

**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 Wilson for Congress

ADDRESS (number and street)

233 Route 17

Check if different
than previously
reported. (ACC)

Tuxedo

NY

10987

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C

C00511287

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

NY

18

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 / 2012

through

M M / D D / Y Y Y Y

09 / 30 / 2012

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 Ms Mary Graetzer

Signature of Treasurer

Ms Mary Graetzer

[Electronically Filed]

Date

M M / D D / Y Y Y Y

02 / 07 / 2012

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

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 31

Write or Type Committee Name

Tom Wilson for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	2

	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))....	26.26	82738.66
(b) Total Contribution Refunds (from Line 20(d))	0.00	5000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	26.26	77738.66
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	9671.97	134074.33
(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))	9671.97	134074.33
8. Cash on Hand at Close of Reporting Period (from Line 27)	-1972.62	
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)	64158.36	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 31

Write or Type Committee Name

Tom Wilson for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	2

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

78556.40

(ii) Unitemized.....

26.26

4082.26

(iii) TOTAL of contributions from individuals ▶

26.26

82638.66

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

100.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

26.26

82738.66

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

1200.00

90133.36

(b) All Other Loans.....

0.00

2500.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

1200.00

92633.36

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)..... ▶

1226.26

175372.02

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 31

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	9671.97	134074.33
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	28500.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	28500.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	5000.00
(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	5000.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	9671.97	167574.33

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	6473.09
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1226.26
25. SUBTOTAL (add Line 23 and Line 24).....	7699.35
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	9671.97
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	-1972.62

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 31

(check only one)

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

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 Wilson for Congress

Full Name (Last, First, Middle Initial)

Thomas Wilson

A.

Mailing Address 24 Pine Hill Rd

City

Tuxedo Park

State

NY

Zip Code

10987-4221

FEC ID number of contributing
federal political committee.

C H2NY19093

Name of Employer

UBS

Occupation

VP-Investments

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

90233.36

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
0 7		1 0		2 0 1 2

Transaction ID : C4314852

Amount of Each Receipt this Period

1200.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

1200.00

1200.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 31

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

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NAME OF COMMITTEE (In Full)

Tom Wilson for Congress

Full Name (Last, First, Middle Initial)

A. Authorizenet

Mailing Address po box 8999

City	State	Zip Code
San Francisco	CA	94128

Purpose of Disbursement
office

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		05		2012

Amount of Each Disbursement this Period

49.95

Transaction ID : D505534

B. Authorizenet

Mailing Address po box 8999

City	State	Zip Code
San Francisco	CA	94128

Purpose of Disbursement
banking

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		03		2012

Amount of Each Disbursement this Period

49.95

Transaction ID : D505540

C. Authorizenet

Mailing Address po box 8999

City	State	Zip Code
San Francisco	CA	94128

Purpose of Disbursement
office

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		05		2012

Amount of Each Disbursement this Period

49.95

Transaction ID : D505546

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

149.85

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tom Wilson for Congress

Full Name (Last, First, Middle Initial)

A. Yvonne Barreto

Mailing Address 274 Walsh Road, 2nd Flr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		02		2012

City	State	Zip Code
New Windsor	NY	12553

Amount of Each Disbursement this Period

240.00

Purpose of Disbursement
phone bank

Candidate Name

Category/
Type

Transaction ID : D505516

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

B. Darwin Calix

Mailing Address 31 Monument Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		09		2012

City	State	Zip Code
Newburgh	NY	12550

Amount of Each Disbursement this Period

270.00

Purpose of Disbursement
phone bank

Candidate Name

Category/
Type

Transaction ID : D505522

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

C. Alex Castillo

Mailing Address 160 Temple Hill Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		02		2012

City	State	Zip Code
Vails Gate	NY	12584

Amount of Each Disbursement this Period

285.00

Purpose of Disbursement
phone bank

Candidate Name

Category/
Type

Transaction ID : D505521

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State:

District:

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

795.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tom Wilson for Congress

Full Name (Last, First, Middle Initial)

A. Bianey Castillo

Mailing Address 160 Temple Hill Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2012

City	State	Zip Code
Vails Gate	NY	12584

Amount of Each Disbursement this Period

519.00

Purpose of Disbursement
phone bankCategory/
Type

Transaction ID : D505515

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. Chase Bank

Mailing Address tuxedo

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		18		2012

City	State	Zip Code
Tuxedo Park	NY	10987

Amount of Each Disbursement this Period

132.00

Purpose of Disbursement
feesCategory/
Type

Transaction ID : D505538

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

c. Chase Bank

Mailing Address tuxedo

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		05		2012

City	State	Zip Code
Tuxedo Park	NY	10987

Amount of Each Disbursement this Period

102.00

Purpose of Disbursement
feesCategory/
Type

Transaction ID : D505547

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

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

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

519.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tom Wilson for Congress

Full Name (Last, First, Middle Initial)

A. Jose Garcia

Mailing Address 544 South Street

City	State	Zip Code
Newburgh	NY	12550

Purpose of Disbursement
phone bank

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2012

Amount of Each Disbursement this Period

285.00

Transaction ID : D505520

B. Richard Garcia

Mailing Address 18 Washington

City	State	Zip Code
Newburgh	NY	12550

Purpose of Disbursement
phone bank

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		02		2012

Amount of Each Disbursement this Period

30.00

Transaction ID : D505526

c. Scarleth Gomez

Mailing Address 34 Allison Avenue

City	State	Zip Code
Newburgh	NY	12550

Purpose of Disbursement
Phone Banik

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		02		2012

Amount of Each Disbursement this Period

240.00

Transaction ID : D461560

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

555.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tom Wilson for Congress

Full Name (Last, First, Middle Initial)

A. Google Apps

Mailing Address 1600 amphitheatre parkway

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2012

City	State	Zip Code
Mountain View	CA	94043

Amount of Each Disbursement this Period

45.83

Purpose of Disbursement
officeCategory/
Type

Transaction ID : D505533

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. Google Apps

Mailing Address 1600 amphitheatre parkway

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		03		2012

City	State	Zip Code
Mountain View	CA	94043

Amount of Each Disbursement this Period

45.83

Purpose of Disbursement
officeCategory/
Type

Transaction ID : D505541

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

c. Google Apps

Mailing Address 1600 amphitheatre parkway

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		04		2012

City	State	Zip Code
Mountain View	CA	94043

Amount of Each Disbursement this Period

45.83

Purpose of Disbursement
officeCategory/
Type

Transaction ID : D505545

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

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

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

137.49

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 31

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

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NAME OF COMMITTEE (In Full)

Tom Wilson for Congress

Full Name (Last, First, Middle Initial)

A. Debra Haynes

Mailing Address 19B Walsh Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		25		2012

City	State	Zip Code
Newburgh	NY	12550

Amount of Each Disbursement this Period

37.50

Purpose of Disbursement
phone bank

Candidate Name

Category/
Type

Transaction ID : D505524

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

B. Jonathan Heppner

Mailing Address 22 Neher Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		02		2012

City	State	Zip Code
Woodstock	NY	12498

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement
Campaign Mgr.

Candidate Name

Category/
Type

Transaction ID : D461585

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

C. Stefany Hernandez

Mailing Address 116 West Parmenter

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2012

City	State	Zip Code
Newburgh	NY	12550

Amount of Each Disbursement this Period

240.00

Purpose of Disbursement
phone bank

Candidate Name

Category/
Type

Transaction ID : D505501

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State:

District:

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

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

1777.50

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tom Wilson for Congress

Full Name (Last, First, Middle Initial)

A. Hudson Valley Latino Fund

Mailing Address 115 South Street

City	State	Zip Code
Middletown	NY	10940

Purpose of Disbursement
Donation

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		16		2012

Amount of Each Disbursement this Period

500.00

Transaction ID : D461445

B. Ernesto Lopez

Mailing Address 188 Dubois Street

City	State	Zip Code
Newburgh	NY	12550

Purpose of Disbursement
phone bank

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2012

Amount of Each Disbursement this Period

195.00

Transaction ID : D505519

c. Magic jack

Mailing Address magicjack.com

City	State	Zip Code
New York	NY	10014

Purpose of Disbursement
phone

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		12		2012

Amount of Each Disbursement this Period

81.64

Transaction ID : D505535

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

776.64

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Tom Wilson for Congress

Full Name (Last, First, Middle Initial)

A. Magic jack

Mailing Address magicjack.com

City	State	Zip Code
New York	NY	10014

Purpose of Disbursement
phone

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		16		2012

Amount of Each Disbursement this Period

81.64

Transaction ID : D505536

B. Mayra Martin

Mailing Address 8 Belleford Lane

City	State	Zip Code
Beacon	NY	12508

Purpose of Disbursement
Newburgh Office Mgr

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		05		2012

Amount of Each Disbursement this Period

800.00

Transaction ID : D461556

c. Mayra Martin

Mailing Address 8 Belleford Lane

City	State	Zip Code
Beacon	NY	12508

Purpose of Disbursement
Newburgh Office Mgr.

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		05		2012

Amount of Each Disbursement this Period

400.00

Transaction ID : D461576

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

1281.64

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tom Wilson for Congress

Full Name (Last, First, Middle Initial)

A. Mayra Martin

Mailing Address 8 Belleford Lane

City	State	Zip Code
Beacon	NY	12508

Purpose of Disbursement
Expenses

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		05		2012

Amount of Each Disbursement this Period

389.00

Transaction ID : D461577

B. Bernardo Morales

Mailing Address 86 Liberty Street

City	State	Zip Code
Newburgh	NY	12550

Purpose of Disbursement
phone bank

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		09		2012

Amount of Each Disbursement this Period

60.00

Transaction ID : D505525

c. NGP Van

Mailing Address 110115th street ny suite 500

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement
accounting

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2012

Amount of Each Disbursement this Period

850.00

Transaction ID : D505530

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

1299.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Tom Wilson for Congress

Full Name (Last, First, Middle Initial)

A. Ashley Ortiz

Mailing Address 87 Lake Drive

City	State	Zip Code
Newburgh	NY	12550

Purpose of Disbursement
phone bank

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 10 / 2012

Amount of Each Disbursement this Period

285.00

Transaction ID : D505518

B. Aracely Trejo

Mailing Address 78 Vails Gate Heights Drive

City	State	Zip Code
New Windsor	NY	12553

Purpose of Disbursement
phone bank

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 09 / 2012

Amount of Each Disbursement this Period

285.00

Transaction ID : D505517

C. U-Haul of Middletown

Mailing Address 381 Route 211 E

City	State	Zip Code
Middletown	NY	10940

Purpose of Disbursement
office moving

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
07 / 03 / 2012

Amount of Each Disbursement this Period

28.96

Transaction ID : D505531

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

598.96

SCHEDULE C (FEC Form 3)
LOANS

PAGE 19 OF 31

Use separate schedule(s)
for each category of the
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(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : L563

Tom Wilson for Congress

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

[PERSONAL FUNDS]

Election: 2012

Thomas Wilson PERS FUNDS

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

24 Pine Hill Rd

City

State

ZIP Code

Tuxedo Park

NY

10987-4221

Original Amount of Loan

3958.36

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3958.36

TERMS

Date Incurred

M M / D D / Y Y Y Y
01 / 18 / 2012

Date Due

M M / D D / Y Y Y Y
none

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

3958.36

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

PAGE 20 OF 31

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : L564

Tom Wilson for Congress

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

[PERSONAL FUNDS]

