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)

CITY ▲ Colonia STATE ▲ NJ ZIP CODE ▲ 07067-0225 –

2. **FEC IDENTIFICATION NUMBER ▼** C C00557520

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

STATE ▼ NJ DISTRICT 03

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 MM / DD / YYYY in the State of

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

☒ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on MM 11 / DD 04 / YYYY 2014 in the State of NJ

5. Covering Period MM 10 / DD 16 / YYYY 2014 through MM 11 / DD 24 / YYYY 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 Gravino

Signature of Treasurer *Ronald Gravino* ***[Electronically Filed]*** Date MM 04 / DD 15 / YYYY 2015

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							