 87199

FEC ID number of contributing federal political committee. **C** C00020818

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1154.34

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 22 / 2011

Transaction ID : SA11B.14162

Amount of Each Receipt this Period
930.60

Airfare Reimbursement

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

1154.34

1154.34

**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 35 OF 78
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AKIN GUMP STRAUSS HAUER & FELD LLP CIVIC ACTION COMMITTEE (AKA AGSH&F CIVIC ACTION COMMITTEE)

Mailing Address 1333 NEW HAMPSHIRE AVE., NW

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00104901

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 1750.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2011

Transaction ID : SA11C.14124

Amount of Each Receipt this Period
 750.00

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

Mailing Address 211 E Chicago Ave Suite 700

City Chicago State IL Zip Code 60611

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 19 / 2011

Transaction ID : SA11C.14113

Amount of Each Receipt this Period
 3000.00

C. Full Name (Last, First, Middle Initial)
AMERICAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS POLITICAL ACTION COMMITTEE

Mailing Address 9700 West Bryn Mawr Ave.

City Rosemont State IL Zip Code 60018

FEC ID number of contributing federal political committee. **C** C00005660

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 23 / 2011

Transaction ID : SA11C.14126

Amount of Each Receipt this Period
 5000.00

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

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

8750.00

**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 36 OF 78
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Mailing Address 401 N. Lindbergh Blvd

City State Zip Code
St. Louis MO 63141

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 31 2011

Transaction ID : SA11C.14119

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE

Mailing Address 401 N. Lindbergh Blvd

City State Zip Code
St. Louis MO 63141

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 31 2011

Transaction ID : SA11C.14120

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
AMERICAN COLLEGE OF RADIOLOGY ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1891 Preston White Drive

City State Zip Code
Reston VA 20191

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 22 2011

Transaction ID : SA11C.14127

Amount of Each Receipt this Period
2000.00

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

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

9500.00

**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 37 OF 78
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AMERICAN SOCIETY FOR RADIATION ONCOLOGY PAC AKA ASTRO PAC

Mailing Address 8280 WILLOW OAKS CORPORATE DRIVE
SUITE 500

City State Zip Code
FAIRFAX VA 22031

FEC ID number of contributing federal political committee. **C** C00384602

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 22 / 2011

Transaction ID : SA11C.14159

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
ASSOCIATED BUILDERS AND CONTRACTORS, PAC

Mailing Address 4250 North Fairfax Drive 9th Floor

City State Zip Code
Arlington VA 22203

FEC ID number of contributing federal political committee. **C** C00010421

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2011

Transaction ID : SA11C.14121

Amount of Each Receipt this Period
 2500.00

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

Mailing Address 220 1/2 E ST., NE

City State Zip Code
WASHINGTON DC 20002

FEC ID number of contributing federal political committee. **C** C00235655

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2011

Transaction ID : SA11C.14114

Amount of Each Receipt this Period
 5000.00

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

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

8500.00

**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 38 OF 78
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BLUEGRASS COMMITTEE

Mailing Address 220 1/2 E ST., NE

City WASHINGTON State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C C00235655**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2011

Transaction ID : SA11C.14118

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
COMMITTEE FOR/ADV OF SE COTTON (CASC) SOUTHERN COTTONGROWERS INC/SE COTTON GINNERS ASSN

Mailing Address 139 PROMINENCE COURT STE. 110

City DAWSONVILLE State GA Zip Code 30534

FEC ID number of contributing federal political committee. **C C00300426**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 28 / 2011

Transaction ID : SA11C.14123

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
DRINKER BIDDLE POLITICAL ACTION COMMITTEE

Mailing Address 1500 K STREET NW SUITE 1100

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00370759**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 02 / 2011

Transaction ID : SA11C.14140

Amount of Each Receipt this Period
500.00

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

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

6500.00

**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 39 OF 78
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ENERGY CORPORATION POLITICAL ACTION COMMITTEE (ENPAC)

Mailing Address 425 WEST CAPITOL AVENUE, STE24B

City Little Rock State AR Zip Code 72201

FEC ID number of contributing federal political committee. **C** C00363879

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 20 / 2011

Transaction ID : SA11C.14091

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
EVERY REPUBLICAN IS CRUCIAL (ERICPAC)

Mailing Address 25 East Main Street, Suite 200

City Richmond State VA Zip Code 23219

FEC ID number of contributing federal political committee. **C** C00384701

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 02 / 2011

Transaction ID : SA11C.14138

Amount of Each Receipt this Period
 5000.00

C. Full Name (Last, First, Middle Initial)
FREEDOM PROJECT; THE

Mailing Address 631-B Pennsylvania Ave., SE
Basement UNIT

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00305805

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 20 / 2011

Transaction ID : SA11C.14163

Amount of Each Receipt this Period
 5000.00

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

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

11000.00

**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 40 OF 78
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE

Mailing Address 101 CONSTITUTION AVE. NW
SUITE 500 WEST

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00096156**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
6134.38

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 18 / 2011

Transaction ID : SA11C.14093

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
I.P.H.F.H.A. INC. POLITICAL ACTION COMMITTEE INC.

