

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

Phillipson for Congress

ADDRESS (number and street)

15 Dogwood Court

Check if different than previously reported. (ACC)

Spring Lake Heights

NJ

07762

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00607424

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

NJ

04

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

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

M M / D D / Y Y Y Y

07 / 01 / 2016

through

M M / D D / Y Y Y Y

09 / 30 / 2016

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

Smith, Ian, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Smith, Ian, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y

10 / 27 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only									
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SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
Phillipson for Congress

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))....	1995.00	240423.16
(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)).....	1995.00	240423.16
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	23979.75	191442.72
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	23979.75	191442.72
8. Cash on Hand at Close of Reporting Period (from Line 27).....	58709.93	
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).....	9729.49	

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 05/2016)

Write or Type Committee Name

Phillipson for Congress

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).....	620.00	231905.00
(ii) Unitemized.....	1375.00	8518.16
(iii) TOTAL of contributions from individuals ▶	1995.00	240423.16
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1995.00	240423.16
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	2000.00	9729.49
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	2000.00	9729.49
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)..... ▶	3995.00	250152.65

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 26

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	23979.75	191442.72
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	23979.75	191442.72

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	78694.68
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3995.00
25. SUBTOTAL (add Line 23 and Line 24).....	82689.68
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	23979.75
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	58709.93

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

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

FOR LINE NUMBER: PAGE 5 OF 26
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Phillipson for Congress

A. Full Name (Last, First, Middle Initial)
Harrison, Marta, , ,

Mailing Address 946 Princewood Ave

City Lakewood State NJ Zip Code 08701

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

Name of Employer Town of Lakewood Occupation Director of Informatoin

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
650.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 31 / 2016

Transaction ID : SA11AI.5073

Amount of Each Receipt this Period
200.00

Memo Item contribution

B. Full Name (Last, First, Middle Initial)
Sacco, Maria, , ,

Mailing Address 29 Bellevue ave

City Runson State NJ Zip Code 07760

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

Name of Employer retired Occupation retired

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 03 / 2016

Transaction ID : SA11AI.5084

Amount of Each Receipt this Period
300.00

Memo Item contribution

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

Mailing Address 917 Elton Adelphia Rd

City Freehold State NJ Zip Code 07728

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

Name of Employer unemployed Occupation unemployed

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
220.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 09 / 2016

Transaction ID : SA11AI.5057

Amount of Each Receipt this Period
120.00

Memo Item contribution

SUBTOTAL of Receipts This Page (optional).....▶	620.00
TOTAL This Period (last page this line number only).....▶	620.00

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 26	
<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Phillipson for Congress

A. Full Name (Last, First, Middle Initial)
Lorna, Phillipson, , ,

Mailing Address 15 Dogwood Court

City Spring Lake Heights	State NJ	Zip Code 07762
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FEC ID number of contributing federal political committee. **C** H6NJ04158

Name of Employer none	Occupation candidate for congress
--------------------------	--------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
9229.49

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 18 / 2016

Transaction ID : SA13A.5135

Amount of Each Receipt this Period
2000.00

Memo Item
loan from candidate to campaign

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

Memo Item

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

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 26	
	<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)
Phillipson for Congress

Full Name (Last, First, Middle Initial) A. Actblue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016
Mailing Address 366 Summer St		FEC Identification Number C C00607424
City Somerville	State MA	Zip Code 02144
Purpose of Disbursement online contribution fees	Category/ Type 003	Amount of Each Disbursement this Period 433.00
Candidate Name Phillipson for Congress	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.5120
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NJ District: 04	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Actblue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2016
Mailing Address 366 Summer St		FEC Identification Number C C00607424
City Somerville	State MA	Zip Code 02144
Purpose of Disbursement online contribution fees	Category/ Type 003	Amount of Each Disbursement this Period 203.00
Candidate Name Phillipson for Congress	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.5121
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NJ District: 04	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) c. Actblue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2016
Mailing Address 366 Summer St		FEC Identification Number C C00607424
City Somerville	State MA	Zip Code 02144
Purpose of Disbursement online contribution fees	Category/ Type 003	Amount of Each Disbursement this Period 130.00
Candidate Name Phillipson for Congress	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.5122
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NJ District: 04	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	766.00
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 8 OF 26	
	<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)
Phillipson for Congress

Full Name (Last, First, Middle Initial) A. Actblue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2016
Mailing Address 366 Summer St		FEC Identification Number C C00607424
City Somerville	State MA	Zip Code 02144
Purpose of Disbursement online contribution fees	Category/ Type 003	Amount of Each Disbursement this Period 244.00
Candidate Name Phillipson for Congress	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.5123
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NJ District: 04	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Actblue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2016
Mailing Address 366 Summer St		FEC Identification Number C C00607424
City Somerville	State MA	Zip Code 02144
Purpose of Disbursement online contribution fees	Category/ Type 003	Amount of Each Disbursement this Period 326.00
Candidate Name Phillipson for Congress	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.5124
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NJ District: 04	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) c. Actblue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2016
Mailing Address 366 Summer St		FEC Identification Number C C00607424
City Somerville	State MA	Zip Code 02144
Purpose of Disbursement online contribution fees	Category/ Type 003	Amount of Each Disbursement this Period 157.00
Candidate Name Phillipson for Congress	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.5125
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NJ District: 04	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	727.00
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 9 OF 26			
	<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)
Phillipson for Congress

Full Name (Last, First, Middle Initial) A. Actblue Technical Services			Date of Disbursement MM / DD / YYYY 08 / 12 / 2016		
Mailing Address 366 Summer St			FEC Identification Number C C00607424		
City Somerville	State MA	Zip Code 02144	Amount of Each Disbursement this Period 234.00		
Purpose of Disbursement online contribution fees		Category/ Type 003	Transaction ID : SB17.5126		
Candidate Name Phillipson for Congress		Memo Item <input type="checkbox"/>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: NJ	District: 04				

Full Name (Last, First, Middle Initial) B. Actblue Technical Services			Date of Disbursement MM / DD / YYYY 08 / 19 / 2016		
Mailing Address 366 Summer St			FEC Identification Number C C00607424		
City Somerville	State MA	Zip Code 02144	Amount of Each Disbursement this Period 260.00		
Purpose of Disbursement online contribution fees		Category/ Type 003	Transaction ID : SB17.5127		
Candidate Name Phillipson for Congress		Memo Item <input type="checkbox"/>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: NJ	District: 04				

Full Name (Last, First, Middle Initial) c. Actblue Technical Services			Date of Disbursement MM / DD / YYYY 08 / 26 / 2016		
Mailing Address 366 Summer St			FEC Identification Number C C00607424		
City Somerville	State MA	Zip Code 02144	Amount of Each Disbursement this Period 101.00		
Purpose of Disbursement online fundraising fees		Category/ Type 003	Transaction ID : SB17.5128		
Candidate Name Phillipson for Congress		Memo Item <input type="checkbox"/>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: NJ	District: 04				

SUBTOTAL of Disbursements This Page (optional).....▶	595.00
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 10 OF 26	
	<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)
Phillipson for Congress

Full Name (Last, First, Middle Initial) A. Actblue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2016
Mailing Address 366 Summer St		FEC Identification Number C C00607424
City Somerville	State MA	Zip Code 02144
Purpose of Disbursement online fundraising fees	Category/ Type 003	Amount of Each Disbursement this Period 87.00
Candidate Name Phillipson for Congress	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.5129
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NJ District: 04	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Actblue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2016
Mailing Address 366 Summer St		FEC Identification Number C C00607424
City Somerville	State MA	Zip Code 02144
Purpose of Disbursement online fundraising fees	Category/ Type 003	Amount of Each Disbursement this Period 6.00
Candidate Name Phillipson for Congress	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.5130
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NJ District: 04	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) c. Actblue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2016
Mailing Address 366 Summer St		FEC Identification Number C C00607424
City Somerville	State MA	Zip Code 02144
Purpose of Disbursement online fundraising fees	Category/ Type 003	Amount of Each Disbursement this Period 8.00
Candidate Name Phillipson for Congress	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.5131
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NJ District: 04	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	101.00
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 11 OF 26	
	<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)
Phillipson for Congress

Full Name (Last, First, Middle Initial) A. Actblue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2016
Mailing Address 366 Summer St		FEC Identification Number C C00607424
City Somerville	State MA	Zip Code 02144
Purpose of Disbursement online fundraising fees	Category/ Type 003	Amount of Each Disbursement this Period 13.00
Candidate Name Phillipson for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NJ District: 04	Transaction ID : SB17.5132 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Actblue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2016
Mailing Address 366 Summer St		FEC Identification Number C C00607424
City Somerville	State MA	Zip Code 02144
Purpose of Disbursement online fundraising fees	Category/ Type 003	Amount of Each Disbursement this Period 35.00
Candidate Name Phillipson for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NJ District: 04	Transaction ID : SB17.5133 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) c. BP gas		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2016
Mailing Address Route 35		FEC Identification Number C C00607424
City Spring lake	State NJ	Zip Code 07762
Purpose of Disbursement fuel	Category/ Type 002	Amount of Each Disbursement this Period 27.22
Candidate Name Phillipson for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NJ District: 04	Transaction ID : SB17.5037 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	75.22
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 12 OF 26	
	<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)
Phillipson for Congress

Full Name (Last, First, Middle Initial) A. Christensen Associates		Date of Disbursement MM / DD / YYYY 07 / 11 / 2016
Mailing Address 322 A Street SE		FEC Identification Number C 00607424
City Washington	State DC	Zip Code 20003
Purpose of Disbursement campaign consultant	Category/ Type 003	Amount of Each Disbursement this Period 3500.00
Candidate Name Phillipson for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NJ District: 04	Transaction ID : SB17.5113 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. EZpass		Date of Disbursement MM / DD / YYYY 08 / 01 / 2016
Mailing Address PO Box 4973		FEC Identification Number C 00607424
City Trenton	State NJ	Zip Code 08650
Purpose of Disbursement tolls	Category/ Type 002	Amount of Each Disbursement this Period 40.00
Candidate Name Phillipson for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NJ District: 04	Transaction ID : SB17.5009 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) c. EZpass		Date of Disbursement MM / DD / YYYY 08 / 25 / 2016
Mailing Address PO Box 4973		FEC Identification Number C 00607424
City Trenton	State NJ	Zip Code 08650
Purpose of Disbursement tolls	Category/ Type 002	Amount of Each Disbursement this Period 25.00
Candidate Name Phillipson for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NJ District: 04	Transaction ID : SB17.5024 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	3565.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 26	
	<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)
Phillipson for Congress

Full Name (Last, First, Middle Initial) A. EZpass		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2016
Mailing Address PO Box 4973		FEC Identification Number C C00607424
City Trenton	State NJ	Zip Code 08650
Purpose of Disbursement tolls	Category/ Type 002	Amount of Each Disbursement this Period 40.00
Candidate Name Phillipson for Congress	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.5038
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NJ District: 04	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. LED Strategy Group		Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2016
Mailing Address 1606 20th St NW		FEC Identification Number C C00607424
City Washington	State DC	Zip Code 20009
Purpose of Disbursement campaign strategy	Category/ Type 003	Amount of Each Disbursement this Period 4000.00
Candidate Name Phillipson for Congress	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.5119
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NJ District: 04	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) c. Monmouth County Democrats		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2016
Mailing Address 1350 State Route 36		FEC Identification Number C C00607424
City Hazlet	State NJ	Zip Code 07730
Purpose of Disbursement contribution to county dems	Category/ Type 011	Amount of Each Disbursement this Period 250.00
Candidate Name Phillipson for Congress	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.5109
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NJ District: 04	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	4290.00
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 14 OF 26	
	<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)
Phillipson for Congress

Full Name (Last, First, Middle Initial) A. New Blue Interactive		Date of Disbursement MM / DD / YYYY 07 / 25 / 2016
Mailing Address 4201 Connecticut Ave NW		FEC Identification Number C C00607424
City Washington	State DC	Zip Code 20008
Purpose of Disbursement technical services	Category/ Type 003	Amount of Each Disbursement this Period 3445.65
Candidate Name Phillipson for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NJ District: 04	Transaction ID : SB17.5110 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. New Blue Interactive		Date of Disbursement MM / DD / YYYY 08 / 29 / 2016
Mailing Address 4201 Connecticut Ave NW		FEC Identification Number C C00607424
City Washington	State DC	Zip Code 20008
Purpose of Disbursement technical services	Category/ Type 003	Amount of Each Disbursement this Period 2668.14
Candidate Name Phillipson for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NJ District: 04	Transaction ID : SB17.5111 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) c. New Blue Interactive		Date of Disbursement MM / DD / YYYY 09 / 26 / 2016
Mailing Address 4201 Connecticut Ave NW		FEC Identification Number C C00607424
City Washington	State DC	Zip Code 20008
Purpose of Disbursement technical services	Category/ Type 003	Amount of Each Disbursement this Period 3895.73
Candidate Name Phillipson for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NJ District: 04	Transaction ID : SB17.5112 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	10009.52
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 15 OF 26	
	<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)
Phillipson for Congress

Full Name (Last, First, Middle Initial) A. NGP VAN		Date of Disbursement MM / DD / YYYY 07 / 01 / 2016
Mailing Address 1101 15th St NW		FEC Identification Number C C00607424
City Washington	State DC	Zip Code 20005
Purpose of Disbursement technical services	Category/ Type 003	Amount of Each Disbursement this Period 855.00
Candidate Name Phillipson for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NJ District: 04	Transaction ID : SB17.5116 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. NGP VAN		Date of Disbursement MM / DD / YYYY 08 / 01 / 2016
Mailing Address 1101 15th St NW		FEC Identification Number C C00607424
City Washington	State DC	Zip Code 20005
Purpose of Disbursement technical services	Category/ Type 003	Amount of Each Disbursement this Period 1336.00
Candidate Name Phillipson for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NJ District: 04	Transaction ID : SB17.5117 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. NGP VAN		Date of Disbursement MM / DD / YYYY 09 / 01 / 2016
Mailing Address 1101 15th St NW		FEC Identification Number C C00607424
City Washington	State DC	Zip Code 20005
Purpose of Disbursement technical services	Category/ Type 003	Amount of Each Disbursement this Period 355.00
Candidate Name Phillipson for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NJ District: 04	Transaction ID : SB17.5118 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	2546.00
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 16 OF 26	
	<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)
Phillipson for Congress

Full Name (Last, First, Middle Initial) A. Shpwreck Grill		Date of Disbursement MM / DD / YYYY 08 / 22 / 2016
Mailing Address 720 Ashley Ave		FEC Identification Number C C00607424
City Brielle	State NJ	Zip Code 08730
Purpose of Disbursement meals	Category/ Type 003	
Candidate Name Phillipson for Congress		Amount of Each Disbursement this Period 25.94
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ District: 04	Transaction ID : SB17.5018 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement MM / DD / YYYY 07 / 14 / 2016
Mailing Address 2145 Rt 35		FEC Identification Number C C00607424
City Sea Girt	State NJ	Zip Code 08750
Purpose of Disbursement office supplies	Category/ Type 003	
Candidate Name Phillipson for Congress		Amount of Each Disbursement this Period 32.08
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ District: 04	Transaction ID : SB17.4987 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) c. Staples		Date of Disbursement MM / DD / YYYY 08 / 09 / 2016
Mailing Address 2145 Rt 35		FEC Identification Number C C00607424
City Sea Girt	State NJ	Zip Code 08750
Purpose of Disbursement office supplies	Category/ Type 006	
Candidate Name Phillipson for Congress		Amount of Each Disbursement this Period 21.39
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ District: 04	Transaction ID : SB17.5010 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	79.41
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 17 OF 26	
	<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)
Phillipson for Congress

Full Name (Last, First, Middle Initial) A. Staples		Date of Disbursement MM / DD / YYYY 08 / 11 / 2016
Mailing Address 2145 Rt 35		FEC Identification Number C H6NJ04158
City Sea Girt	State NJ	Zip Code 08750
Purpose of Disbursement office supplies	Category/ Type 003	Amount of Each Disbursement this Period 7.37
Candidate Name Lorna, Phillipson, , ,	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.5012
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NJ District: 04	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement MM / DD / YYYY 08 / 29 / 2016
Mailing Address 2145 Rt 35		FEC Identification Number C C00607424
City Sea Girt	State NJ	Zip Code 08750
Purpose of Disbursement office supplies	Category/ Type 003	Amount of Each Disbursement this Period 39.58
Candidate Name Phillipson for Congress	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.5025
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NJ District: 04	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) c. Starbucks		Date of Disbursement MM / DD / YYYY 09 / 29 / 2016
Mailing Address 2150 Rt 35		FEC Identification Number C C00607424
City Sea Girt	State NJ	Zip Code 08750
Purpose of Disbursement beverages	Category/ Type 007	Amount of Each Disbursement this Period 30.00
Candidate Name Phillipson for Congress	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.5042
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NJ District: 04	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	76.95
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 18 OF 26	
	<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)
Phillipson for Congress

Full Name (Last, First, Middle Initial) A. US Postal Service		Date of Disbursement M M / D D / Y Y Y Y 08 / 10 / 2016
Mailing Address 2407 Rt 71		FEC Identification Number C C00607424
City Spring Lake	State NJ	Zip Code 07762
Purpose of Disbursement postage	<input type="checkbox"/> 001 <input type="checkbox"/> 002 <input checked="" type="checkbox"/> 003 Category/ Type	Amount of Each Disbursement this Period 19.35
Candidate Name Phillipson for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NJ District: 04	Transaction ID : SB17.5011 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. US Postal Service		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2016
Mailing Address 2407 Rt 71		FEC Identification Number C C00607424
City Spring Lake	State NJ	Zip Code 07762
Purpose of Disbursement postage	<input type="checkbox"/> 001 <input type="checkbox"/> 002 <input checked="" type="checkbox"/> 003 Category/ Type	Amount of Each Disbursement this Period 6.45
Candidate Name Phillipson for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NJ District: 04	Transaction ID : SB17.5014 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) c. US Postal Service		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2016
Mailing Address 2407 Rt 71		FEC Identification Number C C00607424
City Spring Lake	State NJ	Zip Code 07762
Purpose of Disbursement postage	<input type="checkbox"/> 001 <input type="checkbox"/> 002 <input checked="" type="checkbox"/> 003 Category/ Type	Amount of Each Disbursement this Period 6.80
Candidate Name Phillipson for Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NJ District: 04	Transaction ID : SB17.5035 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	32.60
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 19 OF 26	
	<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)
Phillipson for Congress

Full Name (Last, First, Middle Initial) A. US Postal Service		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2016
Mailing Address 2407 Rt 71		FEC Identification Number C C00607424
City Spring Lake	State NJ	Zip Code 07762
Purpose of Disbursement postage	Category/ Type 003	
Candidate Name Phillipson for Congress		Amount of Each Disbursement this Period 23.55
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ District: 04	Transaction ID : SB17.5039 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Zazzle		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2016
Mailing Address 1900 Seaport Blvd		FEC Identification Number C C00607424
City Redwood City	State CA	Zip Code 94063
Purpose of Disbursement buttons	Category/ Type 006	
Candidate Name Phillipson for Congress		Amount of Each Disbursement this Period 61.99
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ District: 04	Transaction ID : SB17.5034 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement	Category/ Type	
Candidate Name		Amount of Each Disbursement this Period
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:	Memo Item <input type="checkbox"/>	

SUBTOTAL of Disbursements This Page (optional).....▶	85.54
TOTAL This Period (last page this line number only).....▶	22949.24

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)
Phillipson for Congress

Transaction ID : SC/10.4725

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

Lorna, Phillipson, , ,

Memo Item

Election: 2016

Primary
 General
 Other (specify) ▼

Mailing Address
15 Dogwood Court

City
Spring Lake Heights

State
NJ

ZIP Code
07762

Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

200.00

0.00

200.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 01 / D 27 / Y 2016 Y

M M / D D / Y 06/15/16 Y

1.00 % (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).....▶

200.00

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) **Phillipson for Congress** Transaction ID : **SC/10.4726**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2016
Lorna, Phillipson, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 15 Dogwood Court			<input type="checkbox"/> General
			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
Spring Lake Heights	NJ	07762	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
129.49	0.00	129.49

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M 01 / D 27 / Y 2016	M M / D D / Y 06/30/16	1.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	129.49
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) **Phillipson for Congress** Transaction ID : **SC/10.4809**

LOAN SOURCE Full Name (Last, First, Middle Initial) Lorna, Phillipson, , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 15 Dogwood Court			
City Spring Lake Heights	State NJ	ZIP Code 07762	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 1000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1000.00
------------------------------------	------------------------------------	--

TERMS	Date Incurred M 02 / D 25 / Y 2016	Date Due M M / D D / Y 12/15/16	Interest Rate (If none, enter 0) 1.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....▶	1000.00
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) **Phillipson for Congress** Transaction ID : **SC/10.4727**

LOAN SOURCE Full Name (Last, First, Middle Initial) Lorna, Phillipson, , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 15 Dogwood Court			
City Spring Lake Heights	State NJ	ZIP Code 07762	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 4000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 4000.00
------------------------------------	------------------------------------	--

TERMS	Date Incurred M 03 / D 16 / Y 2016	Date Due M M / D D / Y 09/01/16	Interest Rate (If none, enter 0) 1.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....▶	4000.00
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) **Phillipson for Congress** Transaction ID : **SC/10.4516**

LOAN SOURCE Full Name (Last, First, Middle Initial) Lorna, Phillipson, , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 15 Dogwood Court			
City Spring Lake Heights	State NJ	ZIP Code 07762	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 1900.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1900.00
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TERMS	Date Incurred M 04 / D 09 / Y 2016	Date Due M M / D D / Y 09/30/16	Interest Rate (If none, enter 0) 2.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....▶	1900.00
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) **Phillipson for Congress** Transaction ID : **SC/10.4952**

LOAN SOURCE Full Name (Last, First, Middle Initial) Lorna, Phillipson, , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 15 Dogwood Ct			
City Spring Lake	State NJ	ZIP Code 07762	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 500.00
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TERMS	Date Incurred M 06 / D 15 / Y 2016	Date Due M M / D D / Y 11/15/2016	Interest Rate (If none, enter 0) 1.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....▶	500.00
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) **Phillipson for Congress** Transaction ID : **SC/10.5135**

LOAN SOURCE Full Name (Last, First, Middle Initial) Lorna, Phillipson, , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 15 Dogwood Court			
City Spring Lake Heights	State NJ	ZIP Code 07762	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 2000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2000.00
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TERMS	Date Incurred M 07 / D 18 / Y 2016	Date Due M M / D D / Y 11/10/2016	Interest Rate (If none, enter 0) 22.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....▶	2000.00
TOTALS This Period (last page in this line only).....▶	9729.49

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