

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

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

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

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

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

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y
04 / 01 / 2013 through 06 / 30 / 2013

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

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

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

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
PAUL GOSAR FOR CONGRESS

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	78696.50	141764.94
(b) Total Contribution Refunds (from Line 20(d))	0.00	500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	78696.50	141264.94
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	20089.64	93926.58
(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)).....	20089.64	78731.75
8. Cash on Hand at Close of Reporting Period (from Line 27).....	82897.94	
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).....	10060.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

PAUL GOSAR FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	36200.00	74850.00
(ii) Unitemized.....	15996.50	17146.50
(iii) TOTAL of contributions from individuals ▶	52196.50	91996.50
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	26500.00	49768.44
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	78696.50	141764.94
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	148.81
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	15194.83
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	2.80	2.80
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	78699.30	157111.38

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	20089.64	93926.58
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	0.00	500.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	500.00
21. OTHER DISBURSEMENTS	26900.00	51900.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	46989.64	146326.58

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	51188.28
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	78699.30
25. SUBTOTAL (add Line 23 and Line 24).....	129887.58
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	46989.64
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	82897.94

**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 51
	<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	

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)
Bas Aja

Mailing Address 22802 W Gibson Ln

City State Zip Code
Buckeye AZ 85326

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

Name of Employer Occupation
Arizona Cattle Feeders Associa Executive Vice President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2013

Transaction ID : SA11AI.16778

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Sloane M. Andrews

Mailing Address 5055 Lane Lane

City State Zip Code
Jackson WY 83001

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 20 / 2013

Transaction ID : SA11AI.16780

Amount of Each Receipt this Period
250.00

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

Mailing Address 2640 Orchard Hill Place

City State Zip Code
Lake Oswego OR 97035

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

Name of Employer Occupation
Rickland G. Asai DMD Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 14 / 2013

Transaction ID : SA11AI.16783

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 6 OF 51
	<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. L'Tanya Joy Bailey DDS		Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2013	
Mailing Address 1100 Hartstone Drive		Transaction ID : SA11AI.16786	
City State Zip Code Colfax NC 27235	Amount of Each Receipt this Period 300.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Self Dentist		
Receipt For: 2014 <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) B. John Bettinger		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2013	
Mailing Address 1304 15th St #100		Transaction ID : SA11AI.16799	
City State Zip Code Santa Monica CA 90404	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Self Dentist		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) C. Richard Black		Date of Receipt M M / D D / Y Y Y Y 04 / 29 / 2013	
Mailing Address 144 Camino Barranca		Transaction ID : SA11AI.16800	
City State Zip Code El Paso TX 79912	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation ECRM Inc. CEO		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	1050.00
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 7 OF 51
	<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) William Blatchford		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 29 / 2013
Mailing Address PO Box 9070		Transaction ID : SA11Al.16802
City Bend	State OR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self	Occupation Dentist	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) Dr. Nick A. Bouzis		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 20 / 2013
Mailing Address 708 W. 8th		Transaction ID : SA11Al.16803
City Gillette	State WY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 425.00
Name of Employer Bouzis Dental	Occupation Dentist	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 425.00	

Full Name (Last, First, Middle Initial) Patrick A. Bray		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 24 / 2013
Mailing Address 16577 W Lincoln St.		Transaction ID : SA11Al.16805
City Goodyear	State AZ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Arizona Cattlemen's Associatio	Occupation Executive Vice President	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	1175.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 51
	<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

A. Full Name (Last, First, Middle Initial)
Nona Breeland

Mailing Address 1506 E Franklin St. #204

City Chapel Hill State NC Zip Code 27514

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

Name of Employer Breeland Endodontics Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 13 / 2013

Transaction ID : SA11AI.16806

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Myron Bromberg

Mailing Address 7012 Reseda Blvd

City Reseda State CA Zip Code 91335

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

Name of Employer Bromberg Dental Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 29 / 2013

Transaction ID : SA11AI.16807

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
April Buffington DDS

Mailing Address 104 E Bond Ave.

City West Memphis State AR Zip Code 72301

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

Name of Employer Self Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 06 / 2013

Transaction ID : SA11AI.16810

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 9 OF 51
	<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. Matthew J. Campbell Jr.

