

48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL TOM MACARTHUR FOR CONGRESS INC.			
ADDRESS (number and street) PO Box 999			
CITY Edison	STATE NJ	ZIP CODE 08818-0999	
2. NAME OF CANDIDATE MacArthur, Thomas, , ,		3. OFFICE SOUGHT (State and District) House NJ 03	
4. FEC IDENTIFICATION NUMBER C00557520			
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			

A. FULL NAME Blackrock PAC MAILING ADDRESS 40 E 52nd St <table style="width: 100%;"> <tr> <td style="width: 33%;">CITY New York</td> <td style="width: 33%;">STATE NY</td> <td style="width: 34%;">ZIP CODE 10022-5911</td> </tr> </table>	CITY New York	STATE NY	ZIP CODE 10022-5911	Name of Employer Transaction ID : 6C9A6D5DDD82B4D3 Occupation	Date (month, day, year) 10/23/2018	Amount 1000.00
CITY New York	STATE NY	ZIP CODE 10022-5911				
B. FULL NAME Day & Zimmermann Inc Federal PAC MAILING ADDRESS 1500 Spring Garden St <table style="width: 100%;"> <tr> <td style="width: 33%;">CITY Philadelphia</td> <td style="width: 33%;">STATE PA</td> <td style="width: 34%;">ZIP CODE 19130-4067</td> </tr> </table>	CITY Philadelphia	STATE PA	ZIP CODE 19130-4067	Name of Employer Transaction ID : 6E71B0EB2310A43D Occupation	Date (month, day, year) 10/23/2018	Amount 1000.00
CITY Philadelphia	STATE PA	ZIP CODE 19130-4067				
C. FULL NAME Metlife Inc. Employees' Political Participation Fund A MAILING ADDRESS 1095 Avenue of the Americas <table style="width: 100%;"> <tr> <td style="width: 33%;">CITY New York</td> <td style="width: 33%;">STATE NY</td> <td style="width: 34%;">ZIP CODE 10036-6797</td> </tr> </table>	CITY New York	STATE NY	ZIP CODE 10036-6797	Name of Employer Transaction ID : 69DFF49D952E344D5 Occupation	Date (month, day, year) 10/23/2018	Amount 4000.00
CITY New York	STATE NY	ZIP CODE 10036-6797				
D. FULL NAME RePAC - Reinsurance Association Of America PAC MAILING ADDRESS 1445 New York Ave NW Fl 7 <table style="width: 100%;"> <tr> <td style="width: 33%;">CITY Washington</td> <td style="width: 33%;">STATE DC</td> <td style="width: 34%;">ZIP CODE 20005-2134</td> </tr> </table>	CITY Washington	STATE DC	ZIP CODE 20005-2134	Name of Employer Transaction ID : 65F255E322F9F4483 Occupation	Date (month, day, year) 10/23/2018	Amount 1000.00
CITY Washington	STATE DC	ZIP CODE 20005-2134				
E. FULL NAME NEW PIONEERS PAC MAILING ADDRESS 228 S WASHINGTON ST STE 115 <table style="width: 100%;"> <tr> <td style="width: 33%;">CITY ALEXANDRIA</td> <td style="width: 33%;">STATE VA</td> <td style="width: 34%;">ZIP CODE 22314</td> </tr> </table>	CITY ALEXANDRIA	STATE VA	ZIP CODE 22314	Name of Employer Transaction ID : 684DB3583FF684F44 Occupation	Date (month, day, year) 10/23/2018	Amount 2500.00
CITY ALEXANDRIA	STATE VA	ZIP CODE 22314				

SIGNATURE (optional) Gravino, Ronald, , , <div style="text-align: center;">[Electronically Filed]</div>	DATE 10/23/2018	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100
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Any information copied from reports and statements filed under the Federal Election Campaign Act 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.

FEC FORM 6
(Revised 03/2016)

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB
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Form/Schedule: F6N
Transaction ID :

According to FEC regulations, the Threshold Amount for Form 6 is \$1,000.00

Form/Schedule:
Transaction ID:

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE Tenacious PAC 228 S Washington St Ste 115 Alexandria VA 22314-5404			
Name of Employer		Date (month, day, year) 10/23/2018	
Amount 2300.00		Transaction ID : 6FDFE019347344A5D9B6	
Occupation			
B. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer		Date (month, day, year)	
Amount		Occupation	
Occupation			
C. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer		Date (month, day, year)	
Amount		Occupation	
Occupation			
D. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer		Date (month, day, year)	
Amount		Occupation	
Occupation			
E. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer		Date (month, day, year)	
Amount		Occupation	
Occupation			