

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 07067-0225 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00557520 3. IS THIS REPORT NEW (N) OR AMENDED (A) NJ 03

4. TYPE OF REPORT (Choose One)

- (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER)

- (b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on ... in the State of ... (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on ... in the State of ...

5. Covering Period 11 / 25 / 2014 through 12 / 31 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ronald Gravino

Signature of Treasurer Ronald Gravino [Electronically Filed] Date 04 / 15 / 2015

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

Office Use Only table with 8 columns and 1 row. FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

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

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	15314.85	16944.14
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	15314.85	16944.14
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	126234.34	345408.98
(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)).....	126234.34	345408.98
8. Cash on Hand at Close of Reporting Period (from Line 27).....	4385.97	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	513708.71	

**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

Write or Type Committee Name

**TOM MACARTHUR FOR CONGRESS INC.**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1750.00	1750.00
(ii) Unitemized.....	752.00	802.00
(iii) TOTAL of contributions from individuals ▶	2502.00	2552.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	12812.85	14392.14
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	15314.85	16944.14
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	3574.10	3574.10
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	18888.95	20518.24

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	126234.34	345408.98
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	2100.00	2100.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	128334.34	347508.98

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	113831.36
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	18888.95
25. SUBTOTAL (add Line 23 and Line 24).....	132720.31
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	128334.34
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	4385.97

**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 25
	<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)  
**Donna Mullins**

Mailing Address 6412 15th St

City Alexandria State VA Zip Code 29307

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

Name of Employer Winning Strategies Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify) Non-Election2014

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2014

**Transaction ID : A8566806C8F134284BFC**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Chris Jones**

Mailing Address 3507 Broadrun Dr

City Fairfax State VA Zip Code 22033

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

Name of Employer Ferguson Strategies LLC Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify) Non-Election2014

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 31 / 2014

**Transaction ID : AA03AC942D7B9404990D**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Roger W Dinella**

Mailing Address 2628 Broadway Apt 6B

City New York State NY Zip Code 10025-5107

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

Name of Employer Starr Companies Occupation Director of Tax

Receipt For: 2014  
 Primary  General  
 Other (specify) Non-Election2014

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 26 / 2014

**Transaction ID : A4AB36E4DC3E64559AB2**

Amount of Each Receipt this Period  
 500.00

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

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

1500.00

**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 25
	<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 Joseph Stavola Jr.**

Mailing Address 73 Wigwam Rd

City Rumson State NJ Zip Code 07760-2337

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

Name of Employer Stavola Occupation Executive

Receipt For: 2014  
 Primary  General  
 Other (specify) Non-Election2014

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2014

**Transaction ID : A76CD8F78B9924B499B4**

Amount of Each Receipt this Period  
 250.00

**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 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 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

1750.00

**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 25
	<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)  
**Turkish Coalition USA PAC**

Mailing Address 1025 Connecticut Ave NW  
Ste 1000

City Washington State DC Zip Code 20036-5417

FEC ID number of contributing federal political committee. **C** C00432526

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Non-Election2014

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 31 / 2014

**Transaction ID : AB0D58A494C0E47468DE**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**REPUBLICAN MAINSTREET PARTNERSHIP PAC**

Mailing Address C/O G&W 2201 WISCONSIN AVE., NW  
SUITE 320

City WASHINGTON State DC Zip Code 20007

FEC ID number of contributing federal political committee. **C** C00165159

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 25 / 2014

**Transaction ID : AD9A4E91189494D01848**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**TD Bank, N.A. PAC**

Mailing Address 317 Madison Ave  
2nd Fl

City New York State NY Zip Code 10017-7953

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Non-Election2014

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 19 / 2014

**Transaction ID : AD868845B020A47DC915**

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 8 OF 25
	<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)  
**EXELON CORPORATION POLITICAL ACTION COMMITTEE (EXELON PAC)**