Mailing Address 1601 Elsdon Cir

City Carmichael State CA Zip Code 95608

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

Name of Employer Campbell Dental Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 13 / 2013

Transaction ID : SA11Al.16812

Amount of Each Receipt this Period
 500.00

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

Mailing Address PO Box 99047

City Raleigh State NC Zip Code 27624

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

Name of Employer Self Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 14 / 2013

Transaction ID : SA11Al.16813

Amount of Each Receipt this Period
 250.00

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

Mailing Address 621 Edisto Ct.

City Chapel Hill State NC Zip Code 27514

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

Name of Employer Self Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 13 / 2013

Transaction ID : SA11Al.16818

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 10 OF 51
	<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)
Jill Cheek

Mailing Address 301 Kinsale Dr.

City Chapel Hill State NC Zip Code 27517

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

Name of Employer State of North Carolina Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 13 / 2013

Transaction ID : SA11AI.16817

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Jeffrey M. Cole

Mailing Address 2396 Limestone Rd

City Wilmington State DE Zip Code 19808

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

Name of Employer Cole Dental Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 06 / 2013

Transaction ID : SA11AI.16821

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Jeffrey M. Cole

Mailing Address 2396 Limestone Rd

City Wilmington State DE Zip Code 19808

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

Name of Employer Cole Dental Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **600.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 29 / 2013

Transaction ID : SA11AI.16822

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 11 OF 51
	<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. Mark A. Crabtree

Mailing Address 407 Starling Avenue

City Martinsville State VA Zip Code 24112

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

Name of Employer Crabtree Dental Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 14 / 2013

Transaction ID : SA11Al.16827

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Dr. Joe Crowley

Mailing Address 3475 n bend rd

City cincinnati State OH Zip Code 45239

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

Name of Employer Crowley Dental Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 13 / 2013

Transaction ID : SA11Al.16830

Amount of Each Receipt this Period
 500.00

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

Mailing Address 5833 Carmichael Road

City Montgomery State AL Zip Code 36117

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

Name of Employer Self Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 06 / 30 / 2013

Transaction ID : SA11Al.16831

Amount of Each Receipt this Period
 1000.00

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

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

2000.00

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

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

FOR LINE NUMBER: PAGE 12 OF 51
(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)
Michael A. Curtis

Mailing Address 501 E Thomas Rd.

City Phoenix State AZ Zip Code 85012

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

Name of Employer Self Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 24 / 2013

Transaction ID : SA11AI.16832

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Dr. Bryan C. Edgar

Mailing Address 1911 SW Campus Dr.

City Federal Way State WA Zip Code 98023

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

Name of Employer Edgar Dental Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 02 / 2013

Transaction ID : SA11AI.16841

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Dr. Bryan C. Edgar

Mailing Address 1911 SW Campus Dr.

City Federal Way State WA Zip Code 98023

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

Name of Employer Edgar Dental Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2013

Transaction ID : SA11AI.16842

Amount of Each Receipt this Period
 200.00

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

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

950.00

**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 51
	<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. Julian Fair DMD		Date of Receipt M M / D D / Y Y Y Y 06 / 13 / 2013	
Mailing Address 1040 Wagener Trail Rd		Transaction ID : SA11AI.16844	
City Wagener	State SC	Zip Code 29164	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Self	Occupation Dentist		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) B. Jane Gillette		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2013	
Mailing Address 40 East Mendenhall		Transaction ID : SA11AI.16850	
City Bozeman	State MT	Zip Code 59715	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Self	Occupation Dentist		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) C. Michael Gorman		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2013	
Mailing Address 43693 Kenmore Ln.		Transaction ID : SA11AI.16852	
City South Riding	State VA	Zip Code 20152	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1100.00	
Name of Employer Split Rock	Occupation Managing Partner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1100.00		

SUBTOTAL of Receipts This Page (optional).....	1850.00
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 14 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Michael A. Graham

Mailing Address 10242 Parkwood Dr.

