

# 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 2991

Check if different than previously reported. (ACC)

Florence

AZ

85132

2. FEC IDENTIFICATION NUMBER ▼

C C00461806

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

AZ

04

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

MM / DD / YYYY  
11 / 06 / 2012

DD / YYYY

YYYY

in the State of

AZ

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

MM / DD / YYYY

DD / YYYY

YYYY

in the State of

5. Covering Period

MM / DD / YYYY  
10 / 01 / 2012

DD / YYYY

YYYY

through

MM / DD / YYYY  
10 / 17 / 2012

DD / YYYY

YYYY

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

MM / DD / YYYY  
10 / 25 / 2012

DD / YYYY

YYYY

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**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))....	14730.00	1071848.17
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	6366.65
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	14730.00	1065481.52
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	10034.86	968820.45
(b) Total Offsets to Operating Expenditures (from Line 14).....	393.80	4160.81
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	9641.06	964659.64
8. Cash on Hand at Close of Reporting Period (from Line 27).....	121095.77	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	14917.28	

**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:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4525.00	575109.98
(ii) Unitemized.....	1705.00	86308.85
(iii) TOTAL of contributions from individuals ▶	6230.00	661418.83
(b) Political Party Committees.....	0.00	1154.34
(c) Other Political Committees (such as PACs).....	8500.00	409275.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	14730.00	1071848.17
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	11581.09
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	393.80	4160.81
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	1.51
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	15123.80	1087591.58

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	10034.86	968820.45
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	3700.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2666.65
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	6366.65
21. OTHER DISBURSEMENTS .....	10000.00	10000.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	20034.86	985187.10

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	126006.83
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	15123.80
25. SUBTOTAL (add Line 23 and Line 24).....	141130.63
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	20034.86
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	121095.77

**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 21
	<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 Boelts**

Mailing Address 1573 E Kuns Court

City Yuma State AZ Zip Code 85365

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

Name of Employer Self Occupation Farmer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 11 / 2012

**Transaction ID : SA11AI.16230**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Jay Din**

Mailing Address 3083 E. Linda Ln

City Gilbert State AZ Zip Code 85234

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

Name of Employer Gd4K Occupation Dentist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 08 / 2012

**Transaction ID : SA11AI.16184**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address 13162 N 145th Way

City Scottsdale State AZ Zip Code 85259

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

Name of Employer City Property Mngt Co. Inc. Occupation Handyman

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 08 / 2012

**Transaction ID : SA11AI.16182**

Amount of Each Receipt this Period  
**500.00**

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

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

**800.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 21
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 1998 Rustic Timbers Ln

City State Zip Code  
Prescott AZ 86303-4936

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

Name of Employer Occupation Information Requested  
Information Requested

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 12 / 2012

**Transaction ID : SA11AI.16260**

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
**James D. Howard**

Mailing Address 3104 E Camelback Rd #273

City State Zip Code  
Phoenix AZ 85016

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

Name of Employer Occupation Information Requested  
Dudley Ventures Banker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 17 / 2012

**Transaction ID : SA11AI.16178**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 2327 W 12th Ln.

City State Zip Code  
Yuma AZ 85364

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

Name of Employer Occupation Information Requested  
Self Farmer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 11 / 2012

**Transaction ID : SA11AI.16232**

Amount of Each Receipt this Period  
250.00

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

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

1400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 21
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 19710 E County 7th St.

City Wellton	State AA	Zip Code 85466
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FEC ID number of contributing federal political committee. **C**

Name of Employer Farm Bureau	Occupation Director
---------------------------------	------------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2012

**Transaction ID : SA11AI.16234**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Clay Overson**

Mailing Address PO Box 6919

City Kingman	State AZ	Zip Code 86402
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Rancher
--------------------------	-----------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2012

**Transaction ID : SA11AI.16258**

Amount of Each Receipt this Period  
500.00

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

Mailing Address PO Box 2940

City Yuma	State AZ	Zip Code 85365
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation FArmer
--------------------------	----------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2012

**Transaction ID : SA11AI.16236**

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 8 OF 21
	<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)  
**Frank Thompson**

Mailing Address 7601 E. Clear Sky Trail

City Prescott State AZ Zip Code 86314

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

Name of Employer N/A Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **375.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 02 / 2012

**Transaction ID : SA11AI.16225**

Amount of Each Receipt this Period  
**25.00**

**B.** Full Name (Last, First, Middle Initial)  
**Phillip Townsend**

Mailing Address 4620 Laguna Dam Rd.

