

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

12FE4M5

PAUL GOSAR FOR CONGRESS

ADDRESS (number and street) ▼

PO Box 2967

Check if different than previously reported. (ACC)

Prescott

AZ

86302

2. **FEC IDENTIFICATION NUMBER** ▼

C C00461806

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

AZ

04

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

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

Termination Report (TER)

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

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

Election on / / in the State of

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

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

/ /

through

/ /

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

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

Signature of Treasurer Dr. W. Brian Powley

[Electronically Filed]

Date

/ /

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

Office Use Only

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))....	56542.04	296742.98
(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)).....	56542.04	296242.98
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	22858.94	143136.91
(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)).....	22858.94	127942.08
8. Cash on Hand at Close of Reporting Period (from Line 27).....	180665.65	
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).....	40966.04	170166.04
(ii) Unitemized.....	2076.00	22308.50
(iii) TOTAL of contributions from individuals ▶	43042.04	192474.54
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	13500.00	104268.44
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	56542.04	296742.98
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.)	0.00	2.80
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	56542.04	312089.42

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	22858.94	143136.91
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	6000.00	59900.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	28858.94	203536.91

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	152982.55
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	56542.04
25. SUBTOTAL (add Line 23 and Line 24).....	209524.59
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	28858.94
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	180665.65

**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 44
	<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)
Ian Accomazzo

Mailing Address 3984 N Park St

City State Zip Code
Buckeye AZ 85396

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

Name of Employer Occupation
AMBIAN DAIRY MANAGEMENT, INC. CEO

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
 11 / 05 / 2013

Transaction ID : SA11AI.17518

Amount of Each Receipt this Period
250.00

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

Mailing Address 578 Wethersfield Pl.

City State Zip Code
Melbourne FL 32940

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

Name of Employer Occupation
Self DMD

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
 11 / 25 / 2013

Transaction ID : SA11AI.17520

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Barona Band of Mission Indians

Mailing Address 1085 Barona Rd.

City State Zip Code
Lakeside CA 92040

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

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
 12 / 31 / 2013

Transaction ID : SA11AI.17500

Amount of Each Receipt this Period
1000.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 44
	<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)
Walter Brandl

Mailing Address 7067 E Lantern Lane

City Prescott Valley State AZ Zip Code 86314

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

Name of Employer Info Requested 4/1/2014 Occupation Info Requested 4/1/2014

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 17 / 2013

Transaction ID : SA11AI.17525

Amount of Each Receipt this Period
 500.00

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

Mailing Address 10265 W Camelback Rd.

City Phoenix State AZ Zip Code 85037

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

Name of Employer Page Land & Cattle Co. Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 21 / 2013

Transaction ID : SA11AI.17529

Amount of Each Receipt this Period
 250.00

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

Mailing Address 4615 W Harmon Rd.

City Eloy State AZ Zip Code 85131

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

Name of Employer Cabellero Dairy Occupation Farmer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 27 / 2013

Transaction ID : SA11AI.17612

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 7 OF 44
	<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)
Dave Crawford

Mailing Address 11610 S Tusayan Ct.

City Phoenix	State AZ	Zip Code 85044
-----------------	-------------	-------------------

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

Name of Employer Sundt	Occupation President & CEO
---------------------------	-------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 316.04

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 07 / 2013

Transaction ID : SA11AI.17484

Amount of Each Receipt this Period
 _____ 316.04

In-kind - Lunch catering

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

Mailing Address 11610 S Tusayan Ct.

City Phoenix	State AZ	Zip Code 85044
-----------------	-------------	-------------------

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

Name of Employer Sundt	Occupation President & CEO
---------------------------	-------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 816.04

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 07 / 2013

Transaction ID : SA11AI.17532

Amount of Each Receipt this Period
 _____ 500.00

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

Mailing Address 3746 E Kenwood St

City Mesa	State AZ	Zip Code 85215
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation CPA
--------------------------	-------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 10 / 2013

Transaction ID : SA11AI.17533

Amount of Each Receipt this Period
 _____ 2600.00

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

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

_____ 3416.04

**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 44
	<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)
Shanna Day

Mailing Address 3746 E Kenwood St.

City: Mesa State: AZ Zip Code: 85215

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

Name of Employer: Self Occupation: Realtor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 2600.00

Date of Receipt: 10 / 10 / 2013

Transaction ID : SA11AI.17534

Amount of Each Receipt this Period: 2600.00

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

Mailing Address 3025 Kings Harbour Rd.

City: Panama City State: FL Zip Code: 32405

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

Name of Employer: Self Occupation: Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 11 / 25 / 2013

Transaction ID : SA11AI.17536

Amount of Each Receipt this Period: 500.00

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

Mailing Address 6538 E Exeter Blvd

City: Scottsdale State: AZ Zip Code: 85251

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

Name of Employer: Sunland Occupation: Contractor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 250.00

Date of Receipt: 10 / 07 / 2013

Transaction ID : SA11AI.17538

Amount of Each Receipt this Period: 250.00

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

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

3350.00

**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 44
	<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)
Larry Donelson

Mailing Address 425 W Gemini Dr.

City State Zip Code
Tempe AZ 85283

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

Name of Employer Occupation
Delta Diversified Electrical Contractor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 07 / 2013

Transaction ID : SA11AI.17540

Amount of Each Receipt this Period
250.00

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

Mailing Address 13009 S 83rd Ct

City State Zip Code
Palos Ok IL 60464

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
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 07 / 2013

Transaction ID : SA11AI.17544

Amount of Each Receipt this Period
1000.00

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

Mailing Address 3877 N Gila Plain Trail

City State Zip Code
Buckeye AZ 85396

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

Name of Employer Occupation
Triple G Dairy Farmer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 05 / 2013

Transaction ID : SA11AI.17545

Amount of Each Receipt this Period
250.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 44
	<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)
Gingg Farms LLP

Mailing Address PO Box 1710

City Buckeye State AZ Zip Code 85326

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 28 / 2013

Transaction ID : SA11AI.17516

Amount of Each Receipt this Period
 500.00

Partners did not meet requirement to itemize

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

Mailing Address 530 Florida Avenue

City Lynn Haven State FL Zip Code 32444

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

Name of Employer Occupation
 Grandental Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 25 / 2013

Transaction ID : SA11AI.17547

Amount of Each Receipt this Period
 250.00

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

Mailing Address 4137 N El Sereno Circle

City Mesa State AZ Zip Code 85207

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

Name of Employer Occupation
 Sundt Construction CAO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 07 / 2013

Transaction ID : SA11AI.17549

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 11 OF 44
	<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)
Cathy Harrison

Mailing Address 1615 Harrison Ave.

City Panama City	State FL	Zip Code 32405
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FEC ID number of contributing federal political committee. **C**

Name of Employer Info Requested 4/1/14	Occupation Info Requested 4/1/14
---	-------------------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		25		2013

Transaction ID : SA11AI.17553

Amount of Each Receipt this Period
250.00

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

Mailing Address 801 Ohio Avenue

City Lynn Haven	State FL	Zip Code 32444
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation DMD
--------------------------	-------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		25		2013

Transaction ID : SA11AI.17555

Amount of Each Receipt this Period
500.00

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

Mailing Address 1012 W 11th St.

City Panama City	State FL	Zip Code 32401
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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
11		25		2013

Transaction ID : SA11AI.17557

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 12 OF 44
	<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
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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
2400.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 23 / 2013

Transaction ID : SA11AI.17559

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
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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
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 25 / 2013

Transaction ID : SA11AI.17560

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
2800.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 23 / 2013

Transaction ID : SA11AI.17561

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 13 OF 44
	<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)
Eric Hedlund

Mailing Address 2662 W Carla Vista Dr.

City Chandler	State AZ	Zip Code 85224
------------------	-------------	-------------------

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

Name of Employer Sundt Construction	Occupation COO
--	-------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 19 / 2013

Transaction ID : SA11AI.17562

Amount of Each Receipt this Period
250.00

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

Mailing Address PO Box 428

City Buckeye	State AZ	Zip Code 85328
-----------------	-------------	-------------------

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

Name of Employer Heiden Land & Cattle company	Occupation Owner
--	---------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 05 / 2013

Transaction ID : SA11AI.17564

Amount of Each Receipt this Period
250.00

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

Mailing Address 490 Bird Lane

City Litchfield	State AZ	Zip Code 85340
--------------------	-------------	-------------------

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

Name of Employer Self	Occupation Farmer
--------------------------	----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 05 / 2013

Transaction ID : SA11AI.17565

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 14 OF 44
	<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 Hughes

Mailing Address 25201 N. 47th Dr.