City Kensington State MD Zip Code 20895

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

Name of Employer American Dental Association Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 17 / 2013

Transaction ID : SA11AI.16853

Amount of Each Receipt this Period
500.00

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

Mailing Address PO Box 278

City Lolo State MT Zip Code 59747

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

Name of Employer Self Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 14 / 2013

Transaction ID : SA11AI.16856

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Joseph F Hagenbruch

Mailing Address 502 North Hart Boulevard

City Harvard State IL Zip Code 60033

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

Name of Employer Hagenbruch Dental Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 14 / 2013

Transaction ID : SA11AI.16857

Amount of Each Receipt this Period
500.00

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 15 OF 51
	<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)
Pat Hagerty

Mailing Address 1070 24th Ave SW

City Albany State OR Zip Code 97321

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

Name of Employer Self Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 14 / 2013

Transaction ID : SA11AI.16859

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Robert J Hanlon

Mailing Address 488 E VALLEY PARKWAY

City ESCONDIDO State CA Zip Code 92025

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

Name of Employer Self Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 14 / 2013

Transaction ID : SA11AI.16862

Amount of Each Receipt this Period
 250.00

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

Mailing Address 21715 Kingsland Blvd.

City Katy State TX Zip Code 77450

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

Name of Employer Harrison Dental Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 13 / 2013

Transaction ID : SA11AI.16863

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 16 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

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

Mailing Address 6745 E Tivani Dr.

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

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 23 / 2013

Transaction ID : SA11AI.16864

Amount of Each Receipt this Period
200.00

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

Mailing Address 6745 E Tivani Dr.

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

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
1400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2013

Transaction ID : SA11AI.16865

Amount of Each Receipt this Period
200.00

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

Mailing Address 6745 E Tivani Dr.

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

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 24 / 2013

Transaction ID : SA11AI.16866

Amount of Each Receipt this Period
200.00

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

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

600.00

**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 51
	<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. Brian Hokanson		Date of Receipt M M / D D / Y Y Y Y 06 / 20 / 2013
Mailing Address 1512 Low Ct.		Transaction ID : SA11AI.16871
City Gillette	State WY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 425.00
Name of Employer Self	Occupation Dentist	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 425.00	

Full Name (Last, First, Middle Initial) B. Dr. Allison House		Date of Receipt M M / D D / Y Y Y Y 05 / 28 / 2013
Mailing Address 10615 N. 44th Street		Transaction ID : SA11AI.16872
City Phoenix	State AZ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer House Dental	Occupation Dentist	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) C. Carol Hungerford		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2013
Mailing Address 1300 Chara Ave		Transaction ID : SA11AI.16873
City Gillette	State WY	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Hungerford Dental	Occupation Dentist	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional).....	1175.00
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 51
	<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

Full Name (Last, First, Middle Initial) A. Dr. Richard A Huot		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2013	
Mailing Address 8776 W Orchid Island Circle		Transaction ID : SA11AI.16874	
City Vero Beach	State FL	Zip Code 32963	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Huot Dental	Occupation Dentist		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) B. K. Michael Ingram		Date of Receipt M M / D D / Y Y Y Y 06 / 24 / 2013	
Mailing Address 6094 E Cholla Dr.		Transaction ID : SA11AI.16878	
City Paradise Valley	State AZ	Zip Code 85253	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00	
Name of Employer El Dorado Holdings	Occupation Real Estate		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		

Full Name (Last, First, Middle Initial) C. Dr. Gary Jones		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2013	
Mailing Address 1350 E. Mckellips Rd		Transaction ID : SA11AI.16879	
City Mesa	State AZ	Zip Code 85203	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Jones Dental	Occupation Dentist		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

SUBTOTAL of Receipts This Page (optional).....	3250.00
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 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
James F. Kenny

Mailing Address 6019 E Crocus Dr.

City State Zip Code
Scottsdale AZ 85254

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

Name of Employer Occupation
El Dorado Holdings Real Estate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 24 / 2013

Transaction ID : SA11AI.16883

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Rodney J Klima

Mailing Address 9807 Flintridge Court

City State Zip Code
Fairfax VA 22032

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

Name of Employer Occupation
Klima Dental Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 14 / 2013

Transaction ID : SA11AI.16884

Amount of Each Receipt this Period
250.00

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

Mailing Address 3600 Lomita Blvd

City State Zip Code
Torrance CA 90505

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

Name of Employer Occupation
Self Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 29 / 2013

Transaction ID : SA11AI.16898

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 20 OF 51
	<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)
Patricia Machalinski

Mailing Address 1188 Massachusetts Ave.

City State Zip Code
Arlington MA 02476

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

Name of Employer Occupation
Pat Machalinski DMD Endodontics

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 17 / 2013

Transaction ID : SA11AI.17115

Amount of Each Receipt this Period
250.00

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

Mailing Address 200 Chauncy St.

