

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

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

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

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

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

5. Covering Period M M / D D / Y Y Y Y 04 / 01 / 2016 through M M / D D / Y Y Y Y 06 / 30 / 2016

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 Brian Powley  
Signature of Treasurer Brian Powley *[Electronically Filed]* Date M M / D D / Y Y Y Y 07 / 12 / 2016

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

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

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))....	109401.00	393117.34
(b) Total Contribution Refunds (from Line 20(d)) .....	3500.00	5000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	105901.00	388117.34
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	67353.05	210274.78
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	62.50
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	67353.05	210212.28
8. Cash on Hand at Close of Reporting Period (from Line 27).....	321016.10	
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).....	0.00	

**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).....	50400.00	185250.00
(ii) Unitemized.....	5001.00	17642.34
(iii) TOTAL of contributions from individuals ▶	55401.00	202892.34
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	54000.00	190225.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	109401.00	393117.34
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	1675.92
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	62.50
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	9.06	11.21
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	109410.06	394866.97

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	67353.05	210274.78
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 .....	1500.00	1500.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2000.00	3500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	3500.00	5000.00
21. OTHER DISBURSEMENTS .....	7000.00	10000.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	77853.05	225274.78

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	289459.09
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	109410.06
25. SUBTOTAL (add Line 23 and Line 24).....	398869.15
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	77853.05
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	321016.10

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

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

FOR LINE NUMBER: PAGE 5 OF 60  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  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)  
**Robert Aiken**

Mailing Address 801 Pennsylvania Ave NW Ste 214

City Washington State DC Zip Code 20004-2680

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

Name of Employer Pinnacle West Corporation Occupation Vice President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 11 / 2016

**Transaction ID : SA11AI.19708**

Amount of Each Receipt this Period  
**500.00**

Memo Item

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

Mailing Address 11153 E. Rosemary Ln.

City Scottsdale State AZ Zip Code 85255

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

Name of Employer Honor Health Occupation Physician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 24 / 2016

**Transaction ID : SA11AI.19648**

Amount of Each Receipt this Period  
**500.00**

Memo Item

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

Mailing Address 40 N Central Ave #1400

City Phoenix State AZ Zip Code 85004

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

Name of Employer Barclay Legal Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2016

**Transaction ID : SA11AI.19669**

Amount of Each Receipt this Period  
**500.00**

Memo Item

**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: PAGE 6 OF 60  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**John Berry**

Mailing Address 12790 N 82nd Pl.

City State Zip Code  
Scottsdale AZ 86260

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

Name of Employer Occupation  
The Hampton Group CEO

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 27 / 2016

**Transaction ID : SA11AI.19650**

Amount of Each Receipt this Period  
 750.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Ajay Bhatnager**

Mailing Address 273 W Malibu

City State Zip Code  
Chandler AZ 85248

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

Name of Employer Occupation  
Cancer Treatment Services Inte Physician

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : SA11AI.19658**

Amount of Each Receipt this Period  
 500.00

Memo Item

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

Mailing Address 10921 N. 140th Way

City State Zip Code  
Scottsdale AZ 85259

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

Name of Employer Occupation  
Diamondback Drugs Pharmacist

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2016

**Transaction ID : SA11AI.19646**

Amount of Each Receipt this Period  
 500.00

Memo Item

**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 7 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)  
**PAUL GOSAR FOR CONGRESS**

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

Mailing Address 19210 63rd Ave NE

City Kenmore State WA Zip Code 98028

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

Name of Employer Self Occupation Dentist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 01 / 2016

**Transaction ID : SA11AI.19573**

Amount of Each Receipt this Period  
1000.00

Memo Item  
Earmarked through ADAPAC

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 1111 14th Street, NW Suite 1100

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00000729

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10062.50

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 01 / 2016

**Transaction ID : SA11AI.19573.0**

Amount of Each Receipt this Period  
3550.00

Memo Item  
Total aggregate from conduit. PAC Limit not affected

**C.** Full Name (Last, First, Middle Initial)  
**Zachary Brooks**

Mailing Address 7601 N 11th St

City Phoenix State AZ Zip Code 85020

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

Name of Employer ZBC Inc Occupation Managing Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2016

**Transaction ID : SA11AI.19642**

Amount of Each Receipt this Period  
500.00

Memo Item

**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: PAGE 8 OF 60  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Francine Coles**

Mailing Address 5819 E Calle Del Media

City State Zip Code  
Phoenix AZ 85018

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2016

**Transaction ID : SA11AI.19677**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Tracy Conrad**

Mailing Address 8270 N Conrad Road

City State Zip Code  
Paradise Valley AZ 85253

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

Name of Employer Occupation  
Self Business Owner

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2016

**Transaction ID : SA11AI.19684**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Sally Cram**

Mailing Address 6341 Linway Terrace

City State Zip Code  
McLean VA 22101

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

Name of Employer Occupation  
Cram Dental Dentist

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 02 / 2016

**Transaction ID : SA11AI.19553**

Amount of Each Receipt this Period  
 250.00

Memo Item  
Earmarked through ADAPAC

**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 9 OF 60			
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 11e
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 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 DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 1111 14th Street, NW  
Suite 1100

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00000729

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10662.50

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 06 / 2016

**Transaction ID : SA11AI.19553.0**

Amount of Each Receipt this Period  
250.00

Memo Item  
Total earmarked through conduit. PAC limits not affected

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

Mailing Address 501 E Thomas Rd.

City Phoenix State AZ Zip Code 85012

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

Name of Employer Occupation  
Self Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 11 / 2016

**Transaction ID : SA11AI.19510**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Christopher K. Dahm**

Mailing Address 1626 E Candlestick Dr

City Tempe State AZ Zip Code 85283

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

Name of Employer Occupation  
Coleman & Dahm Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 16 / 2016

**Transaction ID : SA11AI.19656**

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 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)  
**PAUL GOSAR FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Brad DeSaye**

Mailing Address **PO Box 12934**

City **Prescott** State **AZ** Zip Code **86303**

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

Name of Employer **J&G Sales, Ltd** Occupation **Executive**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**1300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 21 / 2016**

**Transaction ID : SA11AI.19686**

Amount of Each Receipt this Period  
**1000.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**David Fitzgerald**

Mailing Address **2229 22nd Ave E**

City **Seattle** State **WA** Zip Code **98112**

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

Name of Employer **Schiff Hardin LLP** Occupation **Attorney**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 26 / 2016**

**Transaction ID : SA11AI.19630**

Amount of Each Receipt this Period  
**500.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Renee Fox**

Mailing Address **5929 E. Via del Cielo**

City **Paradise Valley** State **AZ** Zip Code **85253**

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

Name of Employer **Desert Orthopedic Specialists** Occupation **COO**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 29 / 2016**

**Transaction ID : SA11AI.19679**

Amount of Each Receipt this Period  
**500.00**

Memo Item

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

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

**2000.00**

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 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)  
**PAUL GOSAR FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Jack Frydrych**

Mailing Address 5345 Oak Aprk Ave.

City Encino State CA Zip Code 91315

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

Name of Employer Self Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2016

**Transaction ID : SA11AI.19638**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Maurice Garrett**

Mailing Address 2905 Vineyards Dr

City Troy State MI Zip Code 48098

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

Name of Employer Self Occupation Pediatric Dentist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 01 / 2016

**Transaction ID : SA11AI.19569**

Amount of Each Receipt this Period  
250.00

Memo Item  
Earmarked through ADAPAC

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 1111 14th Street, NW Suite 1100

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00000729

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10062.50

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 01 / 2016

**Transaction ID : SA11AI.19569.0**

Amount of Each Receipt this Period  
3550.00

Memo Item  
Total aggregate from conduit. PAC limit not affected.

**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: PAGE 12 OF 60  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**Steven Gaynor**

Mailing Address 23800 N 38th Ave

City State Zip Code  
Phoenix AZ 85019

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

Name of Employer Occupation  
BDL Owner

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2016

**Transaction ID : SA11AI.19667**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Jane Gover**

Mailing Address 1122 N Clark St #2503

City State Zip Code  
Chicago IL 60610

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

Name of Employer Occupation  
American Dental Association Dentist

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 12 / 2016

**Transaction ID : SA11AI.19489**

Amount of Each Receipt this Period  
 500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**P. Andrew Groseta**

Mailing Address 625 S Mingus View Dr

City State Zip Code  
Cottonwood AZ 86326

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

Name of Employer Occupation  
Self Store Owner

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : SA11AI.19458**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**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)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 13 OF 60

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

**A.** Full Name (Last, First, Middle Initial)  
**S.L. Grossman**

Mailing Address 6548 N 59th Ave

City State Zip Code  
 Glendale AZ 85301

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

Name of Employer Occupation  
 N/A Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2016

**Transaction ID : SA11AI.19713**

Amount of Each Receipt this Period  
 250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Stephen L. Hammerman**

Mailing Address 1805 Bay Blvd

City State Zip Code  
 Atlantic Beach NY 11909

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

Name of Employer Occupation  
 Clifford Chance Executive Officer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2016

**Transaction ID : SA11AI.19621**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Peter Hayes**

Mailing Address 3800 E Lincoln Dr. #36

City State Zip Code  
 Phoenix AZ 85018

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

Name of Employer Occupation  
 SRP Manager of Govt Affairs

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2016

**Transaction ID : SA11AI.19513**

Amount of Each Receipt this Period  
 250.00

Memo Item

**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 14 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)  
**PAUL GOSAR FOR CONGRESS**

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

Mailing Address 2961 S Lookout Rd

City State Zip Code  
Gold Canyon AZ 85118

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 27 / 2016

**Transaction ID : SA11AI.19662**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Steven Hilton**

Mailing Address 10387 E Rob's Camp Rd.

City State Zip Code  
Scottsdale AZ 85255

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

Name of Employer Occupation  
Meritage Homes Corporation Chairman

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2016

**Transaction ID : SA11AI.19598**

Amount of Each Receipt this Period  
 500.00

Memo Item

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

Mailing Address 2893 Kelly Square

City State Zip Code  
Vienna VA 22203

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

Name of Employer Occupation  
Self Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 07 / 2016

**Transaction ID : SA11AI.19659**

Amount of Each Receipt this Period  
 500.00

Memo Item

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 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)  
**PAUL GOSAR FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. Allison House**

Mailing Address 10615 N. 44th Street

City Phoenix	State AZ	Zip Code 85028
-----------------	-------------	-------------------

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

Name of Employer House Dental	Occupation Dentist
----------------------------------	-----------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 27 / 2016

**Transaction ID : SA11AI.19645**

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Barry Howell**

Mailing Address 119 Pembroke St

City Boston	State MA	Zip Code 02118
----------------	-------------	-------------------

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 01 / 2016

**Transaction ID : SA11AI.19571**

Amount of Each Receipt this Period  
250.00

Memo Item  
Earmarked through ADAPAC

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 1111 14th Street, NW  
Suite 1100

City Washington	State DC	Zip Code 20005
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00000729

Name of Employer	Occupation
------------------	------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10062.50

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 01 / 2016

**Transaction ID : SA11AI.19571.0**

Amount of Each Receipt this Period  
3550.00

Memo Item  
Total aggregate from conduit. PAC Limit not affected

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

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

500.00

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

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

FOR LINE NUMBER: PAGE 16 OF 60  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 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 State Zip Code  
Phoenix AZ 85083

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

Name of Employer Occupation  
Hughes Dental Dentist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 30 2016

**Transaction ID : SA11AI.19637**

Amount of Each Receipt this Period  
200.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Kyle A. Hultquist**

Mailing Address 15240 N Clubgate Dr #114

City State Zip Code  
Scottsdale AZ 85254

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

Name of Employer Occupation  
Standard Aero Senior Vice President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 31 2016

**Transaction ID : SA11AI.19796**

Amount of Each Receipt this Period  
2700.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Fred Jaaeger**

Mailing Address 8631 W 3rd St

City State Zip Code  
Los Angeles CA 90048

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

Name of Employer Occupation  
Self Dentist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 01 2016

**Transaction ID : SA11AI.19567**

Amount of Each Receipt this Period  
250.00

Memo Item  
Earmarked through ADAPAC

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

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

3150.00



**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 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)  
**PAUL GOSAR FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 1111 14th Street, NW  
Suite 1100

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00000729

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10062.50

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 01 / 2016

**Transaction ID : SA11AI.19567.0**

Amount of Each Receipt this Period  
3550.00

Memo Item  
Total aggregate from conduit. PAC limit not affected.

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

Mailing Address 4601 E. McNeil St.

City Phoenix State AZ Zip Code 85044

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

Name of Employer Occupation  
CREDA Executive Director

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 16 / 2016

**Transaction ID : SA11AI.19671**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Lisa Kahn**

Mailing Address 4971 East Rockridge Road

City Phoenix State AZ Zip Code 85018

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

Name of Employer Occupation  
Self Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 29 / 2016

**Transaction ID : SA11AI.19673**

Amount of Each Receipt this Period  
500.00

Memo Item

**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 18 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)  
**PAUL GOSAR FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Susan Kelly**

Mailing Address 4809 25th St N

City State Zip Code  
Arlington VA 22207

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

Name of Employer Occupation  
Kelly Strategies LLC Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : SA11AI.19465**

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Russell King**

Mailing Address 8525 Georgetown Pike

City State Zip Code  
McLean VA 22102

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

Name of Employer Occupation  
Jones Walker Of Counsel

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : SA11AI.19457**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Irving Lebovics**

Mailing Address 8631 W 3rd St.

City State Zip Code  
Los Angeles CA 90048

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

Name of Employer Occupation  
Self Dentist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 01 / 2016

**Transaction ID : SA11AI.19564**

Amount of Each Receipt this Period  
250.00

Memo Item  
Earmarked through ADAPAC

**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 19 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)  
**PAUL GOSAR FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 1111 14th Street, NW  
Suite 1100

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00000729

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10062.50

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 01 / 2016

**Transaction ID : SA11AI.19564.0**

Amount of Each Receipt this Period  
3550.00

Memo Item  
Total aggregate from conduit. PAC limit not affected.

**B.** Full Name (Last, First, Middle Initial)  
**Patrick Ledger**

Mailing Address 10635 E Sierra Grande Dr

City Hereford State AZ Zip Code 85615

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

Name of Employer Occupation  
Arizona Electric Corporation Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 11 / 2016

**Transaction ID : SA11AI.19519**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Anne Lynch**

Mailing Address 7509 N 14th Ave.

City Phoenix State AZ Zip Code 85021

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

Name of Employer Occupation  
Thomas Zollars & Lynch CPA

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 11 / 2016

**Transaction ID : SA11AI.19523**

Amount of Each Receipt this Period  
1000.00

Memo Item

**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 20 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)  
**PAUL GOSAR FOR CONGRESS**

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

Mailing Address 340 E Palm Ln #140

City Phoenix State AZ Zip Code 85004

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

Name of Employer Self Occupation Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2016

**Transaction ID : SA11AI.19524**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

Mailing Address 200 Chauncy St.

City Mansfield State MA Zip Code 02048

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

Name of Employer Ray Martin Dentistry Occupation Dentist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 01 / 2016

**Transaction ID : SA11AI.19561**

Amount of Each Receipt this Period  
 250.00

Memo Item  
 Earmarked through ADAPAC

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 1111 14th Street, NW Suite 1100

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00000729

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 10062.50

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 01 / 2016

**Transaction ID : SA11AI.19561.0**

Amount of Each Receipt this Period  
 3550.00

Memo Item  
 Total aggregate from conduit. PAC limit not affected.

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 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)  
**PAUL GOSAR FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Rex G Maughan**

Mailing Address 7501 E. McCormick Pkwy

City State Zip Code  
Scottsdale AZ 85258

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

Name of Employer Occupation  
Forever Living Products CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 11 / 2016

**Transaction ID : SA11AI.19683**

Amount of Each Receipt this Period  
2600.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Norman P McClelland**

Mailing Address 2228 N Black Canyon

City State Zip Code  
Phoenix AZ 85009

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

Name of Employer Occupation  
Shamrock Foods Co. President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 21 / 2016

**Transaction ID : SA11AI.19715**

Amount of Each Receipt this Period  
2700.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Ernest McCollum**

Mailing Address PO Box 69

City State Zip Code  
Morristown AZ 85342

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

Name of Employer Occupation  
N/A Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 07 / 2016

**Transaction ID : SA11AI.19687**

Amount of Each Receipt this Period  
200.00

Memo Item

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

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

5500.00

**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 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)  
**PAUL GOSAR FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**David Minahan**

Mailing Address 2459 N 148th St

City Omaha State NE Zip Code 68116

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

Name of Employer Self Occupation Periodontist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 01 / 2016

**Transaction ID : SA11AI.19575**

Amount of Each Receipt this Period  
250.00

Memo Item  
Earmarked through ADAPAC

**B.** Full Name (Last, First, Middle Initial)  
**Morongo Band of Mission Indians**

Mailing Address 12700 Pumarra Road

City Banning State CA Zip Code 92220

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 15 / 2016

**Transaction ID : SA11AI.19537**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 21541 S 138th St.

City Chandler State AZ Zip Code 85266

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

Name of Employer Self Occupation DDS

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 01 / 2016

**Transaction ID : SA11AI.19566**

Amount of Each Receipt this Period  
250.00

Memo Item  
Earmarked through ADAPAC

**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 23 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)  
**PAUL GOSAR FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 1111 14th Street, NW  
Suite 1100

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00000729

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10062.50

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 01 / 2016

**Transaction ID : SA11AI.19566.0**

Amount of Each Receipt this Period  
3550.00

Memo Item  
Total aggregate from conduit. PAC limit not affected.

**B.** 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 Occupation  
Self Psychologist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 29 / 2016

**Transaction ID : SA11AI.19680**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Dr. Charles Norman**

Mailing Address 2012 Pembroke Rd

City Greensboro State NC Zip Code 27408

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

Name of Employer Occupation  
Norman Dental Dentist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 27 / 2016

**Transaction ID : SA11AI.19557**

Amount of Each Receipt this Period  
250.00

Memo Item  
Earmarked from ADAPAC

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

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

1250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 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)  
**PAUL GOSAR FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICAN DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 1111 14th Street, NW  
Suite 1100

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00000729

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10162.50

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 29 / 2016

**Transaction ID : SA11AI.19557.0**

Amount of Each Receipt this Period  
250.00

Memo Item  
Total aggregate from conduit. PAC limits not affected

**B.** Full Name (Last, First, Middle Initial)  
**Ron Ober**

Mailing Address 3043 East Marshall Avenue

City Phoenix State AZ Zip Code 85016

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

Name of Employer Occupation  
Policy Development Group President & CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 29 / 2016

**Transaction ID : SA11AI.19663**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Armand Ortega**

Mailing Address 210 Back O Beyond Dr

City Sedona State AZ Zip Code 86338

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

Name of Employer Occupation  
Ortega Family Enterprises CEO

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 27 / 2016

**Transaction ID : SA11AI.19699**

Amount of Each Receipt this Period  
2700.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3700.00
<b>TOTAL</b> 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 25 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)  
**PAUL GOSAR FOR CONGRESS**

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

Mailing Address P.O.box 189

City: Franklinton State: NC Zip Code: 27525

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

Name of Employer: Gary Oyster DDS Occupation: Dentist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 6800.00

Date of Receipt: 05 / 03 / 2016

**Transaction ID : SA11AI.19685**

Amount of Each Receipt this Period: 2600.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Edward J Robson**

Mailing Address 9532 E Riggs Rd

City: Sun Lakes State: AZ Zip Code: 85248

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

Name of Employer: Information Requested Occupation: Information Requested

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 1000.00

Date of Receipt: 06 / 17 / 2016

**Transaction ID : SA11AI.19625**

Amount of Each Receipt this Period: 1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Chip Romer**

Mailing Address 2357 Tee Drive

City: Lake Havasu City State: AZ Zip Code: 86406

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

Name of Employer: Romer Beverage Company Occupation: Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 06 / 30 / 2016

**Transaction ID : SA11AI.19627**

Amount of Each Receipt this Period: 500.00

Memo Item

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

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

4100.00

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

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

FOR LINE NUMBER: PAGE 26 OF 60  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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

**A.** Full Name (Last, First, Middle Initial)  
**Jordan J. Rose**

Mailing Address 5630 E Nauri Valley Dr.

City State Zip Code  
Paradise Valley AZ 85253

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

Name of Employer Occupation  
Rose Law Group Attorney

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 11 / 2016

**Transaction ID : SA11AI.19707**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**David Rousseau**

Mailing Address 7030 N Wilder Rd.

City State Zip Code  
Phoenix AZ 85021

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

Name of Employer Occupation  
SRP President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 11 / 2016

**Transaction ID : SA11AI.19526**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Hartley Sappol**

Mailing Address 20750 N 87th St #1111

City State Zip Code  
Scottsdale AZ 85255

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

Name of Employer Occupation  
Hart West Financial Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 29 / 2016

**Transaction ID : SA11AI.19595**

Amount of Each Receipt this Period  
500.00

Memo Item

**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 27 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)  
**PAUL GOSAR FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Gerard W. Schneider**

Mailing Address 5155 N. 16th Street

City Phoenix State AZ Zip Code 85016

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

Name of Employer Schneider Dental Occupation Dentist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 21 / 2016

**Transaction ID : SA11AI.19676**

Amount of Each Receipt this Period  
 500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Jonathan Shenkin**

Mailing Address 1204 Fernwood Dr

City Schenectady State NY Zip Code 12309

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

Name of Employer Self Occupation Dentist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 01 / 2016

**Transaction ID : SA11AI.19559**

Amount of Each Receipt this Period  
 250.00

Memo Item  
 Earmarked through ADAPAC

**C.** Full Name (Last, First, Middle Initial)  
**AMERICAN DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 1111 14th Street, NW Suite 1100

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00000729

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 10062.50

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 01 / 2016

**Transaction ID : SA11AI.19559.0**

Amount of Each Receipt this Period  
 3550.00

Memo Item  
 Total aggregate from conduit. PAC limit not affected.

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

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

750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 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)  
**PAUL GOSAR FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Anita Soltero**

Mailing Address 210 Back O Beyond Dr

City Sedona State AZ Zip Code 86338

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

Name of Employer Ortega Family Enterprises Occupation Rancher

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 27 / 2016

**Transaction ID : SA11AI.19701**

Amount of Each Receipt this Period  
2700.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Gaylord L Staveley**

Mailing Address 1117 E Marina Ln

City Flagstaff State AZ Zip Code 86004-7841

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

Name of Employer Canyoneers Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 28 / 2016

**Transaction ID : SA11AI.19702**

Amount of Each Receipt this Period  
250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Joseph Swain**

Mailing Address 11272 E Wincomb Dr

City Scottsdale State AZ Zip Code 85255

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

Name of Employer Rush Occupation President

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2016

**Transaction ID : SA11AI.19469**

Amount of Each Receipt this Period  
500.00

Memo Item

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

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

3450.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 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)  
**PAUL GOSAR FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**David Watson**

Mailing Address 12071 Bricksome Ave

City State Zip Code  
Baton Rouge LA 70816

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

Name of Employer Self Occupation Periodontist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 01 / 2016

**Transaction ID : SA11AI.19562**

Amount of Each Receipt this Period  
500.00

Memo Item  
Earmarked through ADAPAC

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 1111 14th Street, NW  
Suite 1100

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00000729

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10062.50

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 01 / 2016

**Transaction ID : SA11AI.19562.0**

Amount of Each Receipt this Period  
3550.00

Memo Item  
Total aggregate from conduit. PAC limit not affected.

**C.** Full Name (Last, First, Middle Initial)  
**George Weisz**

Mailing Address 5329 E Yucca

City State Zip Code  
Scottsdale AZ 85254

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

Name of Employer Self Occupation Investor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 26 / 2016

**Transaction ID : SA11AI.19649**

Amount of Each Receipt this Period  
500.00

Memo Item

**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 30 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)  
**PAUL GOSAR FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Susan Wood**

Mailing Address 213 Collins Creek Rd

City Greenville State SC Zip Code 29607

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

Name of Employer Self Occupation Dentist

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 01 / 2016

**Transaction ID : SA11AI.19555**

Amount of Each Receipt this Period  
500.00

Memo Item  
Earmarked through ADAPAC

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address 1111 14th Street, NW Suite 1100

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00000729

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10662.50

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 03 / 2016

**Transaction ID : SA11AI.19555.0**

Amount of Each Receipt this Period  
500.00

Memo Item  
Total Aggregate from conduit. PAC Limits not affected

**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

Memo Item

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

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

500.00

50400.00

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

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

FOR LINE NUMBER: PAGE 31 OF 60  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

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: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date  
 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2016

Transaction ID : SA11C.19506

Amount of Each Receipt this Period  
 1000.00  
 Memo Item

Full Name (Last, First, Middle Initial)  
AMERICAN ACADEMY OF DERMATOLOGY ASSOCIATION POLITICAL ACTION COMMITTEE (SKINPAC)

B. Mailing Address 1445 New York Avenue NW  
Ste 800

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C C00359539**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 24 / 2016

Transaction ID : SA11C.19477

Amount of Each Receipt this Period  
 1000.00  
 Memo Item

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

C. 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: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date  
 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 24 / 2016

Transaction ID : SA11C.19478

Amount of Each Receipt this Period  
 1000.00  
 Memo Item

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

3000.00

**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 32 OF 60
	<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 AIRLINES INC. POLITICAL ACTION COMMITTEE**

Mailing Address 1101 17TH STREET N.W.  
SUITE 600

City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C C00107300**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2016

**Transaction ID : SA11C.19480**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**AMERICAN ASSOCIATION OF ORTHODONTISTS POLITICAL ACTION COMMITTEE**

Mailing Address 401 N. Lindbergh Blvd

City State Zip Code  
St. Louis MO 63141

FEC ID number of contributing federal political committee. **C C00293910**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
7500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 12 / 2016

**Transaction ID : SA11C.19487**

Amount of Each Receipt this Period  
5000.00

Memo Item

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

Mailing Address 401 N. Lindbergh Blvd

City State Zip Code  
St. Louis MO 63141

FEC ID number of contributing federal political committee. **C C00293910**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 12 / 2016

**Transaction ID : SA11C.19488**

Amount of Each Receipt this Period  
2500.00

Memo Item

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

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

8500.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 60
	<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 COLLEGE OF RADIOLOGY ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1891 Preston White Drive

City Reston State VA Zip Code 20191

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 19 / 2016

**Transaction ID : SA11C.19493**

Amount of Each Receipt this Period  
 2000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
AMERICAN OPTOMETRIC ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1505 PRINCE STREET SUITE 300

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00024968

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 08 / 2016

**Transaction ID : SA11C.19503**

Amount of Each Receipt this Period  
 2500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
AMERICAN PUBLIC POWER ASSOCIATION, PUBLIC OWNERSHIP OF ELECTRIC RESOURCES PAC

Mailing Address 1875 CONNECTICUT AVENUE NW SUITE 1200

City WASHINGTON State DC Zip Code 20009

FEC ID number of contributing federal political committee. **C** C00161570

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : SA11C.19542**

Amount of Each Receipt this Period  
 2000.00

Memo Item

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

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

6500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 60
	<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 SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE

Mailing Address 520 N. NORTHWEST HIGHWAY

City State Zip Code  
PARK RIDGE IL 60068

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 03 / 2016

**Transaction ID : SA11C.19499**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 520 N. NORTHWEST HIGHWAY

City State Zip Code  
PARK RIDGE IL 60068

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 03 / 2016

**Transaction ID : SA11C.19500**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
ARCH COAL INC. POLITICAL ACTION COMMITTEE (ARCHPAC)

Mailing Address CITYPLACE ONE

City State Zip Code  
ST. LOUIS MO 63141

FEC ID number of contributing federal political committee. **C** C00167668

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 03 / 2016

**Transaction ID : SA11C.19497**

Amount of Each Receipt this Period  
1000.00

Memo Item

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 60
	<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)  
**BUILD PAC**

Mailing Address 1201 15th Street NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00000901

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 13 / 2016

**Transaction ID : SA11C.19492**

Amount of Each Receipt this Period  
 1500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**BUILD PAC**

Mailing Address 1201 15th Street NW

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00000901

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2016

**Transaction ID : SA11C.19505**

Amount of Each Receipt this Period  
 2000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
COMMITTEE FOR/ADV OF SE COTTON (CASC) SOUTHERN COTTONGROWERS INC/SE COTTON GINNERS ASSN

Mailing Address 139 PROMINENCE COURT STE. 110

City DAWSONVILLE State GA Zip Code 30534

FEC ID number of contributing federal political committee. **C** C00300426

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 16 / 2016

**Transaction ID : SA11C.19502**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

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

4500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 60
	<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)  
**COX ENTERPRISES PAC (COXPAC) INC.**

Mailing Address 975 F STREET, NW  
SUITE 300

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00477653**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2016

**Transaction ID : SA11C.19539**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**GRAND CANYON STATE CAUCUS**

Mailing Address PMB 326  
8711 E. PINNACLE PEAK RD

City SCOTTSDALE State AZ Zip Code 85255

FEC ID number of contributing federal political committee. **C C00473249**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 29 / 2016

**Transaction ID : SA11C.19538**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**HOUSE FREEDOM FUND**

Mailing Address PO BOX 1948

City ALEXANDRIA State VA Zip Code 22313

FEC ID number of contributing federal political committee. **C C00552851**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 06 / 2016

**Transaction ID : SA11C.19485**

Amount of Each Receipt this Period  
 5000.00

Memo Item

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

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 60
	<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 ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE**

Mailing Address 430 NORTH MICHIGAN AVENUE

City CHICAGO State IL Zip Code 60611

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 13 / 2016

**Transaction ID : SA11C.19491**

Amount of Each Receipt this Period  
 2000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL PORK PRODUCERS COUNCIL PORK PAC**

Mailing Address P.O. BOX 10383

City DES MOINES State IA Zip Code 50306

FEC ID number of contributing federal political committee. **C** C00201871

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 20 / 2016

**Transaction ID : SA11C.19494**

Amount of Each Receipt this Period  
 2000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL PORK PRODUCERS COUNCIL PORK PAC**

Mailing Address P.O. BOX 10383

City DES MOINES State IA Zip Code 50306

FEC ID number of contributing federal political committee. **C** C00201871

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 11 / 2016

**Transaction ID : SA11C.19501**

Amount of Each Receipt this Period  
 2000.00

Memo Item

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

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

6000.00

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

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

FOR LINE NUMBER: PAGE 38 OF 60  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
NELSON MULLINS RILEY & SCARBOROUGH, LLP FEDERAL POLITICAL COMMITTEE

Mailing Address 1320 MAIN STREET, 17TH FLOOR

City State Zip Code  
COLUMBIA SC 29201

FEC ID number of contributing federal political committee. **C** C00278895

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2016

**Transaction ID : SA11C.19473**

Amount of Each Receipt this Period  
 1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
PINNACLE WEST CAPITAL CORPORATION PAC

Mailing Address 801 Pennsylvania Ave NW  
Suite 214

City State Zip Code  
Washington DC 20004

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 11 / 2016

**Transaction ID : SA11C.19536**

Amount of Each Receipt this Period  
 5000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
POLITICAL ACTION COMMITTEE OF THE AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS

Mailing Address 317 Massachusetts Avenue, NE  
1st Floor

City State Zip Code  
Washington DC 20002

FEC ID number of contributing federal political committee. **C** C00343137

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 24 / 2016

**Transaction ID : SA11C.19475**

Amount of Each Receipt this Period  
 2500.00

Memo Item

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

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

8500.00

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

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

FOR LINE NUMBER: PAGE 39 OF 60  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**SAFARI CLUB INTERNATIONAL PAC (SCI-PAC)**

Mailing Address 4800 W. GATES PASS ROAD

City TUCSON State AZ Zip Code 85745

FEC ID number of contributing federal political committee. **C** C00122101

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2016

**Transaction ID : SA11C.19474**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

Mailing Address PO BOX 52025 ISB336

City PHOENIX State AZ Zip Code 85072

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2016

**Transaction ID : SA11C.19504**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

Mailing Address PO BOX 52025 ISB336

City PHOENIX State AZ Zip Code 85072

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

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 24 / 2016

**Transaction ID : SA11C.19476**

Amount of Each Receipt this Period  
 1000.00

Memo Item

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 40 OF 60  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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

**A.** Full Name (Last, First, Middle Initial)  
**SARAH PAC**

Mailing Address PO Box 7711

City State Zip Code  
Arlington VA 22207

FEC ID number of contributing federal political committee. **C** C00458588

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 01 / 2016

**Transaction ID : SA11C.19484**

Amount of Each Receipt this Period  
4500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**SARAH PAC**

Mailing Address PO Box 7711

City State Zip Code  
Arlington VA 22207

FEC ID number of contributing federal political committee. **C** C00458588

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
5500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 01 / 2016

**Transaction ID : SA11C.19535**

Amount of Each Receipt this Period  
500.00

Memo Item

**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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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

5000.00

54000.00



**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 41 OF 60	
	<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. AMERICAN DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2016
Mailing Address 1111 14th Street, NW Suite 1100			Amount of Each Disbursement this Period 115.00
City Washington	State DC	Zip Code 20005	
Purpose of Disbursement Credit Card Processing		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.19740</b>
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. AMERICAN DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 05 / 2016
Mailing Address 1111 14th Street, NW Suite 1100			Amount of Each Disbursement this Period 5.00
City Washington	State DC	Zip Code 20005	
Purpose of Disbursement Credit Card Processing		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.19741</b>
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. AMERICAN DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2016
Mailing Address 1111 14th Street, NW Suite 1100			Amount of Each Disbursement this Period 12.50
City Washington	State DC	Zip Code 20005	
Purpose of Disbursement Credit Card Processing		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.19744</b>
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	132.50
<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 42 OF 60	
	<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. AMERICAN DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2016
Mailing Address 1111 14th Street, NW Suite 1100		Amount of Each Disbursement this Period 25.00
City Washington	State DC Zip Code 20005	
Purpose of Disbursement Credit Card Processing	Category/Type	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.19742</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AMERICAN DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2016
Mailing Address 1111 14th Street, NW Suite 1100		Amount of Each Disbursement this Period 12.50
City Washington	State DC Zip Code 20005	
Purpose of Disbursement Credit Card Processing	Category/Type	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.19743</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. AM Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2016
Mailing Address 1208 Cresthill Rd.		Amount of Each Disbursement this Period 2000.00
City Birmingham	State AL Zip Code 35213	
Purpose of Disbursement Communications Consulting	Category/Type	<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.19746</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2037.50
<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 43 OF 60	
	<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. Authorize.net Corp.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016
Mailing Address 915 South 500 East, Suite 200		Amount of Each Disbursement this Period 27.95 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.19737</b>
City American Fork	State UT	
Zip Code 84003	Purpose of Disbursement Credit Card Processing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <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 05 / 03 / 2016
Mailing Address 915 South 500 East, Suite 200		Amount of Each Disbursement this Period 27.95 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.19738</b>
City American Fork	State UT	
Zip Code 84003	Purpose of Disbursement Credit Card Processing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Authorize.net Corp.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2016
Mailing Address 915 South 500 East, Suite 200		Amount of Each Disbursement this Period 27.95 <input type="checkbox"/> Memo Item <b>Transaction ID : SB17.19739</b>
City American Fork	State UT	
Zip Code 84003	Purpose of Disbursement Credit Card Processing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	83.85
<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 44 OF 60	
	<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. Capitol Hill Club</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2016	
Mailing Address 300 1st St SE			Amount of Each Disbursement this Period 216.45	
City Washington	State DC	Zip Code 20003	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Food & Beverage		Candidate Name	Transaction ID : <b>SB17.19752</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
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 05 / 18 / 2016	
Mailing Address 300 1st St SE			Amount of Each Disbursement this Period 499.66	
City Washington	State DC	Zip Code 20003	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Food & Beverage		Candidate Name	Transaction ID : <b>SB17.19753</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Category/Type		

Full Name (Last, First, Middle Initial) <b>c. Capitol Hill Club</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 17 / 2016	
Mailing Address 300 1st St SE			Amount of Each Disbursement this Period 362.57	
City Washington	State DC	Zip Code 20003	<input type="checkbox"/> Memo Item	
Purpose of Disbursement Food & Beverage		Candidate Name	Transaction ID : <b>SB17.19754</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	Category/Type		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1078.68
<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 45 OF 60	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

Full Name (Last, First, Middle Initial) <b>A. Coleman Dahm &amp; Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2016
Mailing Address 4715 North 32nd Street Suite 107		Amount of Each Disbursement this Period 499.00
City Phoenix	State AZ Zip Code 85018	
Purpose of Disbursement Polling	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : SB17.19772</b>

Full Name (Last, First, Middle Initial) <b>B. Coleman Dahm &amp; Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016
Mailing Address 4715 North 32nd Street Suite 107		Amount of Each Disbursement this Period 8422.00
City Phoenix	State AZ Zip Code 85018	
Purpose of Disbursement Bumper Stickers and Yard Signs	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : SB17.19449</b>

Full Name (Last, First, Middle Initial) <b>C. Coleman Dahm &amp; Associates</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2016
Mailing Address 4715 North 32nd Street Suite 107		Amount of Each Disbursement this Period 3478.00
City Phoenix	State AZ Zip Code 85018	
Purpose of Disbursement Yard Signs	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : SB17.19455</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	12399.00
<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 46 OF 60	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

Full Name (Last, First, Middle Initial) <b>A. Collectors Cafe</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2016
Mailing Address 7740 N Kings Hwy		Amount of Each Disbursement this Period 210.95
City Myrtle Beach	State CA	
Zip Code 29572	Purpose of Disbursement Food & Beverage	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.19757</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Enterprise</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2016
Mailing Address 1805 E Sky Harbor Rd		Amount of Each Disbursement this Period 324.93
City Phoenix	State AZ	
Zip Code 85034	Purpose of Disbursement Travel - Car Rental	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.19780</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Global Payments</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016
Mailing Address 10 Glenlake Pakrway		Amount of Each Disbursement this Period 306.00
City Atlanta	State GA	
Zip Code 30328	Purpose of Disbursement Credit Card Processing	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.19734</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	841.88
<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 47 OF 60	
	<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. Global Payments</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2016
Mailing Address 10 Glenlake Pakrway		Amount of Each Disbursement this Period 25.68
City Atlanta	State GA Zip Code 30328	
Purpose of Disbursement Credit Card Processing	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : SB17.19735</b>

Full Name (Last, First, Middle Initial) <b>B. Global Payments</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2016
Mailing Address 10 Glenlake Pakrway		Amount of Each Disbursement this Period 235.85
City Atlanta	State GA Zip Code 30328	
Purpose of Disbursement Credit Card Processing	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : SB17.19736</b>

Full Name (Last, First, Middle Initial) <b>c. Greenhill Vineyard</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016
Mailing Address 23596 Winery Lane		Amount of Each Disbursement this Period 72.57
City Middleburg	State VA Zip Code 20117	
Purpose of Disbursement Food & Beverage	Candidate Name	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	<b>Transaction ID : SB17.19755</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	334.10
<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 48 OF 60	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

Full Name (Last, First, Middle Initial) <b>A. Greenhill Vineyard</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2016
Mailing Address 23596 Winery Lane		Amount of Each Disbursement this Period 73.47
City Middleburg	State VA	
Zip Code 20117	Purpose of Disbursement Food & Beverage	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.19756</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. KB Strategic Group</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2016
Mailing Address 3213 Duke Street #700		Amount of Each Disbursement this Period 6708.50
City Alexandria	State VA	
Zip Code 22314	Purpose of Disbursement Fundraising Fees	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.19448</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Landslide Strategic Media</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2016
Mailing Address 8408 E Redwing Rd		Amount of Each Disbursement this Period 2992.93
City Scottsdale	State AZ	
Zip Code 85250	Purpose of Disbursement Video Production	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	<b>Transaction ID : SB17.19784</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9774.90
<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 49 OF 60	
	<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. Michael George Marshall</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2016	
Mailing Address PO Box 472214			Amount of Each Disbursement this Period 775.00	
City San Francisco	State CA	Zip Code 94147	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Petitions		Category/ Type	Transaction ID : <b>SB17.19788</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Office Catering</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2016	
Mailing Address 1795 Olive St			Amount of Each Disbursement this Period 247.98	
City Capitol Heights	State MD	Zip Code 20743	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Food & Beverage		Category/ Type	Transaction ID : <b>SB17.19789</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Phoenix Airport Marriott</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2016	
Mailing Address 1101 N 44th St			Amount of Each Disbursement this Period 466.62	
City Phoenix	State AZ	Zip Code 85008	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Travel - Hotel		Category/ Type	Transaction ID : <b>SB17.19786</b>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1489.60
<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 50 OF 60			
	<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. Phoenix Airport Marriott</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016
Mailing Address 1101 N 44th St			Amount of Each Disbursement this Period 48.01
City Phoenix	State AZ	Zip Code 85008	
Purpose of Disbursement Food & Beverage		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Transaction ID : SB17.19760</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Prescott Resort</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2016
Mailing Address 1500 E State Route 69			Amount of Each Disbursement this Period 347.75
City Prescott	State AZ	Zip Code 86301	
Purpose of Disbursement Travel - Hotel		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Transaction ID : SB17.19791</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Lauren Reeves</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 15 / 2016
Mailing Address 1840 N Kenmore Ave #113			Amount of Each Disbursement this Period 2000.00
City Los Angeles	State CA	Zip Code 90027	
Purpose of Disbursement Video Production		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>Transaction ID : SB17.19467</b>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2395.76
<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 51 OF 60			
	<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. Revolis</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2016		
Mailing Address 7185 Navajo Rd #P			Amount of Each Disbursement this Period 2500.00		
City San Diego	State CA	Zip Code 92119	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Campaign Management		Category/ Type			
Candidate Name		Transaction ID : <b>SB17.19727</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <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 05 / 03 / 2016		
Mailing Address 7185 Navajo Rd #P			Amount of Each Disbursement this Period 2500.00		
City San Diego	State CA	Zip Code 92119	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Campaign Management		Category/ Type			
Candidate Name		Transaction ID : <b>SB17.19728</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>C. Revolis</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2016		
Mailing Address 7185 Navajo Rd #P			Amount of Each Disbursement this Period 2500.00		
City San Diego	State CA	Zip Code 92119	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Campaign Management		Category/ Type			
Candidate Name		Transaction ID : <b>SB17.19729</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: _____	District: _____				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7500.00
<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 52 OF 60	
	<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. Revolvis</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2016	
Mailing Address 7185 Navajo Rd #P			Amount of Each Disbursement this Period 404.97	
City San Diego	State CA	Zip Code 92119	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Travel - Airfare		Category/ Type		
Candidate Name		Transaction ID : <b>SB17.19456</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Seitchik Lycos Group LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2016	
Mailing Address PO Box 13182			Amount of Each Disbursement this Period 500.00	
City Scottsdale	State AZ	Zip Code 85267	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Fundraising Fees		Category/ Type		
Candidate Name		Transaction ID : <b>SB17.19730</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Seitchik Lycos Group LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2016	
Mailing Address PO Box 13182			Amount of Each Disbursement this Period 146.00	
City Scottsdale	State AZ	Zip Code 85267	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Food and Beverage		Category/ Type		
Candidate Name		Transaction ID : <b>SB17.19732</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1050.97
<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 53 OF 60			
	<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. Salt River Fields</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2016		
Mailing Address 7555 N Pima Rd.			Amount of Each Disbursement this Period 146.00		
City Scottsdale	State AZ	Zip Code 85258	Category/ Type		
Purpose of Disbursement Food and Beverage					
Candidate Name		<input checked="" type="checkbox"/> Memo Item <b>Transaction ID : SB17.19732.0</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Seitchik Lycos Group LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2016		
Mailing Address PO Box 13182			Amount of Each Disbursement this Period 500.00		
City Scottsdale	State AZ	Zip Code 85267	Category/ Type		
Purpose of Disbursement Fundraising Fees					
Candidate Name		<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.19731</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Seitchik Lycos Group LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2016		
Mailing Address PO Box 13182			Amount of Each Disbursement this Period 1000.00		
City Scottsdale	State AZ	Zip Code 85267	Category/ Type		
Purpose of Disbursement Fundraising Fees					
Candidate Name		<input type="checkbox"/> Memo Item <b>Transaction ID : SB17.19454</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1500.00
<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 54 OF 60	
	<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. SHQ LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2016
Mailing Address PO Box 13182		Amount of Each Disbursement this Period 1520.60 <input type="checkbox"/> Memo Item
City Scottsdale	State AZ	
Zip Code 85267	Purpose of Disbursement Food and Beverage Bill	Transaction ID : <b>SB17.19450</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. University Club</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2016
Mailing Address 39 E Monte Vista Rd		Amount of Each Disbursement this Period 1520.60 <input checked="" type="checkbox"/> Memo Item
City Phoenix	State AZ	
Zip Code 85004	Purpose of Disbursement Food and Beverage	Transaction ID : <b>SB17.19450.0</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Smart Practice</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2016
Mailing Address 3400 E. McDowell Rd.		Amount of Each Disbursement this Period 2763.92 <input type="checkbox"/> Memo Item
City Phoenix	State AZ	
Zip Code 85008	Purpose of Disbursement Campaign Materials for Parade	Transaction ID : <b>SB17.19792</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4284.52
<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 55 OF 60			
	<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. Staples</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2016		
Mailing Address 2625 S Woodlands Vlg Blvd #100			Amount of Each Disbursement this Period 382.04		
City Flagstaff	State AZ	Zip Code 86001	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Office Supplies		Category/ Type			
Candidate Name		Transaction ID : <b>SB17.19793</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Steak 44</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2016		
Mailing Address 5101 N 44th St			Amount of Each Disbursement this Period 253.68		
City Phoenix	State AZ	Zip Code 85018	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Food & Beverage		Category/ Type			
Candidate Name		Transaction ID : <b>SB17.19762</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. The Parson's Table</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2016		
Mailing Address 4305 State Rd S			Amount of Each Disbursement this Period 200.29		
City Little River	State SC	Zip Code 29566	Memo Item <input type="checkbox"/>		
Purpose of Disbursement Food & Beverage		Category/ Type			
Candidate Name		Transaction ID : <b>SB17.19764</b>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	836.01
<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 56 OF 60	
	<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. The Prosper Group Corporation</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 03 / 2016
Mailing Address 435 E Main Street #250		Amount of Each Disbursement this Period 6500.00
City Greenwood State IN Zip Code 46143	Purpose of Disbursement Advertising	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.19725</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. The Prosper Group Corporation</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2016
Mailing Address 435 E Main Street #250		Amount of Each Disbursement this Period 13500.00
City Greenwood State IN Zip Code 46143	Purpose of Disbursement Advertising	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.19726</b>
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. The Vig</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2016
Mailing Address 606 N 4th Ave		Amount of Each Disbursement this Period 375.28
City Phoenix State AZ Zip Code 85003	Purpose of Disbursement Food & Beverage	
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB17.19766</b>
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	20375.28
<b>TOTAL</b> This Period (last page this line number only).....	66114.55



**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 57 OF 60			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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

Full Name (Last, First, Middle Initial) <b>A. Dr. Gary Oyster</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2016		
Mailing Address P.O.box 189			Amount of Each Disbursement this Period 1400.00		
City Franklinton	State NC	Zip Code 27525	<input type="checkbox"/> Memo Item <b>Transaction ID : SB20A.19716</b>		
Purpose of Disbursement Refund of Excessive Contribution		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016			
State: District:		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

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	<input type="checkbox"/> Memo Item		
Purpose of Disbursement		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State: District:		<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

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	<input type="checkbox"/> Memo Item		
Purpose of Disbursement		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:			
State: District:		<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1400.00
<b>TOTAL</b> This Period (last page this line number only).....	1400.00

**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 58 OF 60	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" 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. NATIONAL PORK PRODUCERS COUNCIL PORK PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2016
Mailing Address P.O. BOX 10383		Amount of Each Disbursement this Period 2000.00
City DES MOINES	State IA	
Zip Code 50306	Purpose of Disbursement	<input type="checkbox"/> Memo Item
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB20C.19496</b>
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	<input type="checkbox"/> Memo Item
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:		

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	<input type="checkbox"/> Memo Item
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2000.00
<b>TOTAL</b> This Period (last page this line number only).....	2000.00

**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 59 OF 60			
	<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 04 / 19 / 2016
Mailing Address 3501 N. 24th Street			Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Memo Item <b>Transaction ID : SB21.19750</b>
City Phoenix	State AZ	Zip Code 85016	
Purpose of Disbursement Table Sponsorship	Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. HOUSE FREEDOM FUND</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2016
Mailing Address PO BOX 1948			Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Memo Item <b>Transaction ID : SB21.19805</b>
City ALEXANDRIA	State VA	Zip Code 22313	
Purpose of Disbursement Contribution to Committee	Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. KANSANS FOR HUELSKAMP</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2016
Mailing Address PO BOX 410			Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Memo Item <b>Transaction ID : SB21.19723</b>
City FOWLER	State KS	Zip Code 67844	
Purpose of Disbursement Contribution to Candidate	Candidate Name		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: KS District: 01			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5000.00
<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 60 OF 60	
	<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. WALTER JONES COMMITTEE</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2016
Mailing Address PO BOX 3962		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Memo Item
City GREENVILLE State NC Zip Code 27836	Purpose of Disbursement Contribution to Candidate Candidate Name Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 03	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Transaction ID : SB21.19721</b>

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  <input type="checkbox"/> Memo Item
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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

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  <input type="checkbox"/> Memo Item
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 State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2000.00
<b>TOTAL</b> This Period (last page this line number only).....	7000.00