

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
TOM MACARTHUR FOR CONGRESS INC.

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	84018.07	609381.68
(b) Total Contribution Refunds (from Line 20(d))	0.00	253.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	84018.07	609128.68
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1086314.51	5295435.49
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	100.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	1086314.51	5295335.49
8. Cash on Hand at Close of Reporting Period (from Line 27).....	113831.36	
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).....	632002.35	

For further information contact:

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

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

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

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- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

TOM MACARTHUR FOR CONGRESS INC.

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

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of <input type="text" value="MM 11"/> / <input type="text" value="DD 04"/> / <input type="text" value="YYYY 2014"/> (date of general election)	COLUMN C Total for <input type="text" value="MM 11"/> / <input type="text" value="DD 05"/> / <input type="text" value="YYYY 2014"/> (date after general election) through <input type="text" value="MM 11"/> / <input type="text" value="DD 24"/> / <input type="text" value="YYYY 2014"/> (last day of reporting period)
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)	<input type="text" value="28870.00"/>	<input type="text" value="314108.00"/>
(ii) Unitemized	<input type="text" value="1693.00"/>	<input type="text" value="26625.00"/>
(iii) Total of contributions from individuals	<input type="text" value="30563.00"/>	<input type="text" value="340733.00"/>
(b) Political Party Committees	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Other Political Committees	<input type="text" value="53455.07"/>	<input type="text" value="268648.68"/>
		<input type="text" value="0.00"/>
		<input type="text" value="50.00"/>
		<input type="text" value="50.00"/>
		<input type="text" value="1579.29"/>

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
84018.07	609381.68	1629.29
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
13579.81	23128.52	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	500000.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	500000.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	100.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.00	0.00	0.00
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
97597.88	5632610.20	1629.29

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

Write or Type Committee Name

TOM MACARTHUR FOR CONGRESS INC.

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

II. DISBURSEMENTS

	COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES	<input type="text" value="1086314.51"/>	<input type="text" value="5295435.49"/>	<input type="text" value="219174.64"/>
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
19. LOAN REPAYMENTS:			
(a) Of Loans Made or Guaranteed by the Candidate	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Of All Other Loans	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
20. REFUNDS OF CONTRIBUTIONS TO:			
(a) Individuals/Persons Other Than Political Committees	<input type="text" value="0.00"/>	<input type="text" value="253.00"/>	<input type="text" value="0.00"/>
(b) Political Party Committees	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

0.00	0.00	0.00
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(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

0.00	253.00	0.00
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21. OTHER DISBURSEMENTS

300.00	5545.00	0.00
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22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)

1086614.51	5301233.49	219174.64
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III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

84018.07	609128.68	1629.29
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

1086314.51	5295335.49	219174.64
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V. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1102847.99
24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....	97597.88
25. SUBTOTAL (add Line 23 and Line 24).....	1200445.87
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1086614.51
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	113831.36

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 108
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

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

Full Name (Last, First, Middle Initial) A. Harry Adler		Date of Receipt M M / D D / Y Y Y Y 10 / 24 / 2014	
Mailing Address 419 Hawkins Rd		Transaction ID : SA11AI.7258	
City Southampton	State NJ	Zip Code 08088	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer Adler Excavating & Contracting	Occupation Contractor		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) B. Ekrem Agdogan		Date of Receipt M M / D D / Y Y Y Y 10 / 22 / 2014	
Mailing Address 19 W 4th St		Transaction ID : SA11AI.7237	
City Florence	State NJ	Zip Code 08518	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00	
Name of Employer Ekrem Agdogan	Occupation Construction		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

Full Name (Last, First, Middle Initial) C. Richard H Bakley		Date of Receipt M M / D D / Y Y Y Y 10 / 24 / 2014	
Mailing Address 7401 Normandy Dr		Transaction ID : SA11AI.7252	
City Mt Laurel	State NJ	Zip Code 08054	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00		

SUBTOTAL of Receipts This Page (optional).....	2700.00
TOTAL This Period (last page this line number only).....	2700.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 108
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) David Benedetto		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 04 / 2014
Mailing Address 2213 New York Ave		Transaction ID : SA11AI.7497
City Scotch Plains	State NJ	Zip Code 07076
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer NEMC	Occupation President	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

Full Name (Last, First, Middle Initial) Fred W Bieker		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 24 / 2014
Mailing Address 107 Grey Eagle Dr		Transaction ID : SA11AI.7289
City Sun Valley	State ID	Zip Code 83354
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) Paul A Boudreau		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 24 / 2014
Mailing Address 33 Pheasant Run Dr		Transaction ID : SA11AI.7277
City Basking Ridge	State NJ	Zip Code 07920
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Morrist County Chamber of Comm	Occupation President	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional).....	1750.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 108
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
Robert W Bowen

Mailing Address 14 Kenyon Dr

City State Zip Code
New Egypt NJ 08533

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

Name of Employer Occupation
NJ Assoc of Oseopathic P&S Association Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 04 / 2014

Transaction ID : SA11AI.7491

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Joyce Bratun

Mailing Address 2 Fox Run Rd

City State Zip Code
Lumberton NJ 08048

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

Name of Employer Occupation
Corporate Resources Inc President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
335.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 22 / 2014

Transaction ID : SA11AI.7234

Amount of Each Receipt this Period
10.00

C. Full Name (Last, First, Middle Initial)
William Bratun

Mailing Address 2 Fox Run Rd

City State Zip Code
Lumberton NJ 08048

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

Name of Employer Occupation
Corporate Resources Inc Executive Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
435.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 22 / 2014

Transaction ID : SA11AI.7233

Amount of Each Receipt this Period
10.00

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

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

1020.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 108
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
William Bratun

Mailing Address 2 Fox Run Rd

City Lumberton State NJ Zip Code 08048

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

Name of Employer Corporate Resources Inc Occupation Executive Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **535.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 24 / 2014

Transaction ID : SA11AI.7260

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Patricia Browne

Mailing Address 559 Atsion Rd

City Shamong State NJ Zip Code 08088

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

Name of Employer Children's Hospital of Phila. Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 04 / 2014

Transaction ID : SA11AI.7479

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dean N Browning

Mailing Address 2432 W Congress St

City Allentown State PA Zip Code 18104

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

Name of Employer New World Aviation Occupation CFO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 28 / 2014

Transaction ID : SA11AI.7309

Amount of Each Receipt this Period
1000.00

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

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

1350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 108	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
<input type="checkbox"/> 15				

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

A. Full Name (Last, First, Middle Initial)
Carl V Buck III

Mailing Address 173 Briarwood Rd

City Mt Laurel State NJ Zip Code 08054

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

Name of Employer Burlington County Occupation Lawyer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 29 / 2014

Transaction ID : SA11AI.7360

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ismail Cam

Mailing Address 204 Peach Rd

City Beverly State NJ Zip Code 08010

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

Name of Employer Ismail Cam Occupation Painter

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11AI.7235

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
Terry D Camp

Mailing Address 64 Saxton Dr

City Hackettstown State NJ Zip Code 07840

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

Name of Employer York Risk Services Group Inc Occupation Insurance Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
550.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 29 / 2014

Transaction ID : SA11AI.7350

Amount of Each Receipt this Period
250.00

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

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

2500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 108
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) A. Salvatore Campo		Date of Receipt M M / D D / Y Y Y Y 10 / 27 / 2014	
Mailing Address 41 Heritage Ct		Transaction ID : SA11AI.7302	
City Randolph	State NJ	Zip Code 07869	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00	
Name of Employer SJC LLC	Occupation Builder		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) B. Todd A DeStefano		Date of Receipt M M / D D / Y Y Y Y 10 / 24 / 2014	
Mailing Address 880 S Maple Ave		Transaction ID : SA11AI.7271	
City Glen Rock	State NJ	Zip Code 07452	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Risk Services	Occupation President		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) C. Susanne C Digaetano		Date of Receipt M M / D D / Y Y Y Y 10 / 24 / 2014	
Mailing Address 55 Bortons Rd		Transaction ID : SA11AI.7255	
City Marlton	State NJ	Zip Code 08053	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer Alpha Delta Inc	Occupation Insurance Broker		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

SUBTOTAL of Receipts This Page (optional).....	3150.00
TOTAL This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 108
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) A. Janice M Fields		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014	
Mailing Address 36 Darren Dr		Transaction ID : SA11AI.7341	
City Basking Ridge	State NJ	Zip Code 07920	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Global Benefit	Occupation Administrator		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

Full Name (Last, First, Middle Initial) B. Dale Florio		Date of Receipt M M / D D / Y Y Y Y 11 / 03 / 2014	
Mailing Address 87 High Ridge Rd		Transaction ID : SA11AI.7461	
City Skillman	State NJ	Zip Code 08558	Amount of Each Receipt this Period _____ 1000.00 Primary 2014 Debt
FEC ID number of contributing federal political committee.		C	
Name of Employer Princeton Public Affairs Group	Occupation Consultant		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1000.00		

Full Name (Last, First, Middle Initial) C. Gary Gardner		Date of Receipt M M / D D / Y Y Y Y 10 / 28 / 2014	
Mailing Address 433 Chairville Rd		Transaction ID : SA11AI.7313	
City Southampton	State NJ	Zip Code 08088	Amount of Each Receipt this Period _____ 500.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Gary Gardner	Occupation General Contractor		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 1750.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 108
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
Jonathan M Gold

Mailing Address 92 Courtelyous Ln

City Somerset State NJ Zip Code 08873

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

Name of Employer Oak Crest Occupation Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **900.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 29 / 2014

Transaction ID : SA11AI.7334

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Carolyn J Ketcham

Mailing Address 98 Meadow Point Rd

City Pt Pleasant State NJ Zip Code 08742

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

Name of Employer Carolyn J Ketcham Occupation Blogger

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
11 / 04 / 2014

Transaction ID : SA11AI.7495

Amount of Each Receipt this Period
500.00

Primary 2014 Debt

C. Full Name (Last, First, Middle Initial)
Gerald A Liloia

Mailing Address 17 Hunter Dr

City Morristown State NJ Zip Code 07960

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

Name of Employer Riker Danzig Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **680.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 29 / 2014

Transaction ID : SA11AI.7331

Amount of Each Receipt this Period
250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 108
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
James B Loveys

Mailing Address 6 Fieldcrest Ct

City Mendham State NJ Zip Code 07945

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

Name of Employer Grove Assoc Occupation Real Estate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
530.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA11AI.7353

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Ralph A Loveys Jr

Mailing Address 69 Lake Dr

City Basking Ridge State NJ Zip Code 07920

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

Name of Employer Bedford Management Co Occupation Real Estate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA11AI.7339

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Terry S Lubin

Mailing Address 6-10 Dewey Pl

City Fair Lawn State NJ Zip Code 07410

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

Name of Employer Risk Services Mgmt Occupation Executive General Adjuster

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 24 / 2014

Transaction ID : SA11AI.7269

Amount of Each Receipt this Period
500.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 108
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
Bruce A Mahon II

Mailing Address 2616 Monmouth Rd

City Jobstown State NJ Zip Code 08041

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

Name of Employer AJM Insurance Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4600.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 24 / 2014

Transaction ID : SA11AI.7264

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
Robert C Matthias

Mailing Address 700 W Morse Blvd Ste 201

City Winter Park State FL Zip Code 32789

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

Name of Employer Matthias & Matthias Occupation Lawyer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 24 / 2014

Transaction ID : SA11AI.7291

Amount of Each Receipt this Period
1500.00

C. Full Name (Last, First, Middle Initial)
Babu Metgud

Mailing Address 4201 Church Rd Unit 1

City Mt Laurel State NJ Zip Code 08054

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

Name of Employer Innovation Technology Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 24 / 2014

Transaction ID : SA11AI.7265

Amount of Each Receipt this Period
300.00

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

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

3800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 108
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
Charles S Miller

Mailing Address 14 Roberts Dr

City State Zip Code
Westampton NJ 08060

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

Name of Employer Occupation
Miller Service Corp Auto Dealer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2014

Transaction ID : SA11AI.7493

Amount of Each Receipt this Period
1000.00

Primary 2014 Debt

B. Full Name (Last, First, Middle Initial)
Carol A Montgomery

Mailing Address 17 Old Dutch Pl

City State Zip Code
Bedminster NJ 07921

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

Name of Employer Occupation
York Risk Services Chief HR

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA11AI.7356

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Richard O'Brien

Mailing Address 116 Green Rd

City State Zip Code
Sparta NJ 07871

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

Name of Employer Occupation
York Risk Services VP Human Resources

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA11AI.7348

Amount of Each Receipt this Period
500.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 108
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) A. David E Panico		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014	
Mailing Address 24 N Hillside Ave		Transaction ID : SA11AI.7354	
City Chatham	State NJ	Zip Code 07928	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer York Risk Services	Occupation VP IT		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) B. Glenn Paulsen		Date of Receipt M M / D D / Y Y Y Y 10 / 24 / 2014	
Mailing Address 805 Thomas Ave		Transaction ID : SA11AI.7247	
City Riverton	State NJ	Zip Code 08077	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Capehart & Scatchard	Occupation Lawyer		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) C. Anna M Pontrella		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014	
Mailing Address 375 Brentwood Ave		Transaction ID : SA11AI.7358	
City Toms River	State NJ	Zip Code 08755	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer York Risk Services	Occupation AVP Client Finance		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 108
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
John Poppe Jr

Mailing Address 79 Norden St

City Staten Island State NY Zip Code 10304

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

Name of Employer MidCap Advisors Occupation Investment Banker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **850.00**

Date of Receipt
 M M / D D / Y Y Y Y
11 / 04 / 2014

Transaction ID : SA11AI.7486

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Brian J Radwell

Mailing Address 5 Liberty Pl

City Medford State NJ Zip Code 08055

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

Name of Employer Radwell International Inc Occupation President & CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11AI.7250

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
Jeremy Seidman

Mailing Address 14 Colby Rd

City Wellesley State MA Zip Code 02482

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

Name of Employer Credit Suisse Occupation Investment Advisor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
10 / 22 / 2014

Transaction ID : SA11AI.7239

Amount of Each Receipt this Period
250.00

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

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

2350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 108
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
John R Sette

Mailing Address 6 Reed Rd

City State Zip Code
Morristown NJ 07960

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

Name of Employer Occupation
Morris County Republican Cmte Chairman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 29 / 2014

Transaction ID : SA11AI.7347

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Albert Shahade

Mailing Address 37 Dexter Dr N

City State Zip Code
Basking Ridge NJ 07920

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 29 / 2014

Transaction ID : SA11AI.7329

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Paulo Silva

Mailing Address 1115 Wilson Ave

City State Zip Code
Glen Mills PA 19342

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

Name of Employer Occupation
Penn Capital Portfolio Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 28 / 2014

Transaction ID : SA11AI.7321

Amount of Each Receipt this Period
500.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 108
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
Timothy L Smith

Mailing Address 25 Hillary Terr

City Succasunna State NJ Zip Code 07876

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

Name of Employer Comprehensive Asset Mgmt Occupation Management

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA11AI.7324

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Kevin J Valenti

Mailing Address 90 St Laurent Dr

City Clark State NJ Zip Code 07066

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

Name of Employer York Risk Services Occupation Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA11AI.7351

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
William C Van Thunen

Mailing Address 516 Old Post Rd

City Wyckoff State NJ Zip Code 07481

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA11AI.7332

Amount of Each Receipt this Period
250.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 108
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
Richard W Woodward

Mailing Address 99 Southview Terr N

City Middletown State NJ Zip Code 07748

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

Name of Employer Handmade Furniture Occupation Cabinetmaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 04 / 2014

Transaction ID : SA11AI.7475

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
William B Young Jr

Mailing Address 116 Woodview Ln

City Cinnaminson State NJ Zip Code 08077

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

Name of Employer Techni Systems Occupation Construction Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
800.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 24 / 2014

Transaction ID : SA11AI.7254

Amount of Each Receipt this Period
500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

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

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

750.00

28870.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 108
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
ADPAC

Mailing Address 1236 Brace Rd
Ste G

City State Zip Code
Cherry Hill NJ 08034

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 29 / 2014

Transaction ID : SA11C.7336

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)

Mailing Address 1120 CONNECTICUT AVENUE NW
SUITE 600

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11C.7286

Amount of Each Receipt this Period
3000.00

C. Full Name (Last, First, Middle Initial)
AMERICAN DENTAL ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1111 14TH STREET, NW
SUITE 1100

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00000729

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 04 / 2014

Transaction ID : SA11C.7499

Amount of Each Receipt this Period
5000.00

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

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

8500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 108
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
ASSOCIATED GENERAL CONTRACTORS OF AMERICA POLITICAL ACTION COMMITTEE

Mailing Address 2300 WILSON BLVD.
SUITE 400

City ARLINGTON State VA Zip Code 22201

FEC ID number of contributing federal political committee. **C** C00082917

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2014

Transaction ID : SA11C.7510

Amount of Each Receipt this Period
 2500.00

B. Full Name (Last, First, Middle Initial)
Bucco for Assembly

Mailing Address 5 River Rd

City Flanders State NJ Zip Code 07836

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 587.89

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 27 / 2014

Transaction ID : SA11C.7298

Amount of Each Receipt this Period
 487.89

In-kind - Event Cost- food/beverage

C. Full Name (Last, First, Middle Initial)
Bucco for Senate

Mailing Address PO Box 220

City Succasunna State NJ Zip Code 07876

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 587.89

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 27 / 2014

Transaction ID : SA11C.7299

Amount of Each Receipt this Period
 487.89

In-kind - Event Cost- food/beverage

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

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

3475.78

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

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

FOR LINE NUMBER: PAGE 25 OF 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

Full Name (Last, First, Middle Initial)
CARPENTERS LEGISLATIVE IMPROVEMENT COMMITTEE UNITED BROTHERHOOD OF CARPENTERS AND JOINERS

A. Mailing Address 101 CONSTIUTION AVENUE, NW
10TH FLOOR WEST

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C C00001016**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 30 2014

Transaction ID : SA11C.7448

Amount of Each Receipt this Period
 5000.00

B. Full Name (Last, First, Middle Initial)
DUANE MORRIS GOVERNMENT COMMITTEE

Mailing Address 30 SOUTH 17TH STREET

City State Zip Code
PHILADELPHIA PA 19103

FEC ID number of contributing federal political committee. **C C00364133**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 24 2014

Transaction ID : SA11C.7261

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
EXCELSIOR PAC

Mailing Address 2470 DANIELLS BR RD STE 121

City State Zip Code
ATHENS GA 30606

FEC ID number of contributing federal political committee. **C C00541078**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 31 2014

Transaction ID : SA11C.7456

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional)..... 6500.00
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 26 OF 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
EXELON CORPORATION POLITICAL ACTION COMMITTEE (EXELON PAC)

Mailing Address 101 CONSTITUTION AVENUE NW
SUITE 400 EAST

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00141218

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 04 / 2014

Transaction ID : SA11C.7474

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Friends of Tom Mastrangelo for Morris County Freeholder

Mailing Address 45 Essex St
Ste 204

City Hackensack State NJ Zip Code 07601

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 29 / 2014

Transaction ID : SA11C.7363

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
GENERAL DYNAMICS CORPORATION POLITICAL ACTION COMMITTEE (GDC PAC)

Mailing Address 2941 FAIRVIEW PARK DR.
SUITE 100

City FALLS CHURCH State VA Zip Code 22042

FEC ID number of contributing federal political committee. **C** C00078451

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 04 / 2014

Transaction ID : SA11C.7472

Amount of Each Receipt this Period
1000.00

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

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

3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 108
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
JOHN BOLTON PAC

Mailing Address **610 S BOULEVARD**

City **TAMPA** State **FL** Zip Code **33606**

FEC ID number of contributing federal political committee. **C C00542431**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		22		2014

Transaction ID : SA11C.7224

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
LOVE PAC

Mailing Address **2470 DANIELLS BRIDGE RD STE 121**

City **ATHENS** State **GA** Zip Code **30606**

FEC ID number of contributing federal political committee. **C C00541680**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		03		2014

Transaction ID : SA11C.7463

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
LUKE MESSER FOR CONGRESS

Mailing Address **P.O. BOX 917**

City **SHELBYVILLE** State **IN** Zip Code **46176**

FEC ID number of contributing federal political committee. **C C00460667**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		04		2014

Transaction ID : SA11C.7473

Amount of Each Receipt this Period
500.00

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

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

6500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 108
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
NATIONAL APARTMENT ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 4300 WILSON BLVD
SUITE 400

City ARLINGTON State VA Zip Code 22203

FEC ID number of contributing federal political committee. **C** C00113241

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 04 / 2014

Transaction ID : SA11C.7511

Amount of Each Receipt this Period
 2600.00

B. Full Name (Last, First, Middle Initial)
NEW PIONEERS PAC

Mailing Address 228 S WASHINGTON ST STE 115

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00459123

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 27 / 2014

Transaction ID : SA11C.7304

Amount of Each Receipt this Period
 5000.00

Primary 2014 Debt

C. Full Name (Last, First, Middle Initial)
NJ Republican Chairmen's Association

Mailing Address PO Box 225

City Colonia State NJ Zip Code 07067

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 22 / 2014

Transaction ID : SA11C.7220

Amount of Each Receipt this Period
 300.00

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

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

7900.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11C

Transaction ID : SA11C.7304

Primary Debt Reduction

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 108
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
PIONEER POLITICAL ACTION COMMITTEE

Mailing Address 701 8TH STREET, NW
SUITE 500

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00325357**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2014

Transaction ID : SA11C.7284

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
PROPERTY CASUALTY INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PCIPAC)

Mailing Address 8700 WEST BRYN MAWR
SUITE 1200S

City CHICAGO State IL Zip Code 60631

FEC ID number of contributing federal political committee. **C C00066472**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2014

Transaction ID : SA11C.7454

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
SAFARI CLUB INTERNATIONAL PAC (SCI-PAC)

Mailing Address 4800 W. GATES PASS ROAD

City TUCSON State AZ Zip Code 85745

FEC ID number of contributing federal political committee. **C C00122101**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2014

Transaction ID : SA11C.7222

Amount of Each Receipt this Period
2000.00

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

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

8000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 108			
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
	12	13a	13b	14	

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

A. Full Name (Last, First, Middle Initial)
STAND TALL AMERICA PAC (STAPAC)

Mailing Address PO BOX 2382

City State Zip Code
AMARILLO TX 79105

FEC ID number of contributing federal political committee. **C** C00404418

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
829.29

Date of Receipt
M M / D D / Y Y Y Y
11 / 24 / 2014

Transaction ID : SA11C.7760

Amount of Each Receipt this Period
829.29

In-kind - Food/Beverage

B. Full Name (Last, First, Middle Initial)
STAND TALL AMERICA PAC (STAPAC)

Mailing Address PO BOX 2382

City State Zip Code
AMARILLO TX 79105

FEC ID number of contributing federal political committee. **C** C00404418

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1579.29

Date of Receipt
M M / D D / Y Y Y Y
11 / 24 / 2014

Transaction ID : SA11C.7762

Amount of Each Receipt this Period
750.00

In-kind - Fundraising

C. Full Name (Last, First, Middle Initial)
SUSAN B ANTHONY LIST INC. CANDIDATE FUND

Mailing Address 1707 L STREET, NW
SUITE 750

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00332296

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 24 / 2014

Transaction ID : SA11C.7287

Amount of Each Receipt this Period
2500.00

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

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

4079.29

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 108
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) UNITED WATER INC. FEDERAL PAC		Date of Receipt M M / D D / Y Y Y Y 11 / 03 / 2014	
Mailing Address 200 OLD HOOK ROAD		Transaction ID : SA11C.7465	
City HARRINGTON PARK	State NJ	Zip Code 07640	
FEC ID number of contributing federal political committee. C C00280156		Amount of Each Receipt this Period _____ 500.00	
Name of Employer Occupation		Election Cycle-to-Date _____ 500.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) UPSPAC		Date of Receipt M M / D D / Y Y Y Y 11 / 04 / 2014	
Mailing Address 55 GLENLAKE PKWY NW		Transaction ID : SA11C.7471	
City ATLANTA	State GA	Zip Code 30328	
FEC ID number of contributing federal political committee. C C00064766		Amount of Each Receipt this Period _____ 2500.00	
Name of Employer Occupation		Election Cycle-to-Date _____ 2500.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) Viking Leadership PAC		Date of Receipt M M / D D / Y Y Y Y 11 / 04 / 2014	
Mailing Address PO Box 4616		Transaction ID : SA11C.7501	
City St Paul	State MN	Zip Code 55101	
FEC ID number of contributing federal political committee. C C00565036		Amount of Each Receipt this Period _____ 1000.00	
Name of Employer Occupation		Election Cycle-to-Date _____ 1000.00	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional).....	_____ 4000.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 108
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
WAKEFERN FOOD CORP. POLITICAL ACTION COMMITTEE

Mailing Address 33 NORTHFIELD AVENUE

City State Zip Code
EDISON NJ 08818

FEC ID number of contributing federal political committee. **C** C00489005

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2014

Transaction ID : SA11C.7503

Amount of Each Receipt this Period
1500.00

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).....

1500.00

53455.07

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 108
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
The Tom MacArthur Victory Fund

Mailing Address PO Box 9891

City: Arlington State: VA Zip Code: 22219

FEC ID number of contributing federal political committee: **C** C00567966

Name of Employer: Occupation:

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 13579.81

Date of Receipt: 10 / 29 / 2014

Transaction ID : SA12.7366

Amount of Each Receipt this Period: 13579.81

Transfer of Joint Fundraising Proceeds

B. Full Name (Last, First, Middle Initial)
Susan Ioannou

Mailing Address 437 Huntington Rd

City: Union State: NJ Zip Code: 07083

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

Name of Employer: Occupation:

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 100.00

Date of Receipt: 10 / 29 / 2014

Transaction ID : SA12.7366.0

Amount of Each Receipt this Period: 100.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Jude Donato

Mailing Address 30 Valleywood Rd

City: Cos Cob State: CT Zip Code: 06807

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

Name of Employer: Occupation: Insurance

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date: 500.00

Date of Receipt: 10 / 29 / 2014

Transaction ID : SA12.7366.1

Amount of Each Receipt this Period: 500.00

[MEMO ITEM]

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

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

13579.81

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 108
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
John Fruehwirth

Mailing Address 8205 River Falls Dr

City Potomac State MD Zip Code 20854

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

Name of Employer Rotunda Capital Partners Occupation Managing Partner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA12.7366.2

Amount of Each Receipt this Period
500.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Allan Green

Mailing Address 10 Glenville St

City Greenwich State CT Zip Code 06831

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

Name of Employer Midwest Environmental Consult Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA12.7366.3

Amount of Each Receipt this Period
250.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Ralph Cacci

Mailing Address 3107 N Oakland St

City Arlington State VA Zip Code 22207

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

Name of Employer V1 Analytical Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA12.7366.4

Amount of Each Receipt this Period
250.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER: PAGE 36 OF 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
David Feinberg

Mailing Address 126 E 56th St
32nd Fl

City State Zip Code
New York NY 10022

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

Name of Employer Occupation
David Feinberg Real Estate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 29 / 2014

Transaction ID : SA12.7366.5

Amount of Each Receipt this Period
1000.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
John Giouroukakis

Mailing Address 182 Mill Spring Rd

City State Zip Code
Manhasset NY 11030

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

Name of Employer Occupation
Latham & Watkins LLP Lawyer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 29 / 2014

Transaction ID : SA12.7366.6

Amount of Each Receipt this Period
500.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Kirk Davenport

Mailing Address 520 E 86th St

City State Zip Code
New York NY 10028

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

Name of Employer Occupation
Latham & Watkins LLP Lawyer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 29 / 2014

Transaction ID : SA12.7366.7

Amount of Each Receipt this Period
500.00

[MEMO ITEM]

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 108
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) A. Catherine Bedrick		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 29 / 2014
Mailing Address 1764 Cullom Ave		Transaction ID : SA12.7366.8
City Chicago	State IL Zip Code 60613	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer KPMG LLP	Occupation Accountant	[MEMO ITEM]
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) B. Edward Falkenberg		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 29 / 2014
Mailing Address PO Box 207		Transaction ID : SA12.7366.9
City Scarsdale	State NY Zip Code 10583	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Retired	Occupation Retired	[MEMO ITEM]
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) C. Jeffrey McKibben		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 29 / 2014
Mailing Address 49 E 21st St Apt 7B		Transaction ID : SA12.7366.10
City New York	State NY Zip Code 10010	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer Odyssey Investment Partners	Occupation Managing Partner	[MEMO ITEM]
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 108
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
Daniel Tiemann

Mailing Address 3435 N Bosworth Ave

City Chicago State IL Zip Code 60657

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

Name of Employer **KPMG LLP** Occupation **Group Leader**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA12.7366.11

Amount of Each Receipt this Period
 _____ 200.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Thomas J Heitzman

Mailing Address 718 New Albany Rd

City Moorestown State NJ Zip Code 08057

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

Name of Employer **Whitesell Construction Co** Occupation **Business Executive**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 1300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA12.7366.12

Amount of Each Receipt this Period
 _____ 300.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Robert Platzer

Mailing Address 326 Kings Hwy E

City Haddonfield State NJ Zip Code 08033

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

Name of Employer **PJ Whelihans** Occupation **Restaurantuer**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA12.7366.13

Amount of Each Receipt this Period
 _____ 500.00

[MEMO ITEM]

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

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

_____ 0.00

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

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

FOR LINE NUMBER: PAGE 39 OF 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
Joseph Corso

Mailing Address 116 Howard St

City Riverton State NJ Zip Code 08077

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

Name of Employer Retired Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 150.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA12.7366.14

Amount of Each Receipt this Period
 _____ 50.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Bradford Smith

Mailing Address PO Box 2404

City Cinnaminson State NJ Zip Code 08077

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

Name of Employer Smith & Smith Occupation Lawyer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA12.7366.15

Amount of Each Receipt this Period
 _____ 100.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Paul Kukish

Mailing Address 885 Third Ave

City New York State NM Zip Code 10022

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

Name of Employer Latham & Watkins LLP Occupation Partner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA12.7366.16

Amount of Each Receipt this Period
 _____ 500.00

[MEMO ITEM]

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

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

_____ 0.00

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

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

FOR LINE NUMBER: PAGE 40 OF 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
Douglas Hitchner

Mailing Address 146 Central Park W
Apt 2F

City State Zip Code
New York NY 10023

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

Name of Employer Occupation
Odyssey Investment Partners Managing Principal

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 29 / 2014

Transaction ID : SA12.7366.17

Amount of Each Receipt this Period
500.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Scott Gluck

Mailing Address 22187 Sam Fred Rd

City State Zip Code
Middleburg VA 20117

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

Name of Employer Occupation
Venable LLP Lawyer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
100.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 29 / 2014

Transaction ID : SA12.7366.18

Amount of Each Receipt this Period
100.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Howard Ganek

Mailing Address 622 N Flagler Dr

City State Zip Code
West Palm Beach FL 33401

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 29 / 2014

Transaction ID : SA12.7366.19

Amount of Each Receipt this Period
500.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER: PAGE 41 OF 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
Jerry Black

Mailing Address 149 E 73rd St

City State Zip Code
New York NY 10021

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

Name of Employer Occupation
Akerman LLP Lawyer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA12.7366.20

Amount of Each Receipt this Period
1500.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
James Saxton

Mailing Address 207 High St

City State Zip Code
Mt Holly NJ 08060

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

Name of Employer Occupation
James Saxton LLC Defense

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA12.7366.21

Amount of Each Receipt this Period
1000.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Matthew Zuino

Mailing Address 147 Country Club Dr

City State Zip Code
Moorestown NJ 08057

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

Name of Employer Occupation
Population Health North SVP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA12.7366.22

Amount of Each Receipt this Period
300.00

[MEMO ITEM]

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 108
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
Tim Irons

Mailing Address 230 High St

City Burlington State NJ Zip Code 08016

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

Name of Employer 230 High Street LLC Occupation Partner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA12.7366.23

Amount of Each Receipt this Period
 300.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Frederick L. Hipp Jr.

Mailing Address 1011 Deacon Rd

City Hainseport State NJ Zip Code 08036

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

Name of Employer Virtua Health Occupation VP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA12.7366.24

Amount of Each Receipt this Period
 1000.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Robert A Lipinski

Mailing Address PO Box 1339

City Marlton State NJ Zip Code 08053

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

Name of Employer DDM Occupation CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA12.7366.25

Amount of Each Receipt this Period
 300.00

[MEMO ITEM]

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

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

0.00

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

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

FOR LINE NUMBER: PAGE 43 OF 108
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

A. Full Name (Last, First, Middle Initial)
Alberto Rodriguez

Mailing Address 2020 Bustleton Rd

City State Zip Code
Burlington NJ 08016

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

Name of Employer Occupation
Alberto Rodriguez Engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA12.7366.26

Amount of Each Receipt this Period
500.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Thomas Amendola Sr

Mailing Address 511 N Main St

City State Zip Code
Southampton NJ 08088

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

Name of Employer Occupation
Hainesport Enterprises Inc Treasurer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA12.7366.27

Amount of Each Receipt this Period
300.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Alfred Campanella

Mailing Address 104 Pearlcroft Rd

City State Zip Code
Cherry Hill NJ 08034

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

Name of Employer Occupation
Virtua Management

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA12.7366.28

Amount of Each Receipt this Period
300.00

[MEMO ITEM]

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 108
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

A. Full Name (Last, First, Middle Initial)
Michael Kotzen

Mailing Address 199 Pearlcroft Rd

City State Zip Code
Cherry Hill NJ 08034

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

Name of Employer Occupation
Virtua Health Inc Health Care Administrato

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 29 2014

Transaction ID : SA12.7366.29

Amount of Each Receipt this Period
300.00

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Robert O'Connell

Mailing Address 15 Pau-Len Dr

City State Zip Code
Bridgeton NJ 08302

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

Name of Employer Occupation
Haines & Haines Insurance CIC, CRM

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 29 2014

Transaction ID : SA12.7366.30

Amount of Each Receipt this Period
300.00

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
Robert Dunn

Mailing Address PO Box 7284

City State Zip Code
Roselle Boro NJ 07203

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

Name of Employer Occupation
Retired Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 29 2014

Transaction ID : SA12.7366.31

Amount of Each Receipt this Period
300.00

[MEMO ITEM]

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

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

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 108
	<input type="checkbox"/> 11a <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

Full Name (Last, First, Middle Initial) A. Bela Szigethy		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014	
Mailing Address 2109 Broadway Apt 1616		Transaction ID : SA12.7366.32	
City New York	State NY	Zip Code 10023	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		[MEMO ITEM]	
Name of Employer The Riverside Company	Occupation Co-CEO		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) B. Keith Smith		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014	
Mailing Address 3 Heathchris Ct		Transaction ID : SA12.7366.33	
City Medford	State NJ	Zip Code 08055	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		[MEMO ITEM]	
Name of Employer Hainesport Enterprises Inc	Occupation Owner		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M / D D / Y Y Y Y	
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		[MEMO ITEM]	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	13579.81

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 108			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) A. ABBRUZZI & GIUNTA			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014	
Mailing Address 3211 ROUTE 38			Amount of Each Disbursement this Period 1496.13	
City MT LAUREL	State NJ	Zip Code 08054	Transaction ID : SB17.7512	
Purpose of Disbursement Event Cost-Food/Beverage		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. American Express			Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014	
Mailing Address PO Box 1270			Amount of Each Disbursement this Period 12248.24	
City Newark	State NJ	Zip Code 07101	Transaction ID : SB17.7555	
Purpose of Disbursement Credit Card		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Comcast			Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014	
Mailing Address PO Box 69			Amount of Each Disbursement this Period 396.48	
City Newark	State NJ	Zip Code 07101	Transaction ID : SB17.7555.0	
Purpose of Disbursement Utilities		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	13744.37
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 47 OF 108	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. The Bernards Inn		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 27 Mine Brook Rd		Amount of Each Disbursement this Period 1951.01
City Bernardsville	State NJ	
Zip Code 07924	Purpose of Disbursement Fundraising Event-Food/Beverage	Transaction ID : SB17.7555.1 [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Holiday Inn Toms River		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 290 Route 37 E		Amount of Each Disbursement this Period 1000.00
City Toms River	State NJ	
Zip Code 08753	Purpose of Disbursement Event Cost	Transaction ID : SB17.7555.2 [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Versatile Corporate Concepts		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 2214 Route 37 E 2nd Fl		Amount of Each Disbursement this Period 1856.00
City Toms River	State NJ	
Zip Code 08753	Purpose of Disbursement Election Night	Transaction ID : SB17.7555.3 [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 OF 108	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. Loews Regency Hotel		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 540 Park Ave		Amount of Each Disbursement this Period 1708.02
City New York	State NM	
Zip Code 10065	Purpose of Disbursement Candidate Travel	Transaction ID : SB17.7555.4
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Phoenix Park Hotel		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 520 N Capitol St NW		Amount of Each Disbursement this Period 286.14
City Washington	State DC	
Zip Code 20001	Purpose of Disbursement Candidate Travel	Transaction ID : SB17.7555.5
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. WaWa		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 1180 Hwy 70		Amount of Each Disbursement this Period 14.20
City Whiting	State NJ	
Zip Code 08759	Purpose of Disbursement Food/Beverage	Transaction ID : SB17.7555.9
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 49 OF 108	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. TGI Fridays		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address PO Box 12207		Amount of Each Disbursement this Period 104.91
City Pittsburgh	State PA	Zip Code 15231
Purpose of Disbursement Food/Beverage	Category/Type	
Candidate Name	Transaction ID : SB17.7555.12	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. AT&T		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 255 Route 37 E		Amount of Each Disbursement this Period 165.57
City Toms River	State NJ	Zip Code 08753
Purpose of Disbursement Telecommunications	Category/Type	
Candidate Name	Transaction ID : SB17.7555.13	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. WaWa		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 1180 Hwy 70		Amount of Each Disbursement this Period 15.49
City Whiting	State NJ	Zip Code 08759
Purpose of Disbursement Travel	Category/Type	
Candidate Name	Transaction ID : SB17.7555.23	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 50 OF 108	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. VoterTrove		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 3180 18th St #100		Amount of Each Disbursement this Period 850.00
City San Francisco	State CA Zip Code 94110	
Purpose of Disbursement Research	Candidate Name	Transaction ID : SB17.7555.25
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Amtrak		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 60 Massachusetts Ave NE		Amount of Each Disbursement this Period 26.50
City Washington	State DC Zip Code 20002	
Purpose of Disbursement Food/Beverage	Candidate Name	Transaction ID : SB17.7555.26
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) c. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 680 US Hwy 130		Amount of Each Disbursement this Period 490.00
City Trenton	State NJ Zip Code 08650	
Purpose of Disbursement Postage	Candidate Name	Transaction ID : SB17.7555.27
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 51 OF 108	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. Downtown Pizza		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 35 High St		Amount of Each Disbursement this Period 55.49
City Mt Holly	State NJ	
Zip Code 08060	Purpose of Disbursement Volunteer Cost	Transaction ID : SB17.7555.28
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Tony's Pizza		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 340 Atlantic City Blvd		Amount of Each Disbursement this Period 42.00
City Bayville	State NJ	
Zip Code 08721	Purpose of Disbursement Volunteer Cost	Transaction ID : SB17.7555.29
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 680 US Hwy 130		Amount of Each Disbursement this Period 1068.40
City Trenton	State NJ	
Zip Code 08650	Purpose of Disbursement Postage	Transaction ID : SB17.7555.31
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 OF 108	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. Shoprite		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 445 Atlantic City Blvd		Amount of Each Disbursement this Period 44.24
City Bayville	State NJ Zip Code 08721	
Purpose of Disbursement Office Supplies	Candidate Name	Transaction ID : SB17.7555.34
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 2 Route 37 W		Amount of Each Disbursement this Period 324.16
City Toms River	State NJ Zip Code 08753	
Purpose of Disbursement Office Supplies	Candidate Name	Transaction ID : SB17.7555.35
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) c. Tony's Pizza		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 340 Atlantic City Blvd		Amount of Each Disbursement this Period 63.48
City Bayville	State NJ Zip Code 08721	
Purpose of Disbursement Volunteer Cost	Candidate Name	Transaction ID : SB17.7555.36
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 53 OF 108	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 680 US Hwy 130		Amount of Each Disbursement this Period 490.00
City Trenton	State NJ	
Zip Code 08650	Purpose of Disbursement Postage	Transaction ID : SB17.7555.38
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 680 US Hwy 130		Amount of Each Disbursement this Period 49.00
City Trenton	State NJ	
Zip Code 08650	Purpose of Disbursement Postage	Transaction ID : SB17.7555.39
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Shoprite		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 445 Atlantic City Blvd		Amount of Each Disbursement this Period 51.41
City Bayville	State NJ	
Zip Code 08721	Purpose of Disbursement Office Supplies	Transaction ID : SB17.7555.40
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 108			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. Staples		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 2 Route 37 W		Amount of Each Disbursement this Period 44.16
City Toms River	State NJ	
Zip Code 08753	Purpose of Disbursement Office Supplies	Transaction ID : SB17.7555.41
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 680 US Hwy 130		Amount of Each Disbursement this Period 49.00
City Trenton	State NJ	
Zip Code 08650	Purpose of Disbursement Postage	Transaction ID : SB17.7555.42
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Doubletree Guest Suites		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 515 Fellowship Rd		Amount of Each Disbursement this Period 304.00
City Mt Laurel	State NJ	
Zip Code 08054	Purpose of Disbursement Travel	Transaction ID : SB17.7555.43
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 55 OF 108	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 680 US Hwy 130		Amount of Each Disbursement this Period 680 US Hwy 130 16.95
City Trenton	State NJ	
Zip Code 08650	Purpose of Disbursement Postage	Transaction ID : SB17.7555.44
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Phoenix Park Hotel		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 520 N Capitol St NW		Amount of Each Disbursement this Period 520 N Capitol St NW 286.14
City Washington	State DC	
Zip Code 20001	Purpose of Disbursement Travel	Transaction ID : SB17.7555.47
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) C. American Express		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address PO Box 1270		Amount of Each Disbursement this Period PO Box 1270 6085.04
City Newark	State NJ	
Zip Code 07101	Purpose of Disbursement Credit Card	Transaction ID : SB17.7574
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6085.04
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 56 OF 108	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. Wenzel Strategies		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 4223 Elmway Dr		Amount of Each Disbursement this Period 5441.65
City Toledo	State OH Zip Code 43614	
Purpose of Disbursement Auto Calls	Candidate Name	Transaction ID : SB17.7574.0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Comcast		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address PO Box 69		Amount of Each Disbursement this Period 396.47
City Newark	State NJ Zip Code 07101	
Purpose of Disbursement Utilities	Candidate Name	Transaction ID : SB17.7574.1
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) c. Tony's Pizza		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 340 Atlantic City Blvd		Amount of Each Disbursement this Period 35.15
City Bayville	State NJ Zip Code 08721	
Purpose of Disbursement Volunteer Cost	Candidate Name	Transaction ID : SB17.7574.3
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 57 OF 108	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. WaWa		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 1180 Hwy 70		Amount of Each Disbursement this Period 9.17
City Whiting	State NJ Zip Code 08759	
Purpose of Disbursement Travel	Category/Type	Transaction ID : SB17.7574.4
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 2 Route 37 W		Amount of Each Disbursement this Period 47.08
City Toms River	State NJ Zip Code 08753	
Purpose of Disbursement Office Supplies	Category/Type	Transaction ID : SB17.7574.5
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Staples		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 2 Route 37 W		Amount of Each Disbursement this Period 130.52
City Toms River	State NJ Zip Code 08753	
Purpose of Disbursement Office Supplies	Category/Type	Transaction ID : SB17.7574.6
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 108			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. American Express		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2014
Mailing Address PO Box 1270		Amount of Each Disbursement this Period 19333.84
City Newark	State NJ	
Zip Code 07101	Purpose of Disbursement Credit Card	Transaction ID : SB17.7604
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Wenzel Strategies		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2014
Mailing Address 4223 Elmway Dr		Amount of Each Disbursement this Period 12892.75
City Toledo	State OH	
Zip Code 43614	Purpose of Disbursement Auto Calls	Transaction ID : SB17.7604.1
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Hampton Inn		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2014
Mailing Address 2020 Route 541		Amount of Each Disbursement this Period 376.05
City Westampton	State NJ	
Zip Code 08060	Purpose of Disbursement Travel	Transaction ID : SB17.7604.2
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	19333.84
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 59 OF 108	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. Holiday Inn Toms River			Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2014	
Mailing Address 290 Route 37 E			Amount of Each Disbursement this Period 5256.48	
City Toms River	State NJ	Zip Code 08753	Transaction ID : SB17.7604.4	
Purpose of Disbursement Election Night		Category/ Type	[MEMO ITEM]	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Balloonatics			Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014	
Mailing Address 2204 Oak Knoll Dr			Amount of Each Disbursement this Period 721.55	
City Toms River	State NJ	Zip Code 08757	Transaction ID : SB17.7527	
Purpose of Disbursement		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) C. Baseline Research			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014	
Mailing Address 11 Stoney Hill Rd			Amount of Each Disbursement this Period 3000.00	
City New Hope	State PA	Zip Code 18938	Transaction ID : SB17.7535	
Purpose of Disbursement Research		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	3721.55
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 108			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. Baseline Research		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address 11 Stoney Hill Rd		Amount of Each Disbursement this Period 2656.63 Transaction ID : SB17.7583
City New Hope	State PA	
Zip Code 18938	Purpose of Disbursement Research	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Paul Bencivenga		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2014
Mailing Address 336 Teaberry Ct		Amount of Each Disbursement this Period 947.32 Transaction ID : SB17.7564
City Toms River	State NJ	
Zip Code 08753	Purpose of Disbursement Travel	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Thomas Bonfonti		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 31 Barbara Ct		Amount of Each Disbursement this Period 156.60 Transaction ID : SB17.7538
City Waretown	State NJ	
Zip Code 08758	Purpose of Disbursement Office Expense	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3760.55
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 61 OF 108	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. Thomas Bonfonti		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 31 Barbara Ct		Amount of Each Disbursement this Period 167.93
City Waretown State NJ Zip Code 08758	Category/Type	
Purpose of Disbursement Office Expense	Candidate Name	Transaction ID : SB17.7556
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 2 Route 37 W		Amount of Each Disbursement this Period 89.63
City Toms River State NJ Zip Code 08753	Category/Type	
Purpose of Disbursement Office Supplies	Candidate Name	Transaction ID : SB17.7556.0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) c. Dunkin Donuts		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 1 W Hampton St		Amount of Each Disbursement this Period 78.30
City Pemberton State NJ Zip Code 08068	Category/Type	
Purpose of Disbursement Volunteer Cost	Candidate Name	Transaction ID : SB17.7556.1
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....	167.93
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 62 OF 108	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. Thomas Bonfonti			Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014	
Mailing Address 31 Barbara Ct			Amount of Each Disbursement this Period 1935.40	
City Waretown	State NJ	Zip Code 08758	Transaction ID : SB17.7601	
Purpose of Disbursement Payroll		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Bridge Majority LLC			Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014	
Mailing Address 2 W Windsor Ave			Amount of Each Disbursement this Period 17581.00	
City Alexandria	State VA	Zip Code 22301	Transaction ID : SB17.7542	
Purpose of Disbursement Fundraising		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Bridge Majority LLC			Date of Disbursement M M / D D / Y Y Y Y 11 / 11 / 2014	
Mailing Address 2 W Windsor Ave			Amount of Each Disbursement this Period 6250.00	
City Alexandria	State VA	Zip Code 22301	Transaction ID : SB17.7607	
Purpose of Disbursement Fundraising		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	25766.40
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 63 OF 108	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. Brittany Brinkman		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014
Mailing Address 1 Windsor Ct		Amount of Each Disbursement this Period 668.47
City Jackson	State NJ	
Zip Code 08527	Purpose of Disbursement Payroll	Transaction ID : SB17.7593
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Brittany Brinkman		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 1 Windsor Ct		Amount of Each Disbursement this Period 418.48
City Jackson	State NJ	
Zip Code 08527	Purpose of Disbursement Payroll	Transaction ID : SB17.7615
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Rachel Brinkman		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2014
Mailing Address 1 Windsor Ct		Amount of Each Disbursement this Period 530.00
City Jackson	State NJ	
Zip Code 08527	Purpose of Disbursement Temp Help	Transaction ID : SB17.7605
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1616.95
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 64 OF 108	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. Bucco for Assembly		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 5 River Rd		Amount of Each Disbursement this Period 487.89
City Flanders	State NJ Zip Code 07836	
Purpose of Disbursement In-kind - Event Cost- food/beverage	Category/Type	Transaction ID : SB17.7301
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Bucco for Senate		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address PO Box 220		Amount of Each Disbursement this Period 487.89
City Succasunna	State NJ Zip Code 07876	
Purpose of Disbursement In-kind - Event Cost- food/beverage	Category/Type	Transaction ID : SB17.7300
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Burlington County Republican Committee		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2014
Mailing Address 223 High St		Amount of Each Disbursement this Period 4689.00
City Mt Holly	State NJ Zip Code 08060	
Purpose of Disbursement Rent/Expenses	Category/Type	Transaction ID : SB17.7603
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5664.78
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 65 OF 108	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. Capitol Copy Service		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 116 W State St		Amount of Each Disbursement this Period 1432.91 Transaction ID : SB17.7565
City Trenton	State NJ	
Zip Code 08608	Purpose of Disbursement Printing	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Catch Digital Strategy		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address PO Box 7833		Amount of Each Disbursement this Period 35.98 Transaction ID : SB17.7529
City Capistrano Beach	State CA	
Zip Code 92624	Purpose of Disbursement Website	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Chris Mottola Consulting Inc		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address 1382 Lafayette St		Amount of Each Disbursement this Period 84131.36 Transaction ID : SB17.7584
City Cape May	State NJ	
Zip Code 08204	Purpose of Disbursement Production	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	85600.25
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 66 OF 108	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. Chris Russell Consulting		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 1704 Maxwell Dr Ste 202		Amount of Each Disbursement this Period 7500.00 Transaction ID : SB17.7531
City Wall State NJ Zip Code 07719	Purpose of Disbursement Direct Mail Services	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Chris Russell Consulting		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address 1704 Maxwell Dr Ste 202		Amount of Each Disbursement this Period 6671.45 Transaction ID : SB17.7553
City Wall State NJ Zip Code 07719	Purpose of Disbursement Slate Card	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Chris Russell Consulting		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014
Mailing Address 1704 Maxwell Dr Ste 202		Amount of Each Disbursement this Period 15000.00 Transaction ID : SB17.7587
City Wall State NJ Zip Code 07719	Purpose of Disbursement Political Strategy Consulting	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	29171.45
TOTAL This Period (last page this line number only).....	

: 97 `A -G79 @C B9CI G`H9LH`F9 @ H98 `HC `5 `F9DCFHZG7 <98I @ `CF `H9A -N5 HCB

Form/Schedule: SB17

Transaction ID : SB17.7553

Bordentown Township Committee \$184.74; Republicans for Chesterfield \$82.10; Minniti & Young for Twp Committee \$348.94; EFO Doreen Mollineaux \$71.84; EFO Ron Taylor \$71.84; EFO Tony Egan \$164.21; Adams & Edson for Eastampton Council \$164.21; EFO Brown, Zeuli & Hackman 2014 \$1436.83; Porto & Dickinson \$143.68; Friends of Lew & Sean \$164.21; Mansfield Township Committee \$164.21; EFO Stacey Jordan \$287.37; EFO Manuel Delgado \$287.37; EFO Riley & Van Noord \$697.89; Prickett for Mayor, Bader & Moorehead for Pemberton Township Council \$92.37; Martin Mozitis for Council \$205.26; Committee to Re-Elect Jim Young \$205.20; Elect Bill Rafferty \$205.26; Republican for Springfield \$164.00; Cmte to Re-Elect Kim Brown \$307.89; EFO Gehin-Scott & Berry \$205.26

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 68 OF 108	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. Chris Russell Consulting		Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2014
Mailing Address 1704 Maxwell Dr Ste 202		Amount of Each Disbursement this Period 3199.30 Transaction ID : SB17.7624
City Wall State NJ Zip Code 07719	Purpose of Disbursement Slate Card	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. First Fidelity Land LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address 6050 Kennedy Blvd E		Amount of Each Disbursement this Period 1098.60 Transaction ID : SB17.7569
City West New York State NJ Zip Code 07093	Purpose of Disbursement Rent/Utilities	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Chris Griswold		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014
Mailing Address 9 East 5th St		Amount of Each Disbursement this Period 2358.66 Transaction ID : SB17.7591
City Barnegat Light State NJ Zip Code 08006	Purpose of Disbursement Payroll	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6656.66
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 108			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. Chris Griswold		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 9 East 5th St		Amount of Each Disbursement this Period 2358.66
City Barnegat Light	State NJ	
Zip Code 08006	Purpose of Disbursement Payroll	Transaction ID : SB17.7614
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Fred Guarino		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 1031 Newark Ave N Apt 1007		Amount of Each Disbursement this Period 400.00
City Forked River	State NJ	
Zip Code 08731	Purpose of Disbursement Election Night Entertainment	Transaction ID : SB17.7559
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Jeffrey Hein		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 1303 Leguene Ave		Amount of Each Disbursement this Period 2179.10
City Forked River	State NJ	
Zip Code 08731	Purpose of Disbursement Office Expense	Transaction ID : SB17.7562
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4937.76
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 108			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. Tony's Pizza		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 340 Atlantic City Blvd		Amount of Each Disbursement this Period 154.61
City Bayville	State NJ Zip Code 08721	
Purpose of Disbursement Volunteer Cost	Candidate Name	Transaction ID : SB17.7562.1
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Shoprite		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 445 Atlantic City Blvd		Amount of Each Disbursement this Period 41.41
City Bayville	State NJ Zip Code 08721	
Purpose of Disbursement Volunteer Cost	Candidate Name	Transaction ID : SB17.7562.2
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address PO Box 5029		Amount of Each Disbursement this Period 89.00
City Wallingford	State CT Zip Code 06492	
Purpose of Disbursement Telecommunications	Candidate Name	Transaction ID : SB17.7562.4
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 71 OF 108	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 680 US Hwy 130		Amount of Each Disbursement this Period 1023.41
City Trenton	State NJ	
Zip Code 08650	Purpose of Disbursement Postage	Transaction ID : SB17.7562.5
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 2 Route 37 W		Amount of Each Disbursement this Period 711.86
City Toms River	State NJ	
Zip Code 08753	Purpose of Disbursement Office Supplies	Transaction ID : SB17.7562.6
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Jeffrey Hein		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014
Mailing Address 1303 Leguene Ave		Amount of Each Disbursement this Period 3285.52
City Forked River	State NJ	
Zip Code 08731	Purpose of Disbursement Payroll	Transaction ID : SB17.7596
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3285.52
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 108			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. Jeffrey Hein		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 1303 Leguene Ave		Amount of Each Disbursement this Period 146.34
City Forked River	State NJ	
Zip Code 08731	Purpose of Disbursement Office Expense	Transaction ID : SB17.7617
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Tony's Pizza		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 340 Atlantic City Blvd		Amount of Each Disbursement this Period 39.02
City Bayville	State NJ	
Zip Code 08721	Purpose of Disbursement Volunteer Cost	Transaction ID : SB17.7617.0
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Horizon Blue Cross Blue Shield of NJ		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address PO Box 1738		Amount of Each Disbursement this Period 3725.22
City Newark	State NJ	
Zip Code 07101	Purpose of Disbursement Insurance	Transaction ID : SB17.7543
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3871.56
TOTAL This Period (last page this line number only).....	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 73 OF 108	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. Intego Insurance			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014	
Mailing Address 333 W Commercial St			Amount of Each Disbursement this Period 163.74	
City East Rochester	State NY	Zip Code 14445	Transaction ID : SB17.7514	
Purpose of Disbursement Insurance		Category/Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Intego Insurance			Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2014	
Mailing Address 333 W Commercial St			Amount of Each Disbursement this Period 13.11	
City East Rochester	State NY	Zip Code 14445	Transaction ID : SB17.7545	
Purpose of Disbursement Insurance		Category/Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Intego Insurance			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014	
Mailing Address 333 W Commercial St			Amount of Each Disbursement this Period 13.11	
City East Rochester	State NY	Zip Code 14445	Transaction ID : SB17.7580	
Purpose of Disbursement Insurance		Category/Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	189.96
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 108			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. Intego Insurance			Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2014		
Mailing Address 333 W Commercial St			Amount of Each Disbursement this Period 37.65		
City East Rochester	State NY	Zip Code 14445	Transaction ID : SB17.7625		
Purpose of Disbursement Insurance		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. Noriko Kowalewski			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014		
Mailing Address 14 Seagull Point			Amount of Each Disbursement this Period 47.04		
City Bayville	State NJ	Zip Code 08721	Transaction ID : SB17.7516		
Purpose of Disbursement Travel		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. Noriko Kowalewski			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014		
Mailing Address 14 Seagull Point			Amount of Each Disbursement this Period 54.96		
City Bayville	State NJ	Zip Code 08721	Transaction ID : SB17.7537		
Purpose of Disbursement Office Expense		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	139.65
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 108			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) A. Noriko Kowalewski			Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014	
Mailing Address 14 Seagull Point			Amount of Each Disbursement this Period 47.04	
City Bayville	State NJ	Zip Code 08721	Transaction ID : SB17.7563	
Purpose of Disbursement Travel		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) B. Noriko Kowalewski			Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014	
Mailing Address 14 Seagull Point			Amount of Each Disbursement this Period 2353.08	
City Bayville	State NJ	Zip Code 08721	Transaction ID : SB17.7600	
Purpose of Disbursement Payroll		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) c. Noriko Kowalewski			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014	
Mailing Address 14 Seagull Point			Amount of Each Disbursement this Period 91.84	
City Bayville	State NJ	Zip Code 08721	Transaction ID : SB17.7619	
Purpose of Disbursement Travel		Category/ Type		
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	2491.96
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 108			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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

Full Name (Last, First, Middle Initial) A. Laurie Lachs		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 1 Loren Terr		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.7566
City East Brunswick	State NJ	
Zip Code 08816	Purpose of Disbursement Election Night Badges	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. Adam Lester		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 410 Kettle Creek Rd Apt 5		Amount of Each Disbursement this Period 361.78 Transaction ID : SB17.7534
City Toms River	State NJ	
Zip Code 08753	Purpose of Disbursement Travel/Telecomm	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) C. Adam Lester		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014
Mailing Address 410 Kettle Creek Rd Apt 5		Amount of Each Disbursement this Period 2705.90 Transaction ID : SB17.7590
City Toms River	State NJ	
Zip Code 08753	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	3467.68
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 77 OF 108	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. Linz Photography		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 20 Greenways Ln		Amount of Each Disbursement this Period 936.25
City Lakewood	State NJ	
Zip Code 08701	Purpose of Disbursement	Transaction ID : SB17.7547
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Frank Luna		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014
Mailing Address 100 Ocean Ave Apt 14		Amount of Each Disbursement this Period 4938.31
City Bradley Beach	State NJ	
Zip Code 07720	Purpose of Disbursement Payroll	Transaction ID : SB17.7594
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Frank Luna		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 100 Ocean Ave Apt 14		Amount of Each Disbursement this Period 4508.27
City Bradley Beach	State NJ	
Zip Code 07720	Purpose of Disbursement Payroll	Transaction ID : SB17.7616
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	10382.83
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 78 OF 108	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. National Research Inc		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 146 State Route 34 Ste 250		Amount of Each Disbursement this Period 15500.00
City Holmdel State NJ Zip Code 07733	Purpose of Disbursement Survey	
Candidate Name	Category/Type	Transaction ID : SB17.7515
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. National Research Inc		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 146 State Route 34 Ste 250		Amount of Each Disbursement this Period 15500.00
City Holmdel State NJ Zip Code 07733	Purpose of Disbursement Phone Survey	
Candidate Name	Category/Type	Transaction ID : SB17.7549
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Harrison Neely		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014
Mailing Address 41 Sayre Dr		Amount of Each Disbursement this Period 3285.52
City Princeton State NJ Zip Code 08540	Purpose of Disbursement Payroll	
Candidate Name	Category/Type	Transaction ID : SB17.7598
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	34285.52
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 108			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. Caitlin O'Toole			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014		
Mailing Address 166 9th St			Amount of Each Disbursement this Period 291.00		
City Belford	State NJ	Zip Code 07718	Transaction ID : SB17.7536		
Purpose of Disbursement Travel/ Telecomm		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State:	District:				

Full Name (Last, First, Middle Initial) B. Caitlin O'Toole			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2014		
Mailing Address 166 9th St			Amount of Each Disbursement this Period 228.60		
City Belford	State NJ	Zip Code 07718	Transaction ID : SB17.7576		
Purpose of Disbursement Travel/Volunteer Cost		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State:	District:				

Full Name (Last, First, Middle Initial) c. Caitlin O'Toole			Date of Disbursement M M / D D / Y Y Y Y 11 / 11 / 2014		
Mailing Address 166 9th St			Amount of Each Disbursement this Period 2306.04		
City Belford	State NJ	Zip Code 07718	Transaction ID : SB17.7608		
Purpose of Disbursement Payroll		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	2825.64
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 80 OF 108	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. Jeffrey Olsen		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 54 Chesterfield Dr		Amount of Each Disbursement this Period 306.11 Transaction ID : SB17.7518
City Jackson	State NJ	
Zip Code 08527	Purpose of Disbursement Travel	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Jeffrey Olsen		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014
Mailing Address 54 Chesterfield Dr		Amount of Each Disbursement this Period 2306.04 Transaction ID : SB17.7597
City Jackson	State NJ	
Zip Code 08527	Purpose of Disbursement Payroll	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Jeffrey Olsen		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 54 Chesterfield Dr		Amount of Each Disbursement this Period 173.04 Transaction ID : SB17.7618
City Jackson	State NJ	
Zip Code 08527	Purpose of Disbursement Travel	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2785.19
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 108			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. Michael Panella			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014		
Mailing Address 8 Mill Pond Rd			Amount of Each Disbursement this Period 250.00		
City Milford	State NJ	Zip Code 08848	Transaction ID : SB17.7519		
Purpose of Disbursement Travel		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. Paycycle			Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014		
Mailing Address 210 Portage Ave			Amount of Each Disbursement this Period 901.93		
City Palo Alto	State CA	Zip Code 94306	Transaction ID : SB17.7588		
Purpose of Disbursement Payroll Taxes		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. Paycycle			Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014		
Mailing Address 210 Portage Ave			Amount of Each Disbursement this Period 10878.23		
City Palo Alto	State CA	Zip Code 94306	Transaction ID : SB17.7589		
Purpose of Disbursement Payroll Taxes		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	12030.16
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 108			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial)		Date of Disbursement										
A. Paycycle		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>12</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	11		12		2014
M M	/	D D	/	Y Y Y Y								
11		12		2014								
Mailing Address 210 Portage Ave		Amount of Each Disbursement this Period										
City	State Zip Code											
Palo Alto	CA 94306	<table border="1"> <tr> <td>53.25</td> </tr> </table>	53.25									
53.25												
Purpose of Disbursement P/R Taxes	Category/Type	Transaction ID : SB17.7612										
Candidate Name												
Office Sought: <table border="1"> <tr><td><input type="checkbox"/></td><td>House</td></tr> <tr><td><input type="checkbox"/></td><td>Senate</td></tr> <tr><td><input type="checkbox"/></td><td>President</td></tr> </table> Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/>		House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President					
<input type="checkbox"/>	House											
<input type="checkbox"/>	Senate											
<input type="checkbox"/>	President											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
B. Paycycle		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>12</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	11		12		2014
M M	/	D D	/	Y Y Y Y								
11		12		2014								
Mailing Address 210 Portage Ave		Amount of Each Disbursement this Period										
City	State Zip Code											
Palo Alto	CA 94306	<table border="1"> <tr> <td>843.06</td> </tr> </table>	843.06									
843.06												
Purpose of Disbursement P/R Taxes	Category/Type	Transaction ID : SB17.7613										
Candidate Name												
Office Sought: <table border="1"> <tr><td><input type="checkbox"/></td><td>House</td></tr> <tr><td><input type="checkbox"/></td><td>Senate</td></tr> <tr><td><input type="checkbox"/></td><td>President</td></tr> </table> Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/>		House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President					
<input type="checkbox"/>	House											
<input type="checkbox"/>	Senate											
<input type="checkbox"/>	President											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
C. Paycycle		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>11</td> <td></td> <td>13</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	11		13		2014
M M	/	D D	/	Y Y Y Y								
11		13		2014								
Mailing Address 210 Portage Ave		Amount of Each Disbursement this Period										
City	State Zip Code											
Palo Alto	CA 94306	<table border="1"> <tr> <td>319.17</td> </tr> </table>	319.17									
319.17												
Purpose of Disbursement Payroll Taxes	Category/Type	Transaction ID : SB17.7620										
Candidate Name												
Office Sought: <table border="1"> <tr><td><input type="checkbox"/></td><td>House</td></tr> <tr><td><input type="checkbox"/></td><td>Senate</td></tr> <tr><td><input type="checkbox"/></td><td>President</td></tr> </table> Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/>		House	<input type="checkbox"/>	Senate	<input type="checkbox"/>	President					
<input type="checkbox"/>	House											
<input type="checkbox"/>	Senate											
<input type="checkbox"/>	President											
State: District:												

SUBTOTAL of Disbursements This Page (optional).....	<table border="1"> <tr> <td>1215.48</td> </tr> </table>	1215.48
1215.48		
TOTAL This Period (last page this line number only).....	<table border="1"> <tr> <td></td> </tr> </table>	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 108			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. Paycycle		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2014
Mailing Address 210 Portage Ave		Amount of Each Disbursement this Period 3128.75
City Palo Alto	State CA	
Zip Code 94306	Purpose of Disbursement Payroll Taxes	Transaction ID : SB17.7621
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Political Communications Advertising		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 37 W 39th St Ste 602		Amount of Each Disbursement this Period 335181.00
City New York	State NY	
Zip Code 10018	Purpose of Disbursement Media	Transaction ID : SB17.7532
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Political Communications Advertising		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 37 W 39th St Ste 602		Amount of Each Disbursement this Period 347857.00
City New York	State NY	
Zip Code 10018	Purpose of Disbursement Media	Transaction ID : SB17.7550
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	686166.75
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 108			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. Michael Rebuck			Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014		
Mailing Address 417 Chester Ave			Amount of Each Disbursement this Period 421.10		
City Moorestown	State NJ	Zip Code 08057	Transaction ID : SB17.7521		
Purpose of Disbursement Travel		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) B. Michael Rebuck			Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014		
Mailing Address 417 Chester Ave			Amount of Each Disbursement this Period 2306.04		
City Moorestown	State NJ	Zip Code 08057	Transaction ID : SB17.7599		
Purpose of Disbursement Payroll		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

Full Name (Last, First, Middle Initial) c. Michael Rebuck			Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2014		
Mailing Address 417 Chester Ave			Amount of Each Disbursement this Period 248.98		
City Moorestown	State NJ	Zip Code 08057	Transaction ID : SB17.7623		
Purpose of Disbursement Travel		Category/ Type			
Candidate Name					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....	2976.12
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 108			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. Won Kyu Rim		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 73 Sunrise Dr		Amount of Each Disbursement this Period 2108.66
City Whippany	State NJ Zip Code 07981	
Purpose of Disbursement General Campaign Consulting	Candidate Name	Transaction ID : SB17.7558
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Ronald Gravino Consulting		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2014
Mailing Address PO Box 225		Amount of Each Disbursement this Period 413.27
City Colonia	State NJ Zip Code 07067	
Purpose of Disbursement Courier/Travel	Candidate Name	Transaction ID : SB17.7554
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. Ronald Gravino Consulting		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address PO Box 225		Amount of Each Disbursement this Period 3250.00
City Colonia	State NJ Zip Code 07067	
Purpose of Disbursement Payroll	Candidate Name	Transaction ID : SB17.7570
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	5771.93
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 108			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

Full Name (Last, First, Middle Initial) A. Ronald Gravino Consulting		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2014
Mailing Address PO Box 225		Amount of Each Disbursement this Period 3089.88
City Colonia	State NJ	
Zip Code 07067	Purpose of Disbursement Compliance	Transaction ID : SB17.7571
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Ronald Gravino Consulting		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2014
Mailing Address PO Box 225		Amount of Each Disbursement this Period 7289.97
City Colonia	State NJ	
Zip Code 07067	Purpose of Disbursement Compliance	Transaction ID : SB17.7606
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Ronald Gravino Consulting		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2014
Mailing Address PO Box 225		Amount of Each Disbursement this Period 177.82
City Colonia	State NJ	
Zip Code 07067	Purpose of Disbursement Software/Courier	Transaction ID : SB17.7758
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	10557.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 87 OF 108	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. Jayson Schimmenti		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 27 Goodfellow Dr		Amount of Each Disbursement this Period 392.01
City Port Reading	State NJ	
Zip Code 07064	Purpose of Disbursement Travel	Transaction ID : SB17.7561
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 2 Route 37 W		Amount of Each Disbursement this Period 206.04
City Toms River	State NJ	
Zip Code 08753	Purpose of Disbursement Office Supplies	Transaction ID : SB17.7561.0 [MEMO ITEM]
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Jayson Schimmenti		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2014
Mailing Address 27 Goodfellow Dr		Amount of Each Disbursement this Period 2306.04
City Port Reading	State NJ	
Zip Code 07064	Purpose of Disbursement Payroll	Transaction ID : SB17.7595
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2698.05
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 88 OF 108	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. STAND TALL AMERICA PAC (STAPAC)		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2014
Mailing Address PO BOX 2382		Amount of Each Disbursement this Period 829.29
City AMARILLO	State TX	
Zip Code 79105	Purpose of Disbursement In-kind - Food/Beverage	Transaction ID : SB17.7761
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. STAND TALL AMERICA PAC (STAPAC)		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2014
Mailing Address PO BOX 2382		Amount of Each Disbursement this Period 750.00
City AMARILLO	State TX	
Zip Code 79105	Purpose of Disbursement In-kind - Fundraising	Transaction ID : SB17.7763
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. The Prosper Group		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 435 E Main St Room 250		Amount of Each Disbursement this Period 50837.15
City Greenwood	State IN	
Zip Code 46143	Purpose of Disbursement Internet Media	Transaction ID : SB17.7526
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	52416.44
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 89 OF 108	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. The Prosper Group		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2014
Mailing Address 435 E Main St Room 250		Amount of Each Disbursement this Period 15372.53
City Greenwood	State IN Zip Code 46143	
Purpose of Disbursement Internet Media	Candidate Name	Transaction ID : SB17.7568
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. The Prosper Group		Date of Disbursement M M / D D / Y Y Y Y 11 / 11 / 2014
Mailing Address 435 E Main St Room 250		Amount of Each Disbursement this Period 176.31
City Greenwood	State IN Zip Code 46143	
Purpose of Disbursement Internet Media	Candidate Name	Transaction ID : SB17.7609
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. Transxt		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 190 Monroe NW 5th Fl		Amount of Each Disbursement this Period 199.35
City Grand Rapids	State MI Zip Code 49503	
Purpose of Disbursement CC Processing Fee	Candidate Name	Transaction ID : SB17.7540
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	15748.19
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 108			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Transact		M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 190 Monroe NW 5th Fl		Amount of Each Disbursement this Period
City Grand Rapids State MI Zip Code 49503		94.94
Purpose of Disbursement CC Processing Fee		Transaction ID : SB17.7557
Candidate Name		Category/Type
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Transact		M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 190 Monroe NW 5th Fl		Amount of Each Disbursement this Period
City Grand Rapids State MI Zip Code 49503		27.44
Purpose of Disbursement CC Processing Fee		Transaction ID : SB17.7581
Candidate Name		Category/Type
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Transact		M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 190 Monroe NW 5th Fl		Amount of Each Disbursement this Period
City Grand Rapids State MI Zip Code 49503		50.09
Purpose of Disbursement CC Processing Fee		Transaction ID : SB17.7582
Candidate Name		Category/Type
Office Sought:	Disbursement For: 2014	
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	172.47
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 108			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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

Full Name (Last, First, Middle Initial) A. TREC		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2014
Mailing Address 808 Lowell Ave		Amount of Each Disbursement this Period 904.15
City Toms River	State NJ	
Zip Code 08753	Purpose of Disbursement Printing	Transaction ID : SB17.7533
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. TREC		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2014
Mailing Address 808 Lowell Ave		Amount of Each Disbursement this Period 208.65
City Toms River	State NJ	
Zip Code 08753	Purpose of Disbursement Printing/Postage	Transaction ID : SB17.7757
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. TR Liquor LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 290 Route 37 E		Amount of Each Disbursement this Period 1000.00
City Toms River	State NJ	
Zip Code 08753	Purpose of Disbursement Event Cost-Food/Beverage	Transaction ID : SB17.7544
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2112.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 92 OF 108	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. TR Liquor LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address 290 Route 37 E		Amount of Each Disbursement this Period 5256.48
City Toms River	State NJ Zip Code 08753	
Purpose of Disbursement Election Night-Food/Beverage	Category/Type	Transaction ID : SB17.7586
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Tusk Productions LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2014
Mailing Address 38 Lakewood Dr		Amount of Each Disbursement this Period 1265.75
City Denville	State NJ Zip Code 07834	
Purpose of Disbursement Fundraising	Category/Type	Transaction ID : SB17.7551
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. US Postmaster		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 680 US Hwy 130		Amount of Each Disbursement this Period 235.58
City Trenton	State NJ Zip Code 08650	
Purpose of Disbursement Postage	Category/Type	Transaction ID : SB17.7539
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	6757.81
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 108			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

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

Full Name (Last, First, Middle Initial) A. Versatile Corporate Concepts		Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 2214 Route 37 E 2nd Fl		Amount of Each Disbursement this Period 697.00
City Toms River	State NJ	
Zip Code 08753	Purpose of Disbursement Election Night Costs	Transaction ID : SB17.7572
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. T Robin Visconi		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2014
Mailing Address 370 Tall Tree Ct		Amount of Each Disbursement this Period 3004.55
City Jackson	State NJ	
Zip Code 08527	Purpose of Disbursement Fundraising	Transaction ID : SB17.7541
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. T Robin Visconi		Date of Disbursement M M / D D / Y Y Y Y 11 / 11 / 2014
Mailing Address 370 Tall Tree Ct		Amount of Each Disbursement this Period 13596.47
City Jackson	State NJ	
Zip Code 08527	Purpose of Disbursement Fundraising	Transaction ID : SB17.7611
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	17298.02
TOTAL This Period (last page this line number only).....	1085874.83

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 94 OF 108	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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

Full Name (Last, First, Middle Initial) A. RROBT		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2014
Mailing Address 14 Seagull Point		Amount of Each Disbursement this Period 300.00
City Bayville	State NJ Zip Code 08721	
Purpose of Disbursement	Candidate Name	Transaction ID : SB21.7524
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

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

SUBTOTAL of Disbursements This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	300.00

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **TOM MACARTHUR FOR CONGRESS INC.** Transaction ID : **SC/10.4105**

LOAN SOURCE Full Name (Last, First, Middle Initial) THOMAS MACARTHUR	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 77 EAST WATER STREET #24		

City	State	ZIP Code
TOMS RIVER	NJ	08753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000000.00	0.00	0.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 01 / D 03 / Y 2014	M M / D D / Y 12/31/2016	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:100%" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:100%" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:100%" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width:100%" type="text"/>

SUBTOTALS This Period This Page (optional).....	0.00
TOTALS This Period (last page in this line only).....	<input style="width:100%" type="text"/>

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : SC/10.4105

(Current loan amount of 1000000.00 from a balance of 1000000.00 has been forgiven. See form 99 from candidate dated 11/24/2014)

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4106

TOM MACARTHUR FOR CONGRESS INC.

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

[PERSONAL FUNDS]

Election: 2014

THOMAS MACARTHUR

Primary

General

Other (specify) ▼

Mailing Address

77 EAST WATER STREET #24

City

State

ZIP Code

TOMS RIVER

NJ

08753

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1000000.00

0.00

250000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

03

31

2014

12/31/2016

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)..... ▶

250000.00

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

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : SC/10.4106

(Current loan amount of 750000.00 from a balance of 1000000.00 has been forgiven. See form 99 from candidate dated 11/24/2014)

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4908

TOM MACARTHUR FOR CONGRESS INC.

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

[PERSONAL FUNDS]

Election: 2014

THOMAS MACARTHUR

Primary

General

Other (specify) ▼

Mailing Address

77 EAST WATER STREET #24

City

State

ZIP Code

TOMS RIVER

NJ

08753

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1000000.00

0.00

0.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

06

20

2014

12/31/2016

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).....

0.00

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.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : SC/10.4908

(Current loan amount of 1000000.00 from a balance of 1000000.00 has been forgiven. See form 99 from candidate dated 11/24/2014)

Form/Schedule:

Transaction ID:

**SCHEDULE C (FEC Form 3)
LOANS**

NAME OF COMMITTEE (In Full) **TOM MACARTHUR FOR CONGRESS INC.** Transaction ID : **SC/10.6528**

LOAN SOURCE Full Name (Last, First, Middle Initial) THOMAS MACARTHUR	[PERSONAL FUNDS]	Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 77 EAST WATER STREET #24		

City	State	ZIP Code
TOMS RIVER	NJ	08753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000000.00	0.00	0.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
09 / 09 / 2014	12/31/2016	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional).....	<input style="width: 100%;" type="text" value="0.00"/>
TOTALS This Period (last page in this line only).....	<input style="width: 100%;" type="text"/>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : SC/10.6528

(Current loan amount of 1000000.00 from a balance of 1000000.00 has been forgiven. See form 99 from candidate dated 11/24/2014)

Form/Schedule:

Transaction ID:

**SCHEDULE C (FEC Form 3)
LOANS**

NAME OF COMMITTEE (In Full) **TOM MACARTHUR FOR CONGRESS INC.** Transaction ID : **SC/10.6988**

LOAN SOURCE Full Name (Last, First, Middle Initial) THOMAS MACARTHUR	[PERSONAL FUNDS]	Election: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 77 EAST WATER STREET #24		

City	State	ZIP Code
TOMS RIVER	NJ	08753

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000000.00	0.00	250000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 10 / D 10 / Y 2014	M M / D D / Y 12/31/2016	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	250000.00
TOTALS This Period (last page in this line only).....	500000.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10

Transaction ID : SC/10.6988

(Current loan amount of 750000.00 from a balance of 1000000.00 has been forgiven. See form 99 from candidate dated 11/24/2014)

Form/Schedule:

Transaction ID:

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
American Express

Mailing Address PO Box 1270

City State Zip Code
Newark NJ 07101

Nature of Debt (Purpose):
Office Expense

Outstanding Balance Beginning This Period **Transaction ID : SD10.7634**
0.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
4253.30 0.00 4253.30

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Aristotle International

Mailing Address 205 Pennsylvania Ave SE

City State Zip Code
Washington DC 20003

Nature of Debt (Purpose):
Software

Outstanding Balance Beginning This Period **Transaction ID : SD10.7629**
0.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
2250.00 0.00 2250.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Capehart & Scatchard, P.A.

Mailing Address 142 W State St

City State Zip Code
Trenton NJ 08608

Nature of Debt (Purpose):
Legal Fees

Outstanding Balance Beginning This Period **Transaction ID : SD10.7627**
0.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
79273.43 0.00 79273.43

1) SUBTOTALS This Period This Page (optional)	▶	85776.73
2) TOTALS This Period (last page this line number only)	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶		

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Capehart & Scatchard, P.A.

Mailing Address 142 W State St

City State Zip Code
Trenton NJ 08608

Nature of Debt (Purpose):
Legal Fees

Outstanding Balance Beginning This Period **Transaction ID : SD10.7759**
0.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
32474.91 0.00 32474.91

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
First Fidelity Land LLC

Mailing Address 6050 Kennedy Blvd E

City State Zip Code
West New York NJ 07093

Nature of Debt (Purpose):
Rent

Outstanding Balance Beginning This Period **Transaction ID : SD10.7632**
0.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
875.00 0.00 875.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Horizon Blue Cross Blue Shield of NJ

Mailing Address PO Box 1738

City State Zip Code
Newark NJ 07101

Nature of Debt (Purpose):
Insurance

Outstanding Balance Beginning This Period **Transaction ID : SD10.7631**
0.00

Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period
3752.00 0.00 3752.00

1) SUBTOTALS This Period This Page (optional)	▶	37101.91
2) TOTALS This Period (last page this line number only)	▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶		

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor THOMAS MACARTHUR	Nature of Debt (Purpose): Candidate Travel/ Meeting Expense
Mailing Address 77 EAST WATER STREET #24	
City State Zip Code TOMS RIVER NJ 08753	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">1246.74</div>	Transaction ID : SD10.4158
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">0.00</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">0.00</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">1246.74</div>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor THOMAS MACARTHUR	Nature of Debt (Purpose): Candidate Travel/Meeting Expense
Mailing Address 77 EAST WATER STREET #24	
City State Zip Code TOMS RIVER NJ 08753	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">1945.15</div>	Transaction ID : SD10.5192
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">0.00</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">0.00</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">1945.15</div>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor THOMAS MACARTHUR	Nature of Debt (Purpose): Candidate Travel/Meeting Expense
Mailing Address 77 EAST WATER STREET #24	
City State Zip Code TOMS RIVER NJ 08753	

Outstanding Balance Beginning This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">3038.67</div>	Transaction ID : SD10.6942
Amount Incurred This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">0.00</div>	Payment This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">0.00</div>
Outstanding Balance at Close of This Period <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">3038.67</div>	

1) SUBTOTALS This Period This Page (optional) ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">6230.56</div>
2) TOTALS This Period (last page this line number only) ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div>

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Paycycle	Nature of Debt (Purpose): Payroll Taxes
Mailing Address 210 Portage Ave	
City State Zip Code Palo Alto CA 94306	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text" value="0.00"/>	Transaction ID : SD10.7633	
Amount Incurred This Period <input style="width:100%;" type="text" value="2893.15"/>	Payment This Period <input style="width:100%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width:100%;" type="text" value="2893.15"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text"/>		
Amount Incurred This Period <input style="width:100%;" type="text"/>	Payment This Period <input style="width:100%;" type="text"/>	Outstanding Balance at Close of This Period <input style="width:100%;" type="text"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input style="width:100%;" type="text"/>		
Amount Incurred This Period <input style="width:100%;" type="text"/>	Payment This Period <input style="width:100%;" type="text"/>	Outstanding Balance at Close of This Period <input style="width:100%;" type="text"/>

1) SUBTOTALS This Period This Page (optional) ▶	<input style="width:100%;" type="text" value="2893.15"/>
2) TOTALS This Period (last page this line number only) ▶	<input style="width:100%;" type="text" value="132002.35"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶	<input style="width:100%;" type="text" value="500000.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input style="width:100%;" type="text" value="632002.35"/>