Mailing Address 101 CONSTITUTION AVENUE NW  
SUITE 400 EAST

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00141218

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Non-Election2014

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 22 / 2014

**Transaction ID : AEFDE8637E17E422392E**

Amount of Each Receipt this Period  
 3000.00

**B.** Full Name (Last, First, Middle Initial)  
**Comcast Corp & NBC Universal PAC**

Mailing Address 1701 JFK Blvd

City Philadelphia State PA Zip Code 19103-2833

FEC ID number of contributing federal political committee. **C** C00248716

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Non-Election2014

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 31 / 2014

**Transaction ID : A0D39C637C5AA48638B9**

Amount of Each Receipt this Period  
 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**General Electric PAC**

Mailing Address 1299 Pennsylvania Ave NW

City Washington State DC Zip Code 20004-2400

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Non-Election2014

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 25 / 2014

**Transaction ID : A6678C69E0E374E1DB6E**

Amount of Each Receipt this Period  
 1000.00

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

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

6500.00



**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 25
	<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)  
**NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION PAC**

Mailing Address 1325 MASSACHUSETTS AVE., NW

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00238725

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify) Non-Election2014

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 22 / 2014

**Transaction ID : A0A3C0D81C33948CA9B9**

Amount of Each Receipt this Period  
 2500.00

**B.** Full Name (Last, First, Middle Initial)  
**The Tom MacArthur Victory Fund**

Mailing Address PO Box 9891

City Arlington State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00567966

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify) Non-Election2014

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 25 / 2014

**Transaction ID : A2A4F0B27CBB14E44930**

Amount of Each Receipt this Period  
 812.85

Transfer of Joint Fundraising Proceeds

**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).....

3312.85

12812.85

**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 25
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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

**A. The Prosper Group**

Full Name (Last, First, Middle Initial)  
Mailing Address 435 E Main St  
Room 250

City Greenwood State IN Zip Code 46143

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2082.51

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 16 / 2014

**Transaction ID : A73586B78E118434CAD6**

Amount of Each Receipt this Period  
2082.51

Refunded Disbursement

**B. Brando for Brick**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 354

City Brick State NJ Zip Code 08723

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 26 / 2014

**Transaction ID : ADB799C0FB63F4391B86**

Amount of Each Receipt this Period  
600.00

Refunded Disbursement

**C. Congressional Institute Inc**

Full Name (Last, First, Middle Initial)  
Mailing Address 1700 Diagonal Rd  
#730

City Alexandria State VA Zip Code 22314-2843

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) Non-Election2014

Election Cycle-to-Date  
740.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 18 / 2014