City Yuma State AZ Zip Code 85365

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

Name of Employer Sunland Chemical CO. Occupation President

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 11 / 2012

**Transaction ID : SA11AI.16231**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address 271 S Yale Ct.

City Gilbert State AZ Zip Code 85296

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

Name of Employer Arizona Rock Products Associat Occupation Director

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2012

**Transaction ID : SA11AI.16227**

Amount of Each Receipt this Period  
**350.00**

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

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

**625.00**



**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 21
	<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)  
**Kelly Ward**

Mailing Address 3619 Desert Rose Ln.

City Lake Havasu City	State AZ	Zip Code 86404
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Physician
--------------------------	-------------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		12		2012

**Transaction ID : SA11AI.16275**

Amount of Each Receipt this Period  
250.00

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

Mailing Address 3619 Desert Rose Ln.

City Lake Havasu City	State AZ	Zip Code 86404
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Physician
--------------------------	-------------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		12		2012

**Transaction ID : SA11AI.16261**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**James R Ware**

Mailing Address 2675 Greenbriar Dr

City Prescott	State AZ	Zip Code 86305
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FEC ID number of contributing federal political committee. **C**

Name of Employer The Future of Work	Occupation Owner
--	---------------------

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
650.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		09		2012

**Transaction ID : SA11AI.16181**

Amount of Each Receipt this Period  
200.00

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

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

700.00

4525.00

**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 21
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN CONSERVATIVE UNION**

Mailing Address 1331 H STREET NW  
SUITE 500

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00130658**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 05 / 2012

**Transaction ID : SA11C.16220**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**AUTOMOTIVE FREE INTERNATIONAL TRADE PAC**

Mailing Address 1625 Prince Street  
Suite 225

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C C00250399**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2012

**Transaction ID : SA11C.16250**

Amount of Each Receipt this Period  
2000.00

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

Mailing Address 30 N Meridian Street #2700

City Indianapolis State IN Zip Code 46204

FEC ID number of contributing federal political committee. **C C00386904**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2012

**Transaction ID : SA11C.16251**

Amount of Each Receipt this Period  
1000.00

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

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

3500.00

**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 21
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Mailing Address 1120 G STREET NW  
SUITE 900

City WASHINGTON State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 04 / 2012

**Transaction ID : SA11C.16219**

Amount of Each Receipt this Period  
500.00

**B.** 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: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
12500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2012

**Transaction ID : SA11C.16249**

Amount of Each Receipt this Period  
2500.00

**C.** Full Name (Last, First, Middle Initial)  
**PRECISION METALFORMING ASSOCIATION VOICE OF THE INDUSTRY COMMITTEE (PMAVIC)**

Mailing Address 6363 OAK TREE BLVD.

City INDEPENDENCE State OH Zip Code 44131

FEC ID number of contributing federal political committee. **C C00082271**

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2012

**Transaction ID : SA11C.16254**

Amount of Each Receipt this Period  
1000.00

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

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

4000.00

**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 12 OF 21

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

**A.** Full Name (Last, First, Middle Initial)  
 SALT RIVER VALLEY WATER USERS' ASSOCIATION POLITICAL INVOLVEMENT COMMITTEE ( SRPPIC)

Mailing Address PO BOX 52025 ISB336

City State Zip Code  
 PHOENIX AZ 85072

FEC ID number of contributing federal political committee. **C** C00048579

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 6000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2012

**Transaction ID : SA11C.16226**

Amount of Each Receipt this Period  
 1000.00

**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).....

1000.00

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 13 OF 21
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

**A.** Full Name (Last, First, Middle Initial)  
**United Airlines**

Mailing Address 77 W. Wacker Drive

City Chicago State IL Zip Code 60601

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 299.80

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 12 / 2012

**Transaction ID : SA14.16211**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 299.80

Airfare Refund

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

Mailing Address 4000 E. Sky Harbor Blvd.