City State Zip Code
Mansfield MA 02048

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

Name of Employer Occupation
Ray Martin Dentistry Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2013

Transaction ID : SA11AI.17118

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Michelle Mazur-Kary

Mailing Address 219 Mt. Auburn Ave

City State Zip Code
Auburn ME 04210

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

Name of Employer Occupation
Mazur-Kary Dental Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 14 / 2013

Transaction ID : SA11AI.17119

Amount of Each Receipt this Period
500.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 51
	<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)
Brady McDonald

Mailing Address 1205 Harrison Ave., N.W.

City Olympia State WA Zip Code 98502

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

Name of Employer Self Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 14 / 2013

Transaction ID : SA11AI.16905

Amount of Each Receipt this Period
 250.00

B. 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 McDougall Dental Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 14 / 2013

Transaction ID : SA11AI.17120

Amount of Each Receipt this Period
 500.00

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

Mailing Address 5059 McClelland Blvd

City Joplin State MO Zip Code 64804

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

Name of Employer McGinty Dental Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 17 / 2013

Transaction ID : SA11AI.16906

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 22 OF 51
	<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)
Glenn B. Miller

Mailing Address 1944 Hendersonville Road

City Asheville State NC Zip Code 28803

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

Name of Employer Self Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 18 / 2013

Transaction ID : SA11Al.16910

Amount of Each Receipt this Period
 800.00

B. Full Name (Last, First, Middle Initial)
Lewis Mitchell Jr.

Mailing Address 321 Dogwood Circle

City Gasden State AL Zip Code 35901

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

Name of Employer Mitchell Dental Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 28 / 2013

Transaction ID : SA11Al.16911

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Dr. Rhett Murray

Mailing Address 11903 E Yale Way

City Aurora State CO Zip Code 80014

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

Name of Employer Rhett I Murray DDSPC Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 14 / 2013

Transaction ID : SA11Al.16912

Amount of Each Receipt this Period
 500.00

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

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

1800.00

**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 51
	<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)
Gerald W. Nabours

Mailing Address 1015 W Beal Rd.

City State Zip Code
Flagstaff AZ 86001

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

Name of Employer Self Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 20 / 2013

Transaction ID : SA11AI.16914

Amount of Each Receipt this Period
500.00

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

Mailing Address 71 B Cottage St.

City State Zip Code
Bar Harbor ME 04509

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

Name of Employer Self Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 17 / 2013

Transaction ID : SA11AI.17122

Amount of Each Receipt this Period
250.00

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

Mailing Address 5125 Bunch Road

City State Zip Code
Summerfield NC 27358

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

Name of Employer Olmsted Dental Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 14 / 2013

Transaction ID : SA11AI.16916

Amount of Each Receipt this Period
500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 51
	<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)
Kathleen Oloughlin

Mailing Address 173 High St.

City Medford State MA Zip Code 02155

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

Name of Employer ADA Occupation Executive Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 14 / 2013

Transaction ID : SA11AI.17123

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Dr. Gary Oyster

Mailing Address po box 189

City franklinton State NC Zip Code 27525

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

Name of Employer Gary Oyster DDS Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 13 / 2013

Transaction ID : SA11AI.16918

Amount of Each Receipt this Period
 2500.00

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

Mailing Address 807 Wood Cove Rd.

City Wilmington State NC Zip Code 28403

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

Name of Employer Self Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 13 / 2013

Transaction ID : SA11AI.16924

Amount of Each Receipt this Period
 500.00

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

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

3250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 51
	<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)
John Russo

Mailing Address 300 Foulk Rd #101

City: Wilmington State: DE Zip Code: 19803

FEC ID number of contributing federal political committee: C

Name of Employer: Self Occupation: Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 06 / 30 / 2013

Transaction ID : SA11AI.16937

Amount of Each Receipt this Period: 500.00

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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 05 / 14 / 2013

Transaction ID : SA11AI.16939

Amount of Each Receipt this Period: 250.00

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

Mailing Address 511 Byron St.

