

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 999

Check if different than previously reported. (ACC)

Edison NJ 08818-0999

CITY ▲ STATE ▲ ZIP CODE ▲

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

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

STATE ▼ DISTRICT 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 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 11 / 29 / 2016 through M M / D D / Y Y Y Y 12 / 31 / 2016

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 Gravino, Ronald, , ,

Signature of Treasurer Gravino, Ronald, , , [Electronically Filed] Date M M / D D / Y Y Y Y 01 / 31 / 2017

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
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))....	11490.00	11490.00
(b) Total Contribution Refunds (from Line 20(d))	1000.00	1000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	10490.00	10490.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	33096.01	64336.81
(b) Total Offsets to Operating Expenditures (from Line 14).....	209.88	209.88
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	32886.13	64126.93
8. Cash on Hand at Close of Reporting Period (from Line 27).....		
	7330.82	
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).....		
	787985.57	

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).....	2500.00	2500.00
(ii) Unitemized.....	490.00	490.00
(iii) TOTAL of contributions from individuals ▶	2990.00	2990.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	8500.00	8500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	11490.00	11490.00
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.)	209.88	209.88
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)..... ▶	11699.88	11699.88

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	33096.01	64336.81
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).....	1000.00	1000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	1000.00	1000.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	34096.01	65336.81

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	29726.95
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	11699.88
25. SUBTOTAL (add Line 23 and Line 24).....	41426.83
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	34096.01
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	7330.82

**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 28
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 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)
Oeste, William, M, ,

Mailing Address 1000 East Ave

City Mantoloking State NJ Zip Code 08738-1704

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

Name of Employer ISM Inc Occupation Apparel

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 05 / 2016

Transaction ID : **AADAA4259F58946A4BBA**

Amount of Each Receipt this Period
 1500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Geduldig, Sam, , ,

Mailing Address 1101 K Street NW Ste 650

City Washington State DC Zip Code 20005-4048

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

Name of Employer CGCN Group Occupation Partner

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 09 / 2016

Transaction ID : **A496C3E9801E74A1CB5F**

Amount of Each Receipt this Period
 500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Burton Trent Public Affairs LLC

Mailing Address 172 W State St

City Trenton State NJ Zip Code 08608-1104

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

Name of Employer Occupation

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 20 / 2016

Transaction ID : **A7E4954939CDC4E578C5**

Amount of Each Receipt this Period
 500.00

Memo Item
Partnership

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 6 OF 28
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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

A. Full Name (Last, First, Middle Initial)
Turner, Michael, P, ,
Mailing Address 172 W State St
City Trenton State NJ Zip Code 08608-1104
FEC ID number of contributing federal political committee. C
Name of Employer Occupation
Burton Trent Public Affairs LLC President
Receipt For: 2018
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 20 2016
Transaction ID : A6C8F2A7FF1444614830
Amount of Each Receipt this Period
500.00
 Memo Item
Partnership: Burton Trent Public Affairs LLC

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).....▶	0.00
TOTAL This Period (last page this line number only).....▶	2500.00

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

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

FOR LINE NUMBER: PAGE 7 OF 28
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
Public Service Enterprise Group Inc PAC

Mailing Address 80 Park Plz

City Newark State NJ Zip Code 07102-4109

FEC ID number of contributing federal political committee. **C** C00383489

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) **General Debt**

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2016

Transaction ID : **AE26A633BD8E84ABCA30**

Amount of Each Receipt this Period
 500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
American International Group INC Employee Political Action Committee

Mailing Address 175 Water St

City New York State NY Zip Code 10038-4918

FEC ID number of contributing federal political committee. **C** C00097725

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) **General Debt**

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 09 / 2016

Transaction ID : **AF9DBB6ADFAC8470A8AD**

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Parsons Brinckerhoff INC PAC

Mailing Address 1 Penn Plz

City New York State NY Zip Code 10119-0002

FEC ID number of contributing federal political committee. **C** C00287003

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify) **General Debt**

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 20 / 2016

Transaction ID : **AAC8BED7AB89546DD836**

Amount of Each Receipt this Period
 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ **2500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 28
<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)
AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS POLITICAL ACTION COMMITTEE

Mailing Address 220 Leigh Farm Rd

City Durham	State NC	Zip Code 27707-8110
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00077321

Name of Employer	Occupation
------------------	------------

Receipt For: 2016
 Primary General
 Other (specify) **General Debt**

Election Cycle-to-Date **3000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 27 / 2016

Transaction ID : ABF990D8BB99F43A29C5

Amount of Each Receipt this Period
 3000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Asian American Hotel Owner Association Political Action Committee

