

# 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

TOM MACARTHUR FOR CONGRESS INC.

ADDRESS (number and street) ▼

PO BOX 225

Check if different than previously reported. (ACC)

COLONIA

NJ

07067

2. **FEC IDENTIFICATION NUMBER** ▼

C C00557520

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

NJ

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 06 / 03 / 2014 in the State of NJ

(c) 30-Day **POST**-Election Report for the:

- General (30G)  Runoff (30R)  Special (30S)

Election on / / in the State of

5. Covering Period

04 / 01 / 2014 through 05 / 14 / 2014

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 Ronald R Gravino

Signature of Treasurer Ronald R Gravino

[Electronically Filed]

Date

05 / 22 / 2014

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

Office Use Only									
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**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**TOM MACARTHUR FOR CONGRESS INC.**

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))....	15234.00	16309.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	15234.00	16309.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	963818.71	1215623.43
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	963818.71	1215623.43
8. Cash on Hand at Close of Reporting Period (from Line 27).....	800685.57	
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).....	2058481.75	

**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

**TOM MACARTHUR FOR CONGRESS INC.**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	13134.00	14134.00
(ii) Unitemized.....	0.00	75.00
(iii) TOTAL of contributions from individuals ▶	13134.00	14209.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2100.00	2100.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	15234.00	16309.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	200000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	200000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	15234.00	2016309.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	963818.71	1215623.43
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 .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	963818.71	1215623.43

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1749270.28
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	15234.00
25. SUBTOTAL (add Line 23 and Line 24).....	1764504.28
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	963818.71
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	800685.57

**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 5 OF 90
	<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	

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)  
**TOM MACARTHUR FOR CONGRESS INC.**

Full Name (Last, First, Middle Initial) <b>A. John Allen</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 30 / 2014
Mailing Address 26 Rumson Ct		<b>Transaction ID : SA11AI.4162</b>
City Waretown	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Comcast	Occupation Engineer	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100.00	

Full Name (Last, First, Middle Initial) <b>B. Eric J Aloj</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 14 / 2014
Mailing Address 206 Burrs Rd		<b>Transaction ID : SA11AI.4533</b>
City Westampton	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer EJA Capacity	Occupation Insurance Agent	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Carmen F Amato Jr</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 12 / 2014
Mailing Address 38 Pine Tree Dr		<b>Transaction ID : SA11AI.4344</b>
City Bayville	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer	Occupation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 10.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1110.00
<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 6 OF 90
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

**A.** Full Name (Last, First, Middle Initial)  
**Carmen F Amato Jr**

Mailing Address 38 Pine Tree Dr

City Bayville State NJ Zip Code 08721

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **13.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.4565**

Amount of Each Receipt this Period  
**3.00**

**B.** Full Name (Last, First, Middle Initial)  
**Donald Ballard**

Mailing Address 11 Parisian Dr

City Toms River State NJ Zip Code 08753

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **10.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.4577**

Amount of Each Receipt this Period  
**10.00**

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

Mailing Address 11 Stollman St

City Bayville State NJ Zip Code 08721

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11AI.4332**

Amount of Each Receipt this Period  
**2.00**

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

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

**15.00**

**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 90
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TOM MACARTHUR FOR CONGRESS INC.**

Full Name (Last, First, Middle Initial) <b>A. Kerry Baynes</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2014	
Mailing Address 207 Villa Knoll Ct		<b>Transaction ID : SA11AI.4476</b>	
City Sicklerville	State NJ	Zip Code 08081	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. C			
Name of Employer Alpha Strategy Group.net	Occupation Manager		Amount of Each Receipt this Period 75.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 75.00		

Full Name (Last, First, Middle Initial) <b>B. Stephen Bell</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 12 / 2014	
Mailing Address 389 Yeoman Rd		<b>Transaction ID : SA11AI.4381</b>	
City Manahawkin	State NJ	Zip Code 08050	Amount of Each Receipt this Period 3.00
FEC ID number of contributing federal political committee. C			
Name of Employer Claytons	Occupation Dispatcher		Amount of Each Receipt this Period 3.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3.00		

Full Name (Last, First, Middle Initial) <b>C. Paul Bencivenga</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2014	
Mailing Address 336 Teaberry Ct		<b>Transaction ID : SA11AI.4623</b>	
City Toms River	State NJ	Zip Code 08753	Amount of Each Receipt this Period 3.00
FEC ID number of contributing federal political committee. C			
Name of Employer	Occupation		Amount of Each Receipt this Period 3.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	81.00
<b>TOTAL</b> This Period (last page this line number only).....	81.00

**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 8 OF 90
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

**A.** Full Name (Last, First, Middle Initial)  
**Thomas Bonfonti**

Mailing Address 31 Barbara Ct

City State Zip Code  
Waretown NJ 08758

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

Name of Employer Occupation  
Lacey Limousines Transportation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**3.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11AI.4401**

Amount of Each Receipt this Period  
**3.00**

**B.** Full Name (Last, First, Middle Initial)  
**Amanda Bonfonti**

Mailing Address 31 Barabara Ct

City State Zip Code  
Waretown NJ 08758

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

Name of Employer Occupation  
Student Student

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11AI.4373**

Amount of Each Receipt this Period  
**5.00**

**C.** Full Name (Last, First, Middle Initial)  
**Debra Bonfonti**

Mailing Address 31 Barbara Ct

City State Zip Code  
Waretown NJ 08758

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

Name of Employer Occupation  
HMS Host Clerk

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11AI.4371**

Amount of Each Receipt this Period  
**5.00**

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

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

**13.00**



**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 90
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

**A.** Full Name (Last, First, Middle Initial)  
**Debra Bonfonti**

Mailing Address 31 Barbara Ct

City State Zip Code  
Waretown NJ 08758

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

Name of Employer Occupation  
HMS Host Clerk

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**8.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11AI.4432**

Amount of Each Receipt this Period  
**3.00**

**B.** Full Name (Last, First, Middle Initial)  
**Debra Bonfonti**

Mailing Address 31 Barbara Ct

City State Zip Code  
Waretown NJ 08758

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

Name of Employer Occupation  
HMS Host Clerk

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**11.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11AI.4447**

Amount of Each Receipt this Period  
**3.00**

**C.** Full Name (Last, First, Middle Initial)  
**Greg Bonfonti**

Mailing Address 120 Main St

City State Zip Code  
Waretown NJ 08758

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

Name of Employer Occupation  
Lacey Limo Liveryman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11AI.4377**

Amount of Each Receipt this Period  
**5.00**

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

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

**11.00**

**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 90
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TOM MACARTHUR FOR CONGRESS INC.**

Full Name (Last, First, Middle Initial) <b>A. John Bonfonti</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 120 Main St  City State Zip Code Waretown NJ 08758		<b>Transaction ID : SA11AI.4435</b>
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3.00
Name of Employer Lacey Limousines	Occupation President	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3.00	

Full Name (Last, First, Middle Initial) <b>B. Thomas Bonfonti</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 31 Barbara Ct  City State Zip Code Waretown NJ 08758		<b>Transaction ID : SA11AI.4369</b>
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00
Name of Employer Lacey Limousines	Occupation Transportation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5.00	

Full Name (Last, First, Middle Initial) <b>C. Thomas Bonfonti</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 31 Barbara Ct  City State Zip Code Waretown NJ 08758		<b>Transaction ID : SA11AI.4429</b>
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3.00
Name of Employer Lacey Limousines	Occupation Transportation	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 8.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	11.00
<b>TOTAL</b> This Period (last page this line number only).....	11.00

**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 90
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

**A.** Full Name (Last, First, Middle Initial)  
**Thomas Bonfonti**

Mailing Address 31 Barbara Ct

City State Zip Code  
Waretown NJ 08758

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

Name of Employer Occupation  
Lacey Limousines Transportation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**11.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 12 / 2014**

**Transaction ID : SA11AI.4446**

Amount of Each Receipt this Period  
**3.00**

**B.** Full Name (Last, First, Middle Initial)  
**William Bratun**

Mailing Address 2 Fox Run Rd

City State Zip Code  
Lumberton NJ 08048

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

Name of Employer Occupation  
Corporate Resources Inc Executive Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**10.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 12 / 2014**

**Transaction ID : SA11AI.4442**

Amount of Each Receipt this Period  
**10.00**

**C.** Full Name (Last, First, Middle Initial)  
**William Bratun**

Mailing Address 2 Fox Run Rd

City State Zip Code  
Lumberton NJ 08048

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

Name of Employer Occupation  
Corporate Resources Inc Executive Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**85.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 14 / 2014**

**Transaction ID : SA11AI.4484**

Amount of Each Receipt this Period  
**75.00**

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

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

**88.00**

**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 12 OF 90
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

**A.** Full Name (Last, First, Middle Initial)  
**William C Brown**

Mailing Address 617 Linden Ave

City Riverton State NJ Zip Code 08077

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

Name of Employer Borough of Riverton Occupation Mayor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **25.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11Al.4571**

Amount of Each Receipt this Period  
**25.00**

**B.** Full Name (Last, First, Middle Initial)  
**Mary Butala**

Mailing Address 11 Stollman St

City Bayville State NJ Zip Code 08721

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **2.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11Al.4336**

Amount of Each Receipt this Period  
**2.00**

**C.** Full Name (Last, First, Middle Initial)  
**Manuel Calaguio**

Mailing Address 2122 Orien Rd

City Toms River State NJ Zip Code 08755

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11Al.4596**

Amount of Each Receipt this Period  
**3.00**

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

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

**30.00**

**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 13 OF 90
	<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	

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)  
**TOM MACARTHUR FOR CONGRESS INC.**

Full Name (Last, First, Middle Initial) <b>Richard Chandler</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 81 Madison St #3		<b>Transaction ID : SA11AI.4397</b>
City Hoboken	State NJ	
Zip Code 07030		Amount of Each Receipt this Period 3.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3.00
Name of Employer Sullivan Papain Block et al	Occupation Paralegal	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3.00	

Full Name (Last, First, Middle Initial) <b>Peter Cordua</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 1650 Suckle Hwy Ste 3		<b>Transaction ID : SA11AI.4415</b>
City Pennsauken	State NJ	
Zip Code 08110		Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Cordua Pastpore & Assoc	Occupation CPA	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 50.00	

Full Name (Last, First, Middle Initial) <b>Frank DeRosa</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 39 Pirogue St		<b>Transaction ID : SA11AI.4617</b>
City Toms River	State NJ	
Zip Code 08757		Amount of Each Receipt this Period 3.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3.00
Name of Employer OCHD	Occupation Keyboarding Clerk	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	56.00
<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 14 OF 90
	<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	

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)  
**TOM MACARTHUR FOR CONGRESS INC.**

**A.** Full Name (Last, First, Middle Initial)  
**Roberta DeSanto**

Mailing Address 870 Burntwood Trl

City Toms River State NJ Zip Code 08753

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11Al.4438**

Amount of Each Receipt this Period  
 25.00

**B.** Full Name (Last, First, Middle Initial)  
**Robert DiBiase**

Mailing Address 253 S Shore Dr

City Toms River State NJ Zip Code 08753

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

Name of Employer Toms River Township Occupation Assistant Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11Al.4448**

Amount of Each Receipt this Period  
 3.00

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

Mailing Address 253 S Shore Dr

City Toms River State NJ Zip Code 08753

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

Name of Employer Toms River Township Occupation Assistant Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11Al.4560**

Amount of Each Receipt this Period  
 3.00

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

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

31.00

**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 90
	<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	

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)  
**TOM MACARTHUR FOR CONGRESS INC.**

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

Mailing Address 253 S Shore Dr

City Toms River State NJ Zip Code 08753

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

Name of Employer Toms River Township Occupation Assistant Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **9.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.4607**

Amount of Each Receipt this Period  
**3.00**

**B.** Full Name (Last, First, Middle Initial)  
**Janice A DiGiuseppe**

Mailing Address 16 Garfield Ct

City Columbus State NJ Zip Code 08022

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

Name of Employer Mansfield Township Occupation Councilwoman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **25.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.4511**

Amount of Each Receipt this Period  
**25.00**

**C.** Full Name (Last, First, Middle Initial)  
**Ronald A DiGiuseppe**

Mailing Address 16 Garfield Ct

City Columbus State NJ Zip Code 08022

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **25.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.4513**

Amount of Each Receipt this Period  
**25.00**

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

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

**53.00**

**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 16 OF 90
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

**A.** Full Name (Last, First, Middle Initial)  
**Alice DiRubbio**

Mailing Address 50 Mermaid Dr

City Manahawkin State NJ Zip Code 08050

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.4555**

Amount of Each Receipt this Period  
 5.00

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

Mailing Address 813 Meetinghouse Rd

City Cinnaminson State NJ Zip Code 08077

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.4546**

Amount of Each Receipt this Period  
 25.00

**C.** Full Name (Last, First, Middle Initial)  
**James Filler**

Mailing Address 744 Main St

City Lumberton State NJ Zip Code 08048

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

Name of Employer Dadz Bar & Grill Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.4587**

Amount of Each Receipt this Period  
 200.00

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

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

230.00



**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 90
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

Full Name (Last, First, Middle Initial) <b>A. Mark Finelli</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2014	
Mailing Address 4 W 8th St		<b>Transaction ID : SA11AI.4566</b>	
City Barnegat Light	State NJ	Zip Code 08006	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer American Management Ent Inc	Occupation Business Executive		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100.00		

Full Name (Last, First, Middle Initial) <b>B. Joseph Flamini</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2014	
Mailing Address 1423 Kenny Cv		<b>Transaction ID : SA11AI.4497</b>	
City Burlington	State NJ	Zip Code 08016	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00	
Name of Employer Beavex	Occupation Sales Director		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 25.00		

Full Name (Last, First, Middle Initial) <b>C. Josh Foote</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 12 / 2014	
Mailing Address PO Box 252		<b>Transaction ID : SA11AI.4409</b>	
City Lumberton	State NJ	Zip Code 08048	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5.00	
Name of Employer Burlington County Repub Cmte	Occupation Campaign Manager		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	130.00
<b>TOTAL</b> This Period (last page this line number only).....	130.00

**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 90
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

**A.** Full Name (Last, First, Middle Initial)  
**Dana B Fratantoro**

Mailing Address 206 E Wilson Ave

City Moorestown State NJ Zip Code 08057

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

Name of Employer Madison Mae Photography Occupation Photographer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.4509**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 50.00

**B.** Full Name (Last, First, Middle Initial)  
**Angeline V Fratianni**

Mailing Address 26 Symphony Ave

City Bayville State NJ Zip Code 08721

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11AI.4342**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 5.00

**C.** Full Name (Last, First, Middle Initial)  
**Harrison Furman**

Mailing Address 106 Dairy Ln

City Linwood State NJ Zip Code 08221

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

Name of Employer Student Occupation Student

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.4495**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 25.00

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

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

\_\_\_\_\_ 80.00

\_\_\_\_\_

**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 90
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

**A.** Full Name (Last, First, Middle Initial)  
**Alexander P Garwood**

Mailing Address 192 Ramblewood Rd

City Moorestown State NJ Zip Code 08057

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

Name of Employer Moorestown Township Occupation Councilman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.4499**

Amount of Each Receipt this Period  
 25.00

**B.** Full Name (Last, First, Middle Initial)  
**Gilbert A Gehin-Scott Jr**

Mailing Address PO Box 252

City rancocas State NJ Zip Code 08073

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.4544**

Amount of Each Receipt this Period  
 25.00

**C.** Full Name (Last, First, Middle Initial)  
**Sean Gormley**

Mailing Address 3330 Bargaintown Rd Ste 2

City Egg Harbor State NJ Zip Code 08234

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

Name of Employer Innovative Risk Solutions Inc Occupation Insurance Broker

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11AI.4413**

Amount of Each Receipt this Period  
 1000.00

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

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

1050.00

**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 90	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	12	13a	13b	14
				<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**TOM MACARTHUR FOR CONGRESS INC.**

**A.** Full Name (Last, First, Middle Initial)  
**Ronald R Gravino**

Mailing Address **PO Box 225**

City **Colonia** State **NJ** Zip Code **07067**

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

Name of Employer **Invidi Technologies** Occupation **VP Finance**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**2500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 08 / 2014**

**Transaction ID : SA11AI.4309**

Amount of Each Receipt this Period  
**2500.00**  
 In-kind - Compliance Consulting

**B.** Full Name (Last, First, Middle Initial)  
**William Green**

Mailing Address **5025B Church Rd**

City **Mt Laurel** State **NJ** Zip Code **08054**

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

Name of Employer **William Green** Occupation **Engineer**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**25.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 14 / 2014**

**Transaction ID : SA11AI.4614**

Amount of Each Receipt this Period  
**25.00**

**C.** Full Name (Last, First, Middle Initial)  
**Rickey Haliotis**

Mailing Address **167 9th St**

City **Belford** State **NJ** Zip Code **07718**

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

Name of Employer **Marsh & McLennan Agency** Occupation **HR Assistant**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 12 / 2014**

**Transaction ID : SA11AI.4363**

Amount of Each Receipt this Period  
**5.00**

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

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

**2530.00**

**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 90
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

**A.** Full Name (Last, First, Middle Initial)  
**James A Hall**

Mailing Address 588 Smithville Rd

City Southampton State NJ Zip Code 08088

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

Name of Employer Paul MacHenry SP Inc Occupation Sales

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**04 / 30 / 2014**

**Transaction ID : SA11AI.4160**

Amount of Each Receipt this Period  
**250.00**

**B.** Full Name (Last, First, Middle Initial)  
**Kristina Haynes**

Mailing Address 14/Buxton Ct

City Barnegat State NJ Zip Code 08005

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

Name of Employer Alstate Occupation Claims Adjuster

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 12 / 2014**

**Transaction ID : SA11AI.4355**

Amount of Each Receipt this Period  
**3.00**

**C.** Full Name (Last, First, Middle Initial)  
**Jeffrey Hein**

Mailing Address 1303 Leguene Ave

City Forked River State NJ Zip Code 08731

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 12 / 2014**

**Transaction ID : SA11AI.4352**

Amount of Each Receipt this Period  
**3.00**

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

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

**256.00**

**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 90
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**TOM MACARTHUR FOR CONGRESS INC.**

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

Mailing Address 2193 Hollywood Dr

City State Zip Code  
Forked River NJ 08731

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

Name of Employer Occupation  
Lacey Twp Law Enforcement

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
25.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.4601**

Amount of Each Receipt this Period  
25.00

**B.** Full Name (Last, First, Middle Initial)  
**Jeffrey P Heppard**

Mailing Address 64 Sandhurst Dr

City State Zip Code  
Mt Laurel NJ 08054

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

Name of Employer Occupation  
BCG Securities Financial Advisor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
25.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.4478**

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
**Priscilla Hiby**

Mailing Address 907 Barnegat Ln

City State Zip Code  
Mantoloking NJ 08738

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

Name of Employer Occupation  
Donnelly Real Estate Realtor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
50.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.4629**

Amount of Each Receipt this Period  
50.00

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

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

100.00

**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 90
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

**A.** Full Name (Last, First, Middle Initial)  
**Linda N Hughes**

Mailing Address 150 Woodlake Dr

City Marlon State NJ Zip Code 08053

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

Name of Employer NJHCFFA Occupation Communications

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **75.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.4537**

Amount of Each Receipt this Period  
**75.00**

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

Mailing Address 114 West End Ave

City Island Heights State NJ Zip Code 08732

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

Name of Employer Law Office of Garrett Joest Occupation Lawyer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **50.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11AI.4433**

Amount of Each Receipt this Period  
**50.00**

**C.** Full Name (Last, First, Middle Initial)  
**Bob Jones**

Mailing Address 22 Kings Way

City Freehold State NJ Zip Code 07728

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **10.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11AI.4444**

Amount of Each Receipt this Period  
**10.00**

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

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

**135.00**

**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 90
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

**A.** Full Name (Last, First, Middle Initial)  
**Edward Kiesche**

Mailing Address 883 Linden Ave

City State Zip Code  
Brick NJ 08723

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11AI.4403**

Amount of Each Receipt this Period  
3.00

**B.** Full Name (Last, First, Middle Initial)  
**William Killion**

Mailing Address 4 Edinburgh Ln

City State Zip Code  
Mt Laurel NJ 08054

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

Name of Employer Occupation  
State of NJ Research Assistant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11AI.4421**

Amount of Each Receipt this Period  
3.00

**C.** Full Name (Last, First, Middle Initial)  
**Barbara Knee**

Mailing Address 46 Basrian Dr

City State Zip Code  
Mt Laurel NJ 08054

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
15.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.4589**

Amount of Each Receipt this Period  
15.00

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

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

21.00



**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 25 OF 90
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

Full Name (Last, First, Middle Initial) <b>Noriko Kowalewski</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 12 / 2014	
Mailing Address 14 Seagull Point		<b>Transaction ID : SA11AI.4437</b>	
City Bayville	State NJ	Amount of Each Receipt this Period 25.00	
Zip Code 08721			
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 25.00	

Full Name (Last, First, Middle Initial) <b>Lucinda Lane</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 12 / 2014	
Mailing Address 7 Corsham Dr		<b>Transaction ID : SA11AI.4387</b>	
City Medford	State NJ	Amount of Each Receipt this Period 50.00	
Zip Code 08055			
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Sander Carson & Lance PC Attorney			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 50.00	

Full Name (Last, First, Middle Initial) <b>Lucinda Lane</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2014	
Mailing Address 7 Corsham Dr		<b>Transaction ID : SA11AI.4503</b>	
City Medford	State NJ	Amount of Each Receipt this Period 75.00	
Zip Code 08055			
FEC ID number of contributing federal political committee. C			
Name of Employer Occupation Sander Carson & Lance PC Attorney			
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 125.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<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 26 OF 90
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

**A.** Full Name (Last, First, Middle Initial)  
**Lucinda Lane**

Mailing Address 7 Corsham Dr

City Medford State NJ Zip Code 08055

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

Name of Employer Sander Carson & Lance PC Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **225.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.4616**

Amount of Each Receipt this Period  
**100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Dylan Larson**

Mailing Address 23 W 20th St

City Barnegat Light State NJ Zip Code 08006

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

Name of Employer Southern Regional High School Occupation Instructional Aide

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **25.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.4551**

Amount of Each Receipt this Period  
**25.00**

**C.** Full Name (Last, First, Middle Initial)  
**Young B Lee**

Mailing Address 7 Pine Acres Dr

City Medford State NJ Zip Code 08055

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

Name of Employer Korean American Assoc of SNJ Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **150.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.4470**

Amount of Each Receipt this Period  
**150.00**

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

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

**275.00**

**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 90
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

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

Mailing Address 280 Vererans Blvd

City Bayville State NJ Zip Code 08721

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11AI.4334**

Amount of Each Receipt this Period  
 2.00

**B.** Full Name (Last, First, Middle Initial)  
**Lynne H Levin**

Mailing Address 2 Hadleigh Terr

City Cherry Hill State NJ Zip Code 08003

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

Name of Employer Camden County GOP Occupation Chairwoman

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.4501**

Amount of Each Receipt this Period  
 25.00

**C.** Full Name (Last, First, Middle Initial)  
**Elizabeth Luna**

Mailing Address 389 Yeoman Rd

City Manahawkin State NJ Zip Code 08050

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

Name of Employer Hampton Ridge Occupation Nurse

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11AI.4379**

Amount of Each Receipt this Period  
 3.00

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

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

30.00

**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 90
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

**A.** Full Name (Last, First, Middle Initial)  
**Frank A Luna**

Mailing Address 123 Lighthouse Dr

City State Zip Code  
Waretown NJ 08758

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 14 / 2014

**Transaction ID : SA11AI.4631**

Amount of Each Receipt this Period  
3.00

**B.** Full Name (Last, First, Middle Initial)  
**Joseph Luna**

Mailing Address 79 N Maple Ave

City State Zip Code  
Tuckerton NJ 08087

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

Name of Employer Occupation  
Tuckerton Borough Police Officer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 12 / 2014

**Transaction ID : SA11AI.4375**

Amount of Each Receipt this Period  
3.00

**C.** Full Name (Last, First, Middle Initial)  
**Ann M Macready**

Mailing Address 26 Kenton Ave

City State Zip Code  
Marlton NJ 08053

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

Name of Employer Occupation  
Center for the Arts Executive Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
50.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 14 / 2014

**Transaction ID : SA11AI.4515**

Amount of Each Receipt this Period  
50.00

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

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

56.00

**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 90
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

**A.** Full Name (Last, First, Middle Initial)  
**Garret Marqua**

Mailing Address 1914 3rd St NW

City Washington State DC Zip Code 20001

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

Name of Employer Price Waterhouse Coopers Occupation Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11AI.4462**

Amount of Each Receipt this Period  
**3.00**

**B.** Full Name (Last, First, Middle Initial)  
**Tara Marqua**

Mailing Address 916 Radio Rd

City Little Egg Harbor State NJ Zip Code 08087

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

Name of Employer Student Occupation Student

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11AI.4460**

Amount of Each Receipt this Period  
**3.00**

**C.** Full Name (Last, First, Middle Initial)  
**Brandon Martin**

Mailing Address 15 Pullman Loop

City Dayton State NJ Zip Code 08810

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

Name of Employer Ramapo College Occupation Staff

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.4579**

Amount of Each Receipt this Period  
**3.00**

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

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

**9.00**

**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 90
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

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

Mailing Address 54 Woodstock Dr

City Toms River State NJ Zip Code 08757

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **50.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11AI.4391**

Amount of Each Receipt this Period  
**50.00**

**B.** Full Name (Last, First, Middle Initial)  
**Susan Martusus**

Mailing Address 905 Mulberry Ct

City Marlton State NJ Zip Code 08053

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **50.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.4489**

Amount of Each Receipt this Period  
**50.00**

**C.** Full Name (Last, First, Middle Initial)  
**Rickey Matthews**

Mailing Address 7 Chesapeake Ct

City Barnegat State NJ Zip Code 08005

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

Name of Employer Somerset County Sheriff Office Occupation Sheriff Officer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11AI.4365**

Amount of Each Receipt this Period  
**3.00**

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

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

**103.00**

**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 31 OF 90
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

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

Mailing Address **34 I St**

City **Seaside Park** State **NJ** Zip Code **08752**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **25.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 14 / 2014**

**Transaction ID : SA11AI.4605**

Amount of Each Receipt this Period  
**25.00**

**B.** Full Name (Last, First, Middle Initial)  
**Timothy J McBrearty**

Mailing Address **150 Westover Dr**

City **Delran** State **NJ** Zip Code **08075**

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

Name of Employer **Moorestown Field Club** Occupation **Assistant GC Super**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 14 / 2014**

**Transaction ID : SA11AI.4535**

Amount of Each Receipt this Period  
**1000.00**

**C.** Full Name (Last, First, Middle Initial)  
**Howard A Miller Jr**

Mailing Address **741 Jeffrey Rd**

City **Moorestown** State **NJ** Zip Code **08057**

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

Name of Employer **Scott & Brayer** Occupation **Chemical Engineer**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **25.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 14 / 2014**

**Transaction ID : SA11AI.4521**

Amount of Each Receipt this Period  
**25.00**

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

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

**1050.00**

**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 32 OF 90
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

**A.** Full Name (Last, First, Middle Initial)  
**Mark Mire**

Mailing Address 32 Washington Way

City State Zip Code  
Tabernacle NJ 08088

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

Name of Employer Occupation  
LeMire Associates Technical Sales

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
75.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 14 / 2014

**Transaction ID : SA11AI.4482**

Amount of Each Receipt this Period  
75.00

**B.** Full Name (Last, First, Middle Initial)  
**Thomas Miserendino**

Mailing Address 1045 Seaman Ave

City State Zip Code  
Beachwood NJ 08722

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
50.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 14 / 2014

**Transaction ID : SA11AI.4619**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 63 Fords Rd

City State Zip Code  
Randolph NJ 07869

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

Name of Employer Occupation  
LoagansLove LLC Musician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
100.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 14 / 2014

**Transaction ID : SA11AI.4585**

Amount of Each Receipt this Period  
100.00

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

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

225.00



**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 90
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

**A.** Full Name (Last, First, Middle Initial)  
**Fred Moorhead**

Mailing Address 12 Chandler St

City Browns Mills State NJ Zip Code 08015

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.4610**

Amount of Each Receipt this Period  
 25.00

**B.** Full Name (Last, First, Middle Initial)  
**Heather Morreale**

Mailing Address 414 Sunrise Blvd

City Forked River State NJ Zip Code 08731

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

Name of Employer Slane & Slane Designs Occupation Sales

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.4558**

Amount of Each Receipt this Period  
 3.00

**C.** Full Name (Last, First, Middle Initial)  
**Heather Morreale**

Mailing Address 414 Sunrise Blvd

City Forked River State NJ Zip Code 08731

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

Name of Employer Slane & Slane Designs Occupation Sales

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.4598**

Amount of Each Receipt this Period  
 10.00

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

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

38.00

**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 90
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

**A.** Full Name (Last, First, Middle Initial)  
**George Murray**

Mailing Address 258 Point Pleasant Ave

City Bayville State NJ Zip Code 08721

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11AI.4340**

Amount of Each Receipt this Period  
 5.00

**B.** Full Name (Last, First, Middle Initial)  
**Vincent Na**

Mailing Address 314 Collins Ave

City Moorestown State NJ Zip Code 08057

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

Name of Employer Occupation  
State of NJ Aide

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.4599**

Amount of Each Receipt this Period  
 25.00

**C.** Full Name (Last, First, Middle Initial)  
**Meghan Neely**

Mailing Address 10 Gap View Rd

City Short Hills State NJ Zip Code 07078

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

Name of Employer Occupation  
Overcoming Obstacles Communications Coordinator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11AI.4395**

Amount of Each Receipt this Period  
 25.00

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

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

55.00

**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 90
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

**A.** Full Name (Last, First, Middle Initial)  
**Richard J Nocella**

Mailing Address 101 Hazelwood Ln

City Marilton State NJ Zip Code 08053

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

Name of Employer: Nocella & Hovdestad Occupation: Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **75.00**

Date of Receipt: **05 / 14 / 2014**

**Transaction ID : SA11AI.4531**

Amount of Each Receipt this Period: **75.00**

**B.** Full Name (Last, First, Middle Initial)  
**Renald Nociti**

Mailing Address 21 W 8th St

City Barnegat Light State NJ Zip Code 08006

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

Name of Employer: North End Property Mgmt Occupation: Laborer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **3.00**

Date of Receipt: **05 / 14 / 2014**

**Transaction ID : SA11AI.4608**

Amount of Each Receipt this Period: **3.00**

**C.** Full Name (Last, First, Middle Initial)  
**Christian Noyes**

Mailing Address 5 Sawgrass Ct

City Moorsetown State NJ Zip Code 08057

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

Name of Employer: PCM Occupation: Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: **300.00**

Date of Receipt: **05 / 12 / 2014**

**Transaction ID : SA11AI.4361**

Amount of Each Receipt this Period: **300.00**

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

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

**378.00**

**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 90
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

**A.** Full Name (Last, First, Middle Initial)  
**Joan Nulty**

Mailing Address 28 Chancellor Ct

City Toms River State NJ Zip Code 08757

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11AI.4338**

Amount of Each Receipt this Period  
 5.00

**B.** Full Name (Last, First, Middle Initial)  
**Mary Ann O'Brien**

Mailing Address 8 Enclave Ct

City Medford State NJ Zip Code 08055

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

Name of Employer Crammer Bishop & O'Brien Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.4569**

Amount of Each Receipt this Period  
 100.00

**C.** Full Name (Last, First, Middle Initial)  
**Chalres O'Connell**

Mailing Address 31 Spruce Cir S

City Bargegat State NJ Zip Code 08005

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

Name of Employer Pathmark Occupation Assistant Store Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.4553**

Amount of Each Receipt this Period  
 25.00

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

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

130.00

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

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

FOR LINE NUMBER: PAGE 37 OF 90  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**TOM MACARTHUR FOR CONGRESS INC.**

**A.** Full Name (Last, First, Middle Initial)  
**Matthew O'Keefe**

Mailing Address 115 Grassy Lake Rd

City Shamong State NJ Zip Code 08088

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

Name of Employer State of NJ Occupation Legislative Director

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11AI.4450**

Amount of Each Receipt this Period  
 3.00

**B.** Full Name (Last, First, Middle Initial)  
**Gina O'Toole**

Mailing Address 166 Ninth St

City Belford State NJ Zip Code 07718

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

Name of Employer Wilson Physical Medicine Occupation Office Manager

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11AI.4405**

Amount of Each Receipt this Period  
 50.00

**C.** Full Name (Last, First, Middle Initial)  
**Maureen Olsen**

Mailing Address 54 Chesterfield Dr

City Jackson State NJ Zip Code 08527

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

Name of Employer Advanced Endoscopy & Surgery Occupation Nurse

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11AI.4430**

Amount of Each Receipt this Period  
 20.00

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

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

73.00

**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 38 OF 90
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

**A.** Full Name (Last, First, Middle Initial)  
**Patricia Padula**

Mailing Address 223 Newport Way

City State Zip Code  
Little Egg Harbor NJ 08087

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11AI.4454**

Amount of Each Receipt this Period  
3.00

**B.** Full Name (Last, First, Middle Initial)  
**Ernest Panacek**

Mailing Address PO Box 787

City State Zip Code  
Barnegat Light NJ 08006

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

Name of Employer Occupation  
Viking Village Inc Administrative Management

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.4575**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**John Pontius**

Mailing Address 9 Thompson St

City State Zip Code  
Charlestown MA 02129

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

Name of Employer Occupation  
TravelSMG Sales Rep

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11AI.4399**

Amount of Each Receipt this Period  
5.00

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

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

508.00

**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 39 OF 90
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

Full Name (Last, First, Middle Initial) <b>A. Lisa A Post</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2014	
Mailing Address 20 Golfview Dr		<b>Transaction ID : SA11AI.4491</b>	
City Medford	State NJ	Zip Code 08055	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00	
Name of Employer EJ Post Co	Occupation Surety Bond Producer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 75.00		

Full Name (Last, First, Middle Initial) <b>B. Brandon J Pugh</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2014	
Mailing Address 1 Collins Mill Ct		<b>Transaction ID : SA11AI.4519</b>	
City Moorestown	State NJ	Zip Code 08057	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00	
Name of Employer ACT	Occupation Security Consultant		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 25.00		

Full Name (Last, First, Middle Initial) <b>C. Robert Rambow</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2014	
Mailing Address 200 James Ct		<b>Transaction ID : SA11AI.4507</b>	
City Delran	State NJ	Zip Code 08075	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer Midlantic Fire	Occupation President		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<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 40 OF 90
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

**A.** Full Name (Last, First, Middle Initial)  
**Deborah Rebuck**

Mailing Address 417 Chester Ave

City Moorestown State NJ Zip Code 08057

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

Name of Employer Dietrich American Foundation Occupation Curator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11AI.4357**

Amount of Each Receipt this Period  
 20.00

**B.** Full Name (Last, First, Middle Initial)  
**Claire Reddan**

Mailing Address 1 Richmond St Apt 1009

City New Brunswick State NJ Zip Code 08901

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

Name of Employer Unemployed Occupation Unemployed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11AI.4385**

Amount of Each Receipt this Period  
 3.00

**C.** Full Name (Last, First, Middle Initial)  
**Megan Riffle**

Mailing Address 481 Main St

City Crosswicks State NJ Zip Code 08515

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

Name of Employer Burlington County Repub Cmte Occupation Director

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.4591**

Amount of Each Receipt this Period  
 25.00

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

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

48.00



**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 41 OF 90
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

**A.** Full Name (Last, First, Middle Initial)  
**Colleen Rivell**

Mailing Address 350 Princeton Ave

City Bayville State NJ Zip Code 08721

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

Name of Employer OC Occupation Assistant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.4612**

Amount of Each Receipt this Period  
 3.00

**B.** Full Name (Last, First, Middle Initial)  
**Frank Sabatino**

Mailing Address 839 Forepeak Dr

City Forked River State NJ Zip Code 08731

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.4621**

Amount of Each Receipt this Period  
 25.00

**C.** Full Name (Last, First, Middle Initial)  
**Mark Sander**

Mailing Address 7 Corsham Dr

City Medford State NJ Zip Code 08055

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

Name of Employer Sander Carson & Lane PC Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11AI.4389**

Amount of Each Receipt this Period  
 50.00

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

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

78.00

**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 42 OF 90
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

**A.** Full Name (Last, First, Middle Initial)  
**Mark Sander**

Mailing Address 7 Corsham Dr

City State Zip Code  
Medford NJ 08055

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

Name of Employer Occupation  
Sander Carson & Lane PC Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
125.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 14 / 2014

**Transaction ID : SA11AI.4504**

Amount of Each Receipt this Period  
75.00

**B.** Full Name (Last, First, Middle Initial)  
**John Sandman**

Mailing Address 176 Patty Bowker Rd

City State Zip Code  
Tabernacle NJ 08088

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
25.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 14 / 2014

**Transaction ID : SA11AI.4625**

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
**Jayson Schimmenti**

Mailing Address 27 Goodfellow Dr

City State Zip Code  
Port Reading NJ 07064

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 12 / 2014

**Transaction ID : SA11AI.4360**

Amount of Each Receipt this Period  
3.00

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

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

103.00

**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 43 OF 90
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

**A.** Full Name (Last, First, Middle Initial)  
**Jerome Schimmenti**

Mailing Address 12 Chicago St

City State Zip Code  
Tinton Falls NJ 07712

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

Name of Employer Occupation  
RWJUH-Rahway MICU Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11AI.4393**

Amount of Each Receipt this Period  
3.00

**B.** Full Name (Last, First, Middle Initial)  
**Paul Seidner**

Mailing Address 1 St Thomas Ave

City State Zip Code  
Toms River NJ 08753

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
150.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11AI.4350**

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
**Paul Seidner**

Mailing Address 1 St Thomas Ave

City State Zip Code  
Toms River NJ 08753

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
175.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.4568**

Amount of Each Receipt this Period  
25.00

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

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

178.00

**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 44 OF 90
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

**A.** Full Name (Last, First, Middle Initial)  
**Tyler Seville**

Mailing Address 9 Briar Knoll

City State Zip Code  
Delran NJ 08075

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

Name of Employer Occupation  
NJBIA Lobbyist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.4593**

Amount of Each Receipt this Period  
 10.00

**B.** Full Name (Last, First, Middle Initial)  
**Patricia A Shelfer**

Mailing Address 26 Huxley Cir

City State Zip Code  
Marlton NJ 08053

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

Name of Employer Occupation  
NRS Referral Services LLC Real Estate Referral Agent

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.4480**

Amount of Each Receipt this Period  
 25.00

**C.** Full Name (Last, First, Middle Initial)  
**Donald Sico**

Mailing Address 315 Thomas Ave

City State Zip Code  
Riverton NJ 08077

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

Name of Employer Occupation  
Donald Sico Government Relations

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11AI.4427**

Amount of Each Receipt this Period  
 250.00

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

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

285.00

**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 45 OF 90
	<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	

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)  
**TOM MACARTHUR FOR CONGRESS INC.**

**A.** Full Name (Last, First, Middle Initial)  
**Earl H Siegman**

Mailing Address 46 Mill Park Ln

City State Zip Code  
Evesham NJ 08053

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
150.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 14 / 2014

**Transaction ID : SA11AI.4493**

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
**Margot Silk**

Mailing Address 1 Wellsford Way

City State Zip Code  
Westampton NJ 08060

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
75.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 14 / 2014

**Transaction ID : SA11AI.4573**

Amount of Each Receipt this Period  
75.00

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

Mailing Address 1 Bank Ave

City State Zip Code  
Riverton NJ 08077

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

Name of Employer Occupation  
Smyth Consulting Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
100.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 12 / 2014

**Transaction ID : SA11AI.4419**

Amount of Each Receipt this Period  
100.00

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

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

325.00

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

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

(check only one)

<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

Full Name (Last, First, Middle Initial) <b>A. Robert E Smyth</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 14 / 2014
Mailing Address 1 Bank Ave		<b>Transaction ID : SA11AI.4543</b>
City Riverton	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer Smyth Consulting	Occupation Consultant	Election Cycle-to-Date 175.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B. Robert E Smyth</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 14 / 2014
Mailing Address 1 Bank Ave		<b>Transaction ID : SA11AI.4595</b>
City Riverton	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Smyth Consulting	Occupation Consultant	Election Cycle-to-Date 275.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C. Steven R Solomon</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 14 / 2014
Mailing Address 669 Garwood Rd		<b>Transaction ID : SA11AI.4505</b>
City Moorestown	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Upstage Right Productions	Occupation Owner	Election Cycle-to-Date 50.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<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: PAGE 47 OF 90  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**TOM MACARTHUR FOR CONGRESS INC.**

**A.** Full Name (Last, First, Middle Initial)  
**Patricia G Steel**

Mailing Address 7 Moran Dr

City Columbus State NJ Zip Code 08022

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

Name of Employer G Steel & Associates LLC Occupation Producer

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.4472**

Amount of Each Receipt this Period  
 50.00

**B.** Full Name (Last, First, Middle Initial)  
**Helen Strobel**

Mailing Address 2306 Laurel Dr

City Cinnaminson State NJ Zip Code 08077

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.4603**

Amount of Each Receipt this Period  
 3.00

**C.** Full Name (Last, First, Middle Initial)  
**Richard Strobel**

Mailing Address 4 Easton Ln

City Cinnaminson State NJ Zip Code 08077

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

Name of Employer BCBSS Occupation Attorney

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11AI.4425**

Amount of Each Receipt this Period  
 3.00

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

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

56.00

**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 48 OF 90
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

Full Name (Last, First, Middle Initial) <b>William C Sulilvan Sr</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2014	
Mailing Address 207 Chesterfield-Jacobstown Rd		<b>Transaction ID : SA11AI.4627</b>	
City Wrightstown	State NJ	Zip Code 08562	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 25.00		

Full Name (Last, First, Middle Initial) <b>Carolyn Sullivan</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2014	
Mailing Address 33 Sheffield Pl		<b>Transaction ID : SA11AI.4563</b>	
City Southampton	State NJ	Zip Code 08088	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3.00	
Name of Employer Homemaker	Occupation Homemaker		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 3.00		

Full Name (Last, First, Middle Initial) <b>Joseph Taglieri</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 12 / 2014	
Mailing Address 105 Paterson Rd		<b>Transaction ID : SA11AI.4353</b>	
City Barnegat	State NJ	Zip Code 08005	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 25.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	53.00
<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 49 OF 90
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

**A.** Full Name (Last, First, Middle Initial)  
**Brandon Thompson**

Mailing Address 24 Browning Ave

City Moorestown State NJ Zip Code 08057

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

Name of Employer Ross Occupation Store Protection Specialist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11AI.4407**

Amount of Each Receipt this Period  
 3.00

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

Mailing Address 162 Wells Mills Rd

City Waretown State NJ Zip Code 08758

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

Name of Employer Long Beach Twp Occupation Police Officer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.4583**

Amount of Each Receipt this Period  
 3.00

**C.** Full Name (Last, First, Middle Initial)  
**Matthew Tiedemann**

Mailing Address 13 Dressage Ct

City Tinton Falls State NJ Zip Code 07753

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

Name of Employer Scotch Plains Fanwood BOE Occupation Educator

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11AI.4367**

Amount of Each Receipt this Period  
 3.00

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

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

9.00

**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 50 OF 90
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

Full Name (Last, First, Middle Initial) <b>A. Robin Tilton</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 12 / 2014	
Mailing Address 27 Cedars Ave		<b>Transaction ID : SA11AI.4440</b>	
City State Zip Code Harvey Cedars NJ 08008	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Long Beach Island BOE Teacher		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Andrea Tsapralis</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2014	
Mailing Address 13 Applewood Ct		<b>Transaction ID : SA11AI.4633</b>	
City State Zip Code Hainesport NJ 08036	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation HP Sales		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 10.00		

Full Name (Last, First, Middle Initial) <b>C. T Robin Visconi</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 12 / 2014	
Mailing Address 370 Tall Tree Ct		<b>Transaction ID : SA11AI.4359</b>	
City State Zip Code Jackson NJ 08527	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation T Robin Visconi Fundraiser		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1260.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

**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 51 OF 90
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

**A.** Full Name (Last, First, Middle Initial)  
**Jacqueline Von Den Steinen**

Mailing Address 1 Richmond St

City State Zip Code  
New Brunswick NJ 08901

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

Name of Employer Occupation  
Johnson & Johnson Senior Analyst

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
3.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 12 / 2014

**Transaction ID : SA11AI.4383**

Amount of Each Receipt this Period  
3.00

**B.** Full Name (Last, First, Middle Initial)  
**Larry F Wallace**

Mailing Address 75 Kirschling Dr

City State Zip Code  
Woolwich Twp NJ 08085

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

Name of Employer Occupation  
Larry F Wallace Dental Office Admin

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 14 / 2014

**Transaction ID : SA11AI.4487**

Amount of Each Receipt this Period  
300.00

**C.** Full Name (Last, First, Middle Initial)  
**Bryan E Ward**

Mailing Address 13 Arrowhead Dr

City State Zip Code  
Marlton NJ 08053

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

Name of Employer Occupation  
Evesham Fire & Rescue Assistant Chief

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
200.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 14 / 2014

**Transaction ID : SA11AI.4539**

Amount of Each Receipt this Period  
200.00

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

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

503.00

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

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

FOR LINE NUMBER: PAGE 52 OF 90  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**TOM MACARTHUR FOR CONGRESS INC.**

**A.** Full Name (Last, First, Middle Initial)  
**Sandra E Ward**

Mailing Address 13 Arrowhead Dr

City Marilton State NJ Zip Code 08053

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.4541**

Amount of Each Receipt this Period  
 200.00

**B.** Full Name (Last, First, Middle Initial)  
**Edwin Wellington**

Mailing Address 19 W 12th St

City Barnegat Light State NJ Zip Code 08006

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

Name of Employer Edwin Wellington Occupation Property Manager

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11AI.4458**

Amount of Each Receipt this Period  
 3.00

**C.** Full Name (Last, First, Middle Initial)  
**Michele Wellington**

Mailing Address 19 W 12th St

City Barnegat Light State NJ Zip Code 08006

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

Name of Employer IBM Occupation Flight Attendant

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11AI.4456**

Amount of Each Receipt this Period  
 3.00

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

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

206.00

**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 53 OF 90
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

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

Mailing Address **7 E 5th St**

City **Barneget Light** State **NJ** Zip Code **08006**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **100.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 14 / 2014**

**Transaction ID : SA11AI.4581**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address **19 E Main St**

City **Moorestown** State **NJ** Zip Code **08057**

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

Name of Employer **Wilson Company** Occupation **Analyst**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 12 / 2014**

**Transaction ID : SA11AI.4411**

Amount of Each Receipt this Period  
**3.00**

**C.** Full Name (Last, First, Middle Initial)  
**Brian Wittbank**

Mailing Address **483 East Rd**

City **Belford** State **NJ** Zip Code **07718**

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

Name of Employer **Central Jersey Arts Charter** Occupation **Teacher**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**05 / 12 / 2014**

**Transaction ID : SA11AI.4423**

Amount of Each Receipt this Period  
**3.00**

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

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

**106.00**

**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 54 OF 90
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

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

Mailing Address 483 East Rd

City Belford State NJ Zip Code 07718

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

Name of Employer Wall Township BOE Occupation Teacher

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **3.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11AI.4417**

Amount of Each Receipt this Period  
**3.00**

**B.** Full Name (Last, First, Middle Initial)  
**Gary F Woodend**

Mailing Address 5C N Main St

City Medford State NJ Zip Code 08055

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

Name of Employer Gary F Woodend Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **25.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.4474**

Amount of Each Receipt this Period  
**25.00**

**C.** Full Name (Last, First, Middle Initial)  
**David Wyrsh**

Mailing Address 1068 Whispering Oak Ln

City Manahawkin State NJ Zip Code 08050

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

Name of Employer The Van Dyk Group Occupation Owner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **100.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11AI.4561**

Amount of Each Receipt this Period  
**100.00**

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

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

**128.00**

**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 55 OF 90
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

Full Name (Last, First, Middle Initial) <b>A. Jim Zenkovich</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 101 Woodview Ln		<b>Transaction ID : SA11AI.4452</b>
City Cinnaminson	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer USPS	Occupation Letter Carrier	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 10.00	

Full Name (Last, First, Middle Initial) <b>B. Robert G Zoll Jr</b>		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 2 Oregon Ave		<b>Transaction ID : SA11AI.4485</b>
City Palmyra	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Burlington County Corrections	Occupation Corrections Officer	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 50.00	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> This Period (last page this line number only).....	13134.00

**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 56 OF 90
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

**A.** Full Name (Last, First, Middle Initial)  
**Berkeley Twp Republican Municipal Committee**

Mailing Address 16 Beaumont Ct

City Toms River State NJ Zip Code 08757

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

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11C.4530**

Amount of Each Receipt this Period  
 25.00

**B.** Full Name (Last, First, Middle Initial)  
**FRIENDS OF JIM SAXTON**

Mailing Address PO BOX 795

City MOUNT HOLLY State NJ Zip Code 08060

FEC ID number of contributing federal political committee. **C C00197699**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11C.4529**

Amount of Each Receipt this Period  
 2000.00

**C.** Full Name (Last, First, Middle Initial)  
**Hainesport Township Republican Committee**

Mailing Address PO Box 1

City Hainesport State NJ Zip Code 08036

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

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 14 / 2014

**Transaction ID : SA11C.4528**

Amount of Each Receipt this Period  
 75.00

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

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

2100.00

2100.00



**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 57 OF 90	
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address PO Box 1270		Amount of Each Disbursement this Period 5857.65 <b>Transaction ID : SB17.4257</b>
City Newark	State NJ Zip Code 07101	
Purpose of Disbursement Credit Card	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Phoenix Park Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 520 N Capitol St NW		Amount of Each Disbursement this Period 262.20 <b>Transaction ID : SB17.4257.1</b> <b>[MEMO ITEM]</b>
City Washington	State DC Zip Code 20001	
Purpose of Disbursement Candidate Travel	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Marriott</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 2660 Woodley Rd NW		Amount of Each Disbursement this Period 423.85 <b>Transaction ID : SB17.4257.3</b> <b>[MEMO ITEM]</b>
City Washington	State DC Zip Code 20008	
Purpose of Disbursement Candidate Travel	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5857.65
<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 58 OF 90			
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

Full Name (Last, First, Middle Initial) <b>A. Amtrak</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 60 Massachusetts Ave NE		Amount of Each Disbursement this Period 382.00
City Washington	State DC Zip Code 20002	
Purpose of Disbursement Candidate Travel	Candidate Name	Transaction ID : SB17.4257.4
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Phoenix Park Hotel</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 520 N Capitol St NW		Amount of Each Disbursement this Period 266.20
City Washington	State DC Zip Code 20001	
Purpose of Disbursement Candidate Travel	Candidate Name	Transaction ID : SB17.4257.8
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. Amtrak</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 60 Massachusetts Ave NE		Amount of Each Disbursement this Period 19.00
City Washington	State DC Zip Code 20002	
Purpose of Disbursement Candidate Travel	Candidate Name	Transaction ID : SB17.4257.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 59 OF 90			
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

Full Name (Last, First, Middle Initial) <b>A. Amtrak</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 60 Massachusetts Ave NE		Amount of Each Disbursement this Period 346.00
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Candidate Travel	Transaction ID : SB17.4257.11
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 680 US Hwy 130		Amount of Each Disbursement this Period 0.62
City Trenton	State NJ	
Zip Code 08650	Purpose of Disbursement Postage	Transaction ID : SB17.4257.15
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Marriott</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 2660 Woodley Rd NW		Amount of Each Disbursement this Period 417.93
City Washington	State DC	
Zip Code 20008	Purpose of Disbursement Candidate Travel	Transaction ID : SB17.4257.17
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 90			
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

Full Name (Last, First, Middle Initial) <b>A. Amtrak</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 60 Massachusetts Ave NE		Amount of Each Disbursement this Period 53.00
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Candidate Travel	Transaction ID : SB17.4257.19
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Best Buy</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 215 Stafford Park Blvd		Amount of Each Disbursement this Period 399.06
City Manahawkin	State NJ	
Zip Code 08050	Purpose of Disbursement Office Expense	Transaction ID : SB17.4257.23
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 680 US Hwy 130		Amount of Each Disbursement this Period 1.96
City Trenton	State NJ	
Zip Code 08650	Purpose of Disbursement Postage	Transaction ID : SB17.4257.24
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 61 OF 90			
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

Full Name (Last, First, Middle Initial) <b>A. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 680 US Hwy 130		Amount of Each Disbursement this Period 0.00
City Trenton	State NJ	
Purpose of Disbursement Postage	Candidate Name	Transaction ID : SB17.4257.25 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <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. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 680 US Hwy 130		Amount of Each Disbursement this Period 1568.00
City Trenton	State NJ	
Purpose of Disbursement Postage	Candidate Name	Transaction ID : SB17.4257.26 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <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. VoterTrove</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 3180 18th St #100		Amount of Each Disbursement this Period 850.00
City San Francisco	State CA	
Purpose of Disbursement List Rental	Candidate Name	Transaction ID : SB17.4257.27 <b>[MEMO ITEM]</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <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).....	0.00
<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 62 OF 90	
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

Full Name (Last, First, Middle Initial) <b>A. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 680 US Hwy 130		Amount of Each Disbursement this Period 4.90
City Trenton	State NJ	
Zip Code 08650	Purpose of Disbursement Postage	Transaction ID : SB17.4257.29
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 680 US Hwy 130		Amount of Each Disbursement this Period 10.78
City Trenton	State NJ	
Zip Code 08650	Purpose of Disbursement Postage	Transaction ID : SB17.4257.30
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 2 Route 37 W		Amount of Each Disbursement this Period 267.44
City Toms River	State NJ	
Zip Code 08753	Purpose of Disbursement Postage	Transaction ID : SB17.4257.31
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 63 OF 90		
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

Full Name (Last, First, Middle Initial) <b>A. Baseline Research</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2014
Mailing Address 11 Stoney Hill Rd		Amount of Each Disbursement this Period 3000.00 <b>Transaction ID : SB17.4227</b>
City New Hope	State PA	
Zip Code 18938	Purpose of Disbursement Research	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Brick VFW Post #8867</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014
Mailing Address 373 Adamston Rd		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.4313</b>
City Brick	State NJ	
Zip Code 08723	Purpose of Disbursement Event Cost	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Capitol Copy Service</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address 116 W State St		Amount of Each Disbursement this Period 421.19 <b>Transaction ID : SB17.4318</b>
City Trenton	State NJ	
Zip Code 08608	Purpose of Disbursement Printing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3671.19
<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 64 OF 90			
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

Full Name (Last, First, Middle Initial) <b>A. Catch Digital Strategy</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014		
Mailing Address PO Box 7833			Amount of Each Disbursement this Period 3139.86		
City Capistrano Beach	State CA	Zip Code 92624	Transaction ID : SB17.4217		
Purpose of Disbursement Website		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Chris Mottola Consulting Inc</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014		
Mailing Address 1382 Lafayette St			Amount of Each Disbursement this Period 26836.44		
City Cape May	State NJ	Zip Code 08204	Transaction ID : SB17.4247		
Purpose of Disbursement Media		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Chris Russell Consulting</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2014		
Mailing Address 1704 Maxwell Dr Ste 202			Amount of Each Disbursement this Period 33816.97		
City Wall	State NJ	Zip Code 07719	Transaction ID : SB17.4179		
Purpose of Disbursement Mailer/List Rental		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	63793.27
<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 65 OF 90			
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

Full Name (Last, First, Middle Initial) <b>A. Chris Russell Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 1704 Maxwell Dr Ste 202		Amount of Each Disbursement this Period 81065.22 <b>Transaction ID : SB17.4195</b>
City Wall State NJ Zip Code 07719	Purpose of Disbursement Mailer/ PR Consulting	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Chris Russell Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 1704 Maxwell Dr Ste 202		Amount of Each Disbursement this Period 37904.71 <b>Transaction ID : SB17.4241</b>
City Wall State NJ Zip Code 07719	Purpose of Disbursement Mailer	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Comcast</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address PO Box 69		Amount of Each Disbursement this Period 570.62 <b>Transaction ID : SB17.4233</b>
City Newark State NJ Zip Code 07101	Purpose of Disbursement Utilities	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	81065.22
<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 66 OF 90			
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

Full Name (Last, First, Middle Initial) <b>A. Comcast</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address PO Box 69		Amount of Each Disbursement this Period 377.81
City Newark	State NJ	
Zip Code 07101	Purpose of Disbursement Utilities	Transaction ID : SB17.4321
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. First Fidelity Land LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 6050 Kennedy Blvd E		Amount of Each Disbursement this Period 1350.00
City West New York	State NJ	
Zip Code 07093	Purpose of Disbursement Rent	Transaction ID : SB17.4196
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. First Fidelity Land LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 6050 Kennedy Blvd E		Amount of Each Disbursement this Period 74.81
City West New York	State NJ	
Zip Code 07093	Purpose of Disbursement Utilities	Transaction ID : SB17.4548
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1802.62
<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 67 OF 90		
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

Full Name (Last, First, Middle Initial) <b>A. Fitzsimmons Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address PO Box 353		Amount of Each Disbursement this Period 8364.00
City Matawan	State NJ	
Zip Code 07747	Purpose of Disbursement Telecommunications	Transaction ID : SB17.4205
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Fitzsimmons Communications</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address PO Box 353		Amount of Each Disbursement this Period 514.00
City Matawan	State NJ	
Zip Code 07747	Purpose of Disbursement Telecommunications	Transaction ID : SB17.4210
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Gibbons PC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2014
Mailing Address PO Box 5177		Amount of Each Disbursement this Period 94.00
City New York	State NY	
Zip Code 10087	Purpose of Disbursement Legal Fees	Transaction ID : SB17.4178
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	8972.00
<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 68 OF 90		
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

Full Name (Last, First, Middle Initial) <b>A. Gibbons PC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2014
Mailing Address PO Box 5177		Amount of Each Disbursement this Period 6486.00
City New York	State NY	
Zip Code 10087	Purpose of Disbursement Legal Fees	Transaction ID : SB17.4320
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ronald R Gravino</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2014
Mailing Address PO Box 225		Amount of Each Disbursement this Period 2500.00
City Colonia	State NJ	
Zip Code 07067	Purpose of Disbursement In-kind - Compliance Consulting	Transaction ID : SB17.4310
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Chris Griswold</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 9 East 5th St		Amount of Each Disbursement this Period 2358.66
City Barnegat Light	State NJ	
Zip Code 08006	Purpose of Disbursement Payroll	Transaction ID : SB17.4182
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	11344.66
<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 69 OF 90			
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

Full Name (Last, First, Middle Initial) <b>A. Jeffrey Hein</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 1303 Leguene Ave		Amount of Each Disbursement this Period 3871.38
City Forked River	State NJ	
Zip Code 08731	Purpose of Disbursement Payroll	Transaction ID : SB17.4183
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Hub International Northeast</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2014
Mailing Address 180 River Rd 2nd Fl		Amount of Each Disbursement this Period 1061.55
City Summit	State NJ	
Zip Code 07901	Purpose of Disbursement Insurance	Transaction ID : SB17.4208
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Noriko Kowalewski</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 14 Seagull Point		Amount of Each Disbursement this Period 2306.04
City Bayville	State NJ	
Zip Code 08721	Purpose of Disbursement Payroll	Transaction ID : SB17.4185
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7238.97
<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 70 OF 90			
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

Full Name (Last, First, Middle Initial) <b>A. Noriko Kowalewski</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2014		
Mailing Address 14 Seagull Point			Amount of Each Disbursement this Period 87.36		
City Bayville	State NJ	Zip Code 08721	Transaction ID : SB17.4311		
Purpose of Disbursement Travel Reimbursement		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>B. Adam Lester</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2014		
Mailing Address 410 Kettle Creek Rd Apt 5			Amount of Each Disbursement this Period 1563.24		
City Toms River	State NJ	Zip Code 08753	Transaction ID : SB17.4213		
Purpose of Disbursement Payroll		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) <b>c. Adam Lester</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014		
Mailing Address 410 Kettle Creek Rd Apt 5			Amount of Each Disbursement this Period 142.80		
City Toms River	State NJ	Zip Code 08753	Transaction ID : SB17.4222		
Purpose of Disbursement Travel		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1793.40
<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 71 OF 90			
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

Full Name (Last, First, Middle Initial) <b>A. Frank Luna</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 100 Ocean Ave Apt 14		Amount of Each Disbursement this Period 5979.66
City Bradley Beach	State NJ	
Zip Code 07720	Purpose of Disbursement Payroll	Transaction ID : SB17.4187
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. National Research Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2014
Mailing Address 146 State Route 34 Ste 250		Amount of Each Disbursement this Period 17900.00
City Holmdel	State NJ	
Zip Code 07733	Purpose of Disbursement Survey	Transaction ID : SB17.4219
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Harrison Neely</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 41 Sayre Dr		Amount of Each Disbursement this Period 3244.79
City Princeton	State NJ	
Zip Code 08540	Purpose of Disbursement Payroll	Transaction ID : SB17.4189
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	27124.45
<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 72 OF 90		
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

Full Name (Last, First, Middle Initial) <b>A. Caitlin O'Toole</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 25 / 2014
Mailing Address 166 9th St		Amount of Each Disbursement this Period 1265.13 <b>Transaction ID : SB17.4215</b>
City Belford	State NJ Zip Code 07718	
Purpose of Disbursement Payroll	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Caitlin O'Toole</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 166 9th St		Amount of Each Disbursement this Period 104.55 <b>Transaction ID : SB17.4229</b>
City Belford	State NJ Zip Code 07718	
Purpose of Disbursement Office Expense	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Jeffrey Olsen</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 54 Chesterfield Dr		Amount of Each Disbursement this Period 1488.75 <b>Transaction ID : SB17.4236</b>
City Jackson	State NJ Zip Code 08527	
Purpose of Disbursement Payroll	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2858.43
<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 73 OF 90			
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>A. Paycycle</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>02</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	04		02		2014
M M	/	D D	/	Y Y Y Y								
04		02		2014								
Mailing Address 210 Portage Ave		Amount of Each Disbursement this Period										
City	State Zip Code											
Palo Alto	CA 94306	<table border="1"> <tr> <td>50.00</td> </tr> </table>	50.00									
50.00												
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.4326</b>										
Payroll Taxes												
Candidate Name												
Office Sought:	Disbursement For: 2014											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>B. Paycycle</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>02</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	04		02		2014
M M	/	D D	/	Y Y Y Y								
04		02		2014								
Mailing Address 210 Portage Ave		Amount of Each Disbursement this Period										
City	State Zip Code											
Palo Alto	CA 94306	<table border="1"> <tr> <td>216.03</td> </tr> </table>	216.03									
216.03												
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.4327</b>										
Payroll Taxes												
Candidate Name												
Office Sought:	Disbursement For: 2014											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>C. Paycycle</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>03</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	04		03		2014
M M	/	D D	/	Y Y Y Y								
04		03		2014								
Mailing Address 210 Portage Ave		Amount of Each Disbursement this Period										
City	State Zip Code											
Palo Alto	CA 94306	<table border="1"> <tr> <td>793.68</td> </tr> </table>	793.68									
793.68												
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.4328</b>										
Payroll Taxes												
Candidate Name												
Office Sought:	Disbursement For: 2014											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<table border="1"> <tr> <td>1059.71</td> </tr> </table>	1059.71
1059.71		
<b>TOTAL</b> This Period (last page this line number only).....	<table border="1"> <tr> <td></td> </tr> </table>	

**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 74 OF 90			
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>A. Paycycle</b>		M M / D D / Y Y Y Y 05 / 05 / 2014	
Mailing Address 210 Portage Ave		Amount of Each Disbursement this Period	
City Palo Alto State CA Zip Code 94306		1041.94	
Purpose of Disbursement Payroll Taxes		Transaction ID : SB17.4244	
Candidate Name		Category/Type	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>B. Paycycle</b>		M M / D D / Y Y Y Y 05 / 05 / 2014	
Mailing Address 210 Portage Ave		Amount of Each Disbursement this Period	
City Palo Alto State CA Zip Code 94306		11155.52	
Purpose of Disbursement Payroll Taxes		Transaction ID : SB17.4245	
Candidate Name		Category/Type	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>C. Political Communications Advertising</b>		M M / D D / Y Y Y Y 04 / 04 / 2014	
Mailing Address 37 W 39th St Ste 602		Amount of Each Disbursement this Period	
City New York State NY Zip Code 10018		51724.00	
Purpose of Disbursement Media		Transaction ID : SB17.4170	
Candidate Name		Category/Type	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	63921.46
<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 75 OF 90			
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

Full Name (Last, First, Middle Initial)

**A. Political Communications Advertising**

Mailing Address 37 W 39th St  
Ste 602

City New York State NY Zip Code 10018

Purpose of Disbursement Media

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 04 / 08 / 2014

Amount of Each Disbursement this Period: 73724.00

Transaction ID : SB17.4176

Category/Type

Full Name (Last, First, Middle Initial)

**B. Political Communications Advertising**

Mailing Address 37 W 39th St  
Ste 602

City New York State NY Zip Code 10018

Purpose of Disbursement Media

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 04 / 11 / 2014

Amount of Each Disbursement this Period: 25600.00

Transaction ID : SB17.4180

Category/Type

Full Name (Last, First, Middle Initial)

**C. Political Communications Advertising**

Mailing Address 37 W 39th St  
Ste 602

City New York State NY Zip Code 10018

Purpose of Disbursement Cable & Radio Buy

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 04 / 17 / 2014

Amount of Each Disbursement this Period: 70670.00

Transaction ID : SB17.4207

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... 169994.00

**TOTAL** 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 76 OF 90			
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>A. Political Communications Advertising</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>24</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	04		24		2014
M M	/	D D	/	Y Y Y Y								
04		24		2014								
Mailing Address 37 W 39th St Ste 602		Amount of Each Disbursement this Period										
City New York State NY Zip Code 10018		<table border="1"> <tr> <td>44058.00</td> </tr> </table>	44058.00									
44058.00												
Purpose of Disbursement Media		Transaction ID : SB17.4220										
Candidate Name		Category/Type										
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>											
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State:	District:											

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>B. Political Communications Advertising</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>01</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	05		01		2014
M M	/	D D	/	Y Y Y Y								
05		01		2014								
Mailing Address 37 W 39th St Ste 602		Amount of Each Disbursement this Period										
City New York State NY Zip Code 10018		<table border="1"> <tr> <td>67505.00</td> </tr> </table>	67505.00									
67505.00												
Purpose of Disbursement Media		Transaction ID : SB17.4246										
Candidate Name		Category/Type										
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>											
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State:	District:											

Full Name (Last, First, Middle Initial)		Date of Disbursement										
<b>C. Political Communications Advertising</b>		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>05</td> <td></td> <td>02</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	05		02		2014
M M	/	D D	/	Y Y Y Y								
05		02		2014								
Mailing Address 37 W 39th St Ste 602		Amount of Each Disbursement this Period										
City New York State NY Zip Code 10018		<table border="1"> <tr> <td>9910.00</td> </tr> </table>	9910.00									
9910.00												
Purpose of Disbursement Radio Buy		Transaction ID : SB17.4254										
Candidate Name		Category/Type										
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>											
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State:	District:											

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	121473.00
<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 77 OF 90			
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

Full Name (Last, First, Middle Initial) <b>A. Political Communications Advertising</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 09 / 2014
Mailing Address 37 W 39th St Ste 602		Amount of Each Disbursement this Period 97996.00
City New York	State NY	
Zip Code 10018	Purpose of Disbursement Media	Transaction ID : SB17.4323
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Michael Rebuck</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 417 Chester Ave		Amount of Each Disbursement this Period 2306.04
City Moorestown	State NJ	
Zip Code 08057	Purpose of Disbursement Payroll	Transaction ID : SB17.4191
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Michael Rebuck</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 417 Chester Ave		Amount of Each Disbursement this Period 160.95
City Moorestown	State NJ	
Zip Code 08057	Purpose of Disbursement Office Expense	Transaction ID : SB17.4225
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	100462.99
<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 78 OF 90		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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)  
**TOM MACARTHUR FOR CONGRESS INC.**

Full Name (Last, First, Middle Initial) <b>A. Ronald Gravino Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address PO Box 225		Amount of Each Disbursement this Period 3777.99
City Colonia	State NJ	
Zip Code 07067	Purpose of Disbursement Compliance	Transaction ID : SB17.4164
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ronald Gravino Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address PO Box 225		Amount of Each Disbursement this Period 489.36
City Colonia	State NJ	
Zip Code 07067	Purpose of Disbursement Office Expense	Transaction ID : SB17.4226
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Ronald Gravino Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address PO Box 225		Amount of Each Disbursement this Period 2946.77
City Colonia	State NJ	
Zip Code 07067	Purpose of Disbursement Compliance	Transaction ID : SB17.4243
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7214.12
<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 79 OF 90			
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

Full Name (Last, First, Middle Initial) <b>A. Save Jersey Advertising LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 200 E Madison Ave Apt 2		Amount of Each Disbursement this Period 1000.00
City Collingswood	State NJ Zip Code 08108	
Purpose of Disbursement Ad	Category/Type	<b>Transaction ID : SB17.4198</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jayson Schimmenti</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 27 Goodfellow Dr		Amount of Each Disbursement this Period 2306.04
City Port Reading	State NJ Zip Code 07064	
Purpose of Disbursement Payroll	Category/Type	<b>Transaction ID : SB17.4193</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Jayson Schimmenti</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 27 Goodfellow Dr		Amount of Each Disbursement this Period 107.52
City Port Reading	State NJ Zip Code 07064	
Purpose of Disbursement Office Expense	Category/Type	<b>Transaction ID : SB17.4238</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3413.56
<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 80 OF 90			
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. TD Bank</b>		M M / D D / Y Y Y Y 04 / 24 / 2014
Mailing Address 1398 Highway 9		Amount of Each Disbursement this Period
City Old Bridge	State NJ	Zip Code 08857
Purpose of Disbursement Bank Fee		25.00
Candidate Name	Category/Type	<b>Transaction ID : SB17.4221</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. TD Bank</b>		M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 1398 Highway 9		Amount of Each Disbursement this Period
City Old Bridge	State NJ	Zip Code 08857
Purpose of Disbursement Bank Fee		25.00
Candidate Name	Category/Type	<b>Transaction ID : SB17.4255</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. TD Bank</b>		M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 1398 Highway 9		Amount of Each Disbursement this Period
City Old Bridge	State NJ	Zip Code 08857
Purpose of Disbursement Bank Fee		25.00
Candidate Name	Category/Type	<b>Transaction ID : SB17.4256</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	75.00
<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 81 OF 90			
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

Full Name (Last, First, Middle Initial) <b>A. The Buzak Law Group LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2014	
Mailing Address 150 River Rd Ste N-4			Amount of Each Disbursement this Period 375.00	
City Montville	State NJ	Zip Code 07045	Transaction ID : SB17.4239	
Purpose of Disbursement Legal Fees		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. The Prosper Group</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014	
Mailing Address 435 E Main St Room 250			Amount of Each Disbursement this Period 35000.00	
City Greenwood	State IN	Zip Code 46143	Transaction ID : SB17.4165	
Purpose of Disbursement Internet Media		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <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 Prosper Group</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014	
Mailing Address 435 E Main St Room 250			Amount of Each Disbursement this Period 35000.00	
City Greenwood	State IN	Zip Code 46143	Transaction ID : SB17.4211	
Purpose of Disbursement Internet Media		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	70375.00
<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 82 OF 90		
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

Full Name (Last, First, Middle Initial) <b>A. The Prosper Group</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 435 E Main St Room 250		Amount of Each Disbursement this Period 47500.00 <b>Transaction ID : SB17.4242</b>
City Greenwood	State IN Zip Code 46143	
Purpose of Disbursement Internet Media	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Transxt</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2014
Mailing Address 190 Monroe NW 5th Fl		Amount of Each Disbursement this Period 202.60 <b>Transaction ID : SB17.4549</b>
City Grand Rapids	State MI Zip Code 49503	
Purpose of Disbursement Credit Card Fee	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Transxt</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 190 Monroe NW 5th Fl		Amount of Each Disbursement this Period 90.10 <b>Transaction ID : SB17.4550</b>
City Grand Rapids	State MI Zip Code 49503	
Purpose of Disbursement Credit Card Fee	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	47792.70
<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 83 OF 90		
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

Full Name (Last, First, Middle Initial) <b>A. TR Liquor LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 290 Route 37 E		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.4249</b>
City Toms River State NJ Zip Code 08753	Purpose of Disbursement Event Cost	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2014
Mailing Address 680 US Hwy 130		Amount of Each Disbursement this Period 11100.00 <b>Transaction ID : SB17.4175</b>
City Trenton State NJ Zip Code 08650	Purpose of Disbursement Postage	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2014
Mailing Address 680 US Hwy 130		Amount of Each Disbursement this Period 31517.00 <b>Transaction ID : SB17.4174</b>
City Trenton State NJ Zip Code 08650	Purpose of Disbursement Postage	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	43617.00
<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 84 OF 90		
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

Full Name (Last, First, Middle Initial) <b>A. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2014
Mailing Address 680 US Hwy 130		Amount of Each Disbursement this Period 2210.00 <b>Transaction ID : SB17.4200</b>
City Trenton	State NJ	
Zip Code 08650	Purpose of Disbursement Postage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2014
Mailing Address 680 US Hwy 130		Amount of Each Disbursement this Period 11200.00 <b>Transaction ID : SB17.4201</b>
City Trenton	State NJ	
Zip Code 08650	Purpose of Disbursement Postage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 680 US Hwy 130		Amount of Each Disbursement this Period 33500.00 <b>Transaction ID : SB17.4212</b>
City Trenton	State NJ	
Zip Code 08650	Purpose of Disbursement Postage	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	46910.00
<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 85 OF 90	
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

Full Name (Last, First, Middle Initial) <b>A. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 680 US Hwy 130		Amount of Each Disbursement this Period 30000.00
City Trenton	State NJ	
Zip Code 08650	Purpose of Disbursement Postage	Transaction ID : SB17.4230
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. US Postmaster</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 680 US Hwy 130		Amount of Each Disbursement this Period 36000.00
City Trenton	State NJ	
Zip Code 08650	Purpose of Disbursement Postage	Transaction ID : SB17.4312
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. T Robin Visconi</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 370 Tall Tree Ct		Amount of Each Disbursement this Period 2810.07
City Jackson	State NJ	
Zip Code 08527	Purpose of Disbursement Fundraising	Transaction ID : SB17.4252
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	68810.07
<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 86 OF 90		
	<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)  
**TOM MACARTHUR FOR CONGRESS INC.**

Full Name (Last, First, Middle Initial) <b>A. Wenzel Strategies</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 4223 Elmway Dr		Amount of Each Disbursement this Period 2319.72
City Toledo	State OH Zip Code 43614	
Purpose of Disbursement Auto Calls	Candidate Name	Transaction ID : SB17.4250
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

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	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

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	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2319.72
<b>TOTAL</b> This Period (last page this line number only).....	962960.19

**SCHEDULE C (FEC Form 3)**  
**LOANS**

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4105

**TOM MACARTHUR FOR CONGRESS INC.**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**[PERSONAL FUNDS]**

Election: 2014

**THOMAS MACARTHUR**

Primary

General

Other (specify) ▼

Mailing Address

77 EAST WATER STREET #24

City

State

ZIP Code

TOMS RIVER

NJ

08753

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1000000.00

0.00

1000000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

01

03

2014

12/31/2016

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶

1000000.00

**TOTALS** This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4106**  
**TOM MACARTHUR FOR CONGRESS INC.**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>THOMAS MACARTHUR</b>	<b>[PERSONAL FUNDS]</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 77 EAST WATER STREET #24		

City	State	ZIP Code
TOMS RIVER	NJ	08753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000000.00	0.00	1000000.00

<b>TERMS</b>		Date Incurred	Date Due	Interest Rate	Secured:
M 03	D 31	Y 2014	M / D / Y 12/31/2016	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	1000000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	2000000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**TOM MACARTHUR FOR CONGRESS INC.**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>American Express</b>	Nature of Debt (Purpose): Credit Card
Mailing Address PO Box 1270	
City State Zip Code Newark NJ 07101	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="0.00"/>	<b>Transaction ID : SD10.4464</b>
Amount Incurred This Period <input style="width:100%;" type="text" value="7445.91"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="7445.91"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Chris Russell Consulting</b>	Nature of Debt (Purpose): Mailer/Consulting
Mailing Address 1704 Maxwell Dr Ste 202	
City State Zip Code Wall NJ 07719	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="0.00"/>	<b>Transaction ID : SD10.4325</b>
Amount Incurred This Period <input style="width:100%;" type="text" value="30989.10"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="30989.10"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>THOMAS MACARTHUR</b>	Nature of Debt (Purpose): Candidate Travel/ Meeting Expense
Mailing Address 77 EAST WATER STREET #24	
City State Zip Code TOMS RIVER NJ 08753	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="1246.74"/>	<b>Transaction ID : SD10.4158</b>
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="1246.74"/>	

<b>1) SUBTOTALS</b> This Period This Page (optional) ..... ▶	<input style="width:100%;" type="text" value="39681.75"/>
<b>2) TOTALS</b> This Period (last page this line number only) ..... ▶	<input style="width:100%;" type="text"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only)..... ▶	<input style="width:100%;" type="text" value="0.00"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input style="width:100%;" type="text" value="0.00"/>

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**TOM MACARTHUR FOR CONGRESS INC.**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>National Research Inc</b>	Nature of Debt (Purpose): Survey
Mailing Address 146 State Route 34 Ste 250	
City State Zip Code Holmdel NJ 07733	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="0.00"/>	<b>Transaction ID : SD10.4324</b>
Amount Incurred This Period <input style="width:100%;" type="text" value="18800.00"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="18800.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Paycycle</b>	Nature of Debt (Purpose): Payroll Taxes
Mailing Address 210 Portage Ave	
City State Zip Code Palo Alto CA 94306	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="1059.71"/>	<b>Transaction ID : SD10.4157</b>
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="1059.71"/>
Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="0.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text"/>	Outstanding Balance at Close of This Period <input style="width:100%;" type="text"/>
Amount Incurred This Period <input style="width:100%;" type="text"/>	Payment This Period <input style="width:100%;" type="text"/>

<b>1) SUBTOTALS</b> This Period This Page (optional) ..... ▶	<input style="width:100%;" type="text" value="18800.00"/>
<b>2) TOTALS</b> This Period (last page this line number only) ..... ▶	<input style="width:100%;" type="text" value="58481.75"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only)..... ▶	<input style="width:100%;" type="text" value="2000000.00"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input style="width:100%;" type="text" value="2058481.75"/>