

**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 60
	<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)
GOWAN FOR ARIZONA, INC

Full Name (Last, First, Middle Initial) A. CAPT TATNALL HILLMAN		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 14 / 2016	
Mailing Address PO BOX 332		Transaction ID : SA11AI.6285	
City CHILMARK	State MA	Zip Code 02535	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00	
Name of Employer NONE	Occupation RETIRED		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2700.00		

Full Name (Last, First, Middle Initial) B. Michael K Ingram		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 15 / 2016	
Mailing Address 6094 E Cholla Dr		Transaction ID : SA11AI.4674	
City Paradise Valley	State AZ	Zip Code 85253	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer El Dorado Holding	Occupation Owner		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) C. Michael K Ingram		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2016	
Mailing Address 6094 E Cholla Dr		Transaction ID : SA11AI.6549	
City Paradise Valley	State AZ	Zip Code 85253	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer El Dorado Holding	Occupation Owner		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	3700.00
TOTAL This Period (last page this line number only).....	_____