Mailing Address 5845 Richmond Hwy Ste 820

City Alexandria	State VA	Zip Code 22303-1872
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00336743

Name of Employer	Occupation
------------------	------------

Receipt For: 2016
 Primary General
 Other (specify) **General Debt**

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 22 / 2016

Transaction ID : ADBF41931E81B4C6491B

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
L-3 Communications Corp PAC

Mailing Address 600 3rd Ave

City New York	State NY	Zip Code 10016-1901
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00338087

Name of Employer	Occupation
------------------	------------

Receipt For: 2016
 Primary General
 Other (specify) **General Debt**

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 19 / 2016

Transaction ID : A0DEAAC3EC5D84DCF87F

Amount of Each Receipt this Period
 1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	5000.00
TOTAL This Period (last page this line number only)..... ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 9 OF 28	
<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)
American Osteopathic Information Association - Osteopathic Political Action Committee

Mailing Address 1090 Vermont Ave NW
Ste 510

City Washington	State DC	Zip Code 20005-4949
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00113803

Name of Employer	Occupation
------------------	------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 19 / 2016

Transaction ID : A6C48F40DFAD04546816

Amount of Each Receipt this Period
1000.00

Memo Item

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).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	8500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 10 OF 28	
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" 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)
NJ Natural Gas Co

Mailing Address PO box 11743

City Newark	State NJ	Zip Code 07101-4743
----------------	-------------	------------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For: 2018
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
209.88

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 19 / 2016

Transaction ID : AB4F127E3D86E43DFA60

Amount of Each Receipt this Period
209.88

Memo Item
Utilities Refund

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).....▶	209.88
TOTAL This Period (last page this line number only).....▶	209.88

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)
 17 18 19a 19b
 20a 20b 20c 21

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

A. Paycycle

Full Name (Last, First, Middle Initial)
Mailing Address 210 Portage Ave

City Palo Alto State CA Zip Code 94306

Purpose of Disbursement Payroll Taxes Category/Type

Candidate Name

Office Sought: House Senate President Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: M M / D D / Y Y Y Y
12 / 01 / 2016

FEC Identification Number:

Amount of Each Disbursement this Period:

Transaction ID : BE207527261C8467AAE5

Memo Item

B. Paycycle

Full Name (Last, First, Middle Initial)
Mailing Address 210 Portage Ave

City Palo Alto State CA Zip Code 94306

Purpose of Disbursement Payroll Taxes Category/Type

Candidate Name

Office Sought: House Senate President Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: M M / D D / Y Y Y Y
12 / 01 / 2016

FEC Identification Number:

Amount of Each Disbursement this Period:

Transaction ID : B71E3B1A45B8341A898F

Memo Item

c. Paycycle

Full Name (Last, First, Middle Initial)
Mailing Address 210 Portage Ave

City Palo Alto State CA Zip Code 94306

Purpose of Disbursement Payroll Taxes Category/Type

Candidate Name

Office Sought: House Senate President Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: M M / D D / Y Y Y Y
12 / 01 / 2016

FEC Identification Number:

Amount of Each Disbursement this Period:

Transaction ID : BDB76556D98FF4A519F4

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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 28			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) A. Paycycle			Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2016		
Mailing Address 210 Portage Ave			FEC Identification Number C		
City Palo Alto	State CA	Zip Code 94306	Amount of Each Disbursement this Period 86.73		
Purpose of Disbursement Payroll Taxes		Category/ Type 001	Transaction ID : B8B50D3565BED40CC8F0		
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Smith, Kirstie, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2016		
Mailing Address 129 Kinsman Rd			FEC Identification Number C		
City Florence	State NJ	Zip Code 08518-1607	Amount of Each Disbursement this Period 2312.87		
Purpose of Disbursement Payroll		Category/ Type 001	Transaction ID : BDEABCADB87A49908E6		
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) c. Danley, Robin, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2016		
Mailing Address 515 W Chelten Ave			FEC Identification Number C		
City Philadelphia	State PA	Zip Code 19144-4414	Amount of Each Disbursement this Period 1875.00		
Purpose of Disbursement Compliance Consulting		Category/ Type 001	Transaction ID : BF7DA7A7C307742D9B1F		
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	4274.60
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 13 OF 28			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. Mangini, Carly, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2016		
Mailing Address 10 Indian Terr			FEC Identification Number C		
City Locust	State NJ	Zip Code 07760-2342	Amount of Each Disbursement this Period 2655.42		
Purpose of Disbursement Payroll		Category/ Type 001	Transaction ID : BBAE90615DCFD428382E		
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Neely, Harrison, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2016		
Mailing Address 1 Richmond St Apt 2048			FEC Identification Number C		
City New Brunswick	State NJ	Zip Code 08901-4101	Amount of Each Disbursement this Period 4515.35		
Purpose of Disbursement Payroll		Category/ Type 001	Transaction ID : B3EC51C508FBD44F79B6		
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. Brinkman, Brittany, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2016		
Mailing Address 1 Windsor Ct			FEC Identification Number C		
City Jackson	State NJ	Zip Code 08527	Amount of Each Disbursement this Period 259.19		
Purpose of Disbursement Payroll		Category/ Type 001	Transaction ID : BA3303D5467034FB5910		
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	7429.96
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 28			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) A. Griswold, Chris, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2016		
Mailing Address 9 East 5th St			FEC Identification Number C		
City Barnegat Light	State NJ	Zip Code 08006	Amount of Each Disbursement this Period 855.20		
Purpose of Disbursement Payroll		Category/ Type 001	Transaction ID : B7B4742D354024C489D5		
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Bonfonti, Thomas, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2016		
Mailing Address 31 Barbara Ct			FEC Identification Number C		
City Waretown	State NJ	Zip Code 08758	Amount of Each Disbursement this Period 3563.60		
Purpose of Disbursement Payroll		Category/ Type 001	Transaction ID : BBF3A045406564F63AC6		
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) c. Ronald Gravino Consulting			Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2016		
Mailing Address PO Box 999			FEC Identification Number C		
City Edison	State NJ	Zip Code 08818-0999	Amount of Each Disbursement this Period 1644.43		
Purpose of Disbursement Compliance		Category/ Type 001	Transaction ID : BCB78BA4E23C94C4180E		
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	6063.23
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 28			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) A. Paycycle			Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2016		
Mailing Address 210 Portage Ave			FEC Identification Number C		
City Palo Alto	State CA	Zip Code 94306	Amount of Each Disbursement this Period 5947.07		
Purpose of Disbursement Payroll Taxes		Category/ Type 001	Transaction ID : BD4CB4E2CEEEF490C849		
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 checked="" type="checkbox"/> Primary <input 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 12 / 15 / 2016		
Mailing Address 1398 Highway 9			FEC Identification Number C		
City Old Bridge	State NJ	Zip Code 08857	Amount of Each Disbursement this Period 62.88		
Purpose of Disbursement Bank Fee		Category/ Type 001	Transaction ID : BC AE2352C581D4488A25		
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) c. Carney, Ryan, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2016		
Mailing Address 4284 Candlestick Court			FEC Identification Number C		
City Dumfries	State VA	Zip Code 22025-1607	Amount of Each Disbursement this Period 1800.00		
Purpose of Disbursement Political Strategy Consulting		Category/ Type 001	Transaction ID : B9A263DAF863F4186B47		
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	7809.95
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 16 OF 28			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. US Postmaster			Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2016		
Mailing Address 680 US Hwy 130			FEC Identification Number C		
City Trenton	State NJ	Zip Code 08650	Amount of Each Disbursement this Period 403.87		
Purpose of Disbursement Postage		Category/ Type 001	Transaction ID : B3C5C27822D5F419893C		
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. NJ Natural Gas Co			Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2016		
Mailing Address PO box 11743			FEC Identification Number C		
City Newark	State NJ	Zip Code 07101-4743	Amount of Each Disbursement this Period 17.05		
Purpose of Disbursement Utilities		Category/ Type 001	Transaction ID : B00FFAB6255344CC5827		
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) c. Paycycle			Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2016		
Mailing Address 210 Portage Ave			FEC Identification Number C		
City Palo Alto	State CA	Zip Code 94306	Amount of Each Disbursement this Period 577.51		
Purpose of Disbursement Payroll Taxes		Category/ Type 001	Transaction ID : B9EF540428ACE41E38DA		
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	998.43
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 28			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) A. Paycycle			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2016		
Mailing Address 210 Portage Ave			FEC Identification Number C		
City Palo Alto	State CA	Zip Code 94306	Amount of Each Disbursement this Period 1990.13		
Purpose of Disbursement Payroll Taxes		Category/ Type 001	Transaction ID : B0AE37A0147784753B49		
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Paycycle			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2016		
Mailing Address 210 Portage Ave			FEC Identification Number C		
City Palo Alto	State CA	Zip Code 94306	Amount of Each Disbursement this Period 25.38		
Purpose of Disbursement Payroll Taxes		Category/ Type 001	Transaction ID : B6662F269E77E48C7A87		
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. American Express			Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2016		
Mailing Address PO Box 1270			FEC Identification Number C		
City Newark	State NJ	Zip Code 07101	Amount of Each Disbursement this Period 3105.68		
Purpose of Disbursement Credit Card		Category/ Type 001	Transaction ID : BC94FB2EB8EF84E85AC2		
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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	5121.19
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 28			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. Us House of Representatives			Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2016		
Mailing Address 217 Longworth House			FEC Identification Number C		
City Washington	State DC	Zip Code 20515-0001	Amount of Each Disbursement this Period 375.00		
Purpose of Disbursement Office Supplies		Category/ Type 001	Transaction ID : B9818ED7A4A834D2FADB		
Candidate Name		Memo Item <input checked="" type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Amtrak			Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2016		
Mailing Address 60 Massachusetts Ave NE			FEC Identification Number C		
City Washington	State DC	Zip Code 20002	Amount of Each Disbursement this Period 417.00		
Purpose of Disbursement Travel		Category/ Type 002	Transaction ID : BD50FE99C82134739BA5		
Candidate Name		Memo Item <input checked="" type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) c. Capitol Hill Club			Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2016		
Mailing Address 300 1st St SE			FEC Identification Number C		
City Washington	State DC	Zip Code 20003-1801	Amount of Each Disbursement this Period 72.15		
Purpose of Disbursement Food/Beverage		Category/ Type 001	Transaction ID : BA46C69D92D0C49129C3		
Candidate Name		Memo Item <input checked="" type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 28			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) A. VoterTrove			Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2016	
Mailing Address 3180 18th St #100			FEC Identification Number C	
City San Francisco	State CA	Zip Code 94110	Amount of Each Disbursement this Period 312.50	
Purpose of Disbursement Research		Category/ Type 001		
Candidate Name		Transaction ID : BC4F509064F8B4821B61		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input checked="" type="checkbox"/> Memo Item	
State: District:				

Full Name (Last, First, Middle Initial) B. Travel Reservation US			Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2016	
Mailing Address 333 108th Ave NE			FEC Identification Number C	
City Bellevue	State WA	Zip Code 98004-5703	Amount of Each Disbursement this Period 691.36	
Purpose of Disbursement Travel		Category/ Type 002		
Candidate Name		Transaction ID : BE6B61C591BA04795A53		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input checked="" type="checkbox"/> Memo Item	
State: District:				

Full Name (Last, First, Middle Initial) C. AT&T			Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2016	
Mailing Address 255 Route 37 E			FEC Identification Number C	
City Toms River	State NJ	Zip Code 08753	Amount of Each Disbursement this Period 251.42	
Purpose of Disbursement Phone Service		Category/ Type 001		
Candidate Name		Transaction ID : B8BACF2DA6D5F44BE845		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input checked="" type="checkbox"/> Memo Item	
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 28	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2016
Mailing Address 501 Benigno Blvd		FEC Identification Number C
City Bellmawr	State NJ	Zip Code 08031-2597
Purpose of Disbursement Postage	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 221.85
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B73AC7BA3A6E24998AF2
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B.		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) ▼	<input type="checkbox"/> Memo Item
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
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	32641.77

**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 21 OF 28			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input checked="" type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. Parsons Brinckerhoff INC PAC			Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2016		
Mailing Address 1 Penn Plz			FEC Identification Number C C00287003		
City New York	State NY	Zip Code 10119-0002	Amount of Each Disbursement this Period 1000.00		
Purpose of Disbursement Refund: Refund of Contribution		Category/ Type 010	Transaction ID : BE53BC2188DF2417E8BF		
Candidate Name Parsons Brinckerhoff INC PAC		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ General Debt				
State: District:					

Full Name (Last, First, Middle Initial) B.			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	Memo Item <input type="checkbox"/>		
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:					

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	Memo Item <input type="checkbox"/>		
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).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	1000.00

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **TOM MACARTHUR FOR CONGRESS INC.** Transaction ID : C35C4117738F8415ABA1

LOAN SOURCE Full Name (Last, First, Middle Initial) MacArthur, Thomas, , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 5 Spinnakers Cove			
City Toms River	State NJ	ZIP Code 08753-7600	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 200000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 200000.00
--------------------------------------	------------------------------------	--

TERMS	Date Incurred M 10 / D 17 / Y 2016	Date Due M M / D 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).....▶	200000.00
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) Transaction ID : CAC5E823F153B4AA5A5F
TOM MACARTHUR FOR CONGRESS INC.

LOAN SOURCE Full Name (Last, First, Middle Initial) MacArthur, Thomas, , ,		<input type="checkbox"/> Memo Item	Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 5 Spinnakers Cove			
City Toms River	State NJ	ZIP Code 08753-7600	<input checked="" type="checkbox"/> Personal Funds of the Candidate

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 03 / D 31 / Y 2014 Y	Date Due M M / D D / Y None Y	Interest Rate (If none, enter 0) 0.00 % (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).....▶	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) MacArthur, Thomas, , ,		<input type="checkbox"/> Memo Item	Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 5 Spinnakers Cove			
City Toms River	State NJ	ZIP Code 08753-7600	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 1000000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 250000.00
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TERMS	Date Incurred M 10 / D 10 / Y 2014	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
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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).....▶	250000.00
TOTALS This Period (last page in this line only).....▶	700000.00

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

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor MacArthur, Thomas, , ,			Nature of Debt (Purpose): Candidate Travel/ Meeting Expense
Mailing Address 5 Spinnakers Cove			
City Toms River	State NJ	Zip Code 08753-7600	

Outstanding Balance Beginning This Period <input type="text" value="1246.74"/>	Transaction ID : D9D209E9B02574122899	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1246.74"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MacArthur, Thomas, , ,			Nature of Debt (Purpose): Candidate Travel/Meeting Expense
Mailing Address 5 Spinnakers Cove			
City Toms River	State NJ	Zip Code 08753-7600	

Outstanding Balance Beginning This Period <input type="text" value="1945.15"/>	Transaction ID : DD064045D9E2F47B5AB8	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1945.15"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MacArthur, Thomas, , ,			Nature of Debt (Purpose): Candidate Travel/Meeting Expense
Mailing Address 5 Spinnakers Cove			
City Toms River	State NJ	Zip Code 08753-7600	

Outstanding Balance Beginning This Period <input type="text" value="3038.67"/>	Transaction ID : D7B6C2FF89CAE48589D6	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3038.67"/>

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

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

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Bridge Majority LLC			Nature of Debt (Purpose): Fundraising
Mailing Address 2 W Windsor Ave			
City Alexandria	State VA	Zip Code 22301	

Outstanding Balance Beginning This Period 7500.00	Transaction ID : DD89C7E9BB08B479EA9A	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 7500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Chris Russell Consulting			Nature of Debt (Purpose): Political Strategy Consulting
Mailing Address 5 Banyan Ct			
City Jackson	State NJ	Zip Code 08527-4904	

Outstanding Balance Beginning This Period 9000.00	Transaction ID : D3F3055B020AB4B189BF	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 9000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Chris Mottola Consulting Inc			Nature of Debt (Purpose): Media
Mailing Address 1382 Lafayette St			
City Cape May	State NJ	Zip Code 08204	

Outstanding Balance Beginning This Period 40893.44	Transaction ID : D7ECB730D811E42F9B63	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 40893.44

1) SUBTOTALS This Period This Page (optional)	57393.44
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

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 Hal Brown			Nature of Debt (Purpose): Photography Services
Mailing Address 21 Stonewyck Dr			
City Hillsborough	State NJ	Zip Code 08844	

Outstanding Balance Beginning This Period 374.50	Transaction ID : DDE1746F9713444B6B71	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 374.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Berkeley Township Republican Municipal Committee			Nature of Debt (Purpose): Utilities
Mailing Address 16 Beaumont Ct			
City Toms River	State NJ	Zip Code 08757	

Outstanding Balance Beginning This Period 987.07	Transaction ID : D75B1F9383E474B58B4E	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 987.07

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Chris Russell Consulting			Nature of Debt (Purpose): Political Strategy Consulting
Mailing Address 5 Banyan Ct			
City Jackson	State NJ	Zip Code 08527-4904	

Outstanding Balance Beginning This Period 0.00	Transaction ID : DFDC93BACDA8641CE855	
Amount Incurred This Period 9000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 9000.00

1) SUBTOTALS This Period This Page (optional)	▶	10361.57
2) TOTALS This Period (last page this line number only)	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	

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 Verrill, Elizabeth, , ,			Nature of Debt (Purpose): Fundraising Consulting
Mailing Address 2 W Windsor Ave			
City Alexandria	State VA	Zip Code 22301-1514	

Outstanding Balance Beginning This Period 0.00		Transaction ID : D79F514C869B84E768CE	
Amount Incurred This Period 14000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 14000.00	

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

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

1) SUBTOTALS This Period This Page (optional)	▶	14000.00
2) TOTALS This Period (last page this line number only)	▶	87985.57
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	▶	700000.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	▶	787985.57