Mailing Address 7829 E. Rockhill #201
BOX 782710

City WICHITA State KS Zip Code 67206

FEC ID number of contributing federal political committee. **C C00251447**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 28 / 2011

Transaction ID : SA11C.14146

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
KOCH INDUSTRIES INC POLITICAL ACTION COMMITTEE (KOCHPAC)

Mailing Address 600 14TH STREET, NW
SUITE 800

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00236489**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2011

Transaction ID : SA11C.14122

Amount of Each Receipt this Period
1000.00

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

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

3000.00

**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 41 OF 78
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

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

Mailing Address 1120 G STREET NW
SUITE 900

City WASHINGTON State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 06 / 2011

Transaction ID : SA11C.14134

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
NATIONAL STONE, SAND & GRAVEL ASSOCIATION ROCKPAC

Mailing Address 1605 KING STREET

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00089458

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 28 / 2011

Transaction ID : SA11C.14150

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
NEXTERA ENERGY, INC. POLITICAL ACTION COMMITTEE

Mailing Address 700 UNIVERSE BLVD.

City JUNO BEACH State FL Zip Code 33408

FEC ID number of contributing federal political committee. **C** C00064774

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 28 / 2011

Transaction ID : SA11C.14147

Amount of Each Receipt this Period
 1000.00

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 42 OF 78
(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)
PROSPERITY PAC

Mailing Address 1006 Pendleton Street

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C C00377689**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 22 2011

Transaction ID : SA11C.14133

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
RAYTHEON COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1100 Wilson Blvd
Suite 1500

City State Zip Code
Arlington VA 22209

FEC ID number of contributing federal political committee. **C C00097568**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 28 2011

Transaction ID : SA11C.14149

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
SOUTHERN COMPANY EMPLOYEES PAC

Mailing Address 241 RALPH MCGILL BLVD, NE
BIN 10111

City State Zip Code
ATLANTA GA 30308

FEC ID number of contributing federal political committee. **C C00144774**

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 20 2011

Transaction ID : SA11C.14156

Amount of Each Receipt this Period
1500.00

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 78
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) THE AMERICAN ELECTRIC POWER COMMITTEE FOR RESPONSIBLE GOVERNMENT		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 28 / 2011
Mailing Address 1 RIVERSIDE PLAZA - 26TH FLOOR		Transaction ID : SA11C.14154
City COLUMBUS	State OH	
Zip Code 43215		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00096842	Name of Employer	Occupation
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) UNION PACIFIC CORP. FUND FOR EFFECTIVE GOVERNMENT		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 28 / 2011
Mailing Address 600 13TH ST., NW SUITE 340		Transaction ID : SA11C.14144
City WASHINGTON	State DC	
Zip Code 20005		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00010470	Name of Employer	Occupation
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) WEXLER & WALKER PUBLIC POLICY ASSOCIATES PAC (A UNIT OF HILL & KNOWLTON)		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 02 / 2011
Mailing Address 1317 F STREET NW SUITE 600		Transaction ID : SA11C.14142
City WASHINGTON	State DC	
Zip Code 20004		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C C00248195	Name of Employer	Occupation
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	58750.00

**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 44 OF 78
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
US Airways

Mailing Address 4000 E. Sky Harbor Blvd.

City Phoenix State AZ Zip Code 85034

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
306.70

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 14 / 2011

Transaction ID : SA14.13755

Amount of Each Receipt this Period
306.70

Refund of Airfare

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

306.70

306.70

**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 45 OF 78			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AT&T		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2011
Mailing Address 175 E. Houston St.		Amount of Each Disbursement this Period 197.59 Transaction ID : SB17.13657
City San Antonio State TX Zip Code 78205	Purpose of Disbursement Cell Phone Service Candidate Name Category/Type 001	
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)	State: District:	

Full Name (Last, First, Middle Initial) B. AT&T		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2011
Mailing Address 175 E. Houston St.		Amount of Each Disbursement this Period 197.59 Transaction ID : SB17.13658
City San Antonio State TX Zip Code 78205	Purpose of Disbursement Cell Phone Service Candidate Name Category/Type 001	
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)	State: District:	

Full Name (Last, First, Middle Initial) C. AT&T		Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2011
Mailing Address 175 E. Houston St.		Amount of Each Disbursement this Period 197.59 Transaction ID : SB17.13659
City San Antonio State TX Zip Code 78205	Purpose of Disbursement Cell Phone Service Candidate Name Category/Type 001	
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)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	592.77
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 46 OF 78	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Aunt Chilada's		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2011
Mailing Address 7330 North Dreamy Draw Drive		Amount of Each Disbursement this Period 344.51 Transaction ID : SB17.13660
City Phoenix	State AZ Zip Code 85020	
Purpose of Disbursement Event Catering	Category/Type 003	
Candidate Name		
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)	
State: District:		

Full Name (Last, First, Middle Initial) B. Authorize.net Corp.		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2011
Mailing Address 915 South 500 East, Suite 200		Amount of Each Disbursement this Period 4.95 Transaction ID : SB17.13662
City American Fork	State UT Zip Code 84003	
Purpose of Disbursement Credit Card Merchant Fees	Category/Type 003	
Candidate Name		
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)	
State: District:		

Full Name (Last, First, Middle Initial) c. Authorize.net Corp.		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2011
Mailing Address 915 South 500 East, Suite 200		Amount of Each Disbursement this Period 65.70 Transaction ID : SB17.13664
City American Fork	State UT Zip Code 84003	
Purpose of Disbursement Credit Card Merchant Fees	Category/Type 003	
Candidate Name		
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)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	415.16
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 47 OF 78			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Authorize.net Corp.		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2011
Mailing Address 915 South 500 East, Suite 200		Amount of Each Disbursement this Period 365.15 Transaction ID : SB17.13665
City American Fork	State UT	
Zip Code 84003	Purpose of Disbursement Credit Card Merchant Fees	Category/ Type 003
Candidate Name	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)	State: District:	

