id Yes No 🖳	come, transactions, or liabilities of a spouse or dependent child se" unless you have first consulted with the Committee on Ethics.	Exemptions Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethic
Yes No 🗸	se on Ethics and certain other "excepted trusts" need not be st benefiting you, your spouse, or dependent child?	Trusts Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
Yes No 🗸	ial Public Offering?	IPO Did you purchase any shares that were allocated as a part of an Initial Public Offering?
E QUESTIONS	NFORMATION ANSWER EACH OF THESE QUESTIONS	IPO and EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
	schedule attached for each "Yes" response.	If yes, complete and attach Schedule V.
and the appropriate	Each question in this part must be answered and the appropriate	Did you, your spouse, or a dependent child have any reportable liability (more Yes ✓ No ☐
	If yes, complete and attach Schedule IX.	If yes, complete and attach Schedule IV.
nside Yes □ No ☑	Did you have any reportable agreement or arrangement with an outside IX. entity?	Did you, your spouse, or dependent child purchase, sell, or exchange any IV. reportable asset in a transaction exceeding \$1,000 during the reporting Yes No
	If yes, complete and attach Schedule VIII.	If yes, complete and attach Schedule III.
g in the Yes No	Did you hold any reportable positions on or before the date of filing in the VIII. current calendar year?	Did you, your spouse, or a dependent child receive "unearned" income of III. more than \$200 in the reporting period or hold any reportable asset worth Yes V No more than \$1,000 at the end of the period?
	If yes, complete and attach Schedule VII.	If yes, complete and attach Schedule II.
n\$350 Yes ☐ No ☑	Uid you, your spouse, or a dependent child receive any reportable travel or VII. reimbursements for travel in the reporting period (worth more than \$350 from one source)?	II. you for a speech, appearance, or article in the reporting period? Yes No
		If yes, complete and attach Schedule I.
gift in the see No	Did you, your spouse, or a dependent child receive any reportable gift in the VI. reporting period (i.e., aggregating more than \$350 and not otherwise exempt)?	Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 Yes No 💟
	UESTIONS	PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS
more than 30 days	Termination Date:	Report Type Annual (May 15) Amendment Termination
be assessed against		
A \$200 penalty shall	Officer Or Employing Office:	Wember of the U.S. State: AZ
(Office Use Only)	(Daytime Telephone)	(Full Name)
	P.3	PAUL ANTHONY GOSAR
	101.2.	
Page PA VI DE VERED	FORM A For use by Members, officers, and employees	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT

		L				
	BLOCK A		BLOCK B	вгоск с	ВГОСК D	BLOCK E
Ass	Asset and/or Income Source	_	Year-End	Type of Income	Amount of Income	Transaction
identify (a) eac	identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other	Valu	Value of Asset	Check all columns that apply. For retirement accounts that	For assets for which you checked "Tax-Deferred" in Block C, you	Indicate if asset had purchases (P),
reportable ass "unearned" in	reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.	Indicat close o	Indicate value of asset at close of reporting year. If	do not allow you to choose specific investments or that	may check the "None" column. For all other assets, indicate the	sales (S), or exchanges (E)
Provide comp	Provide complete names of stocks and mutual funds (do not use ticker symbols.)	methoc	you use a valuation method other than fair	(such as 401(k) plans or IRAs),	the appropriate box below. Dividence interest and canifel	reporting year.
For all IRAs ar	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	specify	specify the method used.	column. Dividends, Interest, and capital gains, even if	gains, even if reinvested, must be disclosed as Income. Check	
For rental or o	For rental or other real property held for investment, provide a complete address or	If an as	If an asset was sold during the reporting year and is	as income. Check "None" if	"None" if no income was earned or generated.	
a description,	a description, e.g., "rental property," and a city and state.	include	included only because it	the asset generated no income during the reporting period.	* This column is for income	
For an ownership in state the name of the	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 leads to be a lead to	value s	value should be "None."		generated by assets held solely by your spouse or dependent child.	
Exclude: Your (unless there v \$5,000 or less in, or income of Savings Plan.	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental lincome during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	or depa	or dependent child.			
If you so choo spouse (SP) ou optional colum	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left.					
For a detailed booklet.	For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	-				
JT	Office building, East Cedar Ave., Flagstaff, AZ	\$500 \$1,0	\$500,001 - \$1,000,000	RENT	\$15,001 - \$50,000	
JT	Aunt Maude's Antique Store, Flagstaff, AZ	\$250,001 \$500,000),001 -),000	Business income	\$15,001 - \$50,000	
	Note receivable - dental practice sale	\$15,001 - \$50,000	001 -	Payments received	\$5,001 - \$15,000	

SCHEDULE V - LIABILITIES

Name PAUL ANTHONY GOSAR

Page 3 of 3

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: for liabilities held solely by your spouse or dependent child. liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. *This column is Any mortgage on your personal residence (unless it is rented out or you are a Member); loans secured by automobiles, household furniture, or appliances;

	JT	JŢ	SP, DC, JT
	Wells Fargo Bank	Compass Bank, Flagstaff, AZ	Creditor
	June 1955	November 2003	Date Liability Incurred
East Cedar Ave., Flagstaff, AZ	Mortgage on office building,	Mortgage on personal residence	Type of Liability
	\$100,001 - \$250,000	\$250,001 - \$500,000	Amount of Liability