City Phoenix State AZ Zip Code 85034

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 351.70

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 09 / 2012

**Transaction ID : SA14.16212**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 45.00

Refund of Airline Fees

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

Mailing Address 4000 E. Sky Harbor Blvd.

City Phoenix State AZ Zip Code 85034

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

Name of Employer Occupation

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 \_\_\_\_\_ 400.70

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 11 / 2012

**Transaction ID : SA14.16213**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 49.00

Refund of Airline Fees

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

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

\_\_\_\_\_ 393.80

\_\_\_\_\_ 393.80

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 21	
	<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) <b>A. Arizona Dental Association</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2012
Mailing Address 3193 N Drinkwater Blvd		Amount of Each Disbursement this Period 150.00 <b>Transaction ID : SB17.16187</b>
City Scottsdale	State AZ	
Zip Code 85251	Purpose of Disbursement Event Registration	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Authorize.net Corp.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 11 / 2012
Mailing Address 915 South 500 East, Suite 200		Amount of Each Disbursement this Period 61.65 <b>Transaction ID : SB17.16195</b>
City American Fork	State UT	
Zip Code 84003	Purpose of Disbursement Credit Card Processing Fees	Category/ Type
Candidate Name	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) <b>c. Bulleri Building Account</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2012
Mailing Address P.O. Box 472		Amount of Each Disbursement this Period 747.15 <b>Transaction ID : SB17.16196</b>
City Prescott	State AZ	
Zip Code 86302	Purpose of Disbursement Office Rent	Category/ Type
Candidate Name	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	958.80
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 21	
	<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) <b>A. Cable One</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2012
Mailing Address		Amount of Each Disbursement this Period 161.25
City	State Zip Code	
Purpose of Disbursement Cable and Internet	Candidate Name	Transaction ID : SB17.16197
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. Capitol Hill Club</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2012
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 882.69
City	State Zip Code	
Purpose of Disbursement Event Catering	Candidate Name	Transaction ID : SB17.16198
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Jim Knupp</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2012
Mailing Address 1641 E Chaparral Dr.		Amount of Each Disbursement this Period 299.80
City	State Zip Code	
Purpose of Disbursement Mileage	Candidate Name	Transaction ID : SB17.16200
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1343.74
<b>TOTAL</b> 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 16 OF 21			
	<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) <b>A. M.G. Marshall &amp; Co. LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2012		
Mailing Address 1 E Camelback Rd Ste 550.			Amount of Each Disbursement this Period 2400.00		
City Phoenix	State AZ	Zip Code 85012	Transaction ID : SB17.16202		
Purpose of Disbursement Field Rep		Category/ Type			
Candidate Name					
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) <b>B. Revolis</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2012		
Mailing Address 7185 Navajo Rd #P			Amount of Each Disbursement this Period 4244.00		
City San Diego	State CA	Zip Code 92119	Transaction ID : SB17.16205		
Purpose of Disbursement Consulting and VOIP		Category/ Type			
Candidate Name					
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) <b>c. Springhill Suites</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2012		
Mailing Address 10400 Fernwood Road			Amount of Each Disbursement this Period 110.28		
City Bethesda	State MD	Zip Code 20817	Transaction ID : SB17.16206		
Purpose of Disbursement Lodging		Category/ Type			
Candidate Name					
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: _____				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6754.28
<b>TOTAL</b> 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 17 OF 21			
	<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) <b>A. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2012
Mailing Address 77 W. Wacker Drive		Amount of Each Disbursement this Period 299.80
City Chicago	State IL Zip Code 60601	
Purpose of Disbursement Airfare Fees	Candidate Name	Transaction ID : SB17.16208
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. United Airlines</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2012
Mailing Address 77 W. Wacker Drive		Amount of Each Disbursement this Period 49.00
City Chicago	State IL Zip Code 60601	
Purpose of Disbursement Airfare Fees	Candidate Name	Transaction ID : SB17.16209
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. US Airways</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2012
Mailing Address 4000 E. Sky Harbor Blvd.		Amount of Each Disbursement this Period 150.00
City Phoenix	State AZ Zip Code 85034	
Purpose of Disbursement Airfare	Candidate Name	Transaction ID : SB17.16214
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	498.80
<b>TOTAL</b> 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 18 OF 21			
	<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) <b>A. US Airways</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2012	
Mailing Address 4000 E. Sky Harbor Blvd.			Amount of Each Disbursement this Period 47.00	
City Phoenix	State AZ	Zip Code 85034	Transaction ID : SB17.16215	
Purpose of Disbursement Airline Fees		Category/ Type		
Candidate Name				
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) <b>B. US Airways</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2012	
Mailing Address 4000 E. Sky Harbor Blvd.			Amount of Each Disbursement this Period 150.00	
City Phoenix	State AZ	Zip Code 85034	Transaction ID : SB17.16216	
Purpose of Disbursement Airfare		Category/ Type		
Candidate Name				
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) <b>c. US Airways</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2012	
Mailing Address 4000 E. Sky Harbor Blvd.			Amount of Each Disbursement this Period 43.00	
City Phoenix	State AZ	Zip Code 85034	Transaction ID : SB17.16217	
Purpose of Disbursement Airline Fees		Category/ Type		
Candidate Name				
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	240.00
<b>TOTAL</b> This Period (last page this line number only).....	9795.62