Full Name (Last, First, Middle Initial) B. Authorize.net Corp.		Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2011
Mailing Address 915 South 500 East, Suite 200		Amount of Each Disbursement this Period 44.48 Transaction ID : SB17.13666
City American Fork	State UT	
Zip Code 84003	Purpose of Disbursement Credit Card Merchant Fees	Category/ Type 003
Candidate Name	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)	State: District:	

Full Name (Last, First, Middle Initial) c. Authorize.net Corp.		Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2011
Mailing Address 915 South 500 East, Suite 200		Amount of Each Disbursement this Period 49.59 Transaction ID : SB17.13667
City American Fork	State UT	
Zip Code 84003	Purpose of Disbursement Credit Card Merchant Fees	Category/ Type 003
Candidate Name	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)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	459.22
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 48 OF 78	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Authorize.net Corp.		Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2011
Mailing Address 915 South 500 East, Suite 200		Amount of Each Disbursement this Period 294.33 Transaction ID : SB17.13668
City American Fork	State UT	
Zip Code 84003	Purpose of Disbursement Credit Card Merchant Fees	Category/ Type 003
Candidate Name	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)	State: District:	

Full Name (Last, First, Middle Initial) B. Authorize.net Corp.		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2011
Mailing Address 915 South 500 East, Suite 200		Amount of Each Disbursement this Period 4.95 Transaction ID : SB17.13669
City American Fork	State UT	
Zip Code 84003	Purpose of Disbursement Credit Card Merchant Fees	Category/ Type 003
Candidate Name	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)	State: District:	

Full Name (Last, First, Middle Initial) c. Authorize.net Corp.		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2011
Mailing Address 915 South 500 East, Suite 200		Amount of Each Disbursement this Period 55.90 Transaction ID : SB17.13670
City American Fork	State UT	
Zip Code 84003	Purpose of Disbursement Credit Card Merchant Fees	Category/ Type 003
Candidate Name	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)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	355.18
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 49 OF 78	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Authorize.net Corp.		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2011
Mailing Address 915 South 500 East, Suite 200		Amount of Each Disbursement this Period 270.06 Transaction ID : SB17.13671
City American Fork State UT Zip Code 84003	Purpose of Disbursement Credit Card Merchant Fees 003 Category/Type	
Candidate Name	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)	
State: District:		

Full Name (Last, First, Middle Initial) B. Authorize.net Corp.		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2011
Mailing Address 915 South 500 East, Suite 200		Amount of Each Disbursement this Period 68.44 Transaction ID : SB17.13672
City American Fork State UT Zip Code 84003	Purpose of Disbursement Credit Card Merchant Fees 003 Category/Type	
Candidate Name	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)	
State: District:		

Full Name (Last, First, Middle Initial) c. Authorize.net Corp.		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2011
Mailing Address 915 South 500 East, Suite 200		Amount of Each Disbursement this Period 94.64 Transaction ID : SB17.13673
City American Fork State UT Zip Code 84003	Purpose of Disbursement Credit Card Merchant Fees 003 Category/Type	
Candidate Name	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)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	270.06
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 50 OF 78	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Authorize.net Corp.		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2011
Mailing Address 915 South 500 East, Suite 200		Amount of Each Disbursement this Period 461.78 Transaction ID : SB17.13674
City American Fork State UT Zip Code 84003	Purpose of Disbursement Credit Card Merchant Fees 003 Category/Type	
Candidate Name	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)	
State: District:		

Full Name (Last, First, Middle Initial) B. Authorize.net Corp.		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2011
Mailing Address 915 South 500 East, Suite 200		Amount of Each Disbursement this Period 4.95 Transaction ID : SB17.13675
City American Fork State UT Zip Code 84003	Purpose of Disbursement Credit Card Merchant Fees 003 Category/Type	
Candidate Name	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)	
State: District:		

Full Name (Last, First, Middle Initial) c. Authorize.net Corp.		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2011
Mailing Address 915 South 500 East, Suite 200		Amount of Each Disbursement this Period 52.60 Transaction ID : SB17.13676
City American Fork State UT Zip Code 84003	Purpose of Disbursement Credit Card Merchant Fees 003 Category/Type	
Candidate Name	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)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	519.33
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)	PAGE 51 OF 78			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Authorize.net Corp.		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2011
Mailing Address 915 South 500 East, Suite 200		Amount of Each Disbursement this Period 45.46
City American Fork	State UT	Zip Code 84003
Purpose of Disbursement Credit Card Merchant Fees	Category/ Type 003	
Candidate Name		Transaction ID : SB17.13677
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)	
State: District:		

Full Name (Last, First, Middle Initial) B. Authorize.net Corp.		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2011
Mailing Address 915 South 500 East, Suite 200		Amount of Each Disbursement this Period 181.84
City American Fork	State UT	Zip Code 84003
Purpose of Disbursement Credit Card Merchant Fees	Category/ Type 003	
Candidate Name		Transaction ID : SB17.13678
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)	
State: District:		

