

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 / / in the State of

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

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

Election on / / in the State of

5. Covering Period

/ /

through

/ /

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

/ /

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

FEC FORM 3
(Revised 02/2003)

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))....	1075.00	1075.00
(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)).....	1075.00	1075.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	251804.72	251804.72
(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)).....	251804.72	251804.72
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1749270.28	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	2002306.45	

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: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1000.00	1000.00
(ii) Unitemized.....	75.00	75.00
(iii) TOTAL of contributions from individuals ▶	1075.00	1075.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1075.00	1075.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	2000000.00	2000000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	2000000.00	2000000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	2001075.00	2001075.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	251804.72	251804.72
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. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	251804.72	251804.72

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2001075.00
25. SUBTOTAL (add Line 23 and Line 24).....	2001075.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	251804.72
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1749270.28

**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 17
	<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) Roman B Hirniak		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2014
Mailing Address 26 Ridge Rd		Transaction ID : SA11Al.4102
City Randolph	State NJ	
Zip Code 07869		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C	Occupation Vice President	Amount of Each Receipt this Period 1000.00
Name of Employer Santander Bank NA	Election Cycle-to-Date 1000.00	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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

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

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	1000.00

**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 6 OF 17
	<input type="checkbox"/> 11a 12 <input checked="" 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 MACARTHUR

Mailing Address **77 EAST WATER STREET #24**

City **TOMS RIVER** State **NJ** Zip Code **08753**

FEC ID number of contributing federal political committee. **C H4NJ03130**

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
01 / 03 / 2014

Transaction ID : SA13A.4105

Amount of Each Receipt this Period
1000000.00

Candidate Loan

B. Full Name (Last, First, Middle Initial)
THOMAS MACARTHUR

Mailing Address **77 EAST WATER STREET #24**

City **TOMS RIVER** State **NJ** Zip Code **08753**

FEC ID number of contributing federal political committee. **C H4NJ03130**

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : SA13A.4106

Amount of Each Receipt this Period
1000000.00

Candidate Loan

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

2000000.00

2000000.00

**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 7 OF 17			
	<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. American Express		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address PO Box 1270		Amount of Each Disbursement this Period 213.08
City Newark	State NJ	
Zip Code 07101	Purpose of Disbursement Credit Card	Transaction ID : SB17.4143
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. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 680 US Hwy 130		Amount of Each Disbursement this Period 13.72
City Trenton	State NJ	
Zip Code 08650	Purpose of Disbursement Postage	Transaction ID : SB17.4143.1
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) c. Chris Russell Consulting		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 1704 Maxwell Dr Ste 202		Amount of Each Disbursement this Period 7694.58
City Wall	State NJ	
Zip Code 07719	Purpose of Disbursement Research	Transaction ID : SB17.4122
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:		

SUBTOTAL of Disbursements This Page (optional).....	7907.66
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 8 OF 17	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

Full Name (Last, First, Middle Initial) A. Chris Russell Consulting		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 1704 Maxwell Dr Ste 202		Amount of Each Disbursement this Period 2019.48 Transaction ID : SB17.4132
City Wall State NJ Zip Code 07719	Purpose of Disbursement Printing	
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. Chris Russell Consulting		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014
Mailing Address 1704 Maxwell Dr Ste 202		Amount of Each Disbursement this Period 7000.00 Transaction ID : SB17.4134
City Wall State NJ Zip Code 07719	Purpose of Disbursement Public Relations 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) c. Chris Russell Consulting		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 1704 Maxwell Dr Ste 202		Amount of Each Disbursement this Period 23104.55 Transaction ID : SB17.4150
City Wall State NJ Zip Code 07719	Purpose of Disbursement Production	
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:		

SUBTOTAL of Disbursements This Page (optional).....	32124.03
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 9 OF 17			
	<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. Gibbons PC		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address PO Box 5177		Amount of Each Disbursement this Period 1468.50
City New York	State NY	
Zip Code 10087	Purpose of Disbursement Legal Fees	Transaction ID : SB17.4114
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. Gibbons PC		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address PO Box 5177		Amount of Each Disbursement this Period 1523.50
City New York	State NY	
Zip Code 10087	Purpose of Disbursement Legal Fees	Transaction ID : SB17.4131
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) c. Chris Griswold		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014
Mailing Address 9 East 5th St		Amount of Each Disbursement this Period 1179.33
City Barnegat Light	State NJ	
Zip Code 08006	Purpose of Disbursement Payroll	Transaction ID : SB17.4119
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:		

SUBTOTAL of Disbursements This Page (optional).....	4171.33
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 10 OF 17			
	<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. Chris Griswold		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 9 East 5th St		Amount of Each Disbursement this Period 1179.34
City Barnegat Light	State NJ	
Zip Code 08006	Purpose of Disbursement Payroll	Transaction ID : SB17.4121
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. Chris Griswold		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 9 East 5th St		Amount of Each Disbursement this Period 1179.33
City Barnegat Light	State NJ	
Zip Code 08006	Purpose of Disbursement Payroll	Transaction ID : SB17.4141
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) c. National Research Inc		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 146 State Route 34 Ste 250		Amount of Each Disbursement this Period 24000.00
City Holmdel	State NJ	
Zip Code 07733	Purpose of Disbursement Polling	Transaction ID : SB17.4148
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:		

SUBTOTAL of Disbursements This Page (optional).....	26358.67
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 11 OF 17			
	<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. Paycycle		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014
Mailing Address 210 Portage Ave		Amount of Each Disbursement this Period 396.84
City Palo Alto	State CA	
Zip Code 94306	Purpose of Disbursement Payroll Taxes	Transaction ID : SB17.4124
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. Political Communications Advertising		Date of Disbursement M M / D D / Y Y Y Y 03 / 21 / 2014
Mailing Address 37 W 39th St Ste 602		Amount of Each Disbursement this Period 70000.00
City New York	State NY	
Zip Code 10018	Purpose of Disbursement Media	Transaction ID : SB17.4138
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) C. Political Communications Advertising		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 37 W 39th St Ste 602		Amount of Each Disbursement this Period 51724.00
City New York	State NY	
Zip Code 10018	Purpose of Disbursement Media	Transaction ID : SB17.4153
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:		

SUBTOTAL of Disbursements This Page (optional).....	122120.84
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 12 OF 17	
	<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		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 37 W 39th St Ste 602		Amount of Each Disbursement this Period 4224.00
City New York	State NY Zip Code 10018	
Purpose of Disbursement Media	Candidate Name	Transaction ID : SB17.4152
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. Ronald Gravino Consulting		Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014
Mailing Address PO Box 225		Amount of Each Disbursement this Period 3100.00
City Colonia	State NJ Zip Code 07067	
Purpose of Disbursement Compliance	Candidate Name	Transaction ID : SB17.4107
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. Ronald Gravino Consulting		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2014
Mailing Address PO Box 225		Amount of Each Disbursement this Period 2325.00
City Colonia	State NJ Zip Code 07067	
Purpose of Disbursement Compliance	Candidate Name	Transaction ID : SB17.4111
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	9649.00
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 13 OF 17			
	<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. Ronald Gravino Consulting		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address PO Box 225		Amount of Each Disbursement this Period 3383.58
City Colonia	State NJ	
Zip Code 07067	Purpose of Disbursement Compliance	Transaction ID : SB17.4116
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. Upstage Strategies		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2014
Mailing Address 100 Ocean Ave Apt 14		Amount of Each Disbursement this Period 3000.00
City Bradley Beach	State NJ	
Zip Code 07720	Purpose of Disbursement Political Consulting	Transaction ID : SB17.4129
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) C. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014
Mailing Address 680 US Hwy 130		Amount of Each Disbursement this Period 22064.52
City Trenton	State NJ	
Zip Code 08650	Purpose of Disbursement Postage	Transaction ID : SB17.4136
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:		

SUBTOTAL of Disbursements This Page (optional).....	28448.10
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 14 OF 17			
	<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) A. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 680 US Hwy 130		Amount of Each Disbursement this Period 20800.00
City Trenton	State NJ	
Zip Code 08650	Purpose of Disbursement Postage	Transaction ID : SB17.4151
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.		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	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C.		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	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	20800.00
TOTAL This Period (last page this line number only).....	251579.63

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

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

LOAN SOURCE Full Name (Last, First, Middle Initial) THOMAS MACARTHUR	[PERSONAL FUNDS]	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

TERMS	Date Incurred	Date Due	Interest Rate	Secured:
	03 / 31 / 2014	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: []

SUBTOTALS This Period This Page (optional).....	▶	1000000.00
TOTALS 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 THOMAS MACARTHUR	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="0.00"/>	Transaction ID : SD10.4158
Amount Incurred This Period <input style="width:100%;" type="text" value="1246.74"/>	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. Full Name (Last, First, Middle Initial) of Debtor or Creditor Paycycle	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="0.00"/>	Transaction ID : SD10.4157
Amount Incurred This Period <input style="width:100%;" type="text" value="1059.71"/>	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="1059.71"/>	

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

1) SUBTOTALS This Period This Page (optional) ▶	<input style="width:100%;" type="text" value="2306.45"/>
2) TOTALS This Period (last page this line number only) ▶	<input style="width:100%;" type="text" value="2306.45"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶	<input style="width:100%;" type="text" value="2000000.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input style="width:100%;" type="text" value="2002306.45"/>