City: Palo Alto State: CA Zip Code: 94301

FEC ID number of contributing federal political committee: C

Name of Employer: Self Occupation: Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 05 / 14 / 2013

Transaction ID : SA11AI.16940

Amount of Each Receipt this Period: 500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 51
	<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)
Janice Scott

Mailing Address 2648 St Helena Ct

City Livermore State CA Zip Code 94550

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

Name of Employer Self Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 14 / 2013

Transaction ID : SA11AI.16941

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
A.J. Smith

Mailing Address 3980 South 700 East, Suite 21

City Salt Lake City State UT Zip Code 84107

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

Name of Employer Smith Dental Dentist Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 14 / 2013

Transaction ID : SA11AI.16956

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Dr. Mary Smith

Mailing Address 6817 N Cedar Suite 101

City Spokane State WA Zip Code 99208

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

Name of Employer Smith Dental Dentist Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 05 / 17 / 2013

Transaction ID : SA11AI.16957

Amount of Each Receipt this Period
 500.00

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 27 OF 51
	<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. Randolph Alan Snyder

Mailing Address 1325 W. 16th Street, ste.#1

City State Zip Code
Yuma AZ 85364

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

Name of Employer Occupation
Snyder Dental Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 17 / 2013

Transaction ID : SA11AI.16958

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Leon E. Stanislav

Mailing Address 409 Savannah Trace

City State Zip Code
Clarksville TN 37043

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

Name of Employer Occupation
Stanislav Dental Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2013

Transaction ID : SA11AI.16959

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
David A. Struble

Mailing Address 5590 E Timberwood Ct.

City State Zip Code
Springfield MO 65809

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

Name of Employer Occupation
Riverpointe Dental Care Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 17 / 2013

Transaction ID : SA11AI.16962

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 28 OF 51
	<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. Carol Summerhays

Mailing Address 6635 Flanders Drive Suite E

City San Diego State CA Zip Code 92121

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

Name of Employer Summerhays Dental Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 08 / 2013

Transaction ID : SA11AI.16963

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
James J. Teague DDS

Mailing Address 6 Yorkshire St.

City Asheville State NC Zip Code 28803

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

Name of Employer Self Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 13 / 2013

Transaction ID : SA11AI.16774

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
The Chickasaw Nation

Mailing Address PO Box 1548

City Ada State OK Zip Code 74820

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
 06 / 13 / 2013

Transaction ID : SA11AI.16772

Amount of Each Receipt this Period
 1000.00

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 51
	<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)
Calvin D. Utke

Mailing Address 5779 Flintridge Dr #210

City Colorado Springs	State CO	Zip Code 80918
--------------------------	-------------	-------------------

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

Name of Employer Flintridge Dental Center	Occupation Dentist
----------------------------------------------	-----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 17 / 2013

Transaction ID : SA11AI.16967

Amount of Each Receipt this Period
250.00

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

Mailing Address 646 Angelica Cir.

City Cary	State NC	Zip Code 27518
--------------	-------------	-------------------

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

Name of Employer Self	Occupation Dentist
--------------------------	-----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 18 / 2013

Transaction ID : SA11AI.16968

Amount of Each Receipt this Period
500.00

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

Mailing Address 132 S Central Ave

City Malta	State MT	Zip Code 59538
---------------	-------------	-------------------

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

Name of Employer Self	Occupation Dentist
--------------------------	-----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 14 / 2013

Transaction ID : SA11AI.16970

Amount of Each Receipt this Period
500.00

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 51
	<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. Edward J. Vigna

Mailing Address 3600 S. 40th St.

City Lincoln State NE Zip Code 68506

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

Name of Employer Vigna Dental Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 14 / 2013

Transaction ID : SA11AI.16971

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Charles R Weber DMD

Mailing Address 606 East Marshall Street

City West Chester State PA Zip Code 19380

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

Name of Employer Chester County Medical Center Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 20 / 2013

Transaction ID : SA11AI.16973

Amount of Each Receipt this Period
 250.00

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

Mailing Address 2510 Applegate Road

City BETHEL PARK State PA Zip Code 15102

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

Name of Employer Liberty Health Care Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 29 / 2013

Transaction ID : SA11AI.16977

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 31 OF 51
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
James M. Wells DDS

Mailing Address 450 Wildwood River Ridge

City Newport State NC Zip Code 26570

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

Name of Employer Self Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 12 / 2013

Transaction ID : SA11AI.16975

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Jeffrey J. Williamson

Mailing Address 2707 E Hillery Dr.

