

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 COLONIA NJ 07067

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00557520 3. IS THIS REPORT NEW (N) OR AMENDED (A) X AMENDED (A) CITY STATE ZIP CODE STATE DISTRICT NJ

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) X 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 M M / D D / Y Y Y Y in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 05 / 15 / 2014 through 06 / 30 / 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 09 / 26 / 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.

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))....	102621.00	118930.00
(b) Total Contribution Refunds (from Line 20(d))	100.00	100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	102521.00	118830.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	823760.23	2039383.66
(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)).....	823760.23	2039383.66
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1078946.34	
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).....	3004991.89	

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).....	39196.00	53330.00
(ii) Unitemized.....	0.00	75.00
(iii) TOTAL of contributions from individuals ▶	39196.00	53405.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	63425.00	65525.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	102621.00	118930.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	1000000.00	3000000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	1000000.00	3000000.00
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)..... ▶	1102621.00	3118930.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	823760.23	2039383.66
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	100.00	100.00
(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)).....	100.00	100.00
21. OTHER DISBURSEMENTS	500.00	500.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	824360.23	2039983.66

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	800685.57
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1102621.00
25. SUBTOTAL (add Line 23 and Line 24).....	1903306.57
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	824360.23
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1078946.34

**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 109
	<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)
Mary Ann Bageac

Mailing Address 73 Cranmoor Dr

City Toms River State NJ Zip Code 08753

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

Name of Employer Physican Practice Enhancement Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 29 / 2014

Transaction ID : SA11AI.4778

Amount of Each Receipt this Period
 100.00

B. Full Name (Last, First, Middle Initial)
Anthony Bartolomeo

Mailing Address 7 Mansoor Ct

City Sewell State NJ Zip Code 08080

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

Name of Employer Pennoni Engineering Occupation Engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2014

Transaction ID : SA11AI.4696

Amount of Each Receipt this Period
 2000.00

C. Full Name (Last, First, Middle Initial)
Joan S Blankfard

Mailing Address 42 Abergele 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
 06 / 30 / 2014

Transaction ID : SA11AI.4920

Amount of Each Receipt this Period
 25.00

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

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

2125.00

**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 109
	<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)
Roger Bodman

Mailing Address 59 Harbourton Mt Airy Rd

City Lambertville State NJ Zip Code 08530

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

Name of Employer PSI LLC Occupation Public Affairs

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2014

Transaction ID : SA11AI.4687

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Brian J Bovasso

Mailing Address 242 Bryn Mawr Ave

City Lavallette State NJ Zip Code 08735

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
 06 / 30 / 2014

Transaction ID : SA11AI.4946

Amount of Each Receipt this Period
 50.00

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

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 29 / 2014

Transaction ID : SA11AI.4772

Amount of Each Receipt this Period
 25.00

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

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

1075.00

**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 109
	<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)
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 **53.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 29 / 2014

Transaction ID : SA11AI.4909

Amount of Each Receipt this Period
25.00

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

Mailing Address 29 Robbins St

City Brick State NJ Zip Code 08724

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

Name of Employer Ye Olde Country Store Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **50.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 27 / 2014

Transaction ID : SA11AI.4683

Amount of Each Receipt this Period
50.00

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

Mailing Address 500 Boardwalk

City Seaside Heights State NJ Zip Code 08751

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

Name of Employer Coin Castle Amusements Occupation Partner

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 / 27 / 2014

Transaction ID : SA11AI.4731

Amount of Each Receipt this Period
150.00

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 8 OF 109
	<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)
L. Jarred Corn

Mailing Address 18 Douglas Ln

City Lumberton State NJ Zip Code 08048

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

Name of Employer Bowman and Co Occupation Partner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2014

Transaction ID : SA11AI.4702

Amount of Each Receipt this Period
 200.00

B. Full Name (Last, First, Middle Initial)
Grant J Coward

Mailing Address 65 Tenby Ln

City Marlton State NJ Zip Code 08053

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
 06 / 30 / 2014

Transaction ID : SA11AI.4935

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Louis J. DeLosso

Mailing Address 414 Garden State Pkwy

City Cape May Court House State NJ Zip Code 08210

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

Name of Employer Deco 2001 Occupation Partner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2014

Transaction ID : SA11AI.4671

Amount of Each Receipt this Period
 500.00

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

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

950.00

**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 109
	<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)
Margaret DeLosso

Mailing Address 414 Garden State Pkwy

City State Zip Code
Cape May Court House NJ 08210

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

Name of Employer Occupation
Deco 2001 Partner

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 / 27 / 2014

Transaction ID : SA11AI.4673

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Patricia Del Prete

Mailing Address 117 Dollmore Ave

City State Zip Code
Waretown NJ 08758

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

Name of Employer Occupation
Crossroads Realty Realtor

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 / 27 / 2014

Transaction ID : SA11AI.4677

Amount of Each Receipt this Period
150.00

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

Mailing Address 870 Burntwood Trl

City State Zip Code
Toms River NJ 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
50.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.4952

Amount of Each Receipt this Period
25.00

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

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

675.00

**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 109
	<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) A. Noel Devlin		Date of Receipt M M / D D / Y Y Y Y 05 / 29 / 2014	
Mailing Address 819 Westfield Dr		Transaction ID : SA11AI.4770	
City Cinnaminson	State NJ	Zip Code 08077	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00	
Name of Employer State of NJ	Occupation Attorney		
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. Theodore Domuracki		Date of Receipt M M / D D / Y Y Y Y 05 / 27 / 2014	
Mailing Address 96 E Main St		Transaction ID : SA11AI.4661	
City Little Falls	State NJ	Zip Code 07424	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Mast Construction Services	Occupation President		
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) C. Stephen Donofrio		Date of Receipt M M / D D / Y Y Y Y 05 / 27 / 2014	
Mailing Address 1354 Vincenzo Dr		Transaction ID : SA11AI.4737	
City Toms River	State NJ	Zip Code 08753	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00	
Name of Employer Stephen Donofrio	Occupation Developer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 150.00		

SUBTOTAL of Receipts This Page (optional).....	1160.00
TOTAL This Period (last page this line number only).....	1160.00

**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 109
	<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)
Michael DuHaime

Mailing Address 515 Parkview Ave

City Westfield State NJ Zip Code 07090

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

Name of Employer Mercury LLC Occupation Partner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 03 / 2014

Transaction ID : SA11AI.4791

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Frank J. Dupignac Jr.

Mailing Address 21 Cedar Dr

City Toms River State NJ Zip Code 08753

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

Name of Employer Hiering Dupignac Stanzione Occupation Lawyer

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 / 27 / 2014

Transaction ID : SA11AI.4721

Amount of Each Receipt this Period
75.00

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

Mailing Address 400 Arney's Mount Rd

City Jobstown State NJ Zip Code 08041

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

Name of Employer Andrew Eaton Occupation Entrepenuer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
25.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.4922

Amount of Each Receipt this Period
25.00

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

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

600.00

**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 109
	<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)
Henry Eckstein

Mailing Address 909 N B St

City State Zip Code
Fairfield IA 52556

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

Name of Employer Occupation
Unemployed Unemployed

Receipt For: 2014
 Primary General
 Other (specify) Primary Debt

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.4939

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dennis J. Enright

Mailing Address 136 Terrace Ave

City State Zip Code
Jersey City NJ 07307

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

Name of Employer Occupation
NW Financial Group Principal

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 27 / 2014

Transaction ID : SA11AI.4692

Amount of Each Receipt this Period
1000.00

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

Mailing Address 106 Woodlawn Ave

City State Zip Code
Merchantville NJ 08109

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

Name of Employer Occupation
Environmental Resolutions Inc Planner

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 / 27 / 2014

Transaction ID : SA11AI.4652

Amount of Each Receipt this Period
175.00

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

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

2175.00

**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 109
	<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) A. Stephanie Fila		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 150 Ocean Ave Apt 5		Transaction ID : SA11AI.4913
City Sea Bright	State NJ	
Zip Code 07760		Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C	Occupation Executive Director	
Name of Employer Ocean County Repub Finance Cmt	Election Cycle-to-Date 10.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) B. Michael T Fischette		Date of Receipt M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 520 S Burnt Mill Rd		Transaction ID : SA11AI.4906
City Voorhees	State NJ	
Zip Code 08043		Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C	Occupation Owner	
Name of Employer Concord Engineering	Election Cycle-to-Date 2000.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) C. Rodney Frelinghuysen		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 559 James St		Transaction ID : SA11AI.4975
City Morristown	State NJ	
Zip Code 07960		Amount of Each Receipt this Period 2600.00
FEC ID number of contributing federal political committee. C	Occupation US Representative	
Name of Employer US House of Representatives	Election Cycle-to-Date 2600.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary Debt		

SUBTOTAL of Receipts This Page (optional).....	4610.00
TOTAL 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 109
	<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)
David Gerkins

Mailing Address 601 Linden Ave

City Riverton State NJ Zip Code 08077

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

Name of Employer CGP&H LLC Occupation VP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2014

Transaction ID : SA11AI.4669

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Joanne M Gilbert

Mailing Address 105 Jordan Rd

City Brick State NJ Zip Code 08724

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
 06 / 30 / 2014

Transaction ID : SA11AI.4949

Amount of Each Receipt this Period
 15.00

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

Mailing Address 230 High St

City Burlington State NJ Zip Code 08016

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

Name of Employer 230 High Street LLC Occupation Partner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2014

Transaction ID : SA11AI.4665

Amount of Each Receipt this Period
 500.00

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

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

1515.00

**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 109
	<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 **350.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.4951

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Robert W Haynes

Mailing Address 706 MEadowview 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 **3.00**

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.4931

Amount of Each Receipt this Period
3.00

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

Mailing Address 60 E 96th St Apt 6-A

City New York State NY Zip Code 10128

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

Name of Employer MidCap Advisors Occupation Banker

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 / 29 / 2014

Transaction ID : SA11AI.4773

Amount of Each Receipt this Period
100.00

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

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

203.00

**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 109
	<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) A. Frederick L. Hipp Jr.		Date of Receipt M M / D D / Y Y Y Y 05 / 27 / 2014	
Mailing Address 1011 Deacon Rd		Transaction ID : SA11AI.4659	
City Hainseport	State NJ	Zip Code 08036	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 1000.00	
Name of Employer Virtua Health		Occupation VP	
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. Frank Holman III		Date of Receipt M M / D D / Y Y Y Y 05 / 27 / 2014	
Mailing Address 10 Allen St		Transaction ID : SA11AI.4725	
City Toms River	State NJ	Zip Code 08753	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 300.00	
Name of Employer Holman Frenia		Occupation Accountant	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) C. Thomas M. Howell		Date of Receipt M M / D D / Y Y Y Y 05 / 27 / 2014	
Mailing Address 20 Valley View Ter		Transaction ID : SA11AI.4689	
City Moorestown	State NJ	Zip Code 08057	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 1000.00	
Name of Employer Taylor Wiseman and Taylor		Occupation Engineer	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional).....	2300.00
TOTAL 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 17 OF 109
	<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) A. Linda N Hughes		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 150 Woodlake Dr		Transaction ID : SA11AI.4926	
City Marlton	State NJ	Zip Code 08053	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00	
Name of Employer NJHCFFA	Occupation Communications		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100.00		

Full Name (Last, First, Middle Initial) B. Sandra Hurley		Date of Receipt M M / D D / Y Y Y Y 05 / 27 / 2014	
Mailing Address 229 Tuckerton Rd		Transaction ID : SA11AI.4743	
City Medford	State NJ	Zip Code 08055	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
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 100.00		

Full Name (Last, First, Middle Initial) C. Thomas Hurley		Date of Receipt M M / D D / Y Y Y Y 05 / 27 / 2014	
Mailing Address 229 Tuckerton Rd		Transaction ID : SA11AI.4745	
City Medford	State NJ	Zip Code 08055	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Thomas Hurley	Occupation Quality Control		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100.00		

SUBTOTAL of Receipts This Page (optional).....	225.00
TOTAL 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 18 OF 109
	<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) A. Tim Irons		Date of Receipt M M / D D / Y Y Y Y 05 / 27 / 2014	
Mailing Address 230 High St		Transaction ID : SA11AI.4663	
City Burlington	State NJ	Zip Code 08016	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer 230 High Street LLC	Occupation Partner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

Full Name (Last, First, Middle Initial) B. Eric M. Joice		Date of Receipt M M / D D / Y Y Y Y 05 / 27 / 2014	
Mailing Address 741 Michigan Ave		Transaction ID : SA11AI.4719	
City Toms River	State NJ	Zip Code 08753	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00	
Name of Employer The Family Resource Network	Occupation Executive Director		
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) C. Emil A Kaunitz Jr		Date of Receipt M M / D D / Y Y Y Y 06 / 25 / 2014	
Mailing Address 757 Stepping Stone Ct		Transaction ID : SA11AI.4900	
City Toms River	State NJ	Zip Code 08753	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Specialty Systems Inc	Occupation Owner		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary Debt	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	1575.00
TOTAL This Period (last page this line number only).....	1575.00

**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 109
	<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 F. Kelaher

Mailing Address 79 Cranmoor Dr

City Toms River State NJ Zip Code 08753

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

Name of Employer Kelaher Van Dyke Moriarty Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **50.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 27 / 2014

Transaction ID : SA11AI.4729

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Barbara Lanuto

Mailing Address 1738 Edgewood Rd

City Forked River State NJ Zip Code 08731

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

Name of Employer Ocean County Consumer Affairs Occupation Assistant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **75.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 27 / 2014

Transaction ID : SA11AI.4739

Amount of Each Receipt this Period
75.00

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

Mailing Address 3 Applegate Dr

City Florence State NJ Zip Code 08518

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 **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.4918

Amount of Each Receipt this Period
250.00

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

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

375.00

**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 109
	<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) A. Jay Levenson		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 38 Lowell Dr		Transaction ID : SA11AI.4927
City Marlton	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer SSTi	Occupation Executive	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 50.00	

Full Name (Last, First, Middle Initial) B. Brian K Logan		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 55 Shady Brook Dr		Transaction ID : SA11AI.4911
City Toms River	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Suplee Clooney & Co	Occupation Auditor	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100.00	

Full Name (Last, First, Middle Initial) C. Henry J. Ludwigsen		Date of Receipt M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 20 South Saint John's Ln		Transaction ID : SA11AI.4704
City Mullica Hill	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Bowman and Co	Occupation Partner	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 200.00	

SUBTOTAL of Receipts This Page (optional).....	350.00
TOTAL 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 21 OF 109
	<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)
Bruce A Mahon II

Mailing Address 2616 Monmouth Rd

City State Zip Code
Jobstown NJ 08041

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

Name of Employer Occupation
AJM Insurance Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 03 / 2014

Transaction ID : SA11AI.5188

Amount of Each Receipt this Period
2600.00

B. Full Name (Last, First, Middle Initial)
John J Malone Sr

Mailing Address 823 Bowline Dr

City State Zip Code
Forked River NJ 08731

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
 06 / 25 / 2014

Transaction ID : SA11AI.4898

Amount of Each Receipt this Period
75.00

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

Mailing Address 26 Erindale Dr

City State Zip Code
Marlton 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
25.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.4929

Amount of Each Receipt this Period
25.00

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

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

2700.00

**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 109
	<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)
Joseph R. Marra

Mailing Address 506 Eli Pl

City State Zip Code
Brick NJ 08723

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

Name of Employer Occupation
Central Jersey Screw and Bolt President

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 / 27 / 2014

Transaction ID : SA11AI.4681

Amount of Each Receipt this Period
75.00

B. Full Name (Last, First, Middle Initial)
Robert S. Marrone

Mailing Address 32 Brookwood Rd

City State Zip Code
Mount Laurel NJ 08054

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

Name of Employer Occupation
Bowman and Co Partner

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 / 27 / 2014

Transaction ID : SA11AI.4712

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Steven G McKnight

Mailing Address 7000 Falls Reach Dr
Apt 211

City State Zip Code
Falls Church VA 22043

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

Name of Employer Occupation
Cassidy & Associates Sr. Vice President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.4977

Amount of Each Receipt this Period
250.00

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

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

525.00

**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 109
	<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) A. Michael L Miller		Date of Receipt M M / D D / Y Y Y Y 05 / 27 / 2014	
Mailing Address 43 Roberts Dr		Transaction ID : SA11AI.4716	
City Westampton	State NJ	Zip Code 08060	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Alaimo Group	Occupation Engineer		
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. Terrance S. Mulligan		Date of Receipt M M / D D / Y Y Y Y 05 / 27 / 2014	
Mailing Address RD 15 Treetop Ln		Transaction ID : SA11AI.4706	
City Westampton	State NJ	Zip Code 08060	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Alaimo Group	Occupation Engineer		
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) C. Donna F Mullins		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 6412 15th St		Transaction ID : SA11AI.4973	
City Alexandria	State VA	Zip Code 29307	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00	
Name of Employer Winning Strategies	Occupation Executive		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary Debt	Election Cycle-to-Date 2500.00		

SUBTOTAL of Receipts This Page (optional).....	4500.00
TOTAL This Period (last page this line number only).....	4500.00

**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 109
	<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 P. Nehila Jr.

Mailing Address 404 Breeders Ct

City Marilton State NJ Zip Code 08053

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

Name of Employer Bowman and Co Occupation Partner

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 / 27 / 2014

Transaction ID : SA11AI.4710

Amount of Each Receipt this Period
 200.00

B. Full Name (Last, First, Middle Initial)
Charles O Nelson

Mailing Address 234 Quaker Church Rd

City Randolph State NJ Zip Code 07869

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

Name of Employer Skanska USA Building Inc Occupation Construction Superintendent

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.4924

Amount of Each Receipt this Period
 50.00

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

Mailing Address 5962 Ocean Dr

City Avalon State NJ Zip Code 08202

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

Name of Employer Environmental Resolutions Inc Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 03 / 2014

Transaction ID : SA11AI.4789

Amount of Each Receipt this Period
 400.00

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

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

650.00

**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 109
	<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) A. John H. Nosti		Date of Receipt M M / D D / Y Y Y Y 05 / 27 / 2014	
Mailing Address 838 Forepeak Dr		Transaction ID : SA11AI.4679	
City Forked River	State NJ	Zip Code 08731	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00	
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 75.00		

Full Name (Last, First, Middle Initial) B. John H. Nosti		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 838 Forepeak Dr		Transaction ID : SA11AI.4945	
City Forked River	State NJ	Zip Code 08731	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 125.00		

Full Name (Last, First, Middle Initial) C. James M. Oris		Date of Receipt M M / D D / Y Y Y Y 05 / 27 / 2014	
Mailing Address 41 Amherst Dr		Transaction ID : SA11AI.4675	
City Bayville	State NJ	Zip Code 08721	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00	
Name of Employer T&M Associates	Occupation Engineer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 150.00		

SUBTOTAL of Receipts This Page (optional).....	275.00
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 26 OF 109
	<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)
Joseph P. Orsino Jr.

Mailing Address 4 Rose Hill Ct

City Marlon State NJ Zip Code 08053

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

Name of Employer Environmental Resolutions Inc Occupation Insurance

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 / 27 / 2014

Transaction ID : SA11AI.4654

Amount of Each Receipt this Period
 100.00

B. Full Name (Last, First, Middle Initial)
C.R. Pennoni

Mailing Address 411 Valley Glen Dr

City Bryn Mawr State PA Zip Code 19010

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

Name of Employer Pennoni Engineering Occupation Engineer

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 / 27 / 2014

Transaction ID : SA11AI.4698

Amount of Each Receipt this Period
 2000.00

C. Full Name (Last, First, Middle Initial)
John Poppe Jr

Mailing Address 79 Norden St

City Staten Island State NY Zip Code 10304

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

Name of Employer MidCap Advisors Occupation Investment Banker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11AI.4937

Amount of Each Receipt this Period
 100.00

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

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

2200.00

**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 109
	<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)
Barry M Putt

Mailing Address **4 E 75th St**

City **Harvey Cedars** State **NJ** Zip Code **08008**

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
06 / 30 / 2014

Transaction ID : SA11AI.4953

Amount of Each Receipt this Period
10.00

B. 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 **45.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 29 / 2014

Transaction ID : SA11AI.4769

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
Craig F. Remington

Mailing Address **6 Washington Ave**

City **Haddonfield** State **NJ** Zip Code **08033**

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

Name of Employer **Remington Vernick** Occupation **Engineer**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
05 / 27 / 2014

Transaction ID : SA11AI.4714

Amount of Each Receipt this Period
1000.00

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

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

1035.00

**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 109
	<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) A. Harry Renwick		Date of Receipt M M / D D / Y Y Y Y 05 / 27 / 2014	
Mailing Address 100 S Lippincott Ave		Transaction ID : SA11AI.4700	
City Maple Shade	State NJ	Zip Code 08052	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Renwick and Associates	Occupation President		
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. Barry D Rhoads		Date of Receipt M M / D D / Y Y Y Y 06 / 25 / 2014	
Mailing Address 6793 Father John Ct		Transaction ID : SA11AI.4902	
City McLean	State VA	Zip Code 22101	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Cassidy & Associates	Occupation Co-Chairman		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) C. Barry D Rhoads		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 6793 Father John Ct		Transaction ID : SA11AI.4941	
City McLean	State VA	Zip Code 22101	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Cassidy & Associates	Occupation Co-Chairman		
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Primary Debt	Election Cycle-to-Date 1250.00		

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	2250.00

**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 109
	<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) A. Wendy Rice		Date of Receipt M M / D D / Y Y Y Y 05 / 27 / 2014	
Mailing Address 33 Coryell St		Transaction ID : SA11AI.4667	
City Lambertville	State NJ	Amount of Each Receipt this Period 1000.00	
Zip Code 08530			
FEC ID number of contributing federal political committee. C			
Name of Employer Ogletree Deakins	Occupation Receptionist		
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. Joel I Ritz		Date of Receipt M M / D D / Y Y Y Y 06 / 09 / 2014	
Mailing Address 1500 Garden St Apt 9J		Transaction ID : SA11AI.4787	
City Hoboken	State NJ	Amount of Each Receipt this Period 30.00	
Zip Code 07030			
FEC ID number of contributing federal political committee. C			
Name of Employer Self Employed	Occupation Management		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 30.00		

Full Name (Last, First, Middle Initial) C. Eric Ross		Date of Receipt M M / D D / Y Y Y Y 05 / 29 / 2014	
Mailing Address 18952 E Clear Creek Dr		Transaction ID : SA11AI.4782	
City Parker	State CO	Amount of Each Receipt this Period 100.00	
Zip Code 80134			
FEC ID number of contributing federal political committee. C			
Name of Employer RIBMC2	Occupation Civil Engineer		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100.00		

SUBTOTAL of Receipts This Page (optional).....	1130.00
TOTAL 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 30 OF 109
	<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) A. Jaime G. Saldias Jr.		Date of Receipt M M / D D / Y Y Y Y 05 / 27 / 2014	
Mailing Address 71 Brandywine Ct		Transaction ID : SA11AI.4685	
City Brick	State NJ	Zip Code 08724	Amount of Each Receipt this Period _____ 50.00 Currency
FEC ID number of contributing federal political committee.		C	
Name of Employer Ocean County	Occupation Chief Technician		
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. John Sandman		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address 176 Patty Bowker Rd		Transaction ID : SA11AI.4910	
City Tabernacle	State NJ	Zip Code 08088	Amount of Each Receipt this Period _____ 25.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 50.00		

Full Name (Last, First, Middle Initial) C. Michael Schlachter		Date of Receipt M M / D D / Y Y Y Y 05 / 27 / 2014	
Mailing Address 729 Spruce Hill Dr		Transaction ID : SA11AI.4735	
City Toms River	State NJ	Zip Code 08753	Amount of Each Receipt this Period _____ 150.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Targeted Technologies LLC	Occupation Executive		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 150.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 225.00
TOTAL 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 31 OF 109
	<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)
Carolyn L Schumacher

Mailing Address 124 Hampshire Dr

City State Zip Code
Deptford NJ 08069

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

Name of Employer Occupation
Homemaker Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 23 / 2014

Transaction ID : SA11AI.4785

Amount of Each Receipt this Period
750.00

B. Full Name (Last, First, Middle Initial)
Carol Scull

Mailing Address 17 Bridge Ct

City State Zip Code
Jackson NJ 08527

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 / 27 / 2014

Transaction ID : SA11AI.4741

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
Marc H. Selover

Mailing Address 19 Hollowell Way

City State Zip Code
Mount Laurel NJ 08054

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

Name of Employer Occupation
Environmental Resolutions Inc Hydrogeologist

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 / 27 / 2014

Transaction ID : SA11AI.4657

Amount of Each Receipt this Period
100.00

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

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

875.00

**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 109
	<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 E Smyth

Mailing Address 1 Bank Ave

City Riverton State NJ Zip Code 08077

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

Name of Employer Smyth Consulting Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **375.00**

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 29 / 2014

Transaction ID : SA11AI.4775

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Steven R Solomon

Mailing Address 669 Garwood Rd

City Moorestown State NJ Zip Code 08057

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

Name of Employer Upstage Right Productions Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1050.00**

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 27 / 2014

Transaction ID : SA11AI.4691

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Ann Stella- Ristaino

Mailing Address 773 Jamaica Blvd

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 / 29 / 2014

Transaction ID : SA11AI.4780

Amount of Each Receipt this Period
50.00

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

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

1150.00

**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 109
	<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)
Darin Thorn

Mailing Address 128 Pheasant Ct

City Evesham State NJ Zip Code 08053

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

Name of Employer NJDOT Occupation Civil Engineer

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 / 29 / 2014

Transaction ID : SA11AI.4776

Amount of Each Receipt this Period
 3.00

B. Full Name (Last, First, Middle Initial)
Peter Van Dyke

Mailing Address 707 Frann Rd

City Toms River State NJ Zip Code 08753

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

Name of Employer Kelaher Van Dyke Moriarty 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 / 27 / 2014

Transaction ID : SA11AI.4727

Amount of Each Receipt this Period
 75.00

C. Full Name (Last, First, Middle Initial)
Ronald E. Vaughn Jr.

Mailing Address 42 W Lafayette St

City Trenton State NJ Zip Code 08608

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

Name of Employer The Vaughn Collaborative Occupation Principal

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 / 27 / 2014

Transaction ID : SA11AI.4694

Amount of Each Receipt this Period
 1000.00

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

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

1078.00

**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 109
	<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)
John N Visconi

Mailing Address 807 2nd St

City State Zip Code
Union Beach NJ 07735

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

Name of Employer Occupation
Post Palak Goodsell et al 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
 06 / 30 / 2014

Transaction ID : SA11AI.4933

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
Alfred S Vulpis

Mailing Address 195 Bonaire Dr

City State Zip Code
Toms River NJ 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
5.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 03 / 2014

Transaction ID : SA11AI.5189

Amount of Each Receipt this Period
5.00

C. Full Name (Last, First, Middle Initial)
Irene M Vulpis

Mailing Address 195 Bonaire Dr

City State Zip Code
Toms River NJ 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
5.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 03 / 2014

Transaction ID : SA11AI.5190

Amount of Each Receipt this Period
5.00

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

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

35.00

**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 109
	<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 G Warren

Mailing Address 2243 Jordan Valley Ct

City Henderson State NV Zip Code 89044

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 **75.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.4942

Amount of Each Receipt this Period
75.00

B. Full Name (Last, First, Middle Initial)
Andia Wecht

Mailing Address 59 Elba Ave

City Hopatcong State NJ Zip Code 07843

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

Name of Employer Bethlehem Church Occupation Administrative 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
06 / 30 / 2014

Transaction ID : SA11AI.4915

Amount of Each Receipt this Period
5.00

C. 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 **103.00**

Date of Receipt
 M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.4948

Amount of Each Receipt this Period
100.00

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

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

180.00

**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 109
	<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)
Gary L Wheelock

Mailing Address 25 Van Dr

City Bordentown State NJ Zip Code 08505

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

Name of Employer: Bordentown Twp Republican Club Occupation: Treasurer

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 / 29 / 2014

Transaction ID : SA11AI.4766

Amount of Each Receipt this Period
 50.00

B. Full Name (Last, First, Middle Initial)
Harry P. Wills

Mailing Address 1101 S Browning Ave

City Somerdale State NJ Zip Code 08083

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

Name of Employer: Bowman and Co Occupation: Partner

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 / 27 / 2014

Transaction ID : SA11AI.4708

Amount of Each Receipt this Period
 200.00

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).....

250.00

39196.00

**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 37 OF 109
	<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)
Bordentown Twp Republican Club

Mailing Address 25 Van Dr

City Bordentown State NJ Zip Code 08505

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 / 29 / 2014

Transaction ID : SA11C.4763

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
BYRNE FOR CONGRESS INC

Mailing Address PO BOX 2743

City MOBILE State AL Zip Code 36652

FEC ID number of contributing federal political committee. **C** C00545673

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
 06 / 30 / 2014

Transaction ID : SA11C.5023

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
CMR POLITICAL ACTION COMMITTEE

Mailing Address PO BOX 2485

City SPRINGFIELD State VA Zip Code 22152

FEC ID number of contributing federal political committee. **C** C00469429

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
 06 / 30 / 2014

Transaction ID : SA11C.4997

Amount of Each Receipt this Period
 2000.00

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

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

2750.00

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

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

FOR LINE NUMBER: PAGE 38 OF 109
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
Cmte for Responsible Govt NJ

Mailing Address 2123 Edgar Rd

City State Zip Code
Point Pleasant Beach NJ 08742

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 / 27 / 2014

Transaction ID : SA11C.4723

Amount of Each Receipt this Period
75.00

B. Full Name (Last, First, Middle Initial)
CONSERVATIVE OPPURTUNITY LEADERSHIP AND ENTERPRISE PAC (COLE PAC)

Mailing Address 12176 CHANCERY STATION CIRCLE

City State Zip Code
RESTON VA 20190

FEC ID number of contributing federal political committee. **C** C00404392

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
06 / 30 / 2014

Transaction ID : SA11C.4970

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Conway for Congress

Mailing Address PO Box 51272

City State Zip Code
Midland TX 79710

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
06 / 30 / 2014

Transaction ID : SA11C.5011

Amount of Each Receipt this Period
2000.00

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

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

3075.00

**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 109
	<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)
Energizing New Jersey Inc PAC

Mailing Address 212 W State St

City State Zip Code
Trenton NJ 08608

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 25 / 2014

Transaction ID : SA11C.4904

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
EYE OF THE TIGER POLITICAL ACTION COMMITTEE; THE

Mailing Address PO BOX 2485

City State Zip Code
SPRINGFIELD VA 22152

FEC ID number of contributing federal political committee. **C** C00467431

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11C.4987

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
FREEDOM AND SECURITY PAC

Mailing Address 228 S. WASHINGTON ST., STE. 115

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00437061

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11C.5028

Amount of Each Receipt this Period
1000.00

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

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

3000.00

**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 40 OF 109
	<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)
FREEDOM PROJECT; THE

Mailing Address 320 1ST STREET SE

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing federal political committee. **C C00305805**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11C.4966

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
FREEDOM PROJECT; THE

Mailing Address 320 1ST STREET SE

City State Zip Code
WASHINGTON DC 20003

FEC ID number of contributing federal political committee. **C C00305805**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) Primary Debt

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11C.5031

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
FRIENDS OF JOHN BOEHNER

Mailing Address 7908 CINCINNATI DAYTON ROAD SUITE I

City State Zip Code
WEST CHESTER OH 45069

FEC ID number of contributing federal political committee. **C C00237198**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11C.4964

Amount of Each Receipt this Period
2000.00

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

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

12000.00

**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 109
	<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)
FRIENDS OF JOHN BOEHNER

Mailing Address 7908 CINCINNATI DAYTON ROAD
SUITE I

City WEST CHESTER State OH Zip Code 45069

FEC ID number of contributing federal political committee. **C C00237198**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) Primary Debt

Election Cycle-to-Date
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11C.5030

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
GOOD FUND, THE

Mailing Address PO BOX 3404

City ALEXANDRIA State VA Zip Code 22302

FEC ID number of contributing federal political committee. **C C00409185**

Name of Employer Occupation

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
06 / 30 / 2014

Transaction ID : SA11C.4999

Amount of Each Receipt this Period
1000.00

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

Mailing Address PO BOX 628

City EVANSVILLE State IN Zip Code 47704

FEC ID number of contributing federal political committee. **C C00523381**

Name of Employer Occupation

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
06 / 30 / 2014

Transaction ID : SA11C.5021

Amount of Each Receipt this Period
1000.00

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

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

4000.00

**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 109
	<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)
ICE PAC

Mailing Address **PO BOX 752**

City **LONG LAKE** State **MN** Zip Code **55356**

FEC ID number of contributing federal political committee. **C C00484667**

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
06 / 30 / 2014

Transaction ID : SA11C.4968

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
INVEST IN A STRONG AND SECURE AMERICA - ISSA PAC

Mailing Address **PO BOX 3799**

City **VISTA** State **CA** Zip Code **92085**

FEC ID number of contributing federal political committee. **C C00450320**

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
06 / 30 / 2014

Transaction ID : SA11C.4991

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
LIBERTY & PROSPERITY PAC

Mailing Address **19 CATTANO AVENUE**

City **MORRISTOWN** State **NJ** Zip Code **07960**

FEC ID number of contributing federal political committee. **C C00492538**

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
06 / 30 / 2014

Transaction ID : SA11C.4980

Amount of Each Receipt this Period
 2500.00

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

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

4500.00

**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 109
	<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.

Full Name (Last, First, Middle Initial) LIBERTY PROJECT		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address PO BOX 53866		Transaction ID : SA11C.5015	
City LUBBOCK	State TX	Zip Code 79453	
FEC ID number of contributing federal political committee. C C00446625		Amount of Each Receipt this Period 1000.00	
Name of Employer Occupation		Election Cycle-to-Date 1000.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) LynnPAC		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address PO Box 1872		Transaction ID : SA11C.5007	
City Topeka	State KS	Zip Code 66601	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Occupation		Election Cycle-to-Date 1000.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) MAJORITY COMMITTEE PAC--MC PAC		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2014	
Mailing Address P.O. BOX 10134		Transaction ID : SA11C.4995	
City BAKERSFIELD	State CA	Zip Code 93389	
FEC ID number of contributing federal political committee. C C00428052		Amount of Each Receipt this Period 5000.00	
Name of Employer Occupation		Election Cycle-to-Date 5000.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 5000.00	

SUBTOTAL of Receipts This Page (optional).....	7000.00
TOTAL This Period (last page this line number only).....	7000.00

**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 109
	<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)
MIDNIGHT SUN POLITICAL ACTION COMMITTEE

Mailing Address **PO BOX 27814**

City **WASHINGTON** State **DC** Zip Code **20038**

FEC ID number of contributing federal political committee. **C C00345199**

Name of Employer Occupation

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
06 / 30 / 2014

Transaction ID : SA11C.5026

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
MORE CONSERVATIVES PAC (MCPAC)

Mailing Address **228 S WASHINGTON ST STE 115**

City **ALEXANDRIA** State **VA** Zip Code **22314**

FEC ID number of contributing federal political committee. **C C00540187**

Name of Employer Occupation

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
06 / 30 / 2014

Transaction ID : SA11C.5009

Amount of Each Receipt this Period
1000.00

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

Mailing Address **P.O. BOX 7480**

City **VISALIA** State **CA** Zip Code **93290**

FEC ID number of contributing federal political committee. **C C00398750**

Name of Employer Occupation

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
06 / 30 / 2014

Transaction ID : SA11C.5013

Amount of Each Receipt this Period
1000.00

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

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

3000.00

**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 109
	<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)
NEW PIONEERS PAC

Mailing Address 228 S WASHINGTON ST STE 115

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00459123

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11C.4993

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
NFIB THE VOICE OF FREE ENTERPRISE INC.

Mailing Address 1201 F STREET SUITE 200

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C90013509

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11C.4955

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
Operating Engineers Local 825 PAC

Mailing Address 65 Springfield Ave

City State Zip Code
Springfield NJ 07081

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 03 / 2014

Transaction ID : SA11C.4795

Amount of Each Receipt this Period
5000.00

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

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

12500.00

**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 46 OF 109
	<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)
PATRIOTS LEADING A MAJORITY

Mailing Address 50 S PROVIDENCE ROAD

City State Zip Code
MEDIA PA 19063

FEC ID number of contributing federal political committee. **C** C00526046

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11C.5019

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
PEOPLE FOR ENTERPRISE TRADE AND ECONOMIC GROWTH (PETE PAC)

Mailing Address 7804 EVENING LANE

City State Zip Code
ALEXANDRIA VA 22306

FEC ID number of contributing federal political committee. **C** C00363770

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11C.5001

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
Seaside Hts Republican Club

Mailing Address 102 Bay Blvd

City State Zip Code
Seaside Heights NJ 08751

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
600.00

Date of Receipt
M M / D D / Y Y Y Y
05 / 27 / 2014

Transaction ID : SA11C.4961

Amount of Each Receipt this Period
600.00

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

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

4600.00

**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 47 OF 109
	<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)
SUPPORT TO ENSURE VICTORY EVERYWHERE PAC-STEVE PAC

Mailing Address 228 S WASHINGTON ST STE 115

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00501478

Name of Employer Occupation

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
 06 / 30 / 2014

Transaction ID : SA11C.5005

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
TEXAS REPUBLICANS UNITED POLITICAL ACTION COMMITTEE (TRU PAC)

Mailing Address 815-A BRAZOS STREET
PMB 229

City State Zip Code
AUSTIN TX 78701

FEC ID number of contributing federal political committee. **C** C00481531

Name of Employer Occupation

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
 06 / 30 / 2014

Transaction ID : SA11C.5017

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
TRUST PAC TEAM REPUBLICANS FOR UTILIZING SENSIBLE TACTICS

Mailing Address 228 S. WASHINGTON STREET
SUITE 115

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C** C00330720

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2014

Transaction ID : SA11C.5003

Amount of Each Receipt this Period
2000.00

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

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

4000.00

**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 109
	<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	

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)
VOICE FOR FREEDOM

Mailing Address 2700 CUMBERLAND PARKWAY, SUITE 150

City ATLANTA State GA Zip Code 30339

FEC ID number of contributing federal political committee. **C** C00409805

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
 06 / 30 / 2014

Transaction ID : SA11C.4989

Amount of Each Receipt this Period
 2000.00

B. Full Name (Last, First, Middle Initial)
WESTMORELAND FOR CONGRESS

Mailing Address P.O. BOX 458

City SHARPSBURG State GA Zip Code 30277

FEC ID number of contributing federal political committee. **C** C00387126

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
 06 / 30 / 2014

Transaction ID : SA11C.4982

Amount of Each Receipt this Period
 1000.00

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).....

3000.00

63425.00

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

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

FOR LINE NUMBER: PAGE 49 OF 109
(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)
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
3000000.00

Date of Receipt
 M M / D D / Y Y Y Y
06 / 20 / 2014

Transaction ID : SA13A.4908

Amount of Each Receipt this Period
1000000.00

Candidate Loan

B. 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

Amount of Each Receipt this Period

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

Amount of Each Receipt this Period

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

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

1000000.00

1000000.00

**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 50 OF 109			
	<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 05 / 28 / 2014
Mailing Address PO Box 1270		Amount of Each Disbursement this Period 5081.15
City Newark	State NJ	
Zip Code 07101	Purpose of Disbursement Credit Card	Transaction ID : SB17.4843
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. Comcast		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address PO Box 69		Amount of Each Disbursement this Period 570.62
City Newark	State NJ	
Zip Code 07101	Purpose of Disbursement Utilities	Transaction ID : SB17.4843.0
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. VoterTrove		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 3180 18th St #100		Amount of Each Disbursement this Period 850.00
City San Francisco	State CA	
Zip Code 94110	Purpose of Disbursement List Rental	Transaction ID : SB17.4843.17
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5081.15
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 51 OF 109			
	<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. New Jersey Right To Life		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 242 Old New Brunswick Rd Ste 340		Amount of Each Disbursement this Period 1185.00
City Piscataway	State NJ	Zip Code 08854
Purpose of Disbursement Contribution	Category/ Type	
Candidate Name	Transaction ID : SB17.4843.18	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 2 Route 37 W		Amount of Each Disbursement this Period 39.66
City Toms River	State NJ	Zip Code 08753
Purpose of Disbursement Office Expense	Category/ Type	
Candidate Name	Transaction ID : SB17.4843.19	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Wenzel Strategies		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 4223 Elmway Dr		Amount of Each Disbursement this Period 4022.40
City Toledo	State OH	Zip Code 43614
Purpose of Disbursement Auto Calls	Category/ Type	
Candidate Name	Transaction ID : SB17.4843.20	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 52 OF 109	
	<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. WaWa		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 1180 Hwy 70		Amount of Each Disbursement this Period 500.00
City Whiting	State NJ Zip Code 08759	
Purpose of Disbursement Volunteer Cost	Candidate Name	Transaction ID : SB17.4843.23
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. Chris Michaels Steak		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 40 Oakwood Ave		Amount of Each Disbursement this Period 423.20
City Woodbridge	State NJ Zip Code 07095	
Purpose of Disbursement Meeting Cost	Candidate Name	Transaction ID : SB17.4843.24
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) c. Wenzel Strategies		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 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 : SB17.4843.25
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 53 OF 109			
	<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. Braddock's Tavern		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 39 S Main St		Amount of Each Disbursement this Period 1682.75
City Medford	State NJ	
Zip Code 08055	Purpose of Disbursement Fundraiser-Food/Beverage	Transaction ID : SB17.4843.26
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. American Express		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address PO Box 1270		Amount of Each Disbursement this Period 7445.91
City Newark	State NJ	
Zip Code 07101	Purpose of Disbursement Credit Card	Transaction ID : SB17.5184
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input checked="" 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. American Express		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address PO Box 1270		Amount of Each Disbursement this Period 19222.68
City Newark	State NJ	
Zip Code 07101	Purpose of Disbursement Credit Card	Transaction ID : SB17.5046
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	26668.59
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 54 OF 109			
	<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. Hotel George		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014
Mailing Address 15 E St NW		Amount of Each Disbursement this Period 982.69
City Washington	State DC	
Zip Code 20001	Purpose of Disbursement Candidate Travel	Transaction ID : SB17.5046.1
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Hotel George		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014
Mailing Address 15 E St NW		Amount of Each Disbursement this Period 1028.22
City Washington	State DC	
Zip Code 20001	Purpose of Disbursement Candidate Travel	Transaction ID : SB17.5046.4
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Amtrak		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014
Mailing Address 60 Massachusetts Ave NE		Amount of Each Disbursement this Period 2160.00
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Candidate Travel	Transaction ID : SB17.5046.10
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 55 OF 109			
	<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. Amtrak		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 60 Massachusetts Ave NE		Amount of Each Disbursement this Period 1134.00
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement Candidate Travel	Transaction ID : SB17.5046.11
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 680 US Hwy 130		Amount of Each Disbursement this Period 2.45
City Trenton	State NJ	
Zip Code 08650	Purpose of Disbursement Postage	Transaction ID : SB17.5046.18
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Tony's Pizza		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 340 Atlantic City Blvd		Amount of Each Disbursement this Period 50.69
City Bayville	State NJ	
Zip Code 08721	Purpose of Disbursement Meeting Cost	Transaction ID : SB17.5046.20
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 56 OF 109			
	<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. VoterTrove		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 3180 18th St #100		Amount of Each Disbursement this Period 850.00
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement List Rental	Category/Type	Transaction ID : SB17.5046.21
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. WaWa		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 1180 Hwy 70		Amount of Each Disbursement this Period 7.31
City Whiting	State NJ Zip Code 08759	
Purpose of Disbursement Meeting Cost	Category/Type	Transaction ID : SB17.5046.24
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. Amtrak		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 60 Massachusetts Ave NE		Amount of Each Disbursement this Period 422.00
City Washington	State DC Zip Code 20002	
Purpose of Disbursement Candidate Travel	Category/Type	Transaction ID : SB17.5046.33
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 57 OF 109			
	<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. Wenzel Strategies		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 4223 Elmway Dr		Amount of Each Disbursement this Period 6034.53
City Toledo	State OH Zip Code 43614	
Purpose of Disbursement Auto Calls	Category/Type	Transaction ID : SB17.5046.40
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Tony's Pizza		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 340 Atlantic City Blvd		Amount of Each Disbursement this Period 19.21
City Bayville	State NJ Zip Code 08721	
Purpose of Disbursement Meeting Cost	Category/Type	Transaction ID : SB17.5046.44
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Tony's Pizza		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 340 Atlantic City Blvd		Amount of Each Disbursement this Period 190.00
City Bayville	State NJ Zip Code 08721	
Purpose of Disbursement Meeting Cost	Category/Type	Transaction ID : SB17.5046.45
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 58 OF 109	
	<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. D&N Team Gear		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014
Mailing Address 109 W Park Dr Unit B		Amount of Each Disbursement this Period 4553.88
City Mt Laurel	State NJ	
Zip Code 08054	Purpose of Disbursement Signs	Transaction ID : SB17.5046.46
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. US Postmaster		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014
Mailing Address 680 US Hwy 130		Amount of Each Disbursement this Period 98.00
City Trenton	State NJ	
Zip Code 08650	Purpose of Disbursement Postage	Transaction ID : SB17.5046.47
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Captains Inn		Date of Disbursement MM / DD / YYYY 06 / 30 / 2014
Mailing Address 304 E Lacey Rd		Amount of Each Disbursement this Period 365.00
City Forked River	State NJ	
Zip Code 08731	Purpose of Disbursement Meeting Cost	Transaction ID : SB17.5046.49
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 59 OF 109			
	<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. At The Hop Bus Stop LLC			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014	
Mailing Address 162 Wells Mills Rd			Amount of Each Disbursement this Period 400.00	
City Waretown	State NJ	Zip Code 08758	Transaction ID : SB17.4852	
Purpose of Disbursement Fundraiser-Entertainment		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. Baseline Research			Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014	
Mailing Address 11 Stoney Hill Rd			Amount of Each Disbursement this Period 3000.00	
City New Hope	State PA	Zip Code 18938	Transaction ID : SB17.4806	
Purpose of Disbursement Research		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) C. Baseline Research			Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014	
Mailing Address 11 Stoney Hill Rd			Amount of Each Disbursement this Period 3000.00	
City New Hope	State PA	Zip Code 18938	Transaction ID : SB17.4882	
Purpose of Disbursement Research		Category/ Type		
Candidate Name				
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

SUBTOTAL of Disbursements This Page (optional).....	6400.00
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 60 OF 109			
	<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. Thomas Bonfonti		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 31 Barbara Ct		Amount of Each Disbursement this Period 2208.21 Transaction ID : SB17.4814
City Waretown	State NJ	
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. Thomas Bonfonti		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 31 Barbara Ct		Amount of Each Disbursement this Period 101.46 Transaction ID : SB17.4829
City Waretown	State NJ	
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) c. Staples		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 2 Route 37 W		Amount of Each Disbursement this Period 45.85 Transaction ID : SB17.4829.0 [MEMO ITEM]
City Toms River	State NJ	
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: _____	

SUBTOTAL of Disbursements This Page (optional).....	2309.67
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 61 OF 109			
	<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. Staples		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 2 Route 37 W		Amount of Each Disbursement this Period 35.30
City Toms River	State NJ	
Zip Code 08753	Purpose of Disbursement Office Expense	Transaction ID : SB17.4829.1
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) B. Thomas Bonfonti		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 31 Barbara Ct		Amount of Each Disbursement this Period 82.06
City Waretown	State NJ	
Zip Code 08758	Purpose of Disbursement Office Expense	Transaction ID : SB17.4859
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. Tony's Pizza		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 340 Atlantic City Blvd		Amount of Each Disbursement this Period 33.06
City Bayville	State NJ	
Zip Code 08721	Purpose of Disbursement Volunteer Expense	Transaction ID : SB17.4859.0
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:		

SUBTOTAL of Disbursements This Page (optional).....	82.06
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 62 OF 109			
	<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. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2014
Mailing Address 680 US Hwy 130		Amount of Each Disbursement this Period 49.00
City Trenton	State NJ	
Zip Code 08650	Purpose of Disbursement Postage	Transaction ID : SB17.4859.1
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) B. Thomas Bonfonti		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 31 Barbara Ct		Amount of Each Disbursement this Period 1935.40
City Waretown	State NJ	
Zip Code 08758	Purpose of Disbursement Payroll	Transaction ID : SB17.4886
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Thomas Bonfonti		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 31 Barbara Ct		Amount of Each Disbursement this Period 245.66
City Waretown	State NJ	
Zip Code 08758	Purpose of Disbursement Office Expense	Transaction ID : SB17.5049
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2181.06
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 63 OF 109	
	<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. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 680 US Hwy 130		Amount of Each Disbursement this Period 49.00
City Trenton	State NJ	
Zip Code 08650	Purpose of Disbursement Postage	Transaction ID : SB17.5049.0
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 2 Route 37 W		Amount of Each Disbursement this Period 145.50
City Toms River	State NJ	
Zip Code 08753	Purpose of Disbursement Office Expense	Transaction ID : SB17.5049.1
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Tony's Pizza		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 340 Atlantic City Blvd		Amount of Each Disbursement this Period 24.43
City Bayville	State NJ	
Zip Code 08721	Purpose of Disbursement Volunteer Expense	Transaction ID : SB17.5049.2
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 64 OF 109	
	<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. Brittany Brinkman		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address 1 Windsor Ct		Amount of Each Disbursement this Period 815.39 Transaction ID : SB17.4883
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Burlington County Republican Committee		Date of Disbursement M M / D D / Y Y Y Y 06 / 20 / 2014
Mailing Address 223 High St		Amount of Each Disbursement this Period 9952.00 Transaction ID : SB17.5041
City Mt Holly	State NJ	
Zip Code 08060	Purpose of Disbursement Rent/ Utilites	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Caplin & Drysdale Chartered		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address 1 Thomas Cir NW Ste 1100		Amount of Each Disbursement this Period 10000.00 Transaction ID : SB17.4807
City Washington	State DC	
Zip Code 20005	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:	

SUBTOTAL of Disbursements This Page (optional).....	20767.39
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 65 OF 109	
	<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. Caplin & Drysdale Chartered		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address 1 Thomas Cir NW Ste 1100		Amount of Each Disbursement this Period 3714.00
City Washington	State DC	
Zip Code 20005	Purpose of Disbursement Legal Fees	Transaction ID : SB17.5047
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Catch Digital Strategy		Date of Disbursement M M / D D / Y Y Y Y 06 / 27 / 2014
Mailing Address PO Box 7833		Amount of Each Disbursement this Period 479.52
City Capistrano Beach	State CA	
Zip Code 92624	Purpose of Disbursement Website	Transaction ID : SB17.5048
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" 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 05 / 16 / 2014
Mailing Address 1704 Maxwell Dr Ste 202		Amount of Each Disbursement this Period 30989.10
City Wall	State NJ	
Zip Code 07719	Purpose of Disbursement Direct Mail Services	Transaction ID : SB17.5179
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).....	35182.62
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 66 OF 109	
	<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 Russell Consulting			Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014	
Mailing Address 1704 Maxwell Dr Ste 202			Amount of Each Disbursement this Period 16873.90	
City Wall	State NJ	Zip Code 07719	Transaction ID : SB17.4834	
Purpose of Disbursement Direct Mail Services		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. Chris Russell Consulting			Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2014	
Mailing Address 1704 Maxwell Dr Ste 202			Amount of Each Disbursement this Period 18341.94	
City Wall	State NJ	Zip Code 07719	Transaction ID : SB17.4836	
Purpose of Disbursement Direct Mail Services		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) c. Chris Russell Consulting			Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014	
Mailing Address 1704 Maxwell Dr Ste 202			Amount of Each Disbursement this Period 46625.26	
City Wall	State NJ	Zip Code 07719	Transaction ID : SB17.4860	
Purpose of Disbursement Direct Mail Services		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:			

SUBTOTAL of Disbursements This Page (optional).....	81841.10
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 67 OF 109			
	<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 Russell Consulting		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address 1704 Maxwell Dr Ste 202		Amount of Each Disbursement this Period 7500.00 Transaction ID : SB17.5034
City Wall	State NJ Zip Code 07719	
Purpose of Disbursement Political Strategy Consulting	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. First Fidelity Land LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 6050 Kennedy Blvd E		Amount of Each Disbursement this Period 814.64 Transaction ID : SB17.4854
City West New York	State NJ Zip Code 07093	
Purpose of Disbursement Rent/Utilities	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" 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. First Fidelity Land LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address 6050 Kennedy Blvd E		Amount of Each Disbursement this Period 59.43 Transaction ID : SB17.5033
City West New York	State NJ Zip Code 07093	
Purpose of Disbursement Utilities	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	8374.07
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 68 OF 109			
	<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. First Fidelity Land LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 6050 Kennedy Blvd E		Amount of Each Disbursement this Period 196.22
City West New York	State NJ	
Zip Code 07093	Purpose of Disbursement Utilities	Transaction ID : SB17.5044
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Fitzsimmons Communications		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address PO Box 353		Amount of Each Disbursement this Period 5639.00
City Matawan	State NJ	
Zip Code 07747	Purpose of Disbursement Telecommunications	Transaction ID : SB17.4880
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Gibbons PC		Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2014
Mailing Address PO Box 5177		Amount of Each Disbursement this Period 1457.00
City New York	State NY	
Zip Code 10087	Purpose of Disbursement Legal Fees	Transaction ID : SB17.4881
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7292.22
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 69 OF 109			
	<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 05 / 19 / 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 : SB17.4815
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 06 / 06 / 2014
Mailing Address 9 East 5th St		Amount of Each Disbursement this Period 3232.19
City Barnegat Light	State NJ	
Zip Code 08006	Purpose of Disbursement Travel/Office Expense	Transaction ID : SB17.4863
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. AT&T		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 255 Route 37 E		Amount of Each Disbursement this Period 587.49
City Toms River	State NJ	
Zip Code 08753	Purpose of Disbursement Telecommunications	Transaction ID : SB17.4863.0
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5590.85
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 70 OF 109	
	<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. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address PO Box 5029		Amount of Each Disbursement this Period 226.50
City Wallingford	State CT Zip Code 06492	
Purpose of Disbursement Telecommunications	Candidate Name	Transaction ID : SB17.4863.1
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. Webbest UHaul		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 176 E Bay Ave		Amount of Each Disbursement this Period 327.85
City Manahawkin	State NJ Zip Code 08050	
Purpose of Disbursement Travel	Candidate Name	Transaction ID : SB17.4863.2
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) c. Webbest UHaul		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 176 E Bay Ave		Amount of Each Disbursement this Period 145.95
City Manahawkin	State NJ Zip Code 08050	
Purpose of Disbursement Travel	Candidate Name	Transaction ID : SB17.4863.3
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	0.00
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 72 OF 109	
	<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. Tyco Copy		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2014
Mailing Address 262 Elm St		Amount of Each Disbursement this Period 354.14
City New Haven	State CT	
Zip Code 06511	Purpose of Disbursement Printing	Transaction ID : SB17.4863.10
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Chris Griswold		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 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 : SB17.4887
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Jeffrey Hein		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 1303 Leguene Ave		Amount of Each Disbursement this Period 3244.80
City Forked River	State NJ	
Zip Code 08731	Purpose of Disbursement Payroll	Transaction ID : SB17.4816
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).....	5603.46
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 73 OF 109	
	<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. Jeffrey Hein		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 1303 Leguene Ave		Amount of Each Disbursement this Period 767.16 Transaction ID : SB17.4848
City Forked River	State NJ	
Zip Code 08731	Purpose of Disbursement 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. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address PO Box 5029		Amount of Each Disbursement this Period 160.00 Transaction ID : SB17.4848.0 [MEMO ITEM]
City Wallingford	State CT	
Zip Code 06492	Purpose of Disbursement Verizon Wireless	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) c. Tony's Pizza		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 340 Atlantic City Blvd		Amount of Each Disbursement this Period 405.38 Transaction ID : SB17.4848.1 [MEMO ITEM]
City Bayville	State NJ	
Zip Code 08721	Purpose of Disbursement Volunteer 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:	

SUBTOTAL of Disbursements This Page (optional).....	767.16
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 74 OF 109			
	<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. Staples		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 2 Route 37 W		Amount of Each Disbursement this Period 122.01
City Toms River	State NJ	
Zip Code 08753	Purpose of Disbursement Office Expense	Transaction ID : SB17.4848.2
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. Jeffrey Hein		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 1303 Leguene Ave		Amount of Each Disbursement this Period 269.45
City Forked River	State NJ	
Zip Code 08731	Purpose of Disbursement Office Expense	Transaction ID : SB17.4862
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Tony's Pizza		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 340 Atlantic City Blvd		Amount of Each Disbursement this Period 43.64
City Bayville	State NJ	
Zip Code 08721	Purpose of Disbursement Volunteer Expense	Transaction ID : SB17.4862.0
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:		

SUBTOTAL of Disbursements This Page (optional).....	269.45
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 75 OF 109			
	<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. Staples		Date of Disbursement M M / D D / Y Y Y Y 06 / 04 / 2014
Mailing Address 2 Route 37 W		Amount of Each Disbursement this Period 214.50
City Toms River	State NJ	
Zip Code 08753	Purpose of Disbursement Office Expense	Transaction ID : SB17.4862.1
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) B. Jeffrey Hein		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 1303 Leguene Ave		Amount of Each Disbursement this Period 3244.79
City Forked River	State NJ	
Zip Code 08731	Purpose of Disbursement Payroll	Transaction ID : SB17.4888
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Intego Insurance		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2014
Mailing Address 333 W Commercial St		Amount of Each Disbursement this Period 167.82
City East Rochester	State NY	
Zip Code 14445	Purpose of Disbursement Insurance	Transaction ID : SB17.4846
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).....	3412.61
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 109	
	<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. Intego Insurance			Date of Disbursement MM / DD / YYYY 06 / 18 / 2014	
Mailing Address 333 W Commercial St			Amount of Each Disbursement this Period 2,000.00 13.11	
City East Rochester	State NY	Zip Code 14445	Transaction ID : SB17.4867	
Purpose of Disbursement Insurance		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Intego Insurance			Date of Disbursement MM / DD / YYYY 06 / 26 / 2014	
Mailing Address 333 W Commercial St			Amount of Each Disbursement this Period 2,000.00 163.74	
City East Rochester	State NY	Zip Code 14445	Transaction ID : SB17.5045	
Purpose of Disbursement Insurance		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Noriko Kowalewski			Date of Disbursement MM / DD / YYYY 05 / 19 / 2014	
Mailing Address 14 Seagull Point			Amount of Each Disbursement this Period 2,000.00 2607.90	
City Bayville	State NJ	Zip Code 08721	Transaction ID : SB17.4817	
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:				

SUBTOTAL of Disbursements This Page (optional).....	2784.75
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 77 OF 109			
	<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. Noriko Kowalewski			Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 14 Seagull Point			Amount of Each Disbursement this Period 2440.44 Transaction ID : SB17.4889
City Bayville	State NJ	Zip Code 08721	
Purpose of Disbursement Payroll	Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. Adam Lester			Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 410 Kettle Creek Rd Apt 5			Amount of Each Disbursement this Period 2751.57 Transaction ID : SB17.4818
City Toms River	State NJ	Zip Code 08753	
Purpose of Disbursement Payroll	Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" 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. Adam Lester			Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 410 Kettle Creek Rd Apt 5			Amount of Each Disbursement this Period 3059.64 Transaction ID : SB17.4890
City Toms River	State NJ	Zip Code 08753	
Purpose of Disbursement Payroll	Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	8251.64
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 78 OF 109			
	<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. Frank Luna		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 100 Ocean Ave Apt 14		Amount of Each Disbursement this Period 4449.44
City Bradley Beach	State NJ	
Zip Code 07720	Purpose of Disbursement Payroll	Transaction ID : SB17.4819
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. Frank Luna		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 100 Ocean Ave Apt 14		Amount of Each Disbursement this Period 171.60
City Bradley Beach	State NJ	
Zip Code 07720	Purpose of Disbursement Telecommunications	Transaction ID : SB17.4849
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. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address PO Box 5029		Amount of Each Disbursement this Period 171.60
City Wallingford	State CT	
Zip Code 06492	Purpose of Disbursement Telecommunications	Transaction ID : SB17.4849.0
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:		

SUBTOTAL of Disbursements This Page (optional).....	4621.04
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 79 OF 109			
	<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. Frank Luna		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 100 Ocean Ave Apt 14		Amount of Each Disbursement this Period 4449.45
City Bradley Beach	State NJ	
Zip Code 07720	Purpose of Disbursement Payroll	Transaction ID : SB17.4891
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Mike Thompson Entertainment		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 162 Wells Mills Rd		Amount of Each Disbursement this Period 300.00
City Waretown	State NJ	
Zip Code 08758	Purpose of Disbursement Fundraiser-Entertainment	Transaction ID : SB17.4850
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" 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. Morgan Publishing LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address 16 Paolmino Dr		Amount of Each Disbursement this Period 2335.00
City Marlton	State NJ	
Zip Code 08053	Purpose of Disbursement Printing	Transaction ID : SB17.5038
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7084.45
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 80 OF 109			
	<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. National Research Inc		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 146 State Route 34 Ste 250		Amount of Each Disbursement this Period 18800.00
City Holmdel State NJ Zip Code 07733	Purpose of Disbursement Polling	
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)	Transaction ID : SB17.5181
State: District:		

Full Name (Last, First, Middle Initial) B. National Research Inc		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 146 State Route 34 Ste 250		Amount of Each Disbursement this Period 25000.00
City Holmdel State NJ Zip Code 07733	Purpose of Disbursement Polling	
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)	Transaction ID : SB17.4838
State: District:		

Full Name (Last, First, Middle Initial) C. National Research Inc		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 146 State Route 34 Ste 250		Amount of Each Disbursement this Period 8000.00
City Holmdel State NJ Zip Code 07733	Purpose of Disbursement Polling	
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)	Transaction ID : SB17.4841
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	51800.00
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 81 OF 109			
	<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. National Research Inc		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2014
Mailing Address 146 State Route 34 Ste 250		Amount of Each Disbursement this Period 4000.00 Transaction ID : SB17.4842
City Holmdel State NJ Zip Code 07733	Category/Type	
Purpose of Disbursement Polling	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. Harrison Neely		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 41 Sayre Dr		Amount of Each Disbursement this Period 3244.80 Transaction ID : SB17.4820
City Princeton State NJ Zip Code 08540	Category/Type	
Purpose of Disbursement Payroll	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) c. Harrison Neely		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 41 Sayre Dr		Amount of Each Disbursement this Period 611.78 Transaction ID : SB17.4827
City Princeton State NJ Zip Code 08540	Category/Type	
Purpose of Disbursement Office Expense	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:		

SUBTOTAL of Disbursements This Page (optional).....	7856.58
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 82 OF 109			
	<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. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 680 US Hwy 130		Amount of Each Disbursement this Period 401.54
City Trenton	State NJ	
Zip Code 08650	Purpose of Disbursement Postage	Transaction ID : SB17.4827.0
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. Staples		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 2 Route 37 W		Amount of Each Disbursement this Period 58.98
City Toms River	State NJ	
Zip Code 08753	Purpose of Disbursement Office Expense	Transaction ID : SB17.4827.1
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. Harrison Neely		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 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 : SB17.4868
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3244.79
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 83 OF 109	
	<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. Harrison Neely		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2014
Mailing Address 41 Sayre Dr		Amount of Each Disbursement this Period 500.59 Transaction ID : SB17.4866
City Princeton	State NJ	
Zip Code 08540	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2014
Mailing Address 2 Route 37 W		Amount of Each Disbursement this Period 235.36 Transaction ID : SB17.4866.0 [MEMO ITEM]
City Toms River	State NJ	
Zip Code 08753	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Tony's Pizza		Date of Disbursement M M / D D / Y Y Y Y 06 / 19 / 2014
Mailing Address 340 Atlantic City Blvd		Amount of Each Disbursement this Period 265.23 Transaction ID : SB17.4866.1 [MEMO ITEM]
City Bayville	State NJ	
Zip Code 08721	Purpose of Disbursement Volunteer Expense	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	500.59
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 84 OF 109			
	<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. Caitlin O'Toole		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 166 9th St		Amount of Each Disbursement this Period 2306.04 Transaction ID : SB17.4821
City Belford State NJ Zip Code 07718	Purpose of Disbursement Payroll	
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. Caitlin O'Toole		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 166 9th St		Amount of Each Disbursement this Period 241.94 Transaction ID : SB17.4828
City Belford State NJ Zip Code 07718	Purpose of Disbursement Office Expense	
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. Caitlin O'Toole		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 166 9th St		Amount of Each Disbursement this Period 2533.96 Transaction ID : SB17.4869
City Belford State NJ Zip Code 07718	Purpose of Disbursement Payroll	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5081.94
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 85 OF 109			
	<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. Caitlin O'Toole		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 166 9th St		Amount of Each Disbursement this Period 227.92
City Belford	State NJ Zip Code 07718	
Purpose of Disbursement Travel/Office Expense	Category/Type	Transaction ID : SB17.5054
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address PO Box 5029		Amount of Each Disbursement this Period 71.96
City Wallingford	State CT Zip Code 06492	
Purpose of Disbursement Telecommunications	Category/Type	Transaction ID : SB17.5054.0 [MEMO ITEM]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Ocean County Fair		Date of Disbursement M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 24 Germania Ct		Amount of Each Disbursement this Period 400.00
City Toms River	State NJ Zip Code 08755	
Purpose of Disbursement Facility Rental	Category/Type	Transaction ID : SB17.5052
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	627.92
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 86 OF 109		
	<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. Jeffrey Olsen		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 54 Chesterfield Dr		Amount of Each Disbursement this Period 2512.68 Transaction ID : SB17.4822
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:	

Full Name (Last, First, Middle Initial) B. Jeffrey Olsen		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 54 Chesterfield Dr		Amount of Each Disbursement this Period 332.76 Transaction ID : SB17.4835
City Jackson	State NJ	
Zip Code 08527	Purpose of Disbursement 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) c. Jeffrey Olsen		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 54 Chesterfield Dr		Amount of Each Disbursement this Period 2306.04 Transaction ID : SB17.4870
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5151.48
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 87 OF 109	
	<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. Jeffrey Olsen		Date of Disbursement MM / DD / YYYY 06 / 19 / 2014
Mailing Address 54 Chesterfield Dr		Amount of Each Disbursement this Period 232.52 Transaction ID : SB17.4865
City Jackson	State NJ	
Zip Code 08527	Purpose of Disbursement Travel	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Paycycle		Date of Disbursement MM / DD / YYYY 05 / 19 / 2014
Mailing Address 210 Portage Ave		Amount of Each Disbursement this Period 11718.42 Transaction ID : SB17.4811
City Palo Alto	State CA	
Zip Code 94306	Purpose of Disbursement Payroll Taxes	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) c. Paycycle		Date of Disbursement MM / DD / YYYY 05 / 19 / 2014
Mailing Address 210 Portage Ave		Amount of Each Disbursement this Period 954.60 Transaction ID : SB17.4812
City Palo Alto	State CA	
Zip Code 94306	Purpose of Disbursement Payroll Taxes	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:	

SUBTOTAL of Disbursements This Page (optional).....	12905.54
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 88 OF 109			
	<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 06 / 18 / 2014
Mailing Address 210 Portage Ave		Amount of Each Disbursement this Period 11850.60 Transaction ID : SB17.4873
City Palo Alto	State CA	
Zip Code 94306	Purpose of Disbursement Payroll Taxes	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. Paycycle		Date of Disbursement M M / D D / Y Y Y Y 06 / 18 / 2014
Mailing Address 210 Portage Ave		Amount of Each Disbursement this Period 962.68 Transaction ID : SB17.4874
City Palo Alto	State CA	
Zip Code 94306	Purpose of Disbursement Payroll Taxes	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Paycycle		Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2014
Mailing Address 210 Portage Ave		Amount of Each Disbursement this Period 458.08 Transaction ID : SB17.5036
City Palo Alto	State CA	
Zip Code 94306	Purpose of Disbursement Payroll Taxes	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	13271.36
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 89 OF 109			
	<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 06 / 25 / 2014
Mailing Address 210 Portage Ave		Amount of Each Disbursement this Period 5549.04
City Palo Alto	State CA	
Zip Code 94306	Purpose of Disbursement Payroll Taxes	Transaction ID : SB17.5035
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" 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 05 / 16 / 2014
Mailing Address 37 W 39th St Ste 602		Amount of Each Disbursement this Period 46277.00
City New York	State NY	
Zip Code 10018	Purpose of Disbursement Media	Transaction ID : SB17.4826
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 05 / 21 / 2014
Mailing Address 37 W 39th St Ste 602		Amount of Each Disbursement this Period 187521.00
City New York	State NY	
Zip Code 10018	Purpose of Disbursement Media	Transaction ID : SB17.4837
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).....	239347.04
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 90 OF 109			
	<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 05 / 28 / 2014
Mailing Address 37 W 39th St Ste 602		Amount of Each Disbursement this Period 95370.58 Transaction ID : SB17.4844
City New York State NY Zip Code 10018	Purpose of Disbursement Media	
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 05 / 30 / 2014
Mailing Address 37 W 39th St Ste 602		Amount of Each Disbursement this Period 9629.20 Transaction ID : SB17.4856
City New York State NY Zip Code 10018	Purpose of Disbursement Media	
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. Michael Rebuck		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 417 Chester Ave		Amount of Each Disbursement this Period 2658.50 Transaction ID : SB17.4823
City Moorestown State NJ Zip Code 08057	Purpose of Disbursement Payroll	
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).....	107658.28
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 91 OF 109	
	<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. Michael Rebeck		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 417 Chester Ave		Amount of Each Disbursement this Period 2533.84
City Moorestown	State NJ Zip Code 08057	
Purpose of Disbursement Payroll	Category/Type	Transaction ID : SB17.4871
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Ronald Gravino Consulting		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2014
Mailing Address PO Box 225		Amount of Each Disbursement this Period 207.29
City Colonia	State NJ Zip Code 07067	
Purpose of Disbursement Office Expense	Category/Type	Transaction ID : SB17.4825
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" 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. Ronald Gravino Consulting		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2014
Mailing Address PO Box 225		Amount of Each Disbursement this Period 4023.16
City Colonia	State NJ Zip Code 07067	
Purpose of Disbursement Payroll	Category/Type	Transaction ID : SB17.4855
Candidate Name		
Office Sought: <input type="checkbox"/> House <input checked="" 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).....	6764.29
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 92 OF 109	
	<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 06 / 03 / 2014
Mailing Address PO Box 225		Amount of Each Disbursement this Period 218.39 Transaction ID : SB17.4864
City Colonia	State NJ	
Zip Code 07067	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. Ronald Gravino Consulting		Date of Disbursement M M / D D / Y Y Y Y 06 / 13 / 2014
Mailing Address PO Box 225		Amount of Each Disbursement this Period 100.11 Transaction ID : SB17.4885
City Colonia	State NJ	
Zip Code 07067	Purpose of Disbursement Courier	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Save Jersey Advertising LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 25 / 2014
Mailing Address 200 E Madison Ave Apt 2		Amount of Each Disbursement this Period 2500.00 Transaction ID : SB17.5043
City Collingswood	State NJ	
Zip Code 08108	Purpose of Disbursement Advertising	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2818.50
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 93 OF 109			
	<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. Jayson Schimmenti		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address 27 Goodfellow Dr		Amount of Each Disbursement this Period 2306.04 Transaction ID : SB17.4824
City Port Reading NJ Zip Code 07064	Purpose of Disbursement Payroll	
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. Jayson Schimmenti		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 27 Goodfellow Dr		Amount of Each Disbursement this Period 204.32 Transaction ID : SB17.4830
City Port Reading NJ Zip Code 07064	Purpose of Disbursement Office Expense	
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. Jayson Schimmenti		Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2014
Mailing Address 27 Goodfellow Dr		Amount of Each Disbursement this Period 2306.04 Transaction ID : SB17.4872
City Port Reading NJ Zip Code 07064	Purpose of Disbursement Payroll	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4816.04
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 94 OF 109	
	<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. SignPro		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2014
Mailing Address 161 Squall Rd		Amount of Each Disbursement this Period 508.25 Transaction ID : SB17.4857
City Manasquan State NJ Zip Code 08050	Purpose of Disbursement Office Expense	
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. The Prosper Group		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 435 E Main St Room 250		Amount of Each Disbursement this Period 44500.00 Transaction ID : SB17.4808
City Greenwood State IN Zip Code 46143	Purpose of Disbursement Ad/Retainer	
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. Transxt		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 190 Monroe NW 5th Fl		Amount of Each Disbursement this Period 48.08 Transaction ID : SB17.4845
City Grand Rapids State MI Zip Code 49503	Purpose of Disbursement Credit Card Fee	
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).....	45056.33
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 95 OF 109	
	<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
A. Transact		M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 190 Monroe NW 5th Fl		Amount of Each Disbursement this Period 126.00
City Grand Rapids	State MI Zip Code 49503	
Purpose of Disbursement Credit Card Fee		Transaction ID : SB17.5050
Candidate Name		
Office Sought:	Disbursement For: 2014	Category/Type
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Transact		M M / D D / Y Y Y Y 06 / 30 / 2014
Mailing Address 190 Monroe NW 5th Fl		Amount of Each Disbursement this Period 26.65
City Grand Rapids	State MI Zip Code 49503	
Purpose of Disbursement Credit Card Fee		Transaction ID : SB17.5051
Candidate Name		
Office Sought:	Disbursement For: 2014	Category/Type
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
c. US Postmaster		M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 680 US Hwy 130		Amount of Each Disbursement this Period 40000.00
City Trenton	State NJ Zip Code 08650	
Purpose of Disbursement Postage		Transaction ID : SB17.4831
Candidate Name		
Office Sought:	Disbursement For: 2014	Category/Type
<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:	

SUBTOTAL of Disbursements This Page (optional).....	40152.65
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 96 OF 109		
	<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. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2014
Mailing Address 680 US Hwy 130		Amount of Each Disbursement this Period 348.26 Transaction ID : SB17.4839
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. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2014
Mailing Address 680 US Hwy 130		Amount of Each Disbursement this Period 25303.47 Transaction ID : SB17.4847
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) c. Victory Phones Live LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014
Mailing Address 2900 Wilson Ave SW		Amount of Each Disbursement this Period 10000.00 Transaction ID : SB17.4832
City Grandville	State MI	
Zip Code 49418	Purpose of Disbursement Telecommunications	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:	

SUBTOTAL of Disbursements This Page (optional).....	35651.73
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 97 OF 109	
	<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. T Robin Visconi			Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2014	
Mailing Address 370 Tall Tree Ct			Amount of Each Disbursement this Period 5871.72	
City Jackson	State NJ	Zip Code 08527	Transaction ID : SB17.4875	
Purpose of Disbursement Fundraising		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:				

Full Name (Last, First, Middle Initial) B. WARETOWN FIREHOUSE			Date of Disbursement M M / D D / Y Y Y Y 05 / 16 / 2014	
Mailing Address 50 Railroad Ave			Amount of Each Disbursement this Period 550.00	
City Ocean Twp	State NJ	Zip Code 08758	Transaction ID : SB17.4805	
Purpose of Disbursement Meeting Cost		Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" 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.			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).....	6421.72
TOTAL This Period (last page this line number only).....	823692.49

**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 98 OF 109	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" 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. WRCMHB		Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2014
Mailing Address PO Box 492		Amount of Each Disbursement this Period 250.00 Transaction ID : SB21.4896
City Berkeley	State NJ Zip Code 08721	
Purpose of Disbursement Contribution	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
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		
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		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	250.00

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.

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:

03

31

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/10.4908**

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 1000000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1000000.00
---------------------------------------	------------------------------------	---

TERMS

Date Incurred M 06 / D 20 / Y 2014	Date Due M / D / Y 12/31/2016	Interest Rate 0.00 % (apr)	Secured: <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).....	▶	3000000.00

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
Anthony Adams

Mailing Address 242 Randall Ave

City State Zip Code
 Mt Holly NJ 08060

Nature of Debt (Purpose):
 Get-Out-the-Vote

Outstanding Balance Beginning This Period **Transaction ID : SD10.5216**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Tyler Adams

Mailing Address 14 Manchester Rd

City State Zip Code
 Eastampton NJ 08060

Nature of Debt (Purpose):
 Get-Out-the-Vote

Outstanding Balance Beginning This Period **Transaction ID : SD10.5220**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
American Express

Mailing Address PO Box 1270

City State Zip Code
 Newark NJ 07101

Nature of Debt (Purpose):
 Credit Card

Outstanding Balance Beginning This Period **Transaction ID : SD10.4464**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="200.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

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
Charles Bunting

Mailing Address 21 Island Rd

City State Zip Code
Jobstown NJ 08041

Nature of Debt (Purpose):
Get-Out-the-Vote

Outstanding Balance Beginning This Period **Transaction ID : SD10.5224**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Stuart Campbell

Mailing Address 4 Easton Ln

City State Zip Code
Cinnaminson NJ 08077

Nature of Debt (Purpose):
Get-Out-the-Vote

Outstanding Balance Beginning This Period **Transaction ID : SD10.5230**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Chris Russell Consulting

Mailing Address 1704 Maxwell Dr
Ste 202

City State Zip Code
Wall NJ 07719

Nature of Debt (Purpose):
Mailer/Consulting

Outstanding Balance Beginning This Period **Transaction ID : SD10.4325**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="200.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

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
Luke Hall

Mailing Address 254 S Church St

City State Zip Code
Moorestown NJ 08057

Nature of Debt (Purpose):
Get-Out-the-Vote

Outstanding Balance Beginning This Period **Transaction ID : SD10.5204**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Andrew Hull

Mailing Address 997 Kensington Dr

City State Zip Code
Eastampton NJ 08060

Nature of Debt (Purpose):
Get-Out-the-Vote

Outstanding Balance Beginning This Period **Transaction ID : SD10.5226**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Dante Key

Mailing Address 11 Nottingham Way

City State Zip Code
Eastampton NJ 08060

Nature of Debt (Purpose):
Get-Out-the-Vote

Outstanding Balance Beginning This Period **Transaction ID : SD10.5212**

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="250.00"/>
2) TOTALS This Period (last page this line number only)	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

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="1246.74"/>	Transaction ID : SD10.4158
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. 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 : SD10.5192
Amount Incurred This Period <input style="width:100%;" type="text" value="1945.15"/>	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="1945.15"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Aaron Muse	Nature of Debt (Purpose): Get-Out-the-Vote
Mailing Address 19 Bayleaf Dr	
City State Zip Code Lumberton NJ 08048	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="0.00"/>	Transaction ID : SD10.5210
Amount Incurred This Period <input style="width:100%;" type="text" value="100.00"/>	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="100.00"/>	

1) SUBTOTALS This Period This Page (optional) ▶	<input style="width:100%;" type="text" value="3291.89"/>
2) TOTALS This Period (last page this line number only) ▶	<input style="width:100%;" type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶	<input style="width:100%;" type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input style="width:100%;" type="text"/>

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

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ricardo Ortega	Nature of Debt (Purpose): Get-Out-the-Vote
Mailing Address 10 Ardsley Pl	
City State Zip Code Hainesport NJ 08036	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="0.00"/>	Transaction ID : SD10.5214
Amount Incurred This Period <input style="width:100%;" type="text" value="100.00"/>	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="100.00"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Joseph Paolini	Nature of Debt (Purpose): Get-Out-the-Vote
Mailing Address 29 Windham Dr	
City State Zip Code Eastampton NJ 08060	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="0.00"/>	Transaction ID : SD10.5218
Amount Incurred This Period <input style="width:100%;" type="text" value="100.00"/>	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="100.00"/>	

1) SUBTOTALS This Period This Page (optional) ▶	<input style="width:100%;" type="text" value="200.00"/>
2) TOTALS This Period (last page this line number only) ▶	<input style="width:100%;" type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶	<input style="width:100%;" type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input style="width:100%;" type="text"/>

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
Jessica Parrish

Mailing Address 20 Third St

City State Zip Code
Bordentown NJ 08505

Nature of Debt (Purpose):
Get-Out-the-Vote

Outstanding Balance Beginning This Period **Transaction ID : SD10.5206**
0.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
100.00 0.00 100.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Alex Robotin

Mailing Address 630 Chesterfield Arneytown Rd

City State Zip Code
Chesterfield NJ 08515

Nature of Debt (Purpose):
Get-Out-the-Vote

Outstanding Balance Beginning This Period **Transaction ID : SD10.5200**
0.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
150.00 0.00 150.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Andrew Robotin

Mailing Address 630 Chesterfield Arneytown Rd

City State Zip Code
Chesterfield NJ 08515

Nature of Debt (Purpose):
Get-Out-the-Vote

Outstanding Balance Beginning This Period **Transaction ID : SD10.5202**
0.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
150.00 0.00 150.00

- 1) **SUBTOTALS** This Period This Page (optional) ▶
- 2) **TOTALS** This Period (last page this line number only) ▶
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

400.00

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
Chris Sander

Mailing Address 7 Corsham Dr

City State Zip Code
Medford NJ 08055

Nature of Debt (Purpose):
Get-Out-the-Vote

Outstanding Balance Beginning This Period **Transaction ID : SD10.5234**
0.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
100.00 0.00 100.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Betty Simon

Mailing Address 19 Hunters Dr

City State Zip Code
Mt Laurel NJ 08054

Nature of Debt (Purpose):
Get-Out-the-Vote

Outstanding Balance Beginning This Period **Transaction ID : SD10.5222**
0.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
50.00 0.00 50.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Tyron Snead

Mailing Address 51 Beaumont Pl

City State Zip Code
Westampton NJ 08060

Nature of Debt (Purpose):
Get-Out-the-Vote

Outstanding Balance Beginning This Period **Transaction ID : SD10.5236**
0.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
50.00 0.00 50.00

1) SUBTOTALS This Period This Page (optional)	▶	200.00
2) TOTALS This Period (last page this line number only)	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶		