

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

PAUL GOSAR FOR CONGRESS

ADDRESS (number and street)

PO Box 2967

Check if different than previously reported. (ACC)

Prescott

AZ

86302

2. FEC IDENTIFICATION NUMBER ▼

C C00461806

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

AZ

04

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on / / 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 | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|

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)).... | 19924.00 | 491642.03 |
| (b) Total Contribution Refunds (from Line 20(d)) | 0.00 | 555.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 19924.00 | 491087.03 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 20160.27 | 285422.70 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 15194.83 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 20160.27 | 270227.87 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 151811.55 | |
| 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)..... | 38331.59 | |

For further information contact:

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

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

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

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 Total as of <input type="text" value="11"/> / <input type="text" value="04"/> / <input type="text" value="2014"/> (date of general election) | COLUMN C Total for <input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2014"/> (date after general election) through <input type="text" value="11"/> / <input type="text" value="24"/> / <input type="text" value="2014"/> (last day of reporting period) |
|--|---|---|
| 11. CONTRIBUTIONS (other than loans) FROM: | | |
| (a) Individuals/Persons Other than Political Committees | | |
| (i) Itemized (use Schedule A) | <input type="text" value="3649.00"/> | <input type="text" value="230365.04"/> |
| (ii) Unitemized | <input type="text" value="775.00"/> | <input type="text" value="29208.55"/> |
| (iii) Total of contributions from individuals | <input type="text" value="4424.00"/> | <input type="text" value="259573.59"/> |
| (b) Political Party Committees | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> |
| (c) Other Political Committees | <input type="text" value="15500.00"/> | <input type="text" value="1000.00"/> |

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 16

| COLUMN A Total this Period | COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date) | COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates) |
|---|---|---|
| (d) The Candidate | | |
| 0.00 | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d)) | | |
| 19924.00 | 491642.03 | 1150.00 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | | |
| 0.00 | 148.81 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate | | |
| 0.00 | 0.00 | 0.00 |
| (b) All Other Loans | | |
| 0.00 | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b)) | | |
| 0.00 | 0.00 | 0.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.) | | |
| 0.00 | 15194.83 | 0.00 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.) | | |
| 0.00 | 2.80 | 0.00 |
| 16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15) | | |
| 19924.00 | 506988.47 | 1150.00 |

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

Write or Type Committee Name

PAUL GOSAR FOR CONGRESS

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

II. DISBURSEMENTS

| COLUMN A Total this Period | COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date) | COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates) |
|---|---|---|
| 17. OPERATING EXPENDITURES | | |
| <input type="text" value="20160.27"/> | <input type="text" value="285422.70"/> | <input type="text" value="762.36"/> |
| 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES | | |
| <input type="text" value="0.00"/> | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> |
| 19. LOAN REPAYMENTS: | | |
| (a) Of Loans Made or Guaranteed by the Candidate | | |
| <input type="text" value="0.00"/> | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> |
| (b) Of All Other Loans | | |
| <input type="text" value="0.00"/> | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> |
| (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b)) | | |
| <input type="text" value="0.00"/> | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> |
| 20. REFUNDS OF CONTRIBUTIONS TO: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| <input type="text" value="0.00"/> | <input type="text" value="555.00"/> | <input type="text" value="0.00"/> |
| (b) Political Party Committees | | |
| <input type="text" value="0.00"/> | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> |

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 16

| COLUMN A Total this Period | COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date) | COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates) |
|-------------------------------|---|---|
|-------------------------------|---|---|

(c) Other Political Committees (such as PACs)

| | | |
|------|------|------|
| 0.00 | 0.00 | 0.00 |
|------|------|------|

(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

| | | |
|------|--------|------|
| 0.00 | 555.00 | 0.00 |
|------|--------|------|

21. OTHER DISBURSEMENTS

| | | |
|----------|-----------|------|
| 12000.00 | 141700.00 | 0.00 |
|----------|-----------|------|

22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

| | | |
|----------|-----------|--------|
| 32160.27 | 427677.70 | 762.36 |
|----------|-----------|--------|

III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

| | | |
|----------|-----------|---------|
| 19924.00 | 491087.03 | 1150.00 |
|----------|-----------|---------|

IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

| | | |
|----------|-----------|--------|
| 20160.27 | 270227.87 | 762.36 |
|----------|-----------|--------|

V. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 164047.82 |
| 24. TOTAL RECIEPTS THIS PERIOD (from Line 16)..... | 19924.00 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 183971.82 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 32160.27 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25) | 151811.55 |

**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 16 |
| | <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)
Agua Caliente Band of Cahuilla Indians

Mailing Address 5401 Dinah Shore Dr.

City State Zip Code
Palm Springs CA 92264

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 20 2014

Transaction ID : SA11AI.18388

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 3575 McCormick Dr #2-203

City State Zip Code
Bullhead City AZ 86429

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

Name of Employer Occupation
Mohave Electric Co-op CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 21 2014

Transaction ID : SA11AI.18446

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
James K Chilton Jr.