Full Name (Last, First, Middle Initial) c. Authorize.net Corp.		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2011
Mailing Address 915 South 500 East, Suite 200		Amount of Each Disbursement this Period 43.82
City American Fork	State UT	Zip Code 84003
Purpose of Disbursement Credit Card Merchant Fees	Category/ Type 003	
Candidate Name		Transaction ID : SB17.13679
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)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	271.12
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 Page	FOR LINE NUMBER: (check only one)		PAGE 52 OF 78	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Authorize.net Corp.		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2011
Mailing Address 915 South 500 East, Suite 200		Amount of Each Disbursement this Period 27.30 Transaction ID : SB17.13680
City American Fork	State UT	
Zip Code 84003	Purpose of Disbursement Credit Card Merchant Fees	Category/ Type 003
Candidate Name	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)	State: District:	

Full Name (Last, First, Middle Initial) B. Bohanan's Prime Steaks and Seafood		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2011
Mailing Address 219 East Houston St # 275		Amount of Each Disbursement this Period 1218.14 Transaction ID : SB17.13681
City San Antonio	State TX	
Zip Code 78205	Purpose of Disbursement Event Food and Beverage	Category/ Type 003
Candidate Name	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)	State: District:	

Full Name (Last, First, Middle Initial) c. Callisto Consulting		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2011
Mailing Address 904 D Street		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.13683
City Millville	State NJ	
Zip Code 08332	Purpose of Disbursement Social Media Consulting	Category/ Type 001
Candidate Name	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)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2245.44
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 53 OF 78	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Callisto Consulting		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2011
Mailing Address 904 D Street		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.13684
City Millville	State NJ	
Zip Code 08332	Purpose of Disbursement Social Media Consulting	Category/ Type 001
Candidate Name	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)	State: District:	

Full Name (Last, First, Middle Initial) B. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2011
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 176.50 Transaction ID : SB17.13685
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Meetings	Category/ Type 001
Candidate Name	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)	State: District:	

Full Name (Last, First, Middle Initial) c. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2011
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 573.60 Transaction ID : SB17.13686
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Meetings	Category/ Type 001
Candidate Name	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)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1750.10
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 Page	FOR LINE NUMBER: (check only one)		PAGE 54 OF 78	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2011
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 126.50 Transaction ID : SB17.13687
City Washington State DC Zip Code 20003	Purpose of Disbursement Meetings Candidate Name Category/Type 001	
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)	State: District:	

Full Name (Last, First, Middle Initial) B. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2011
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 139.51 Transaction ID : SB17.13688
City Washington State DC Zip Code 20003	Purpose of Disbursement Meetings Candidate Name Category/Type 001	
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)	State: District:	

Full Name (Last, First, Middle Initial) c. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2011
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 126.50 Transaction ID : SB17.13689
City Washington State DC Zip Code 20003	Purpose of Disbursement Meetings Candidate Name Category/Type 001	
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)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	392.51
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 55 OF 78	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2011
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 416.37 Transaction ID : SB17.13690
City Washington State DC Zip Code 20003	Purpose of Disbursement Meetings Candidate Name Category/Type 001	
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)	State: District:	

Full Name (Last, First, Middle Initial) B. Coleman Dahm & Associates		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2011
Mailing Address 4715 North 32nd Street Suite 107		Amount of Each Disbursement this Period 9296.00 Transaction ID : SB17.13695
City Phoenix State AZ Zip Code 85018	Purpose of Disbursement Envelopes, letterhead, automated calls Candidate Name Category/Type 001	
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)	State: District:	

Full Name (Last, First, Middle Initial) C. Delta Airlines		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2011
Mailing Address 1030 Delta Boulevard		Amount of Each Disbursement this Period 25.00 Transaction ID : SB17.13696
City Atlanta State GA Zip Code 30320	Purpose of Disbursement Airline Fee Candidate Name Category/Type 002	
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)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	9737.37
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 78		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Delta Airlines		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2011
Mailing Address 1030 Delta Boulevard		Amount of Each Disbursement this Period 505.40 Transaction ID : SB17.13697
City Atlanta State GA Zip Code 30320	Purpose of Disbursement Airfare Candidate Name Category/Type 002	
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)	
State: District:		

Full Name (Last, First, Middle Initial) B. Delta Airlines		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2011
Mailing Address 1030 Delta Boulevard		Amount of Each Disbursement this Period 1010.80 Transaction ID : SB17.13698
City Atlanta State GA Zip Code 30320	Purpose of Disbursement Airfare Candidate Name Category/Type 002	
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)	
State: District:		

Full Name (Last, First, Middle Initial) C. DirectTV		Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2011
Mailing Address 10007 South 51st Street		Amount of Each Disbursement this Period 67.56 Transaction ID : SB17.13699
City Phoenix State AZ Zip Code 85044	Purpose of Disbursement Cable Candidate Name Category/Type 001	
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)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1583.76
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 57 OF 78			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. DirectTV			Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2011	
Mailing Address 10007 South 51st Street			Amount of Each Disbursement this Period 77.56	
City Phoenix	State AZ	Zip Code 85044	Transaction ID : SB17.13700	
Purpose of Disbursement Cable		Category/ Type 001		
Candidate Name				
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)			
State: District:				

Full Name (Last, First, Middle Initial) B. DirectTV			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2011	
Mailing Address 10007 South 51st Street			Amount of Each Disbursement this Period 77.56	
City Phoenix	State AZ	Zip Code 85044	Transaction ID : SB17.13701	
Purpose of Disbursement Cable		Category/ Type 001		
Candidate Name				
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)			
State: District:				

