HAND DELIVERED

Page 1 of 9

E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. this report details of such a trust that benefits you, your spouse, or dependent child? #PO - Did you purchase any shares that were allocated as a part of an initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance. IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS **UNITED STATES HOUSE OF REPRESENTATIVES** exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period? B. Did you, your spouse, or your dependent child purchase, sell, or A. Did you, your spouse, or your dependent child: 2017 FINANCIAL DISCLOSURE STATEMENT reporting period? Name: REPORT FILER a. Own any reportable asset that was worth more than \$1,000 at the Receive more than \$200 in uneamed income from any reportable end of the reporting period? or asset during the reporting period? Paul Anthony Gosai X X 2017 Annual (Due: May 15, 2018) House of Representatives Member of the U.S. State District: 2 ይ ž ž <u>₹</u> × ₹ 3 좋 Daytime Telephone: X Amendment 중 픙 Z 중 For Use by Members, Officers, and Employees X X X F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the H. Did you, your spouse, or your dependent child receive any G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period? source during the reporting period? 202-225-2315 Employee Officer or Employing Office: Termination Date of Termination: Have you excluded from U.S. HOUSE OF REPRESENTATIVES A \$200 penalty shall be assessed against any individual who files more than 30 days late. LEGISLATIVE RESOURCE CENTER 18 MAY -9 PM 12: 48 Shared Staff Filer Type: (If Applicable) * 3 3 * * š š Principal Assistant Š 풍 Z š

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	EDULE A - ASSETS & "UNEARNED INCOME"	
Name: Paul Anthony Gosar		
Page 2 of 9	ì	

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	Flagstaff,	Aunts Maudes Store	Flagstaff, AZ	Office Building E Cedar Ave		<u> </u>	8	For a detailed discussion of Schedule requirements, please refer to the instruction booklet.	If you so choose, you may indicate that an easet or income source is that of your spouse (SP) or dependent child (DC), or jointly hald with anyone (JT), in the optional column on the far left.	you report a privalely-traded fund that is copied investment Fund, please check the TE xx.	Exclude: Your personal readence, including excond homes and vacation homes (unless there was retal income during the reporting period); and any financial interest in, or income derived from, a foderal retrement program, including the Thrift Savinga Piter.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	For rental and other real properly held for investment, provide a complete address or description, e.g., "rental properly," and a city and state.	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	For all IRAs and other retrement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	income during the year.	and (b) any other reportable seems or source of	dentity (s) each asset had no investment or production of income and with a fair market value	Assets and/or income Sources	•
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Paul Anthony Gosar D.D.S.

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SCHEDULE D - LIABILITIES

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibiling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependent child. Name: Paul Anthony Gosar D.D.S. Page 6 <u>°</u> Ю

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Wells Fargo Bank	Compass Bank Flagstaff, AZ	First Bank of Wilmington, DE	Creditor		the second of fact about a min
6/95	11/03	5/15	Date Liability Incurred MO/YR		
Mortgage on Office Bld E Cedar Flagstaff, AZ	Mortgage on Residence	Mortgage on Rental Property, Dover, DE	Type of Liability		
			\$10,001- \$15,000		
			\$15,001- \$50,000		
X			\$50,001- \$100,000		
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			\$5,000,001- \$25,000,000		
			\$25,000,001- \$50,000,000		
			Over \$50,000,000		
			Over \$1,000,000* (Spouse/DC Liability)		

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions and in the Compensation of the consultant of the Compensation of the Compen

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heid in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions sowy or an noncrary nature. Name of Organization			
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the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of at		EDULE F - AGREEMENTS
espect to: future employment; a leave of absence during the period of government service		Name: Paul Anthony Gosar D.D.S.
if government service:		Page_ 7 of 9

Identify continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

00::00::00	Constitution of the second control of the se	
Date	Parties to Agreement	Terms of Agreement

SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$390 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$156 or leas need not be added towards the \$390 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

	Source	Description	Value
Example:	Mr. Joseph Smith, Arlington, VA	Silver Platter (prior determination of personal friendship received from the Committee on Ethics)	\$400
			A TANKS OF THE PROPERTY OF THE

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: Paul Anthony Gosar D.D.S.

Page 8 of 9

Identify the source and list travel litherary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$390 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

	Source	Date(e)	City of Departure-Deethration-City of Return	Lodging? (YM)	Food? (Y/N)	Family Member Included? (Y/N)
	Government of Chine (MECSA)	Aug. 8-11	Oc-Beijing, Ohine-OC	۲	٧	22
Examples	Habitat for Humanity (charity fundraleer)	Mer. 3-4	DC-Boeton-DC	۲	۲	٧
The He	The Heritage Foundation	Apr 21-22	Denver-San Diego-Phoenix	4	Υ	Z
The H	The Heritage Foundation	Feb 8-10	DC - NYC - DC	~	\	Z
Natural	Natural Resources CODEL	Jul 28 - Aug 5	DC-Germany-DC		~	
Foreign	Foreign Affairs CODEL	Oct-14-22	DC-Vietnam,Singapore,Hong Kong- DC	~	~	z

SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA	Name: Paul Anthony Gosar D.D.S.	sar D.D.S.	Page 9 of 9
List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.	onsor of an event to a charitable organ	lization in lieu of payin	a charitable organization in lieu of paying an honorarium to you. A
Source	Activity	Date	Amount
	Speech	Feb, 2, 2017	\$2,000
examples: XYZ Magazine	Article	Aug. 13, 2017	\$500
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