Mailing Address Box 423

City State Zip Code
Arivaca AZ 85601

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

Name of Employer Occupation
Self Rancher

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 17 2014

Transaction ID : SA11AI.18442

Amount of Each Receipt this Period
 249.00

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

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

1499.00

**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 16 |
| | <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)
Allison S Flannery

Mailing Address 4961 North Tonto Way

| | | |
|-------------------------|-------------|-------------------|
| City Prescott Valley | State AZ | Zip Code 86314 |
|-------------------------|-------------|-------------------|

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

| | |
|-------------------------------------|------------------------------------|
| Name of Employer PV Broadcasting | Occupation VP Advertising Sales |
|-------------------------------------|------------------------------------|

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10 | | 21 | | 2014 |

Transaction ID : SA11Al.18452

Amount of Each Receipt this Period
100.00

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

Mailing Address 4962 North Tonto Way

| | | |
|-------------------------|-------------|-------------------|
| City Prescott Valley | State AZ | Zip Code 86315 |
|-------------------------|-------------|-------------------|

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1100.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10 | | 21 | | 2014 |

Transaction ID : SA11Al.18453

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1575 N. Swan #200

| | | |
|----------------|-------------|-------------------|
| City Tucson | State AZ | Zip Code 85712 |
|----------------|-------------|-------------------|

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4600.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10 | | 16 | | 2014 |

Transaction ID : SA11Al.18441

Amount of Each Receipt this Period
200.00

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

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

1300.00

**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 16 |
| | <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)
Ray Maddox

Mailing Address 1200 N Walnut St.

City Hartford City State IN Zip Code 47348

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

Name of Employer Maddox Dental Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 17 / 2014

Transaction ID : SA11AI.18445

Amount of Each Receipt this Period
100.00

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

Mailing Address 702 E Osborn Ste 160

City Phoenix State AZ Zip Code 85014

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

Name of Employer Shetler & Associates Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 21 / 2014

Transaction ID : SA11AI.18419

Amount of Each Receipt this Period
500.00

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

Mailing Address 6028 E Phelps Rd

City Scottsdale State AZ Zip Code 85258

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

Name of Employer Clark Hill Occupation Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 21 / 2014

Transaction ID : SA11AI.18455

Amount of Each Receipt this Period
250.00

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

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

850.00

3649.00

**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 16 |
| | <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 BANKERS ASSOCIATION PAC (BANKPAC)

Mailing Address 1120 Connecticut Avenue NW
Suite 600

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 20 / 2014

Transaction ID : SA11C.18387

Amount of Each Receipt this Period
3500.00

B. Full Name (Last, First, Middle Initial)
AMERICAN HOSPITAL ASSOCIATION PAC

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00106146**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 04 / 2014

Transaction ID : SA11C.18437

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Mailing Address 520 N. NORTHWEST HIGHWAY

City PARK RIDGE State IL Zip Code 60068

FEC ID number of contributing federal political committee. **C C00255752**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 04 / 2014

Transaction ID : SA11C.18435

Amount of Each Receipt this Period
5000.00

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 11 OF 16 |
| | <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) A. FIRST SOLAR INC POLITICAL ACTION COMMITTEE | | Date of Receipt M M / D D / Y Y Y Y 11 / 12 / 2014 |
| Mailing Address 575 7TH STREET NW SUITE 400 | | Transaction ID : SA11C.18438 |
| City State Zip Code WASHINGTON DC 20004 | Amount of Each Receipt this Period 1000.00 | |
| FEC ID number of contributing federal political committee. C C00489534 | Name of Employer Occupation | Amount of Each Receipt this Period 1000.00 |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1000.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. LOCKHEED MARTIN CORPORATION EMPLOYEES' POLITICAL ACTION COMMITTEE | | Date of Receipt M M / D D / Y Y Y Y 10 / 21 / 2014 |
| Mailing Address 2121 CRYSTAL DRIVE SUITE 100 | | Transaction ID : SA11C.18390 |
| City State Zip Code ARLINGTON VA 22202 | Amount of Each Receipt this Period 2000.00 | |
| FEC ID number of contributing federal political committee. C C00303024 | Name of Employer Occupation | Amount of Each Receipt this Period 2000.00 |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 2000.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE | | Date of Receipt M M / D D / Y Y Y Y 11 / 04 / 2014 |
| Mailing Address 430 NORTH MICHIGAN AVENUE | | Transaction ID : SA11C.18440 |
| City State Zip Code CHICAGO IL 60611 | Amount of Each Receipt this Period 3000.00 | |
| FEC ID number of contributing federal political committee. C C00030718 | Name of Employer Occupation | Amount of Each Receipt this Period 3000.00 |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 6000.00 | |

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 6000.00 |
| TOTAL This Period (last page this line number only)..... | 15500.00 |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 OF 16 | | | |
| | <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 / 04 / 2014 |
| Mailing Address 915 South 500 East, Suite 200 | | Amount of Each Disbursement this Period 27.95 Transaction ID : SB17.18482 |
| City American Fork | State UT | |
| Zip Code 84003 | Purpose of Disbursement Merchant Fees | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | |
| State: District: | Other (specify) | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. Congressional Institute | | Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2014 |
| Mailing Address 1700 Diagonal Road. #730 | | Amount of Each Disbursement this Period 738.00 Transaction ID : SB17.18484 |
| City Alexandria | State VA | |
| Zip Code 22314 | Purpose of Disbursement Event Registration | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2016 | <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | |
| State: District: | Other (specify) | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) c. Global Payments | | Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014 |
| Mailing Address 10 Glenlake Pakrway | | Amount of Each Disbursement this Period 57.88 Transaction ID : SB17.18481 |
| City Atlanta | State GA | |
| Zip Code 30328 | Purpose of Disbursement Credit Card Fees | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | |
| State: District: | Other (specify) | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 823.83 |
| 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 13 OF 16 | | | |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Piryx | | Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014 |
| Mailing Address 144 2nd St, | | Amount of Each Disbursement this Period 18.00 |
| City San Francisco | State CA Zip Code 94105 | |
| Purpose of Disbursement Credit Card Fees | Category/Type | Transaction ID : SB17.18471 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Revolis | | Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014 |
| Mailing Address 7185 Navajo Rd #P | | Amount of Each Disbursement this Period 19294.08 |
| City San Diego | State CA Zip Code 92119 | |
| Purpose of Disbursement Mailers and Advertising | Category/Type | Transaction ID : SB17.18478 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" 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 | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 19312.08 |
| TOTAL This Period (last page this line number only)..... | 20135.91 |

**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 14 OF 16 |
| | <input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. Arizona Republican Party | | Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014 |
| Mailing Address 3501 N. 24th Street | | Amount of Each Disbursement this Period 5000.00 Transaction ID : SB21.18480 |
| City Phoenix | State AZ | |
| Zip Code 85016 | Purpose of Disbursement | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | |
| State: District: | Other (specify) | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. CAPITO FOR WEST VIRGINIA | | Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014 |
| Mailing Address PO BOX 11519 | | Amount of Each Disbursement this Period 1000.00 Transaction ID : SB21.18468 |
| City CHARLESTON | State WV | |
| Zip Code 25339 | Purpose of Disbursement | Category/ Type |
| Candidate Name | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | |
| State: WV District: 00 | Other (specify) | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. CLINT DIDIER FOR CONGRESS | | Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014 |
| Mailing Address PO BOX 157 | | Amount of Each Disbursement this Period 2000.00 Transaction ID : SB21.18487 |
| City ELTOPIA | State WA | |
| Zip Code 99301 | Purpose of Disbursement | Category/ Type |
| Candidate Name | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | |
| State: WA District: 04 | Other (specify) | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 8000.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 OF 16 | | | |
| | <input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. DR MONICA WEHBY FOR US SENATE | | Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014 |
| Mailing Address PO BOX 3375 | | Amount of Each Disbursement this Period 2000.00 Transaction ID : SB21.18465 |
| City PORTLAND | State OR | |
| Zip Code 97208 | Purpose of Disbursement | Category/ Type |
| Candidate Name | Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | |
| State: OR | District: 00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. LEE TERRY FOR CONGRESS | | Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014 |
| Mailing Address PO BOX 540098 | | Amount of Each Disbursement this Period 2000.00 Transaction ID : SB21.18475 |
| City OMAHA | State NE | |
| Zip Code 68154 | Purpose of Disbursement | Category/ Type |
| Candidate Name | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2014 | <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General | |
| State: NE | District: 02 | |

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

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 4000.00 |
| TOTAL This Period (last page this line number only)..... | 12000.00 |

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 AM Strategies | | Nature of Debt (Purpose): Communications Consulting |
| Mailing Address 1208 Cresthill Rd. | | |
| City | State | Zip Code |
| Birmingham | AL | 35213 |

| | | |
|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID : SD10.18488 | |
| <input type="text" value="0.00"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text" value="9750.00"/> | <input type="text" value="0.00"/> | <input type="text" value="9750.00"/> |

| | | |
|---|-------|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Revolvix | | Nature of Debt (Purpose): Mailers, Radio |
| Mailing Address 7185 Navajo Rd #P | | |
| City | State | Zip Code |
| San Diego | CA | 92119 |

| | | |
|---|-----------------------------------|---|
| Outstanding Balance Beginning This Period | Transaction ID : SD10.18490 | |
| <input type="text" value="0.00"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text" value="28581.59"/> | <input type="text" value="0.00"/> | <input type="text" value="28581.59"/> |

| | | |
|--|-------|---------------------------|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor | | Nature of Debt (Purpose): |
| Mailing Address | | |
| City | State | Zip Code |
| | | |

| | | |
|---|----------------------|---|
| Outstanding Balance Beginning This Period | | |
| <input type="text"/> | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| | |
|--|---------------------------------------|
| 1) SUBTOTALS This Period This Page (optional) | <input type="text" value="38331.59"/> |
| 2) TOTALS This Period (last page this line number only) | <input type="text" value="38331.59"/> |
| 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="38331.59"/> |