Full Name (Last, First, Middle Initial) c. Hieu Tran & Company			Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2011	
Mailing Address PO Box 11494			Amount of Each Disbursement this Period 1250.00	
City Tempe	State AZ	Zip Code 85284	Transaction ID : SB17.13652	
Purpose of Disbursement Accounting Fees		Category/ Type 001		
Candidate Name				
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)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	1405.12
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 Page	FOR LINE NUMBER: (check only one)		PAGE 58 OF 78	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Hieu Tran & Company		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2011
Mailing Address PO Box 11494		Amount of Each Disbursement this Period 1250.00 Transaction ID : SB17.13653
City Tempe	State AZ	
Zip Code 85284	Purpose of Disbursement Accounting Fees	Category/ Type 001
Candidate Name	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)	State: District:	

Full Name (Last, First, Middle Initial) B. Hieu Tran & Company		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2011
Mailing Address PO Box 11494		Amount of Each Disbursement this Period 1250.00 Transaction ID : SB17.13706
City Tempe	State AZ	
Zip Code 85284	Purpose of Disbursement Accounting Services	Category/ Type 001
Candidate Name	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)	State: District:	

Full Name (Last, First, Middle Initial) c. Holiday Inn		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2011
Mailing Address 2320 E Lucky Lane		Amount of Each Disbursement this Period 106.47 Transaction ID : SB17.13707
City Flagstaff	State AZ	
Zip Code 86004	Purpose of Disbursement Hotel	Category/ Type 002
Candidate Name	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)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2606.47
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)		PAGE 59 OF 78	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Integrated Web Strategy		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2011
Mailing Address 206 East Morris		Amount of Each Disbursement this Period 3485.11 Transaction ID : SB17.13649
City Phoenix	State AZ	
Zip Code 85012	Purpose of Disbursement Consulting and Email Sends	Category/ Type 001
Candidate Name	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)	State: District:	

Full Name (Last, First, Middle Initial) B. Integrated Web Strategy		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2011
Mailing Address 206 East Morris		Amount of Each Disbursement this Period 525.00 Transaction ID : SB17.13787
City Phoenix	State AZ	
Zip Code 85012	Purpose of Disbursement Video Editing	Category/ Type 001
Candidate Name	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)	State: District:	

Full Name (Last, First, Middle Initial) c. Integrated Web Strategy		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2011
Mailing Address 206 East Morris		Amount of Each Disbursement this Period 5209.82 Transaction ID : SB17.13710
City Phoenix	State AZ	
Zip Code 85012	Purpose of Disbursement Campaign Management and Email Sends	Category/ Type 001
Candidate Name	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)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	9219.93
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 60 OF 78			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Integrated Web Strategy		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2011
Mailing Address 206 East Morris		Amount of Each Disbursement this Period 2423.48 Transaction ID : SB17.13711
City Phoenix	State AZ	
Zip Code 85012	Purpose of Disbursement Email Sends	Category/ Type 001
Candidate Name	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)	State: District:	

Full Name (Last, First, Middle Initial) B. Mandalay Bay		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2011
Mailing Address 3950 Las Vegas Blvd. South		Amount of Each Disbursement this Period 805.04 Transaction ID : SB17.13720
City Las Vegas	State AZ	
Zip Code 89118	Purpose of Disbursement Meeting Meals	Category/ Type 003
Candidate Name	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)	State: District:	

Full Name (Last, First, Middle Initial) C. Marriott		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2011
Mailing Address 10400 Fernwood Road		Amount of Each Disbursement this Period 448.29 Transaction ID : SB17.13722
City Bethesda	State MD	
Zip Code 20817	Purpose of Disbursement Hotel Lodging	Category/ Type 002
Candidate Name	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)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3676.81
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 61 OF 78	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MGM Grand		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2011
Mailing Address 3799 Las Vegas Boulevard South		Amount of Each Disbursement this Period 503.75 Transaction ID : SB17.13723
City Las Vegas State NV Zip Code 89109	Purpose of Disbursement Hotel Lodging 002 Category/Type	
Candidate Name	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)	
State: District:		

Full Name (Last, First, Middle Initial) B. MGM Grand		Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2011
Mailing Address 3799 Las Vegas Boulevard South		Amount of Each Disbursement this Period 112.00 Transaction ID : SB17.13725
City Las Vegas State NV Zip Code 89109	Purpose of Disbursement Hotel Lodging 002 Category/Type	
Candidate Name	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)	
State: District:		

Full Name (Last, First, Middle Initial) c. MGM Grand		Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2011
Mailing Address 3799 Las Vegas Boulevard South		Amount of Each Disbursement this Period 134.40 Transaction ID : SB17.13726
City Las Vegas State NV Zip Code 89109	Purpose of Disbursement Hotel Lodging 002 Category/Type	
Candidate Name	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)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	750.15
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)		PAGE 62 OF 78	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Omni Lamansion		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2011
Mailing Address 112 College Street		Amount of Each Disbursement this Period 440.37 Transaction ID : SB17.13727
City San Antonio	State TX Zip Code 78205	
Purpose of Disbursement Hotel Lodging	Category/Type 002	
Candidate Name		
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)	
State: District:		