**Transaction ID : A9E6A3F74B34545B68B4**

Amount of Each Receipt this Period  
740.00

Travel Reimbursement

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

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

3422.51

3422.51

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 25	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014
Mailing Address PO Box 1270		Amount of Each Disbursement this Period 9.99
City Newark	State NJ Zip Code 07101	
Purpose of Disbursement Credit Card	Category/Type	<b>Transaction ID : B5FB6153D67D84B78AC2</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Frank Luna</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014
Mailing Address 100 Ocean Ave Apt 14		Amount of Each Disbursement this Period 197.85
City Bradley Beach	State NJ Zip Code 07720	
Purpose of Disbursement Telecommunications	Category/Type 001	<b>Transaction ID : B6EE026BFCC0E46A1855</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Ronald Gravino Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014
Mailing Address PO Box 225		Amount of Each Disbursement this Period 276.60
City Colonia	State NJ Zip Code 07067	
Purpose of Disbursement Courier/Payroll	Category/Type 001	<b>Transaction ID : BE6501B61C320406FBEE</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	484.44
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 25	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. First Fidelity Land LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2014
Mailing Address 6050 Kennedy Blvd E		Amount of Each Disbursement this Period 209.38 <b>Transaction ID : B6287F04644BC4B868A9</b>
City West New York	State NJ Zip Code 07093	
Purpose of Disbursement Utilities	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Rachel Brinkman</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2014
Mailing Address 1 Windsor Ct		Amount of Each Disbursement this Period 490.00 <b>Transaction ID : BDE653DBB34164CD5A13</b>
City Jackson	State NJ Zip Code 08527	
Purpose of Disbursement Temp Help	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Intego Insurance</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2014
Mailing Address 333 W Commercial St		Amount of Each Disbursement this Period 13.11 <b>Transaction ID : B10C5EADC78174EE9962</b>
City East Rochester	State NY Zip Code 14445	
Purpose of Disbursement Insurance	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	712.49
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 25	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. Capehart &amp; Scatchard, P.A.</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2014	
Mailing Address 142 W State St			Amount of Each Disbursement this Period 1545.00	
City Trenton	State NJ	Zip Code 08608	Transaction ID : B106267701EB840F6ABD	
Purpose of Disbursement Legal Fees		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Intego Insurance</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014	
Mailing Address 333 W Commercial St			Amount of Each Disbursement this Period 30.00	
City East Rochester	State NY	Zip Code 14445	Transaction ID : BF84F2401E3F44BD9A3F	
Purpose of Disbursement Insurance		Category/ Type 001		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. American Express</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2014	
Mailing Address PO Box 1270			Amount of Each Disbursement this Period 4253.30	
City Newark	State NJ	Zip Code 07101	Transaction ID : B93BFA17DC00A43C5BA3	
Purpose of Disbursement Debt Repayment: Credit Card		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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5828.30
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 25			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2014
Mailing Address 2 Route 37 W		Amount of Each Disbursement this Period 999.23
City Toms River State NJ Zip Code 08753	Purpose of Disbursement Office Supplies	Transaction ID : B5C001BD6F61742C6900
Candidate Name	Category/Type 001	[MEMO ITEM]
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>B. Holiday Inn Capitol</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2014
Mailing Address 550 C St SW		Amount of Each Disbursement this Period 2653.08
City Washington State DC Zip Code 20024-2572	Purpose of Disbursement Travel	Transaction ID : B1280943D38FB4E74971
Candidate Name	Category/Type 002	[MEMO ITEM]
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>c. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2014
Mailing Address 2 Route 37 W		Amount of Each Disbursement this Period 68.46
City Toms River State NJ Zip Code 08753	Purpose of Disbursement Office Supplies	Transaction ID : B5DAF03903ACF4260A1A
Candidate Name	Category/Type 001	[MEMO ITEM]
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 25			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Paycycle</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address 210 Portage Ave		Amount of Each Disbursement this Period 2881.15 <b>Transaction ID : B0EF24F286ABA4DFC9F8</b>
City Palo Alto	State CA Zip Code 94306	
Purpose of Disbursement Debt Repayment: 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) <b>B. Paycycle</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address 210 Portage Ave		Amount of Each Disbursement this Period 12.00 <b>Transaction ID : BD2ABD5ADB5E44BD28F4</b>
City Palo Alto	State CA Zip Code 94306	
Purpose of Disbursement Debt Repayment: 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) <b>C. Aristotle International</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 24 / 2014
Mailing Address 205 Pennsylvania Ave SE		Amount of Each Disbursement this Period 750.00 <b>Transaction ID : B67E13168DA3F4A1586F</b>
City Washington	State DC Zip Code 20003	
Purpose of Disbursement Debt Repayment: Software		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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3643.15
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 25	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 24 / 2014
Mailing Address PO Box 1270		Amount of Each Disbursement this Period 65.62 <b>Transaction ID : B79B71222B82F4E7A8AF</b>
City Newark	State NJ Zip Code 07101	
Purpose of Disbursement Courier	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Capehart &amp; Scatchard, P.A.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2014
Mailing Address 142 W State St		Amount of Each Disbursement this Period 30000.00 <b>Transaction ID : BF3BD7B37D3DF4180ABC</b>
City Trenton	State NJ Zip Code 08608	
Purpose of Disbursement Debt Repayment: Legal Fees	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>c. Capehart &amp; Scatchard, P.A.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2014
Mailing Address 142 W State St		Amount of Each Disbursement this Period 2474.91 <b>Transaction ID : BEAA7E812781B49DDBCC</b>
City Trenton	State NJ Zip Code 08608	
Purpose of Disbursement Debt Repayment: Legal Fees	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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	32540.53
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 25			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Horizon Blue Cross Blue Shield of NJ</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 25 / 2014
Mailing Address PO Box 1738			Amount of Each Disbursement this Period 3725.22 <b>Transaction ID : BBB18A907EC6142CC99B</b>
City Newark	State NJ	Zip Code 07101	
Purpose of Disbursement Debt Repayment: 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>B. Horizon Blue Cross Blue Shield of NJ</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address PO Box 1738			Amount of Each Disbursement this Period 26.78 <b>Transaction ID : B574AA850F2524B6C9F8</b>
City Newark	State NJ	Zip Code 07101	
Purpose of Disbursement Debt Repayment: 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>c. Capehart &amp; Scatchard, P.A.</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2014
Mailing Address 142 W State St			Amount of Each Disbursement this Period 61748.34 <b>Transaction ID : B0F71BFE001A64AE6A18</b>
City Trenton	State NJ	Zip Code 08608	
Purpose of Disbursement Debt Repayment: Legal Fees		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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	65500.34
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 25			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) <b>A. Capehart &amp; Scatchard, P.A.</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2014		
Mailing Address 142 W State St			Amount of Each Disbursement this Period 1545.00 <b>Transaction ID : B0846FB47CE41457C9FF</b>		
City Trenton	State NJ	Zip Code 08608			
Purpose of Disbursement Debt Repayment: Legal Fees		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>B. Capehart &amp; Scatchard, P.A.</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2014		
Mailing Address 142 W State St			Amount of Each Disbursement this Period 15000.00 <b>Transaction ID : BBAC24205321E425D800</b>		
City Trenton	State NJ	Zip Code 08608			
Purpose of Disbursement Debt Repayment: Legal Fees		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>c. Capehart &amp; Scatchard, P.A.</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2014		
Mailing Address 142 W State St			Amount of Each Disbursement this Period 980.09 <b>Transaction ID : BE9B86BB838144DA3889</b>		
City Trenton	State NJ	Zip Code 08608			
Purpose of Disbursement Debt Repayment: Legal Fees		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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	17525.09
<b>TOTAL</b> This Period (last page this line number only).....	126234.34

**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 19 OF 25			
	<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) <b>A. Martha McSally for Congress Recount</b>		Date of Disbursement
Mailing Address 7509 NW Tiffany Springs Pkwy		M M / D D / Y Y Y Y 11 / 25 / 2014
City Kansas City	State MO	Zip Code 64153-1386
Purpose of Disbursement Contribution	Amount of Each Disbursement this Period 2000.00	
Candidate Name	Transaction ID : BA99B49C73A8C4928B82	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016	Category/Type 011
State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y
City	State	Zip Code
Purpose of Disbursement	Amount of Each Disbursement this Period	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	
State: District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement
Mailing Address		M M / D D / Y Y Y Y
City	State	Zip Code
Purpose of Disbursement	Amount of Each Disbursement this Period	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	
State: District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2000.00
<b>TOTAL</b> This Period (last page this line number only).....	2000.00

**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 : CAC5E823F153B4AA5A5F

**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

250000.00

**TERMS**

Date Incurred

Date Due

Interest Rate

Secured:

M 03 /

D 31 /

Y 2014 Y

M /

D /

Y None Y

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)..... ▶

250000.00

**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 : **C4BE5AE08657F4491B89**

**LOAN SOURCE** Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Thomas Macarthur  
 Mailing Address 77 EAST WATER STREET #24  
 Election: 2014  
 Primary  
 General  
 Other (specify) ▼

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 250000.00
---------------------------------------	------------------------------------	--

**TERMS**  
 Date Incurred: M 10 / D 10 / Y 2014  
 Date Due: M / D / Y None  
 Interest Rate: 0.00 % (apr)  
 Secured:  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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	250000.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	500000.00

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)	PAGE 22 OF 25
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

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

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

Outstanding Balance Beginning This Period 1246.74	<b>Transaction ID : D9D209E9B02574122899</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1246.74

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

Outstanding Balance Beginning This Period 1945.15	<b>Transaction ID : DD064045D9E2F47B5AB8</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1945.15

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

Outstanding Balance Beginning This Period 3038.67	<b>Transaction ID : D7B6C2FF89CAE48589D6</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 3038.67

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	6230.56
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)

**TOM MACARTHUR FOR CONGRESS INC.**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Capehart &amp; Scatchard, P.A.</b>		Nature of Debt (Purpose): Legal Fees
Mailing Address 142 W State St		
City State	Zip Code	
Trenton NJ	08608	

Outstanding Balance Beginning This Period	Transaction ID : D66D8874AD6EF453A84D	
79273.43		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	79273.43	0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Aristotle International</b>		Nature of Debt (Purpose): Software
Mailing Address 205 Pennsylvania Ave SE		
City State	Zip Code	
Washington DC	20003	

Outstanding Balance Beginning This Period	Transaction ID : D44D580EA73804F85BBB	
2250.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	750.00	1500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Horizon Blue Cross Blue Shield of NJ</b>		Nature of Debt (Purpose): Insurance
Mailing Address PO Box 1738		
City	State	Zip Code
Newark NJ		07101

Outstanding Balance Beginning This Period	Transaction ID : D2C79D1F68C2E4BF2BA3	
3752.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	3752.00	0.00

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	1500.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**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  
**American Express**

Mailing Address PO Box 1270

City State Zip Code  
 Newark NJ 07101

Nature of Debt (Purpose):  
 Office Expense

Outstanding Balance Beginning This Period **Transaction ID : DD04DE682E50E4EADB7E**

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  
**First Fidelity Land LLC**

Mailing Address 6050 Kennedy Blvd E

City State Zip Code  
 West New York NJ 07093

Nature of Debt (Purpose):  
 Rent

Outstanding Balance Beginning This Period **Transaction ID : DE6FD02872194491E86E**

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  
**Capehart & Scatchard, P.A.**

Mailing Address 142 W State St

City State Zip Code  
 Trenton NJ 08608

Nature of Debt (Purpose):  
 Legal Fees

Outstanding Balance Beginning This Period **Transaction ID : D5093FC35602D453A990**

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

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="875.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> 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 <b>Paycycle</b>	Nature of Debt (Purpose): Payroll Taxes
Mailing Address 210 Portage Ave	
City State Zip Code Palo Alto CA 94306	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="2893.15"/>	Transaction ID : D44C3342B42D749B0B9F
Amount Incurred This Period <input style="width:100%;" type="text" value="0.00"/>	Payment This Period <input style="width:100%;" type="text" value="2893.15"/>
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 <b>Union Club</b>	Nature of Debt (Purpose): Food/Beverage
Mailing Address 101 E 69th St	
City State Zip Code New York NY 10021-5001	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="0.00"/>	Transaction ID : D7E89098AB23D4199B3B
Amount Incurred This Period <input style="width:100%;" type="text" value="5103.15"/>	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="5103.15"/>	

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

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

<b>1) SUBTOTALS</b> This Period This Page (optional) ..... ▶	<input style="width:100%;" type="text" value="5103.15"/>
<b>2) TOTALS</b> This Period (last page this line number only) ..... ▶	<input style="width:100%;" type="text" value="13708.71"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only)..... ▶	<input style="width:100%;" type="text" value="500000.00"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input style="width:100%;" type="text" value="513708.71"/>