City Phoenix State AZ Zip Code 85032

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

Name of Employer Sundt Construction Occupation Senior VP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 24 / 2013

Transaction ID : SA11AI.16979

Amount of Each Receipt this Period
 250.00

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

Mailing Address 715 W. Union

City Athens State OH Zip Code 45701

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

Name of Employer Self Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 29 / 2013

Transaction ID : SA11AI.16980

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)
 11a 12 11b 13a 11c 13b 11d 14 15
 PAGE 32 OF 51

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Dr. Gary Yonemoto

Mailing Address 1105 Ward Ave., #1015

City Honolulu State HI Zip Code 96814

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

Name of Employer Yonemoto Dental Occupation Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 17 / 2013

Transaction ID : SA11Al.16981

Amount of Each Receipt this Period
 500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

500.00

36200.00

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

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

FOR LINE NUMBER: PAGE 33 OF 51
(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)
AKSM UROLOGY POLITICAL ACTION COMMITTEE 'AKSM UROLOGY PAC'

Mailing Address 100 WEST THIRD AVE SUITE 350

City Columbus State OH Zip Code 43201

FEC ID number of contributing federal political committee. **C** C00489419

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2013

Transaction ID : SA11C.16755

Amount of Each Receipt this Period
 1000.00

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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2013

Transaction ID : SA11C.16756

Amount of Each Receipt this Period
 5000.00

C. 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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2013

Transaction ID : SA11C.16757

Amount of Each Receipt this Period
 1000.00

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

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 51
	<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)
ARIZONA DAIRYMEN POLITICAL ACTION COMMITTEE (ADPAC)

Mailing Address P.O. BOX 26877

City State Zip Code
TEMPE AZ 85285

FEC ID number of contributing federal political committee. **C** C00085019

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
 05 / 17 / 2013

Transaction ID : SA11C.16758

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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 27 / 2013

Transaction ID : SA11C.16759

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)

Mailing Address 208 S. AKARD STREET
SUITE 2701

City State Zip Code
DALLAS TX 75202

FEC ID number of contributing federal political committee. **C** C00109017

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
 06 / 30 / 2013

Transaction ID : SA11C.16760

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 35 OF 51
	<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)
EVERY REPUBLICAN IS CRUCIAL (ERICPAC)

Mailing Address 25 East Main Street, Suite 200

City	State	Zip Code
Richmond	VA	23219

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

Name of Employer	Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 20 / 2013

Transaction ID : SA11C.16761

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
FREEMPORT-MCMORAN COPPER & GOLD INC. CITIZENSHIP COMMITTEE

Mailing Address 1 NORTH CENTRAL AVENUE

City	State	Zip Code
PHOENIX	AZ	85004

FEC ID number of contributing federal political committee. **C** C00320101

Name of Employer	Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 17 / 2013

Transaction ID : SA11C.16762

Amount of Each Receipt this Period
2500.00

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

Mailing Address 600 14TH STREET, NW
SUITE 800

City	State	Zip Code
WASHINGTON	DC	20005

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

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
 05 / 02 / 2013

Transaction ID : SA11C.16763

Amount of Each Receipt this Period
1000.00

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 36 OF 51
	<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)
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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2013

Transaction ID : SA11C.16764

Amount of Each Receipt this Period
4000.00

B. Full Name (Last, First, Middle Initial)
NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1101 KING STREET
SUITE 600

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C C00144766**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 20 / 2013

Transaction ID : SA11C.16766

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
NATIONAL CATTLEMEN'S BEEF ASSOCIATION POLITICAL ACTION COMMITTEE (NCBA-PAC)

Mailing Address 9110 EAST NICHOLS AVENUE

City CENTENNIAL State CO Zip Code 80112

FEC ID number of contributing federal political committee. **C C00028787**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2013

Transaction ID : SA11C.16767

Amount of Each Receipt this Period
1000.00

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 37 OF 51
	<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)
PINNACLE WEST CAPITAL CORPORATION PAC

Mailing Address 801 Pennsylvania Ave NW
Suite 214

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00015933

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2013

Transaction ID : SA11C.16768

Amount of Each Receipt this Period
2000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