Full Name (Last, First, Middle Initial) B. Petty Cash		Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2011
Mailing Address 2222 E. Cedar Ave.		Amount of Each Disbursement this Period 350.00 Transaction ID : SB17.13780
City Flagstaff	State AZ Zip Code 86004	
Purpose of Disbursement Petty Cash	Category/Type 001	
Candidate Name		
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)	
State: District:		

Full Name (Last, First, Middle Initial) C. REPUBLICAN CAMPAIGN COMMITTEE OF NEW MEXICO		Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2011
Mailing Address PO BOX 94083		Amount of Each Disbursement this Period 223.74 Transaction ID : SB17.13784
City ALBUQUERQUE	State NM Zip Code 87199	
Purpose of Disbursement In-kind - Hotel and Lodging	Category/Type	
Candidate Name		
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)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1014.11
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 63 OF 78	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ROBERT WADE ROBINSON II		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2011
Mailing Address 11039 E. HARRIS HAWK TRAIL		Amount of Each Disbursement this Period 344.00
City SCOTTSDALE State AZ Zip Code 85262	Purpose of Disbursement US Airways Payment Candidate Name Category/Type 002	
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)		Transaction ID : SB17.13777
State: District:		

Full Name (Last, First, Middle Initial) B. US Airways		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2011
Mailing Address 4000 E. Sky Harbor Blvd.		Amount of Each Disbursement this Period 344.00
City Phoenix State AZ Zip Code 85034	Purpose of Disbursement Airfare Candidate Name Category/Type 002	
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)		Transaction ID : SB17.13777.0
State: District:		[MEMO ITEM]

Full Name (Last, First, Middle Initial) c. Safeway Fuel		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2011
Mailing Address P.O. Box 29093		Amount of Each Disbursement this Period 30.13
City Phoenix State AZ Zip Code 85038	Purpose of Disbursement Gas Candidate Name Category/Type 002	
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)		Transaction ID : SB17.13788
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	374.13
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 64 OF 78			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Safeway Fuel			Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2011
Mailing Address P.O. Box 29093			Amount of Each Disbursement this Period 274.32 Transaction ID : SB17.13789
City Phoenix	State AZ	Zip Code 85038	
Purpose of Disbursement Gas	Candidate Name		Category/ Type 002
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)		
State: District:			

Full Name (Last, First, Middle Initial) B. Safeway Fuel			Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2011
Mailing Address P.O. Box 29093			Amount of Each Disbursement this Period 20.13 Transaction ID : SB17.13790
City Phoenix	State AZ	Zip Code 85038	
Purpose of Disbursement Gas	Candidate Name		Category/ Type 002
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)		
State: District:			

Full Name (Last, First, Middle Initial) c. Sheraton			Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2011
Mailing Address One Starpoint			Amount of Each Disbursement this Period 202.14 Transaction ID : SB17.13732
City Stamford	State CT	Zip Code 06092	
Purpose of Disbursement Hotel Lodging	Candidate Name		Category/ Type 002
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)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	274.32
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 78			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Sheraton			Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2011	
Mailing Address One Starpoint			Amount of Each Disbursement this Period 202.14	
City Stamford	State CT	Zip Code 06092	Transaction ID : SB17.13734	
Purpose of Disbursement Hotel Lodging		Category/ Type 002		
Candidate Name				
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)			
State: District:				

Full Name (Last, First, Middle Initial) B. Smart Practice			Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2011	
Mailing Address 3400 E. McDowell Rd.			Amount of Each Disbursement this Period 305.93	
City Phoenix	State AZ	Zip Code 85008	Transaction ID : SB17.13730	
Purpose of Disbursement Promotional Items		Category/ Type 001		
Candidate Name				
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)			
State: District:				

Full Name (Last, First, Middle Initial) c. Smart Practice			Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2011	
Mailing Address 3400 E. McDowell Rd.			Amount of Each Disbursement this Period 749.19	
City Phoenix	State AZ	Zip Code 85008	Transaction ID : SB17.13731	
Purpose of Disbursement Promotional Materials		Category/ Type 001		
Candidate Name				
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)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	1257.26
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 66 OF 78	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Sumner 360		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2011
Mailing Address 3130 38th St NW		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.13765
City Washington State DC Zip Code 20016	Purpose of Disbursement Fundraising Fees Candidate Name Category/Type 003	
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)	State: District:	

Full Name (Last, First, Middle Initial) B. Sumner 360		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2011
Mailing Address 3130 38th St NW		Amount of Each Disbursement this Period 1462.26 Transaction ID : SB17.13769
City Washington State DC Zip Code 20016	Purpose of Disbursement Hotel George Payment Candidate Name Category/Type 003	
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)	State: District:	

Full Name (Last, First, Middle Initial) c. Hotel George		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2011
Mailing Address 15 E Street, NW		Amount of Each Disbursement this Period 1462.26 Transaction ID : SB17.13769.0 [MEMO ITEM]
City Washington State DC Zip Code 20001	Purpose of Disbursement Event Food and Beverage Candidate Name Category/Type 003	
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)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3462.26
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 67 OF 78	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Sumner 360		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2011
Mailing Address 3130 38th St NW		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.13766
City Washington State DC Zip Code 20016	Purpose of Disbursement Fundraising Fees Candidate Name Category/Type 003	
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)	State: District:	

Full Name (Last, First, Middle Initial) B. Sumner 360		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2011
Mailing Address 3130 38th St NW		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.13767
City Washington State DC Zip Code 20016	Purpose of Disbursement Fundraising Fees Candidate Name Category/Type 003	
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)	State: District:	