**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 19 OF 21	
	<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) <b>A. Arizona Republican Party</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2012	
Mailing Address 3501 N. 24th Street			Amount of Each Disbursement this Period 10000.00 <b>Transaction ID : SB21.16194</b>	
City Phoenix	State AZ	Zip Code 85016		
Purpose of Disbursement Transfer to Party			Category/ Type	
Candidate Name				
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) <b>B.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			Amount of Each Disbursement this Period	
City	State	Zip Code		
Purpose of Disbursement			Category/ Type	
Candidate Name				
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10000.00
<b>TOTAL</b> This Period (last page this line number only).....	10000.00

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

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

FOR LINE NUMBER:  
 (check only one)  9  
 10

NAME OF COMMITTEE (In Full)

**PAUL GOSAR FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Hammond & Associates**

Mailing Address P.O. Box 368

City State Zip Code  
 Falls Church VA 22040

Nature of Debt (Purpose):  
 Fundraising Services

Outstanding Balance Beginning This Period **Transaction ID : SD10.11368**

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

B. 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):  
 Ad Purchase

Outstanding Balance Beginning This Period **Transaction ID : SD10.14600**

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

C. 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 : SD10.14601**

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

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="8460.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**PAUL GOSAR FOR CONGRESS**

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

**Integrated Web Strategy**

Nature of Debt (Purpose):

Email Sends and Facebook Ads

Mailing Address 5330 N 12th St.

City State Zip Code  
Phoenix AZ 85012

Outstanding Balance Beginning This Period

4645.21

**Transaction ID : SD10.14602**

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4645.21

B. 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

1600.00

**Transaction ID : SD10.14603**

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1600.00

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

**ROBERT WADE ROBINSON II**

Nature of Debt (Purpose):

Fundraising Meeting Expenses

Mailing Address 11039 E. HARRIS HAWK TRAIL

City State Zip Code  
SCOTTSDALE AZ 85262

Outstanding Balance Beginning This Period

212.07

**Transaction ID : SD10.11499**

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

212.07

1) **SUBTOTALS** This Period This Page (optional) ..... ▶

6457.28

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

14917.28

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) ▶

14917.28