2000.00

26500.00

**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 38 OF 51	
	<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 04 / 02 / 2013
Mailing Address 915 South 500 East, Suite 200		Amount of Each Disbursement this Period 36.85 Transaction ID : SB17.17132
City American Fork	State UT	
Zip Code 84003	Purpose of Disbursement Credit Card Merchant Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Authorize.net Corp.		Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2013
Mailing Address 915 South 500 East, Suite 200		Amount of Each Disbursement this Period 14.75 Transaction ID : SB17.17131
City American Fork	State UT	
Zip Code 84003	Purpose of Disbursement Credit Card Merchant Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Authorize.net Corp.		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2013
Mailing Address 915 South 500 East, Suite 200		Amount of Each Disbursement this Period 198.50 Transaction ID : SB17.17130
City American Fork	State UT	
Zip Code 84003	Purpose of Disbursement Credit Card Merchant Fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	250.10
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 39 OF 51			
	<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 05 / 02 / 2013
Mailing Address 915 South 500 East, Suite 200		Amount of Each Disbursement this Period 28.30 Transaction ID : SB17.17134
City American Fork State UT Zip Code 84003	Purpose of Disbursement Credit Card Merchant Fees	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Authorize.net Corp.		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2013
Mailing Address 915 South 500 East, Suite 200		Amount of Each Disbursement this Period 28.95 Transaction ID : SB17.17135
City American Fork State UT Zip Code 84003	Purpose of Disbursement Credit Card Merchant Fees	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Authorize.net Corp.		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2013
Mailing Address 915 South 500 East, Suite 200		Amount of Each Disbursement this Period 27.95 Transaction ID : SB17.17133
City American Fork State UT Zip Code 84003	Purpose of Disbursement Credit Card Merchant Fees	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	85.20
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 40 OF 51		
	<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 04 / 17 / 2013
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 817.71 Transaction ID : SB17.17139
City Washington State DC Zip Code 20003	Purpose of Disbursement Event Catering	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 05 / 17 / 2013
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 389.29 Transaction ID : SB17.17140
City Washington State DC Zip Code 20003	Purpose of Disbursement Event Catering	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2013
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 2426.79 Transaction ID : SB17.17138
City Washington State DC Zip Code 20003	Purpose of Disbursement Event Catering	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3633.79
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 41 OF 51	
	<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. Coleman Dahm & Associates		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2013
Mailing Address 4715 North 32nd Street Suite 107		Amount of Each Disbursement this Period 1392.00
City Phoenix	State AZ Zip Code 85018	
Purpose of Disbursement Printing	Category/Type	Transaction ID : SB17.17141
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. PAUL ANTHONY GOSAR		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2013
Mailing Address PO Box 2967		Amount of Each Disbursement this Period 45.16
City Prescott	State AZ Zip Code 86302	
Purpose of Disbursement Supplies for Chili Cookoff	Category/Type	Transaction ID : SB17.17163
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AZ District: 04		

Full Name (Last, First, Middle Initial) C. PAUL ANTHONY GOSAR		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2013
Mailing Address PO Box 2967		Amount of Each Disbursement this Period 82.80
City Prescott	State AZ Zip Code 86302	
Purpose of Disbursement Dinner reimbursement	Category/Type	Transaction ID : SB17.17164
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AZ District: 04		

SUBTOTAL of Disbursements This Page (optional).....	1519.96
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 42 OF 51			
	<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 04 / 17 / 2013		
Mailing Address PO Box 11494			Amount of Each Disbursement this Period 1344.00		
City Tempe	State AZ	Zip Code 85284	Transaction ID : SB17.17148		
Purpose of Disbursement Accounting, Compliance, and PO Box		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. iContact			Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2013		
Mailing Address 2450 Perimeter Park Drive #105			Amount of Each Disbursement this Period 80.99		
City Morrisville	State NC	Zip Code 27560	Transaction ID : SB17.17149		
Purpose of Disbursement Email Service		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) C. iContact			Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2013		
Mailing Address 2450 Perimeter Park Drive #105			Amount of Each Disbursement this Period 80.99		
City Morrisville	State NC	Zip Code 27560	Transaction ID : SB17.17151		
Purpose of Disbursement Email Service		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	1505.98
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 43 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. iContact		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2013
Mailing Address 2450 Perimeter Park Drive #105		Amount of Each Disbursement this Period 98.99
City Morrisville	State NC	
Zip Code 27560	Purpose of Disbursement Email Service	Transaction ID : SB17.17150
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Marriott		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2013
Mailing Address 10400 Fernwood Road		Amount of Each Disbursement this Period 332.18
City Bethesda	State MD	
Zip Code 20817	Purpose of Disbursement Hotel Stay	Transaction ID : SB17.17152
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. NAU College Republicans		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2013
Mailing Address PO Box 6036 #116		Amount of Each Disbursement this Period 500.00
City Flagstaff	State AZ	
Zip Code 86011	Purpose of Disbursement Sponsorship	Transaction ID : SB17.17158
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	913.17
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 44 OF 51	
	<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. Renaissance Hotel		Date of Disbursement M M / D D / Y Y Y Y 06 / 26 / 2013
Mailing Address 611 Commerce St		Amount of Each Disbursement this Period 272.81
City Nashville	State AZ	
Zip Code 37203	Purpose of Disbursement Hotel	Transaction ID : SB17.17168
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Revolis		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2013
Mailing Address 7185 Navajo Rd #P		Amount of Each Disbursement this Period 10000.00
City San Diego	State CA	
Zip Code 92119	Purpose of Disbursement Campaign Consulting	Transaction ID : SB17.17126
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Square		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2013
Mailing Address 901 Mission Street		Amount of Each Disbursement this Period 382.57
City San Francisco	State CA	
Zip Code 94103	Purpose of Disbursement Credit Card Fees	Transaction ID : SB17.17175
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	10655.38
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 45 OF 51	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Square		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2013
Mailing Address 901 Mission Street		Amount of Each Disbursement this Period 35.75 Transaction ID : SB17.17174
City San Francisco	State CA Zip Code 94103	
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Square		Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2013
Mailing Address 901 Mission Street		Amount of Each Disbursement this Period 0.03 Transaction ID : SB17.17173
City San Francisco	State CA Zip Code 94103	
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Square		Date of Disbursement M M / D D / Y Y Y Y 06 / 29 / 2013
Mailing Address 901 Mission Street		Amount of Each Disbursement this Period 205.18 Transaction ID : SB17.17171
City San Francisco	State CA Zip Code 94103	
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	240.96
TOTAL This Period (last page this line number only).....	18804.54

**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 51	
	<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. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2013
Mailing Address 320 FIRST STREET SE		Amount of Each Disbursement this Period 10000.00 Transaction ID : SB21.17155
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement Young Guns Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2013
Mailing Address 320 FIRST STREET SE		Amount of Each Disbursement this Period 6900.00 Transaction ID : SB21.17156
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement March Dinner Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2013
Mailing Address 320 FIRST STREET SE		Amount of Each Disbursement this Period 10000.00 Transaction ID : SB21.17157
City WASHINGTON State DC Zip Code 20003	Purpose of Disbursement Dues Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	26900.00
TOTAL This Period (last page this line number only).....	26900.00

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 Integrated Web Strategy		Nature of Debt (Purpose): Ad Purchase
Mailing Address 5330 N 12th St.		
City	State	Zip Code
Phoenix	AZ	85012

Outstanding Balance Beginning This Period	Transaction ID : SD10.14600	
<input type="text" value="110.00"/>		
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="110.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Integrated Web Strategy		Nature of Debt (Purpose): Video Production
Mailing Address 5330 N 12th St.		
City	State	Zip Code
Phoenix	AZ	85012

Outstanding Balance Beginning This Period	Transaction ID : SD10.14601	
<input type="text" value="850.00"/>		
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="850.00"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="8460.00"/>
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"/>

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

Form/Schedule: SD10

Transaction ID : SD10.11368

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

Form/Schedule: SD10

Transaction ID: SD10.14600

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

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

Form/Schedule: SD10

Transaction ID : SD10.14601

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

Form/Schedule:

Transaction ID:

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

NAME OF COMMITTEE (In Full)

PAUL GOSAR FOR CONGRESS

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

Mailing Address 5330 N 12th St.

City State Zip Code
 Phoenix AZ 85012

Nature of Debt (Purpose):
 Video Production

Outstanding Balance Beginning This Period	Transaction ID : SD10.14603	
1600.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1600.00

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

Mailing Address 7185 Navajo Rd #P

City State Zip Code
 San Diego CA 92119

Nature of Debt (Purpose):
 Campaign Consulting

Outstanding Balance Beginning This Period	Transaction ID : SD10.16542	
10000.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	10000.00	0.00

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

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

1) SUBTOTALS This Period This Page (optional)	1600.00
2) TOTALS This Period (last page this line number only)	10060.00
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) ▶	10060.00

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

Form/Schedule: SD10

Transaction ID : SD10.14603

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

Form/Schedule:

Transaction ID: