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Image# 13960813306

FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3   '	For An Aut	horized Com	mittee			Office Use Only
NAME OF     COMMITTEE (in full)	TYPE OR PRINT		ample: If typinger the lines.	g, type	12FE4M5	
Tom Wilson for Congre	ess					I
ADDRESS (number and street)	233 Route 17					
Check if different						
than previously reported. (ACC)	Tuxedo				L NY	10987
2. FEC IDENTIFICATION N	UMBER ▼	CITY A			STATE A	ZIP CODE A STATE ▼ DISTRICT
C C00511287		3. IS THIS REPORT	× NEW (N)	OR	AMEND (A)	
4. TYPE OF REPORT (Ch	())					
<ul><li>4. TYPE OF REPORT (Ch</li><li>(a) Quarterly Reports:</li></ul>	(k	o) 12-Day <b>PRE</b>	-Election Repo	rt for the:		
(a) Quarterly Neports.			Primary (12P)		General (1	2G) Runoff (12R)
April 15 Quarterly I	Report (Q1)	П	Convention (	120)	Special (1)	29)
July 15 Quarterly F	Report (Q2)		Convention (	120)	Opeciai (12	20)
X October 15 Quarte	rly Report (Q3)	Election on	M M /	D D /	YYYY	in the State of
January 31 Year-Er	nd Report (YE) (d	c) 30-Day POS	<b>T</b> -Election Rep	ort for the	:	
			General (30G	)	Runoff (30	R) Special (30S)
Termination Report	(TER)	Election on	M M /	D D /	Y Y Y Y	in the State of
5. Covering Period 0	M / D D /	Y Y Y Y Y 2012	through	M N	30	2012
I certify that I have examined th	nis Report and to th	ne best of my kr	owledge and l	belief it is t	rue, correct and	l complete.
Type or Print Name of Treasure	r Ms Mary Graetze	er				
Signature of Treasurer Ms I	Mary Graetzer		[Electronically I	Filed]	Date 02	07 / 2012
NOTE: Submission of false, erron	eous, or incomplete	information may	subject the per	son signing	this Report to the	ne penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3 (Revised 02/2003)

### **SUMMARY PAGE**

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

PAGE 2 / 31

Write or Type Committee Name

### Tom Wilson for Congress

09 30 2012 01 2012 Report Covering the Period: From: To: **COLUMN B COLUMN A Election Cycle-to-Date** This Period Net Contributions (other than loans) **Total Contributions** (a) 26.26 82738.66 (other than loans) (from Line 11(e)) .... (b) Total Contribution Refunds 0.00 5000.00 (from Line 20(d)) ..... (c) Net Contributions (other than loans) 26.26 77738.66 (subtract Line 6(b) from Line 6(a)) ...... Net Operating Expenditures (a) Total Operating Expenditures 9671.97 134074.33 (from Line 17) ..... (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 9671.97 134074.33 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of -1972.62 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 64158.36 Schedule C and/or Schedule D).....

### 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

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
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	26.26	82738.66
	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
3.	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
	OFFSETS TO OPERATING		
	EXPENDITURES Refunds, Rebates, etc.)	0.00	0.00
	OTHER RECEIPTS Dividends, Interest, etc.)	0.00	0.00
	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		II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPI	ERATING EXPENDITURES	9671.97	134074.33
18.		ANSFERS TO OTHER THORIZED COMMITTEES	0.00	0.00
19.	LOA	AN 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.	REF	FUNDS OF CONTRIBUTIONS TO:		
	(a)	Individuals/Persons Other	0.00	5000.00
		Than Political Committees		
	(b)	Political Party Committees  Other Political Committees	0.00	0.00
	(0)	(such as PACs)	0.00	0.00
	(d)	TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	5000.00
21.	ОТН	HER DISBURSEMENTS	0.00	0.00
22.		TAL DISBURSEMENTS d Lines 17, 18, 19(c), 20(d), and 21)	9671.97	167574.33
		III. CASH SUM	//MARY	
23.	CAS	SH ON HAND AT BEGINNING OF REPORT	ING PERIOD	6473.09
24	TOT	TAL RECEIPTS THIS PERIOD (from Line 16	s, page 3)	1226.26
25.	SUI	BTOTAL (add Line 23 and Line 24)		7699.35
26.	TOT	TAL DISBURSEMENTS THIS PERIOD (from	Line 22)	9671.97
	CAS	SH ON HAND AT CLOSE OF REPORTING	DEDIOD	

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

lmage# 13960813310		
SCHEDULE A (FEC Form 3) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 5 OF 31 (check only one)  11a 11b 11c 11d 11d 12 X 13a 13b 14 15
Any information copied from such Reports and Statements m or for commercial purposes, other than using the name and		
NAME OF COMMITTEE (In Full)  Tom Wilson for Congress		
Name of Employer UBS  Occupation VP-Investm		Date of Receipt  M M J D D J 2012  Transaction ID: C4314852  Amount of Each Receipt this Period  1200.00
Full Name (Last, First, Middle Initial)  Mailing Address  City State	Zip Code	Date of Receipt
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period

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

**PAGE** 6 31 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a Detailed Summary Page 20a 20b 20c 21

19b 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) Date of Disbursement Authorizenet 2012 Mailing Address po box 8999 05 City State Zip Code Amount of Each Disbursement this Period CA San Francisco 94128 Purpose of Disbursement 49.95 office Transaction ID: D505534 Candidate Name Category/ Type Disbursement For: 2014 Office Sought: House Senate Primary General Other (specify) President District: Full Name (Last, First, Middle Initial) Authorizenet Date of Disbursement Mailing Address po box 8999 80 03 2012 City State Zip Code Amount of Each Disbursement this Period CA 94128 San Francisco 49.95 Purpose of Disbursement banking Transaction ID: D505540 Candidate Name Category/ Type Disbursement For: Office Sought: House 2014 Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement c. Authorizenet Mailing Address po box 8999 09 05 2012 City State Zip Code Amount of Each Disbursement this Period San Francisco CA 94128 49.95 Purpose of Disbursement Transaction ID: D505546 Candidate Name Category/ Type Disbursement For: 2014 Office Sought: House General Senate Primary President Other (specify) State: District: 149.85 SUBTOTAL of Disbursements This Page (optional).....

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

## SCHEDULE B (FEC Form 3)

	FOR LINE NUMBER:	PAGE 7 OF 31					
Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)    X   17	19a 19b 20c 21					
ay not be sold or used by any person for the purpose of soliciting contributions address of any political committee to solicit contributions from such committee.							

TEMIZED DISBURSEMENTS	Detailed Summary Page	X   17   18   19a   19b   20a   20b   21							
Any information copied from such Reports and Stateme or for commercial purposes, other than using the name									
NAME OF COMMITTEE (In Full)  Tom Wilson for Congress									
Full Name (Last, First, Middle Initial)  Yvonne Barreto  Mailing Address 274 Walsh Road, 2nd Flr		Date of Disbursement  O7 02 2012							
City Sta New Windsor NY Purpose of Disbursement phone bank Candidate Name	12553  Category/	Amount of Each Disbursement this Period  240.00  Transaction ID : D505516							
Senate President Ot State: District:	nt For: 2012 mary General her (specify)								
Full Name (Last, First, Middle Initial)  Darwin Calix  Mailing Address 31 Monument Street		Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
	Category/ Type	Amount of Each Disbursement this Period  270.00  Transaction ID : D505522							
Full Name (Last, First, Middle Initial)  Alex Castillo  Mailing Address 160 Temple Hill Road		Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
Senate Pr	Zip Code 12584  Category/ Type  at For: 2012 mary General her (specify)	Amount of Each Disbursement this Period  285.00  Transaction ID : D505521							
State: District:  SUBTOTAL of Disbursements This Page (optional)		795.00							
TOTAL This Period (last page this line number only)									

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

PAGE 8 OF 31 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 19a 19h

	Detailed Summary	Page	20a 20b 20c 21				
Any information copied from such Reports and St or for commercial purposes, other than using the			son for the purpose of soliciting contributions				
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 Y Y Y Y Y Y Y Y Y Y Y Y					
City Vails Gate		Amount of Each Disbursement this Period					
Purpose of Disbursement phone bank			285.00 Transaction ID : D505515				
Candidate Name  Office Sought: House Senate President  State: District:	rsement For: 2012  X Primary General Other (specify)	Category/ Type					
Full Name (Last, First, Middle Initial)  Chase Bank  Mailing Address tuxedo			Date of Disbursement  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City Tuxedo Park Purpose of Disbursement fees Candidate Name	State Zip Code NY 10987	Category/ Type	Amount of Each Disbursement this Period  132.00  Transaction ID: D505538				
Office Sought:  House Senate President State: District:	Primary General Other (specify)						
Full Name (Last, First, Middle Initial)  Chase Bank			Date of Disbursement				
Mailing Address tuxedo			09				
Tuxedo Park N Purpose of Disbursement fees Candidate Name	ate Zip Code IY 10987  resement For: 2014	Category/ Type	Amount of Each Disbursement this Period  102.00  Transaction ID : D505547				
Senate President State: District:	Primary General Other (specify)						
SUBTOTAL of Disbursements This Page (optional	ıl)		519.00				
TOTAL This Period (last page this line number or	nly)		, ,				

## S

•••	10000010011			
S	CHEDULE B (FEC Form 3)			FOR LINE NUMBER: PAGE 9 OF 31
	EMIZED DISBURSEMENTS		ate schedule(s) ategory of the	(check only one)    X   17   18   19a   19b
••	EINIZED BIODOTIOLINEITTO		ummary Page	X   17   18   19a   19b   20c   21
Ar	ny information copied from such Reports and Sta	tements may not be so	old or used by any	person for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and address of ar	ny political commit	tee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  Tom Wilson for Congress			
	Full Name (Last, First, Middle Initial)			Date of Disbursement
A.	Tamara Dunlap	M M / D D / Y Y Y Y		
	Mailing Address 25 Courtney Avenue			07 03 2012
	City	State Zip Cod	е	Amount of Each Disbursement this Period
	Newburgh	NY 12550	ı	450.00
	Purpose of Disbursement phone bank			150.00
	Candidate Name		Cotonon	Transaction ID : D505529
			Category Type	
	Office Sought: House Disburs	sement For: 2012		
	Senate	, , ,	neral	
	President  State: District:	Other (specify)		
_	Full Name (Last, First, Middle Initial)			
В.	natasha evans			Date of Disbursement
D.		M M / D D / Y Y Y		
	Mailing Address 88 Liberty Street	07 11 2012		
	City	State Zip Cod	е	Amount of Each Disbursement this Period
	Newburgh Purpose of Disbursement	NY 12550		150.00
	phone bank			Transaction ID : D505528
	Candidate Name		Category	
		. =	Туре	
		sement For: 2012 Primary Gei	neral	
	Senate President	Other (specify)	iciai	
	State: District:			
	Full Name (Last, First, Middle Initial)			
C.	EZ Pass			Date of Disbursement
	Mailing Address	M M / D D / Y Y Y		
	Mailing Address four executive park drive	09 04 2012		
	City Sta	Amount of Each Disbursement this Period		
	Albany N'			
	Purpose of Disbursement travel	50.00		
	Candidate Name	Category	Transaction ID : D505544	
			Type	
	Office Sought: House Disburs	sement For: 2014	,	
	Senate		neral	
	President State: District:	Other (specify)		

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

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

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

	FOR LINE		PAGE	10	OF	3′	1		
Use separate schedule(s)	(check on	ly one)							
for each category of the Detailed Summary Page	X	17		18		19a		19	9b
		20a		20b		20c		2	1
y not be sold or used by any person for the purpose of soliciting contributions ddress of any political committee to solicit contributions from such committee.									

	Detailed S	Summary F	Page	20a 20b 20c 21
	ny information copied from such Reports and Statements may not be so for commercial purposes, other than using the name and address of a			rson for the purpose of soliciting contributions
1	NAME OF COMMITTEE (In Full)	, Politice		The state of the s
$\rangle$	Tom Wilson for Congress	_		
	Full Name (Last, First, Middle Initial)			
۹.	EZ Pass			Date of Disbursement
	Mailing Address four executive park drive			07 03 2012
	City State Zip Co	ode		Amount of Each Disbursement this Period
	Albany NY 12203	3		
	Purpose of Disbursement travel			50.00 Transaction ID : D505532
	Candidate Name		Category/ Type	
	Office Sought:  House Senate President  Disbursement For: 2014  Primary Other (specify)	General		
	State: District:			
В.	Full Name (Last, First, Middle Initial)  First Bank Merchant Services			Date of Disbursement
	Mailing Address 275 S. Federal Blvd			08 / 03 / Y Y Y Y
	City State Zip Co	ode		Amount of Each Disbursement this Period
	Denver         CO         80212	2		
	Purpose of Disbursement banking			250.67 Transaction ID : D505543
	Candidate Name		Category/ Type	
_	Office Sought:  House Senate President  Disbursement For: 2014  Primary Other (specify)  State:	General		
	Full Name (Last, First, Middle Initial)			
C.	First Bank Merchant Services			Date of Disbursement
	Mailing Address 275 S. Federal Blvd			07 03 7 2012
	City State Zip Code			Amount of Each Disbursement this Period
	Denver CO 80212			
	Purpose of Disbursement office			467.68 Transaction ID : D505537
	Candidate Name		Category/ Type	าาสแรสนเบน เม . มวบวว <i>ง1</i>
_	Office Sought:    House   Disbursement For: 2014     Senate   Primary   Grant     President   Other (specify)     State: District:	General		
s	SUBTOTAL of Disbursements This Page (optional)			768.35
ſ	TOTAL This Period (last page this line number only)			

## SCHEDULE B (FEC Form 3)

FOR LINE NUMBER: PAGE 11 OF Use separate schedule(s) (check only one)

П	EMIZED DISBURSEMENTS	Detailed Summar		×	17 20a	18 20b		19a 20c	19b 21
	y information copied from such Reports and Statements m for commercial purposes, other than using the name and $\alpha$								
$\rangle$	NAME OF COMMITTEE (In Full)  Tom Wilson for Congress								
Α.	Full Name (Last, First, Middle Initial)  Jose Garcia  Mailing Address 544 South Street  City State  Newburgh NY  Purpose of Disbursement phone bank  Candidate Name	Zip Code 12550		M 07	int of Ea	ursement 03 10ch Disbut	5	2012 nent this P 285.0	eriod
	Office Sought:  House Senate President  Disbursement Form Primary Other (s	General	Category/ Type						
3.	Full Name (Last, First, Middle Initial) Richard Garcia  Mailing Address 18 Washington			Date	M /	ursement 02	Y	y y 2012	Y
	City State Newburgh NY  Purpose of Disbursement phone bank  Candidate Name  Office Sought: House Disbursement Form Senate President President  State: District:	General	Category/ Type		. ,	: D50552	,	nent this P	-
•	Full Name (Last, First, Middle Initial)  Scarleth Gomez  Mailing Address 34 Allison Avenue			Date M 07	M / I	ursement 02	Υ	y y y 2012	Y
	•	General	Category/ Type		. ,	ch Disbu	ij	nent this P	-
S	State: District:  UBTOTAL of Disbursements This Page (optional)			F	: 1		;	555.0	00
T	OTAL This Period (last page this line number only)	·····					j		

## SCHEDULE B (FEC Form 3)

PAGE 12 OF FOR LINE NUMBER:

TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)       X     17     18     19a     19b       20a     20b     20c     21	
Any information copied from such Reports and Statements ror for commercial purposes, other than using the name and			
NAME OF COMMITTEE (In Full)  Tom Wilson for Congress			
Full Name (Last, First, Middle Initial)			
A. Google Apps		Date of Disbursement	
Mailing Address 1600 amphitheatre parkway		07 03 / 2012	
City State Mountain View CA	Zip Code 94043	Amount of Each Disbursement this Period	
Purpose of Disbursement	94043	45.83	
office		Transaction ID : D505533	
Candidate Name	Catego Type	ry/	
State: District:   Full Name (Last, First, Middle Initial)		+	
Google Apps		Date of Disbursement	
3.			
Mailing Address 1600 amphitheatre parkway		08 03 7 9 9 9	
City State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement office		45.83 Transaction ID : D505541	
Candidate Name	Catego Type		
Office Sought:  House  Senate  President  Disbursement Formany  Other (			
State: District:			
Full Name (Last, First, Middle Initial)			
C. Google Apps		Date of Disbursement	
Mailing Address 1600 amphitheatre parkway		09 04 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City State Z	Zip Code	Amount of Each Disbursement this Period	
•	94043	Amount of Lacii Dispuisement this Feriod	
Purpose of Disbursement office	45.83		
Candidate Name	Catego Type		
Office Sought: House Disbursement Fo			
	specify)		
State: District:			
SUBTOTAL of Disbursements This Page (optional)		. 137.49	
TOTAL This Period (last page this line number only)			

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

**PAGE** 13 31 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19a Detailed Summary Page 20a 20b 20c 21

19b 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) Date of Disbursement A. Debra Haynes 2012 Mailing Address 19B Walsh Road 25 City State Zip Code Amount of Each Disbursement this Period NY Newburgh 12550 Purpose of Disbursement 37.50 phone bank Transaction ID: D505524 Candidate Name Category/ Type Disbursement For: 2012 Office Sought: House Senate Primary General Other (specify) President District: State: Full Name (Last, First, Middle Initial) Jonathan Heppner Date of Disbursement Mailing Address 22 Neher Street 07 02 2012 City State Zip Code Amount of Each Disbursement this Period NY 12498 Woodstock 1500.00 Purpose of Disbursement Campaign Mgr. Transaction ID: D461585 Candidate Name Category/ Type Disbursement For: Office Sought: 2012 House Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Stefany Hernandez Mailing Address 116 West Parmenter 07 03 2012 City State Zip Code Amount of Each Disbursement this Period Newburgh NY 12550 Purpose of Disbursement 240.00 phone bank Transaction ID : D505501 Candidate Name Category/ Type Disbursement For: 2012 Office Sought: House General Senate Primary President Other (specify) State: District: 1777.50 SUBTOTAL of Disbursements This Page (optional)..... TOTAL This Period (last page this line number only).....

## SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

	FOR LINE NUMBER:	PAGE 14 OF 31			
Use separate schedule(s)	(check only one)				
for each category of the	X 17 1	19a 19b			
Detailed Summary Page	20a 2	20b 20c 21			
ay not be sold or used by any person for the purpose of soliciting contributions address of any political committee to solicit contributions from such committee.					

Any information copied from such Reports and Statements may not be sold or user for commercial purposes, other than using the name and address of any political purposes.		
NAME OF COMMITTEE (In Full)		
Tom Wilson for Congress		
Full Name (Last, First, Middle Initial)  A. Hudson Valley Latino Fund		Date of Disbursement
Mailing Address 115 South Street	08 16 2012	
City State Zip Code Middletown NY 10940		Amount of Each Disbursement this Period
Purpose of Disbursement Donation		500.00 Transaction ID : D461445
Candidate Name	Category/ Type	
Office Sought:  House Senate President  State:  Disbursement For: 2012  Primary Other (specify)		
Full Name (Last, First, Middle Initial)		
3. Ernesto Lopez		Date of Disbursement
Mailing Address 188 Dubois Street		07 03 7 7 9 9 9
City State Zip Code Newburgh NY 12550		Amount of Each Disbursement this Period
Newburgh NY 12550  Purpose of Disbursement phone bank		195.00
Candidate Name	Category/ Type	Transaction ID : D505519
Office Sought:    House   Disbursement For: 2012     Senate   President   Other (specify)     State: District:		
Full Name (Last, First, Middle Initial)		Data of Sister
C. Magic jack		Date of Disbursement
Mailing Address magicjack.com		07 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Zip Code New York NY 10014		Amount of Each Disbursement this Period
Purpose of Disbursement phone		81.64
Candidate Name	Category/ Type	Transaction ID : D505535
Office Sought:    House   Disbursement For: 2014     Senate   President   Other (specify)     State: District:		
<b>'</b>		776.64
SUBTOTAL of Disbursements This Page (optional)	<u></u>	7 7 0.07
TOTAL This Period (last page this line number only)		

ım	nage# 13960813320					
	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 OF 31 (check only one)    X   17			
	ny information copied from such Reports and Statements for commercial purposes, other than using the name and					
$\rangle$	NAME OF COMMITTEE (In Full)  Tom Wilson for Congress					
۹.	Full Name (Last, First, Middle Initial)  Magic jack		Date of Disbursement			
	Mailing Address magicjack.com		07 16 2012			
	City State New York NY	Zip Code 10014	Amount of Each Disbursement this Period			
	Purpose of Disbursement phone		81.64 Transaction ID : D505536			
	Candidate Name	Catego Type				
	State: District: Full Name (Last, First, Middle Initial)					
3.	Mailing Address 8 Belleford Lane		Date of Disbursement  M M M / D D / Y Y Y Y Y Y O O O O O O O O O O O O O			
	City State Beacon NY	Zip Code 12508	Amount of Each Disbursement this Period			
	Purpose of Disbursement Newburgh Office Mgr	12000	800.00 Transaction ID : D461556			
	Candidate Name	Catego Type	pry/			
	Office Sought:    House   Disbursement Formula					
	Full Name (Last, First, Middle Initial)					
Э.	Mayra Martin		Date of Disbursement			
	Mailing Address 8 Belleford Lane	Zip Code	07 05 2012			
	City State State Purpose of Disbursement	Amount of Each Disbursement this Period 400.00				
	Newburgh Office Mgr.  Candidate Name	Catego Type				
	Office Sought:  House  Senate  President  Disbursement Formation Other					

State:

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

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

District:

## S

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate scl for each categor Detailed Summar	nedule(s) (a y of the	FOR LINE NUMBER: PAGE 16 OF 31 check only one)    X   17
	ny information copied from such Reports and Statements me for commercial purposes, other than using the name and a			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)  Tom Wilson for Congress			
Α.	Full Name (Last, First, Middle Initial)  Mayra Martin			Date of Disbursement
	Mailing Address 8 Belleford Lane			07 05 2012
	City State Beacon NY  Purpose of Disbursement	Zip Code 12508		Amount of Each Disbursement this Period 389.00
	Expenses  Candidate Name		Category/ Type	Transaction ID : D461577
	Office Sought:    House   Disbursement For	General	туре	
_	State: District: Full Name (Last, First, Middle Initial)			
В.	Bernardo Morales  Mailing Address 86 Liberty Street			Date of Disbursement  O7
	City State Newburgh NY	Zip Code 12550		Amount of Each Disbursement this Period
	Purpose of Disbursement phone bank  Candidate Name			60.00 Transaction ID : D505525
			Category/ Type	
	Office Sought:  House Senate President  Disbursement For Primary Other (s	General		
_	State: District: Full Name (Last, First, Middle Initial)			
C.	NGP Van			Date of Disbursement
	Mailing Address 110115th street ny suite 500			07 03 / Y Y Y Y Y O
	City State Zi Washington DC 2		Amount of Each Disbursement this Period	
	Purpose of Disbursement accounting			850.00
	Candidate Name		Category/ Type	Transaction ID : D505530
	Office Sought:  House Senate President  Disbursement For Primary Other (s	General		
	State: District:			

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

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

Image# 13960813322		
SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 OF 31 (check only one)    X   17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name ar		
NAME OF COMMITTEE (In Full)  Tom Wilson for Congress	addition of any pointed commit	
Full Name (Last, First, Middle Initial)  A. Ashley Ortiz		Date of Disbursement
Mailing Address 87 Lake Drive		07 10 / 2012
City State Newburgh NY	Zip Code 12550	Amount of Each Disbursement this Period
Purpose of Disbursement phone bank		285.00 Transaction ID : D505518
Candidate Name  Office Sought: House Disbursement	Catego Type	
Senate Prima President Othe		
State: District:   Full Name (Last, First, Middle Initial)		
Aracely Trejo  Mailing Address 78 Vails Gate Heights Drive		Date of Disbursement  O7 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State	Zip Code	Amount of Each Disbursement this Period
New Windsor NY  Purpose of Disbursement phone bank	12553	285.00
Candidate Name	Transaction ID : D505517	
Office Sought:  House Senate President  State:  Disbursement  Prim. Othe		
Full Name (Last, First, Middle Initial)		
D. U-Haul of Middletown		Date of Disbursement
Mailing Address 381 Route 211 E		07 03 2012
City State  Middletown NY  Purpose of Disbursement	Zip Code 10940	Amount of Each Disbursement this Period
office moving  Candidate Name	Catego Type	Transaction ID : D505531
Office Sought:    House   Disbursement		

State:

District:

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

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

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

President

District:

lm	Image# 13960813323							
	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate scl for each categor Detailed Summa	nedule(s) y of the	FOR LINE NUMBER: PAGE 18 OF 31 (check only one)    X   17				
	y information copied from such Reports and Statements							
or	for commercial purposes, other than using the name and	address of any pol	tical committe	e to solicit contributions from such committee.				
$\rangle$	NAME OF COMMITTEE (In Full)  Tom Wilson for Congress							
	Full Name (Last, First, Middle Initial)							
Α.	Geraldine Vera			Date of Disbursement				
	Mailing Address 61 Quassaick Avenue			07 31 7 2012				
	City State	Zip Code		Amount of Each Disbursement this Period				
	New Windsor NY	12553		Tanada da Edda Dissalada da Cara da Ca				
	Purpose of Disbursement phone bank		240.00 Transaction ID : D505523					
	Candidate Name		Category/ Type					
	Office Sought:  House Senate President  State:  Disbursement For Primar Other							
	Full Name (Last, First, Middle Initial)							
В.	Verizon			Date of Disbursement				
	Mailing Address 140 west street			08 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City State	Zip Code		Amount of Each Disbursement this Period				
	New York NY	10007		Amount of Each Disbursement this Period				
	Purpose of Disbursement office		423.54 Transaction ID : D505542					
	Candidate Name		Category/ Type					
	Office Sought:  House Senate President  State:  Disbursement For Primar Other							
	Full Name (Last, First, Middle Initial)							
C.	<b>,</b> ,			Date of Disbursement				
	Mailing Address		M M / D D / Y Y Y					

Full Name (Last, F	First, Middle Initial			
<b>.</b>				Date of Disbursement
Mailing Address				M M / D D / Y Y Y
City		State Zip Code		Amount of Each Disbursement this Period
Purpose of Disbur	rsement			
Candidate Name			Category/ Type	
Office Sought:	House	Disbursement For:	'	
	Senate	Primary General		

<u> </u>							_
SUBTOTAL of Disbursements This Page (	optional)	Ξ	,	Ξ		663.54	
TOTAL This Period (last page this line nur	mber only)		,			9671.97	

Other (specify)

State:

Use separate schedule(s)

FOR LINE NUMBER:

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DANS			Detailed Summary Pag		13a 13b
AME OF COMMITTEE (In Full)  Tom Wilson for Congre	ss		Transac	ction ID : L563	
LOAN SOURCE Full Name Thomas Wilson PERS	(Last, First, Midd	lle Initial)	[PERSONAL FUNDS]	Election: 2012  Primary  General	
Mailing Address 24 Pine Hill Rd				Other (specify) ▼	
City		State ZIP Co	ode		
Tuxedo Park		NY 10987	-4221		
Original Amount of Loan		Cumulative Payment To	Date Bala	ance Outstanding at Close o	f This Period
	3958.36	2	0.00	3	3958.36
Date Incurred	Ž01Ž Y	Date Due	Interest Rate	) % (apr)	red: Yes No
List All Endorsers or Guara	. , ,	Loan Source			
1. Full Name (Last, First, M	ddle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	7 7	
2. Full Name (Last, First, Mic	ldle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	7	
3. Full Name (Last, First, Mic	ddle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 9	
4. Full Name (Last, First, Mic	ddle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 1 9 1 1 8	
SUBTOTALS This Period This F	Page (optional)		·····	3	958.36
TOTALS This Period (last page	in this line only)		·····	· · · · · · · · · · · · · · · · · · ·	
Carry outstanding balance only	to LINE 3. Sche	dule D. for this line. If	no Schedule D. carry forv	ward to appropriate line of	Summarv.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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Detailed Summary Page Transaction ID: L564 NAME OF COMMITTEE (In Full) Tom Wilson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Thomas Wilson PERS FUNDS General Mailing Address Other (specify)  $\blacktriangledown$ 24 Pine Hill Rd City State ZIP Code NY 10987-4221 Tuxedo Park Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 4000.00 0.00 4000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 01 <sup>M</sup> <sup>D</sup>10<sup>D</sup> Ž012 0.00 ňone % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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.

Use separate schedule(s)

FOR LINE NUMBER:

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DANS			Detailed Summary Pag	I ICHECK OHIV OHE	13a <b>X</b> 13b
AME OF COMMITTEE (In Full) Fom Wilson for Congress	S		Transac	ction ID : L565	
LOAN SOURCE Full Name (L Alyssa Wilson PERS F	ast, First, Middl	e Initial)	[PERSONAL FUNDS]	Election: 2012 Primary	
Mailing Address 24 Pine Hill Rd				General Other (specify) ▼	
City	S	tate ZIP Co	ode	-	
Tuxedo Park		NY 10987	-4221		
Original Amount of Loan		Cumulative Payment To	Date Bala	ance Outstanding at Close of	This Period
	2500.00	2	0.00	25	500.00
TERMS  Date Incurred  M02  Terms  Date Incurred  Terms  Date Incurred	012 Y	Date Due	Interest Rate	0 % (apr)	ed:
List All Endorsers or Guarant	ors (if any) to	Loan Source			<i>5</i> 0 110
1. Full Name (Last, First, Midd	dle Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	7 1 7 1 7	
2. Full Name (Last, First, Midd	le Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	7 7 7 7	
3. Full Name (Last, First, Midd	le Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	7	
4. Full Name (Last, First, Midd	le Initial)		Name of Employer		
Mailing Address			Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding:	9 1 9 1 1 9	
SUBTOTALS This Period This Page	ge (optional)			25	500.00
TOTALS This Period (last page in	this line only).			, , , ,	
Carry outstanding balance only to	o LINE 3. Sched	dule D. for this line. If	no Schedule D. carry forv	ward to appropriate line of	Summary.

Use separate schedule(s) for each category of the

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Detailed Summary Page Transaction ID: L566 NAME OF COMMITTEE (In Full) Tom Wilson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Thomas Wilson PERS FUNDS General Mailing Address Other (specify)  $\blacktriangledown$ 24 Pine Hill Rd City State ZIP Code NY 10987-4221 Tuxedo Park Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 25000.00 20500.00 4500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 03<sup>M</sup> <sup>D</sup>30 Ž012 0.00 ňone % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State 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.

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

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Transaction ID: L576 NAME OF COMMITTEE (In Full) Tom Wilson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Thomas Wilson PERS FUNDS General Mailing Address Other (specify)  $\blacktriangledown$ 24 Pine Hill Rd City State ZIP Code NY 10987-4221 Tuxedo Park Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 5000.00 0.00 5000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup>21 <sup>D</sup> <sup>M</sup> 05<sup>M</sup> Ž012 0.00 ňone % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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.

Use separate schedule(s) for each category of the

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(check only one) Detailed Summary Page Transaction ID: L577 NAME OF COMMITTEE (In Full) Tom Wilson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Thomas Wilson PERS FUNDS General Mailing Address Other (specify)  $\blacktriangledown$ 24 Pine Hill Rd City State ZIP Code NY 10987-4221 Tuxedo Park Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 6000.00 0.00 6000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup> 15 <sup>M</sup> 04 Ž012 0.00 ňone % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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.

Use separate schedule(s) for each category of the

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Detailed Summary Page Transaction ID: L619 NAME OF COMMITTEE (In Full) Tom Wilson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Thomas Wilson PERS FUNDS General Mailing Address Other (specify)  $\blacktriangledown$ 24 Pine Hill Rd City State ZIP Code NY 10987-4221 Tuxedo Park Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 10000.00 0.00 10000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>D</sup> 15 <sup>M</sup>06<sup>M</sup> Ž012 0.00 ňone % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State 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.

Use separate schedule(s) for each category of the

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(check only one) Detailed Summary Page Transaction ID: L620 NAME OF COMMITTEE (In Full) Tom Wilson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Thomas Wilson PERS FUNDS General Mailing Address Other (specify)  $\blacktriangledown$ 24 Pine Hill Rd City State ZIP Code NY 10987-4221 Tuxedo Park Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 10000.00 0.00 10000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup>06<sup>M</sup> 20 Ž012 0.00 ňone % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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.

Use separate schedule(s) for each category of the

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(check only one) Detailed Summary Page Transaction ID: L621 NAME OF COMMITTEE (In Full) Tom Wilson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Thomas Wilson PERS FUNDS General Mailing Address Other (specify)  $\blacktriangledown$ 24 Pine Hill Rd City State ZIP Code NY 10987-4221 Tuxedo Park Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 15000.00 0.00 15000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup>06<sup>M</sup> <sup>D</sup>28<sup>D</sup> Ž012 0.00 ňone % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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.

Use separate schedule(s) for each category of the

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(check only one) Detailed Summary Page Transaction ID: L622 NAME OF COMMITTEE (In Full) Tom Wilson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Thomas Wilson PERS FUNDS General Mailing Address Other (specify)  $\blacktriangledown$ 24 Pine Hill Rd City State ZIP Code NY 10987-4221 Tuxedo Park Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 2000.00 0.00 2000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 29 <sup>M</sup>06<sup>M</sup> Ž012 0.00 ňone % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City 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.

Use separate schedule(s) for each category of the

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(check only one) Detailed Summary Page Transaction ID: L623 NAME OF COMMITTEE (In Full) Tom Wilson for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2012 [PERSONAL FUNDS] Primary Thomas Wilson PERS FUNDS General Mailing Address Other (specify)  $\blacktriangledown$ 24 Pine Hill Rd City State ZIP Code NY 10987-4221 Tuxedo Park Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 1200.00 0.00 1200.00 **TERMS** Date Incurred Date Due Interest Rate Secured: <sup>M</sup> 07<sup>M</sup> <sup>D</sup>10<sup>D</sup> Ž012 none ňone % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State 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.

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### 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) Transaction ID : LC6		FEC IDENTIFICATION NUMBER
Tom Wilson for Congress		C C00511287
LENDING INSTITUTION (LENDER)	Amount of Loan	Interest Rate (APR)
Full Name Thomas Wilson	1000	
Mailing Address 24 Pine Hill	Date Incurred or Established	06 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Zip Code Tuxedo Park NY 10987	Date Due Back Ref L576	01/01/2020
A. Has loan been restructured? X No Yes	If yes, date originally incurred	M = M / D = D / Y = Y = Y
B. If line of credit,  Amount of this Draw:	Total 0.00 Outstanding Balance:	0.00
C. Are other parties secondarily liable for the debt incurred No Yes (Endorsers and guarantors mu	ed? st be reported on Schedule C.)	
D. Are any of the following pledged as collateral for the l property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other No Yes If yes, specify:_	f deposit, chattel papers, r similar traditional collateral?	that is the value of this collateral?  0.00  oes the lender have a perfected security terest in it? No Yes
E. Are any future contributions or future receipts of interest collateral for the loan? No Yes If yes, s	1 1/	What is the estimated value?
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:	
Date account established:	Address:	
M M / D D / Y Y Y Y	Oite Otata Zina	
	City, State, Zip:	
F. If neither of the types of collateral described above we exceed the loan amount, state the basis upon which to		
G. COMMITTEE TREASURER		DATE
Typed Name Mary Graetzer Signature		08 06 2012
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 teare accurate as stated above.  II. The loan was made on terms and conditions (incoming similar extensions of credit to other borrowers of III. This institution is aware of the requirement that a complied with the requirements set forth at 11 C	cluding interest rate) no more favor f comparable credit worthiness. a loan must be made on a basis	orable at the time than those imposed for which assures repayment, and has
AUTHORIZED REPRESENTATIVE	[Electronically Filed]	DATE
Typed Name Thomas Wilson		M M / D D / Y Y Y Y
Signature Thomas Wilson Titl	le andidate	08 06 2012

Image# 13960813336 31 OF 31

### 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) Transaction ID : LC11		FEG	C IDENTIFICATION NUMBER
Tom Wilson for Congress		С	C00511287
LENDING INSTITUTION (LENDER)	Amount of Loan		Interest Rate (APR)
Full Name Thomas Wilson	1	200.00	0.00 %
Mailing Address 24 Pine Hill road	Date Incurred or Established	07	/ 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Zip Code Tuxedo Park NY 10987	Date Due Back Ref L623		01/01/2020
A. Has loan been restructured? X No Yes	If yes, date originally incurred	d 07	10 2012
B. If line of credit,  Amount of this Draw:	Total 0.00 Outstanding Balance:		0.00
C. Are other parties secondarily liable for the debt incurred No Yes (Endorsers and guarantors mu	red? ust be reported on Schedule C.)		
D. Are any of the following pledged as collateral for the property, goods, negotiable instruments, certificates of stocks, accounts receivable, cash on deposit, or other No Yes If yes, specify:	f deposit, chattel papers,		o.00  onder have a perfected security  t? No Yes
E. Are any future contributions or future receipts of interest collateral for the loan?  No Yes If yes, s		What is the	e estimated value?
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).	Location of account:		
Date account established:	Address:		
	City, State, Zip:		
F. If neither of the types of collateral described above w exceed the loan amount, state the basis upon which			
G. COMMITTEE TREASURER Typed Name Mary Graetzer Signature		DATE 02	07 / 2012
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 teare accurate as stated above.  II. The loan was made on terms and conditions (indeximilar extensions of credit to other borrowers of III. This institution is aware of the requirement that a complied with the requirements set forth at 11 C.	cluding interest rate) no more far f comparable credit worthiness. a loan must be made on a bas	avorable at t is which ass	he time than those imposed for sures repayment, and has
AUTHORIZED REPRESENTATIVE	[Electronically Filed	DATE	
Typed Name Mary Graetzer  Signature Mary Graetzer Titl	ele reasurer	02	07 2012