

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

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))....	0.00	15121.27
(b) Total Contribution Refunds (from Line 20(d))	0.00	250.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	14871.27
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	766.94	133906.18
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	14272.61
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	766.94	119633.57
8. Cash on Hand at Close of Reporting Period (from Line 27).....	3288.16	
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).....	210000.00	

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

TOM MACARTHUR FOR CONGRESS INC.

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	1500.00
(ii) Unitemized	0.00	100.00
(iii) TOTAL of contributions from individuals ▶	0.00	1600.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	13521.27
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	15121.27
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	14272.61
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)..... ▶	0.00	29393.88

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 7

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	766.94	133906.18
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	40000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	40000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	250.00
(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	250.00
21. OTHER DISBURSEMENTS	0.00	10158.96
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	766.94	184315.14

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	4055.10
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	4055.10
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	766.94
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3288.16

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 5 OF 7	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. Ronald Gravino Consulting			Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2019	
Mailing Address PO Box 999			FEC Identification Number C	
City Edison	State NJ	Zip Code 08818-0999	Amount of Each Disbursement this Period 211.41	
Purpose of Disbursement Payroll		Category/ Type 001	Transaction ID : B95B2DF42580944DCA4C	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. TD Bank			Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2019	
Mailing Address 1398 Highway 9			FEC Identification Number C	
City Old Bridge	State NJ	Zip Code 08857	Amount of Each Disbursement this Period 31.15	
Purpose of Disbursement Bank Fee		Category/ Type 001	Transaction ID : B51ADBB0AD3AB46409A6	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) c. Gilroy, Amberle, , ,			Date of Disbursement M M / D D / Y Y Y Y 04 / 19 / 2019	
Mailing Address 53 N Middaugh Street			FEC Identification Number C	
City Somerville	State NJ	Zip Code 08876-1830	Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Compliance		Category/ Type 001	Transaction ID : BA450FD27991A4254AA2	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	742.56
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 6 OF 7	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. AP Intego			Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2019	
Mailing Address 144 North Rd Ste 2050			FEC Identification Number C	
City Sudbury	State MA	Zip Code 01776	Amount of Each Disbursement this Period 22.38	
Purpose of Disbursement Insurance		Category/ Type 001	Transaction ID : BE21A30002FB04734906	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. TD Bank			Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2019	
Mailing Address 1398 Highway 9			FEC Identification Number C	
City Old Bridge	State NJ	Zip Code 08857	Amount of Each Disbursement this Period 2.00	
Purpose of Disbursement Bank Fee		Category/ Type 001	Transaction ID : BAF6CCE9BD21B4480BA7	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

SUBTOTAL of Disbursements This Page (optional).....▶	24.38
TOTAL This Period (last page this line number only).....▶	766.94

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **TOM MACARTHUR FOR CONGRESS INC.** Transaction ID : C180AA05AD5D240B0AA4

LOAN SOURCE Full Name (Last, First, Middle Initial) MacArthur, Thomas, , ,		<input type="checkbox"/> Memo Item	Election: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 999			
City Edison	State NJ	ZIP Code 08818-0999	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 250000.00	Cumulative Payment To Date 40000.00	Balance Outstanding at Close of This Period 210000.00
--------------------------------------	--	--

TERMS	Date Incurred M 10 / D 12 / Y 2018	Date Due M / D / Y None	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--------------	---------------------------------------	----------------------------	--	---

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

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

SUBTOTALS This Period This Page (optional).....▶	210000.00
TOTALS This Period (last page in this line only).....▶	210000.00

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