City Phoenix	State AZ	Zip Code 85083
-----------------	-------------	-------------------

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

Name of Employer Hughes Dental	Occupation Dentist
-----------------------------------	-----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
900.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 07 / 2013

Transaction ID : SA11AI.17569

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Kevin P Knight

Mailing Address 19154 N 107th St

City Scottsdale	State AZ	Zip Code 85255
--------------------	-------------	-------------------

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

Name of Employer Knight Transportation	Occupation Executive
---	-------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 05 / 2013

Transaction ID : SA11AI.17572

Amount of Each Receipt this Period
2600.00

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

Mailing Address 700 N Dobson #9

City Chandler	State AZ	Zip Code 85224
------------------	-------------	-------------------

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

Name of Employer Self	Occupation Psychologist
--------------------------	----------------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 25 / 2013

Transaction ID : SA11AI.17578

Amount of Each Receipt this Period
500.00

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

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

3600.00

**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 44
	<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)
Pechanga Band of Luiseno Indians

Mailing Address PO Box 1477

City Temecula State CA Zip Code 92593

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 17 / 2013

Transaction ID : SA11AI.17506

Amount of Each Receipt this Period
 2600.00

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

Mailing Address PO Box 4179

City Kingman State AZ Zip Code 86402

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

Name of Employer Occupation
 Desert de Oro Foods Inc. Yum Brands Franchisee

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : SA11AI.17581

Amount of Each Receipt this Period
 2400.00

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

Mailing Address 20963 W Main St.

City Buckeye State AZ Zip Code 85396

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

Name of Employer Occupation
 Info Requested 4/1/14 Info Requested 4/1/14

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 05 / 2013

Transaction ID : SA11AI.17582

Amount of Each Receipt this Period
 250.00

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

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

5250.00

**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 44
	<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)
Ted Pierce

Mailing Address 21544 W Granite Ridge Rd.

City State Zip Code
Buckeye AZ 85396

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

Name of Employer Self Occupation Farmer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 05 / 2013

Transaction ID : SA11AI.17693

Amount of Each Receipt this Period
250.00

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

Mailing Address 807 Wood Cove Rd.

City State Zip Code
Wilmington NC 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
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 03 / 2013

Transaction ID : SA11AI.17584

Amount of Each Receipt this Period
500.00

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

Mailing Address 1220 N Judd Place

City State Zip Code
Chandler AZ 85226

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

Name of Employer Roofing Southwest Occupation Contractor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 07 / 2013

Transaction ID : SA11AI.17586

Amount of Each Receipt this Period
1000.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 44
	<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)
Ronald Rayner

Mailing Address 14929 W Broadway Rd.

City Goodyear State AZ Zip Code 85338

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

Name of Employer Self Occupation Rancher

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 05 / 2013

Transaction ID : SA11AI.17588

Amount of Each Receipt this Period
250.00

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

Mailing Address 7711 West Northern Avenue

City Glendale State AZ Zip Code 85303

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

Name of Employer Self Occupation Farmer

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
 11 / 05 / 2013

Transaction ID : SA11AI.17589

Amount of Each Receipt this Period
250.00

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

Mailing Address 2451 E Blue Spruce Lane

City Buckeye State AZ Zip Code 85396

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

Name of Employer Self Occupation Dairy Farmer

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
 10 / 07 / 2013

Transaction ID : SA11AI.17590

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 18 OF 44
	<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)
Salt River Pima Maricopa Indian Community

Mailing Address 10005 E Osborn

City State Zip Code
Scottsdale AZ 85256

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 17 / 2013

Transaction ID : SA11AI.17505

Amount of Each Receipt this Period
 2600.00

B. Full Name (Last, First, Middle Initial)
Santa Ynez Band of Mission Indians

Mailing Address PO Box 517

City State Zip Code
Santa Ynez CA 93480

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 17 / 2013

Transaction ID : SA11AI.17502

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Shakopee Mdewakanton Sioux Community

Mailing Address 2330 Sioux Trail NW

City State Zip Code
Prior Lake MN 55372

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : SA11AI.17501

Amount of Each Receipt this Period
 2600.00

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

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

6200.00

**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 19 OF 44
	<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) Russell Smolden		Date of Receipt M M / D D / Y Y Y Y 11 / 06 / 2013
Mailing Address 357 E Monte Vista		Transaction ID : SA11AI.17592
City Phoenix	State AZ	Zip Code 85004
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer B3 Strategies	Occupation CEO	
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) Wayne Souza		Date of Receipt M M / D D / Y Y Y Y 10 / 19 / 2013
Mailing Address 1544 E Stirrup Ct.		Transaction ID : SA11AI.17594
City Gilbert	State AZ	Zip Code 85296
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer Walton Intl	Occupation Attorney	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

Full Name (Last, First, Middle Initial) John Stoneciper		Date of Receipt M M / D D / Y Y Y Y 12 / 18 / 2013
Mailing Address 6540 Crystal Lane		Transaction ID : SA11AI.17596
City Prescott	State AZ	Zip Code 86301
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2500.00	
Name of Employer Guidance Academy	Occupation Managing Member	
Receipt For: 2013 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

SUBTOTAL of Receipts This Page (optional).....	5600.00
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 20 OF 44
	<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)
The Chickasaw Nation

Mailing Address PO Box 1548

City State Zip Code
Ada OK 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
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 12 / 17 / 2013

Transaction ID : SA11AI.17504

Amount of Each Receipt this Period
1000.00

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

Mailing Address 922 East Ranch Rd.

City State Zip Code
Tempe AZ 85284

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

Name of Employer Occupation
Tempe Farming Co. 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
 11 / 05 / 2013

Transaction ID : SA11AI.17600

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
United Auburn Indian Community

Mailing Address 661 Newcastle Rd.

City State Zip Code
Newcastle CA 95658

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

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
 12 / 31 / 2013

Transaction ID : SA11AI.17510

Amount of Each Receipt this Period
1000.00

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

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

2250.00

**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 44
	<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)
Jason Van Der Toorn

Mailing Address 8808 W Broadway Rd.

City Tolleson State AZ Zip Code 85353

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

Name of Employer Boschma Farms Occupation Dairy Farmer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2013

Transaction ID : SA11AI.17601

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Robert Van Hofwegen

Mailing Address 21606 W Pala Brea Circle

City Buckeye State AZ Zip Code 85396

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

Name of Employer Self Occupation Dairy Farmer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 05 / 2013

Transaction ID : SA11AI.17603

Amount of Each Receipt this Period
 250.00

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

Mailing Address 801 Ohio Avenue

City Lynn Haven State FL Zip Code 32444

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 Y
 11 / 25 / 2013

Transaction ID : SA11AI.17609

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 22 OF 44
	<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)
Jon Ward

Mailing Address 247 S Cove Terrace Dr.

City Panama State FL Zip Code 32402

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

Name of Employer Self Occupation Dermatologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 25 / 2013

Transaction ID : SA11Al.17607

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 Y Y
 10 / 07 / 2013

Transaction ID : SA11Al.17611

Amount of Each Receipt this Period
 200.00

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).....

700.00

40966.04

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

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial)
ACTION COMMITTEE FOR RURAL ELECTRIFICATION. (ACRE) NATIONAL RURAL ELECTRIC COOPERATIVE

A. Mailing Address 4301 WILSON BOULEVARD

City State Zip Code
ARLINGTON VA 22203

FEC ID number of contributing federal political committee. **C** C00002972

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 5500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 21 / 2013

Transaction ID : SA11C.17487

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
AMERICAN ACADEMY OF OPHTHALMOLOGY INC POLITICAL COMMITTEE (OPHTHPAC)

Mailing Address 655 BEACH STREET

City State Zip Code
SAN FRANCISCO CA 94109

FEC ID number of contributing federal political committee. **C** C00196246

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : SA11C.17513

Amount of Each Receipt this Period
 5000.00

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

Mailing Address 1891 Preston White Drive

City State Zip Code
Reston VA 20191

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 06 / 2013

Transaction ID : SA11C.17499

Amount of Each Receipt this Period
 2000.00

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

8000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 44
	<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 PHYSICAL THERAPY ASSOCIATION PHYSICAL THERAPY POLITICAL ACTION COMMITTEE (PT-PAC)

Mailing Address 1111 NORTH FAIRFAX ST.

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00012880

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
 10 / 28 / 2013

Transaction ID : SA11C.17488

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 20533 BISCAYNE BLVD #250

City MIAMI State FL Zip Code 33180

FEC ID number of contributing federal political committee. **C** C00492579

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
 10 / 10 / 2013

Transaction ID : SA11C.17490

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
ASSOCIATED GENERAL CONTRACTORS OF AMERICA POLITICAL ACTION COMMITTEE

Mailing Address 2300 WILSON BLVD. SUITE 400

City ARLINGTON State VA Zip Code 22201

FEC ID number of contributing federal political committee. **C** C00082917

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
 12 / 31 / 2013

Transaction ID : SA11C.17509

Amount of Each Receipt this Period
 1000.00

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

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

2500.00

**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 44
	<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)
EXXON MOBIL CORPORATION POLITICAL ACTION COMMITTEE (EXXONMOBIL PAC)

Mailing Address PO Box 20503

City Indianapolis State IN Zip Code 46220

FEC ID number of contributing federal political committee. **C** C00121368

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2013

Transaction ID : SA11C.17512

Amount of Each Receipt this Period
 2000.00

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

Mailing Address 1100 WILSON BLVD
SUITE 1500

City ARLINGTON State VA Zip Code 22209

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

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
 10 / 10 / 2013

Transaction ID : SA11C.17493

Amount of Each Receipt this Period
 1000.00

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

Amount of Each Receipt this Period

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

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

3000.00

13500.00

**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 26 OF 44			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Authorize.net Corp.		Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2013
Mailing Address 915 South 500 East, Suite 200		Amount of Each Disbursement this Period 10.00 Transaction ID : SB17.17626
City American Fork State UT Zip Code 84003	Purpose of Disbursement Credit Card Processing 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 10 / 02 / 2013
Mailing Address 915 South 500 East, Suite 200		Amount of Each Disbursement this Period 29.20 Transaction ID : SB17.17627
City American Fork State UT Zip Code 84003	Purpose of Disbursement Credit Card Processing 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 11 / 04 / 2013
Mailing Address 915 South 500 East, Suite 200		Amount of Each Disbursement this Period 28.50 Transaction ID : SB17.17628
City American Fork State UT Zip Code 84003	Purpose of Disbursement Credit Card Processing 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).....	67.70
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 27 OF 44	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Authorize.net Corp.		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2013
Mailing Address 915 South 500 East, Suite 200		Amount of Each Disbursement this Period 9,965.52 Transaction ID : SB17.17629
City American Fork State UT Zip Code 84003	Purpose of Disbursement Credit Card Processing 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 12 / 03 / 2013
Mailing Address 915 South 500 East, Suite 200		Amount of Each Disbursement this Period 27.95 Transaction ID : SB17.17630
City American Fork State UT Zip Code 84003	Purpose of Disbursement Credit Card Processing 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. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2013
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 958.57 Transaction ID : SB17.17655
City Washington State DC Zip Code 20003	Purpose of Disbursement Meals	
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).....	996.52
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 28 OF 44			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
PAUL GOSAR FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Capitol Hill Club		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2013
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 739.15 Transaction ID : SB17.17656
City Washington State DC Zip Code 20003	Purpose of Disbursement Meals	
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 12 / 17 / 2013
Mailing Address 300 1st St SE		Amount of Each Disbursement this Period 133.32 Transaction ID : SB17.17657
City Washington State DC Zip Code 20003	Purpose of Disbursement Meals	
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. Coleman Dahm & Associates		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2013
Mailing Address 4715 North 32nd Street Suite 107		Amount of Each Disbursement this Period 665.00 Transaction ID : SB17.17678
City Phoenix State AZ Zip Code 85018	Purpose of Disbursement Printing	
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).....	1537.47
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 44	
	<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. Congressional Institute		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2013
Mailing Address 1700 Diagonal Road. #730		Amount of Each Disbursement this Period 890.00 Transaction ID : SB17.17644
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Event Registration	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Dave Crawford		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2013
Mailing Address 11610 S Tusayan Ct.		Amount of Each Disbursement this Period 316.04 Transaction ID : SB17.17486
City Phoenix	State AZ	
Zip Code 85044	Purpose of Disbursement In-kind - Lunch catering	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. Cuba Libre		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2013
Mailing Address 10 S 2nd St.		Amount of Each Disbursement this Period 274.43 Transaction ID : SB17.17664
City Philadelphia	State PA	
Zip Code 19106	Purpose of Disbursement Meals	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).....	1480.43
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 30 OF 44			
	<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. EV Strategies		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2013
Mailing Address 2 West Windsor Ave.		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.17648
City Alexandria	State VA	
Zip Code 22301	Purpose of Disbursement Fundraising 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. EV Strategies		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2013
Mailing Address 2 West Windsor Ave.		Amount of Each Disbursement this Period 3600.00 Transaction ID : SB17.17649
City Alexandria	State VA	
Zip Code 22301	Purpose of Disbursement Fundraising 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. Global Payments		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2013
Mailing Address 10 Glenlake Pakrway		Amount of Each Disbursement this Period 75.45 Transaction ID : SB17.17632
City Atlanta	State GA	
Zip Code 30328	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: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	4075.45
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 31 OF 44			