Full Name (Last, First, Middle Initial) c. Sumner 360		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2011
Mailing Address 3130 38th St NW		Amount of Each Disbursement this Period 677.91 Transaction ID : SB17.14170
City Washington State DC Zip Code 20016	Purpose of Disbursement Event Catering Candidate Name Category/Type 003	
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)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5177.91
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 68 OF 78		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Sumner 360		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2011
Mailing Address 3130 38th St NW		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.13768
City Washington State DC Zip Code 20016	Purpose of Disbursement Fundraising Fees Candidate Name Category/Type	
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)	State: District:	

Full Name (Last, First, Middle Initial) B. Ted's Bulletin		Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2011
Mailing Address 505 8th Street Southeast		Amount of Each Disbursement this Period 224.27 Transaction ID : SB17.13761
City Washington State DC Zip Code 20003	Purpose of Disbursement Event Food and Beverage Candidate Name Category/Type 003	
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)	State: District:	

Full Name (Last, First, Middle Initial) c. US Airways		Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2011
Mailing Address 4000 E. Sky Harbor Blvd.		Amount of Each Disbursement this Period 289.40 Transaction ID : SB17.13750
City Phoenix State AZ Zip Code 85034	Purpose of Disbursement Airfare Candidate Name Category/Type 002	
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)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2513.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 78			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. US Airways		Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2011
Mailing Address 4000 E. Sky Harbor Blvd.		Amount of Each Disbursement this Period 329.70
City Phoenix	State AZ	
Zip Code 85034	Purpose of Disbursement Airfare	Transaction ID : SB17.13751
Candidate Name	002 Category/ Type	
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)	
State: District:		

Full Name (Last, First, Middle Initial) B. US Airways		Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2011
Mailing Address 4000 E. Sky Harbor Blvd.		Amount of Each Disbursement this Period 337.40
City Phoenix	State AZ	
Zip Code 85034	Purpose of Disbursement Airfare	Transaction ID : SB17.13752
Candidate Name	002 Category/ Type	
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)	
State: District:		

Full Name (Last, First, Middle Initial) c. US Airways		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2011
Mailing Address 4000 E. Sky Harbor Blvd.		Amount of Each Disbursement this Period 613.40
City Phoenix	State AZ	
Zip Code 85034	Purpose of Disbursement Airfare	Transaction ID : SB17.13753
Candidate Name	002 Category/ Type	
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)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1280.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 70 OF 78	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. US Airways		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2011
Mailing Address 4000 E. Sky Harbor Blvd.		Amount of Each Disbursement this Period 613.40
City Phoenix State AZ Zip Code 85034	Purpose of Disbursement Airfare 002 Category/Type	
Candidate Name		Transaction ID : SB17.13754
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)	State: District:	

Full Name (Last, First, Middle Initial) B. US Airways		Date of Disbursement M M / D D / Y Y Y Y 11 / 15 / 2011
Mailing Address 4000 E. Sky Harbor Blvd.		Amount of Each Disbursement this Period 930.60
City Phoenix State AZ Zip Code 85034	Purpose of Disbursement Airfare 002 Category/Type	
Candidate Name		Transaction ID : SB17.13756
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)	State: District:	

Full Name (Last, First, Middle Initial) c. US Airways		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2011
Mailing Address 4000 E. Sky Harbor Blvd.		Amount of Each Disbursement this Period 675.40
City Phoenix State AZ Zip Code 85034	Purpose of Disbursement Airfare 002 Category/Type	
Candidate Name		Transaction ID : SB17.13757
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)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2219.40
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 78			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Verizon		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2011
Mailing Address One Verizon Way		Amount of Each Disbursement this Period 114.15 Transaction ID : SB17.13746
City Basking Ridge	State NJ	
Zip Code 07920	Purpose of Disbursement Cell Phone Service	Category/ Type 001
Candidate Name	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)	State: District:	

Full Name (Last, First, Middle Initial) B. Verizon		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2011
Mailing Address One Verizon Way		Amount of Each Disbursement this Period 114.21 Transaction ID : SB17.13747
City Basking Ridge	State NJ	
Zip Code 07920	Purpose of Disbursement Cell Phone Service	Category/ Type 001
Candidate Name	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)	State: District:	

Full Name (Last, First, Middle Initial) C. Verizon		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2011
Mailing Address One Verizon Way		Amount of Each Disbursement this Period 517.56 Transaction ID : SB17.13748
City Basking Ridge	State NJ	
Zip Code 07920	Purpose of Disbursement Cell Phone Service	Category/ Type 001
Candidate Name	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)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	745.92
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 72 OF 78	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Verizon		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2011
Mailing Address One Verizon Way		Amount of Each Disbursement this Period 114.21
City Basking Ridge	State NJ Zip Code 07920	
Purpose of Disbursement Cell Phone Service	Category/Type 001	Transaction ID : SB17.13749
Candidate Name		
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)	
State: District:		

Full Name (Last, First, Middle Initial) B. X-Tra Space Storage		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2011
Mailing Address 531 S Granite St.		Amount of Each Disbursement this Period 76.50
City Prescott	State AZ Zip Code 86303	
Purpose of Disbursement Storage Unit Rental	Category/Type 001	Transaction ID : SB17.13772
Candidate Name		
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)	
State: District:		

Full Name (Last, First, Middle Initial) c. X-Tra Space Storage		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2011
Mailing Address 531 S Granite St.		Amount of Each Disbursement this Period 76.50
City Prescott	State AZ Zip Code 86303	
Purpose of Disbursement Storage Unit Rental	Category/Type 001	Transaction ID : SB17.13773
Candidate Name		
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)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	267.21
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 78			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Jess Yescalis		Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2011
Mailing Address 1010 N 2nd Ave #425C		Amount of Each Disbursement this Period 9711.68
City Phoenix	State AZ Zip Code 85003	
Purpose of Disbursement Supplies, Printing, Postage	Category/Type 003	Transaction ID : SB17.13650
Candidate Name		
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)	
State: District:		

Full Name (Last, First, Middle Initial) B. Jess Yescalis		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2011
Mailing Address 1010 N 2nd Ave #425C		Amount of Each Disbursement this Period 5107.33
City Phoenix	State AZ Zip Code 85003	
Purpose of Disbursement Postage, direct mail, thank you letters	Category/Type 003	Transaction ID : SB17.13712
Candidate Name		
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)	
State: District:		

Full Name (Last, First, Middle Initial) C. Jess Yescalis		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2011
Mailing Address 1010 N 2nd Ave #425C		Amount of Each Disbursement this Period 1146.41
City Phoenix	State AZ Zip Code 85003	
Purpose of Disbursement Arizona Biltmore Catering	Category/Type 003	Transaction ID : SB17.13713
Candidate Name		
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)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	15965.42
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 78			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Arizona Biltmore		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2011
Mailing Address 2400 E Missouri Ave		Amount of Each Disbursement this Period 1146.41
City Phoenix	State AZ Zip Code 85016	
Purpose of Disbursement Event Catering	Category/Type 003	Transaction ID : SB17.13713.0
Candidate Name		
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Yescalis Campaign Strategies		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2011
Mailing Address 1010 N 2nd Avenue 425C		Amount of Each Disbursement this Period 5936.04
City Phoenix	State AZ Zip Code 85003	
Purpose of Disbursement Fundraising Fees	Category/Type 003	Transaction ID : SB17.13651
Candidate Name		
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)	
State: District:		

Full Name (Last, First, Middle Initial) c. Yescalis Campaign Strategies		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2011
Mailing Address 1010 N 2nd Avenue 425C		Amount of Each Disbursement this Period 12586.68
City Phoenix	State AZ Zip Code 85003	
Purpose of Disbursement Fundraising Fees	Category/Type 003	Transaction ID : SB17.13774
Candidate Name		
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)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	18522.72
TOTAL This Period (last page this line number only).....	89325.33

**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 75 OF 78			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. John Reeves		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2011
Mailing Address PO Box 81946		Amount of Each Disbursement this Period 1000.00
City Fairbanks	State AK	
Zip Code 99708	Purpose of Disbursement 010	Transaction ID : SB20A.14174
Candidate Name	Category/Type	
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)	
State: District:		

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

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

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

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

NAME OF COMMITTEE (In Full)

PAUL GOSAR FOR CONGRESS

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

Outstanding Balance Beginning This Period	Transaction ID : SD10.11368	
<input type="text" value="7500.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="7500.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hieu Tran & Company		Nature of Debt (Purpose): Accounting Fees
Mailing Address PO Box 11494		
City	State	Zip Code
Tempe	AZ	85284

Outstanding Balance Beginning This Period	Transaction ID : SD10.12785	
<input type="text" value="1250.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="1250.00"/>	<input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Hieu Tran & Company		Nature of Debt (Purpose): Accounting Fees
Mailing Address PO Box 11494		
City	State	Zip Code
Tempe	AZ	85284

Outstanding Balance Beginning This Period	Transaction ID : SD10.12786	
<input type="text" value="1250.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="1250.00"/>	<input type="text" value="0.00"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="7500.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="0.00"/>

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

NAME OF COMMITTEE (In Full)

PAUL GOSAR FOR CONGRESS

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

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

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Integrated Web Strategy		Nature of Debt (Purpose): Consulting and Email Sends
Mailing Address 206 East Morris		
City	State	Zip Code
Phoenix	AZ	85012

Outstanding Balance Beginning This Period	Transaction ID : SD10.12723	
<input type="text" value="3485.11"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="3485.11"/>	<input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Platt Photography		Nature of Debt (Purpose): Event Photography
Mailing Address PO Box 11428		
City	State	Zip Code
Chandler	AZ	85248

Outstanding Balance Beginning This Period	Transaction ID : SD10.11931	
<input type="text" value="350.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="350.00"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="20350.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="0.00"/>

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

NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor 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 212.07	Transaction ID : SD10.11499	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 212.07

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Jess Yescalis	Nature of Debt (Purpose): Supplies, Printing, Postage
Mailing Address 1010 N 2nd Ave #425C	
City State Zip Code Phoenix AZ 85003	

Outstanding Balance Beginning This Period 9711.68	Transaction ID : SD10.12787	
Amount Incurred This Period 0.00	Payment This Period 9711.68	Outstanding Balance at Close of This Period 0.00

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

Outstanding Balance Beginning This Period 5936.04	Transaction ID : SD10.12788	
Amount Incurred This Period 0.00	Payment This Period 5936.04	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)	212.07
2) TOTALS This Period (last page this line number only)	28062.07
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) ▶	28062.07