Election: 2012

Thomas Wilson PERS FUNDS

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

24 Pine Hill Rd

City

State

ZIP Code

Tuxedo Park

NY

10987-4221

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 / D / Y
01 / 10 / 2012

Date Due

M / D / Y
none

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**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)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☐ 13a
☒ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : L565

Tom Wilson for Congress

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

[PERSONAL FUNDS]

Election: 2012

Alyssa Wilson PERS FUNDS

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address

24 Pine Hill Rd

City

State

ZIP Code

Tuxedo Park

NY

10987-4221

Original Amount of Loan

2500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2500.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
02 / 13 / 2012

Date Due

M M / D D / Y Y Y Y
none

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

2500.00

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

PAGE 22 OF 31

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : L566

Tom Wilson for Congress

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

[PERSONAL FUNDS]

Election: 2012

Thomas Wilson PERS FUNDS

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

24 Pine Hill Rd

City

State

ZIP Code

Tuxedo Park

NY

10987-4221

Original Amount of Loan

25000.00

Cumulative Payment To Date

20500.00

Balance Outstanding at Close of This Period

4500.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
03 / 30 / 2012

Date Due

M M / D D / Y Y Y Y
 / / none

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

4500.00

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

PAGE 23 OF 31

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : L576

Tom Wilson for Congress

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

[PERSONAL FUNDS]

Election: 2012

Thomas Wilson PERS FUNDS

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

24 Pine Hill Rd

City

State

ZIP Code

Tuxedo Park

NY

10987-4221

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
05 / 21 / 2012

Date Due

M M / D D / Y Y Y Y
none

Interest Rate

0.00 % (apr)

Secured:

☐ Yes☒ No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5000.00

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

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Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Transaction ID : L577

Tom Wilson for Congress

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

[PERSONAL FUNDS]

Election: 2012

Thomas Wilson PERS FUNDS

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

24 Pine Hill Rd

City

State

ZIP Code

Tuxedo Park

NY

10987-4221

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

6000.00

0.00

6000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y Y Y
04 / 15 / 2012M M / D D / Y Y Y Y
/ / noneM M / D D / Y Y Y Y
/ / noneM M / D D / Y Y Y Y
/ / none

0.00

% (apr)

☐ Yes☒ No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

6000.00

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)
LOANSUse separate schedule(s)
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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : L619

Tom Wilson for Congress

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

[PERSONAL FUNDS]

Election: 2012

Thomas Wilson PERS FUNDS

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

24 Pine Hill Rd

City

State

ZIP Code

Tuxedo Park

NY

10987-4221

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
06 / 15 / 2012

Date Due

M M / D D / Y Y Y Y
none

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

10000.00

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

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Use separate schedule(s)
for each category of the
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(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : L620

Tom Wilson for Congress

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

[PERSONAL FUNDS]

Election: 2012

Thomas Wilson PERS FUNDS

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

24 Pine Hill Rd

City

State

ZIP Code

Tuxedo Park

NY

10987-4221

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
06 / 20 / 2012

Date Due

M M / D D / Y Y Y Y
none

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

10000.00

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)
LOANSUse separate schedule(s)
for each category of the
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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : L621

Tom Wilson for Congress

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

[PERSONAL FUNDS]

Election: 2012

Thomas Wilson PERS FUNDS

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

24 Pine Hill Rd

City

State

ZIP Code

Tuxedo Park

NY

10987-4221

Original Amount of Loan

15000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

15000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
06 / 28 / 2012

Date Due

M M / D D / Y Y Y Y
none

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

15000.00

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

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Use separate schedule(s)
for each category of the
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(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : L622

Tom Wilson for Congress

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

[PERSONAL FUNDS]

Election: 2012

Thomas Wilson PERS FUNDS

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

24 Pine Hill Rd

City

State

ZIP Code

Tuxedo Park

NY

10987-4221

Original Amount of Loan

2000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2000.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
06 / 29 / 2012

Date Due

M M / D D / Y Y Y Y
 / / none

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

2000.00

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

PAGE 29 OF 31

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : L623

Tom Wilson for Congress

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

[PERSONAL FUNDS]

Election: 2012

Thomas Wilson PERS FUNDS

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

24 Pine Hill Rd

City

State

ZIP Code

Tuxedo Park

NY

10987-4221

Original Amount of Loan

1200.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1200.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
07 / 10 / 2012

Date Due

M M / D D / Y Y Y Y
none

Interest Rate

none % (apr)

Secured:

☐ Yes ☒ No

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

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

1200.00

TOTALS This Period (last page in this line only)..... ►

64158.36

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-1 (FEC Form 3) **LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Supplementary for
Information found on
Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) Tom Wilson for Congress		Transaction ID : LC6		FEC IDENTIFICATION NUMBER C C00511287	
LENDING INSTITUTION (LENDER) Full Name Thomas Wilson		Amount of Loan <div style="border: 1px solid black; padding: 2px; text-align: right;">10000.00</div>		Interest Rate (APR) <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> %	
Mailing Address 24 Pine Hill		Date Incurred or Established MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; text-align: right;">06 / 15 / 2012</div>		Date Due MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; text-align: right;">01/01/2020</div>	
City Tuxedo Park	State NY	Zip Code 10987	Back Ref L576		
A. Has loan been restructured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred <div style="border: 1px solid black; padding: 2px; text-align: right;">MM / DD / YYYY</div>					
B. If line of credit, Amount of this Draw: <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>		Total Outstanding Balance: <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>			
C. Are other parties secondarily liable for the debt incurred? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)					
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____				What is the value of this collateral? <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> Does the lender have a perfected security interest in it? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____				What is the estimated value? <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: <div style="border: 1px solid black; padding: 2px; text-align: right;">MM / DD / YYYY</div>		Location of account: Address: _____ City, State, Zip: _____			
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.					
G. COMMITTEE TREASURER Typed Name Mary Graetzer Signature _____				DATE <div style="border: 1px solid black; padding: 2px; text-align: right;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px; text-align: right;">08 / 06 / 2012</div>	
H. Attach a signed copy of the loan agreement.					
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.					
AUTHORIZED REPRESENTATIVE Typed Name Thomas Wilson Signature Thomas Wilson			[Electronically Filed] DATE <div style="border: 1px solid black; padding: 2px; text-align: right;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px; text-align: right;">08 / 06 / 2012</div>		
			Title Candidate		

SCHEDULE C-1 (FEC Form 3) **LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Supplementary for
Information found on
Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) Tom Wilson for Congress		Transaction ID : LC11	
		FEC IDENTIFICATION NUMBER	
		C C00511287	
LENDING INSTITUTION (LENDER) Full Name Thomas Wilson		Amount of Loan <div style="border: 1px solid black; padding: 2px; text-align: right;">1200.00</div>	Interest Rate (APR) <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> %
Mailing Address 24 Pine Hill road		Date Incurred or Established MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; text-align: center;">07 / 10 / 2012</div>	
City Tuxedo Park	State NY	Zip Code 10987	Date Due MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; text-align: center;">01/01/2020</div>
		Back Ref L623	
A. Has loan been restructured? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		If yes, date originally incurred MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; text-align: center;">07 / 10 / 2012</div>	
B. If line of credit, Amount of this Draw: <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>		Total Outstanding Balance: <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>	
C. Are other parties secondarily liable for the debt incurred? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the value of this collateral? <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> Does the lender have a perfected security interest in it? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____		What is the estimated value? <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; text-align: center;">MM / DD / YYYY</div>		Location of account: Address: _____ City, State, Zip: _____	
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Mary Graetzer Signature _____		DATE MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; text-align: center;">02 / 07 / 2012</div>	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Mary Graetzer Signature Mary Graetzer		[Electronically Filed] DATE MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; text-align: center;">02 / 07 / 2012</div>	
		Title Treasurer	