	<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. Hampton Inn		Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2013
Mailing Address 2550 W Charlotte Dr		Amount of Each Disbursement this Period 284.26 Transaction ID : SB17.17653
City Phoenix	State AZ	
Zip Code 85085	Purpose of Disbursement Hotel	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. Havana Beach		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2013
Mailing Address 63 Main Street		Amount of Each Disbursement this Period 434.60 Transaction ID : SB17.17666
City Rosemary Beach	State FL	
Zip Code 32461	Purpose of Disbursement Meals	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. Hieu Tran & Company		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2013
Mailing Address PO Box 11494		Amount of Each Disbursement this Period 1250.00 Transaction ID : SB17.17616
City Tempe	State AZ	
Zip Code 85284	Purpose of Disbursement Accounting	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).....	1968.86
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 32 OF 44		
	<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
Mailing Address 2450 Perimeter Park Drive #105		M M / D D / Y Y Y Y 10 / 02 / 2013
City Morrisville	State NC	Amount of Each Disbursement this Period
Zip Code 27560		80.25
Purpose of Disbursement Emails	Category/Type	Transaction ID : SB17.17641
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. iContact		Date of Disbursement
Mailing Address 2450 Perimeter Park Drive #105		M M / D D / Y Y Y Y 11 / 12 / 2013
City Morrisville	State NC	Amount of Each Disbursement this Period
Zip Code 27560		80.25
Purpose of Disbursement Emails	Category/Type	Transaction ID : SB17.17642
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. iContact		Date of Disbursement
Mailing Address 2450 Perimeter Park Drive #105		M M / D D / Y Y Y Y 12 / 03 / 2013
City Morrisville	State NC	Amount of Each Disbursement this Period
Zip Code 27560		80.25
Purpose of Disbursement Emails	Category/Type	Transaction ID : SB17.17643
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).....	240.75
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 33 OF 44			
	<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. Lovas Co.			Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2013
Mailing Address 6740 W Deer Valley Red Ste D107-205			Amount of Each Disbursement this Period 5500.00 Transaction ID : SB17.17650
City Glendale	State AZ	Zip Code 85310	
Purpose of Disbursement Fundraising Fees		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) B. Lovas Co.			Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2013
Mailing Address 6740 W Deer Valley Red Ste D107-205			Amount of Each Disbursement this Period 5500.00 Transaction ID : SB17.17651
City Glendale	State AZ	Zip Code 85310	
Purpose of Disbursement Fundraising Fees		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) c. Piryx			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013
Mailing Address 144 2nd St,			Amount of Each Disbursement this Period 67.50 Transaction ID : SB17.17633
City San Francisco	State CA	Zip Code 94105	
Purpose of Disbursement Credit Card Processing 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).....	11067.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 44		
	<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. The Egger		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2013
Mailing Address 50 E. Camelback		Amount of Each Disbursement this Period 39.03 Transaction ID : SB17.17671
City Phoenix	State AZ	
Zip Code 85016	Purpose of Disbursement Meals	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. The Egger		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2013
Mailing Address 50 E. Camelback		Amount of Each Disbursement this Period 42.28 Transaction ID : SB17.17672
City Phoenix	State AZ	
Zip Code 85016	Purpose of Disbursement Meals	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. The Egger		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2013
Mailing Address 50 E. Camelback		Amount of Each Disbursement this Period 20.33 Transaction ID : SB17.17673
City Phoenix	State AZ	
Zip Code 85016	Purpose of Disbursement Meals	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).....	101.64
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 35 OF 44			
	<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. Wells Fargo Bank		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2013
Mailing Address 10959 E Dynamite Blvd.		Amount of Each Disbursement this Period 3.00
City Scottsdale	State AZ	
Zip Code 85262	Purpose of Disbursement Bank Fees	Transaction ID : SB17.17620
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. Wells Fargo Bank		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2013
Mailing Address 10959 E Dynamite Blvd.		Amount of Each Disbursement this Period 64.77
City Scottsdale	State AZ	
Zip Code 85262	Purpose of Disbursement Credit Card Processing Fees	Transaction ID : SB17.17634
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. Wells Fargo Bank		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2013
Mailing Address 10959 E Dynamite Blvd.		Amount of Each Disbursement this Period 32.47
City Scottsdale	State AZ	
Zip Code 85262	Purpose of Disbursement Credit Card Processing Fees	Transaction ID : SB17.17635
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).....	100.24
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 36 OF 44	
	<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. Wells Fargo Bank		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2013
Mailing Address 10959 E Dynamite Blvd.		Amount of Each Disbursement this Period 14.18 Transaction ID : SB17.17636
City Scottsdale	State AZ	
Zip Code 85262	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: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Wells Fargo Bank		Date of Disbursement M M / D D / Y Y Y Y 11 / 08 / 2013
Mailing Address 10959 E Dynamite Blvd.		Amount of Each Disbursement this Period 3.00 Transaction ID : SB17.17621
City Scottsdale	State AZ	
Zip Code 85262	Purpose of Disbursement Bank 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. Wells Fargo Bank		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2013
Mailing Address 10959 E Dynamite Blvd.		Amount of Each Disbursement this Period 114.83 Transaction ID : SB17.17637
City Scottsdale	State AZ	
Zip Code 85262	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: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	132.01
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 37 OF 44			
	<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. Wells Fargo Bank		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2013
Mailing Address 10959 E Dynamite Blvd.		Amount of Each Disbursement this Period 3.00
City Scottsdale	State AZ	
Zip Code 85262	Purpose of Disbursement Bank Fees	Transaction ID : SB17.17619
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. Wells Fargo Bank		Date of Disbursement M M / D D / Y Y Y Y 12 / 06 / 2013
Mailing Address 10959 E Dynamite Blvd.		Amount of Each Disbursement this Period 66.90
City Scottsdale	State AZ	
Zip Code 85262	Purpose of Disbursement Credit Card Processing Fees	Transaction ID : SB17.17638
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.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	69.90
TOTAL This Period (last page this line number only).....	21838.51

**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 44	
	<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

A. BILL CASSIDY FOR US SENATE

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 80505

City: BATON ROUGE State: LA Zip Code: 70898

Purpose of Disbursement: 011 Category/Type

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: LA District: 00

Date of Disbursement: 10 / 17 / 2013

Amount of Each Disbursement this Period: 1000.00
Transaction ID : SB21.17679

B. GEORGE HOLDING FOR CONGRESS INC.

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 97187

City: RALEIGH State: NC Zip Code: 27624

Purpose of Disbursement: Category/Type

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: NC District: 13

Date of Disbursement: 10 / 26 / 2013

Amount of Each Disbursement this Period: 1000.00
Transaction ID : SB21.17682

C. SIMPSON FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address 1487 PARKWAY DRIVE

City: BLACKFOOT State: ID Zip Code: 83221

Purpose of Disbursement: 011 Category/Type

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify)

State: ID District: 02

Date of Disbursement: 11 / 02 / 2013

Amount of Each Disbursement this Period: 2000.00
Transaction ID : SB21.17685

SUBTOTAL of Disbursements This Page (optional) 4000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 39 OF 44	
	<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. SOUTHERLAND FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 11 / 22 / 2013
Mailing Address PO BOX 1692		Amount of Each Disbursement this Period 2000.00
City LYNN HAVEN State FL Zip Code 32444	Purpose of Disbursement 011 Category/Type	
Candidate Name		Transaction ID : SB21.17688
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 02	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

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

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

SUBTOTAL of Disbursements This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	6000.00

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

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

7500.00

Transaction ID : SD10.11368

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

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

110.00

Transaction ID : SD10.14600

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

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

850.00

Transaction ID : SD10.14601

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

850.00

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

8460.00

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

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) ▶

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

(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

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

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

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 `F9DCFHZG7 <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: