

**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 54
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
GOWAN FOR ARIZONA, INC

Full Name (Last, First, Middle Initial) A. Troy Barnett		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 02 / 2015	
Mailing Address 4495 S San Pedro Ave		Transaction ID : SA11AI.4147	
City Sierra Vista	State AZ	Zip Code 85650	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00	
Name of Employer Self Employed	Occupation Homemaker		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00		

Full Name (Last, First, Middle Initial) B. Anthony S Benedict Jr.		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 02 / 2015	
Mailing Address 7820 S Avenida Bonita		Transaction ID : SA11AI.4130	
City Tucson	State AZ	Zip Code 85747	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Healthcare Innivations	Occupation CFO		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) C. Fred Boice		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 15 / 2015	
Mailing Address 4741 Paseo Del Bac		Transaction ID : SA11AI.4360	
City Tucson	State AZ	Zip Code 85718	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Self Employed	Occupation Attorney		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

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