

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED

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12FE4M5 MAIL CENTER

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. FROELICH FOR CONGRESS

ADDRESS (number and street) 19 JASON DRIVE SPRING LAKE HTS NJ 07762-2421

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C 00516658 3. IS THIS REPORT NEW (N) OR AMENDED (A) NJ 04

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) X October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER)

(b) 12-Day PRE-Election Report for the: Primary (12P) X General (12G) Runoff (12R) Convention (12C) Special (12S) Election on MM/DD/YYYY in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on MM/DD/YYYY in the State of

5. Covering Period 07/01/2012 through 09/30/2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer JOHN E TULLY

Signature of Treasurer [Signature] Date 10/11/2012

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

Table with 10 columns and 1 row. Office Use Only. FEC FORM 3 (Revised 02/2003)

12030914385

SUMMARY PAGE

Write or Type Committee Name

FROELICH FOR CONGRESS

Report Covering the Period:

From:

07^M / 01^D / 2012^{Y Y Y Y}

To:

09^M / 30^D / 2012^{Y Y Y Y}

**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))....

34,656.72

57,074.85

(b) Total Contribution Refunds
(from Line 20(d))

(c) Net Contributions (other than loans)
(subtract Line 6(b) from Line 6(a)).....

34,656.72

57,074.85

7. Net Operating Expenditures

(a) Total Operating Expenditures
(from Line 17)

48,809.40

58,113.68

(b) Total Offsets to Operating
Expenditures (from Line 14).....

(c) Net Operating Expenditures
(subtract Line 7(b) from Line 7(a)).....

48,809.40

58,113.68

8. Cash on Hand at Close of
Reporting Period (from Line 27).....

11,806.17

9. Debts and Obligations Owed TO
the Committee (Itemize all on
Schedule C and/or Schedule D).....

10. Debts and Obligations Owed BY
the Committee (Itemize all on
Schedule C and/or Schedule D).....

12,745.00

For further information contact:

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

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

12030914386

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

FROELICH FOR CONGRESS

Report Covering the Period: From:

07 / **01** / **2012**

To:

09 / **30** / **2012**

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

- (a) Individuals/Persons Other Than Political Committees
 - (i) Itemized (use Schedule A).....
 - (ii) Unitemized.....
 - (iii) TOTAL of contributions from individuals ▶
- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (d) The Candidate.....
- (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

18,460.00

16,196.72

34,656.72

34,656.72

36,761.20

20,813.65

57,074.85

57,656.72

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

13. LOANS:

- (a) Made or Guaranteed by the Candidate.....
- (b) All Other Loans.....
- (c) TOTAL LOANS (add Lines 13(a) and (b)).....

12,745.00

12,745.00

12,845.00

12,845.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

47,401.72

70,501.72

12030914387

DETAILED SUMMARY PAGE
of Disbursements

12030914388

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	48,809.40	58,113.68
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....		
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....		
21. OTHER DISBURSEMENTS		
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	48,809.40	58,113.68

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1,213.85
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	47,401.72
25. SUBTOTAL (add Line 23 and Line 24).....	58,615.57
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	46,809.40
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	11,806.17

**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	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)
FROELICH FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. **EDWARD A McDONALD**

Mailing Address
499 8TH ST

City **BROOKLYN** State **NY** Zip Code **11215-3617**

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

Name of Employer **Decheet LLP** Occupation **LAWYER**

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

Date of Receipt
07 / **07** / **2012**

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. **JAMES A SCARPONE**

Mailing Address
84 HANTHORNE AVE

City **CLERK RIDGE** State **NJ** Zip Code **07028**

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

Name of Employer **SCARPONE & VARGO** Occupation **LAWYER**

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

Date of Receipt
07 / **09** / **2012**

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. **Joseph Humphrey**

Mailing Address
6830 NORWAY RD

City **DALLAS** State **TX** Zip Code **75230**

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

Name of Employer **Humphrey Services Corp** Occupation **CONSULTANT**

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

Date of Receipt
08 / **06** / **2012**

Amount of Each Receipt this Period
250.00

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

12030914389

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

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

FOR LINE NUMBER:		PAGE		OF	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FROELICH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GERALDINE ORSI

Mailing Address
4601 Rowing Run Rd

City
Charlotte State **NC** Zip Code **28277**

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

Name of Employer Occupation
Retired

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
08 / **06** / **2012**

Amount of Each Receipt this Period
210.00

B. Full Name (Last, First, Middle Initial)
CHARLES C DEUBEL

Mailing Address
22 First Street

City
South Orange State **NJ** Zip Code **07079**

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

Name of Employer Occupation
Deubel + Deubel Lawyer

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
08 / **06** / **2012**

Amount of Each Receipt this Period
250.00

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

Mailing Address
4 Brookland Apt 1J

City
Brooklynville State **NY** Zip Code **10706**

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

Name of Employer Occupation
Jones Day Lawyer

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
08 / **07** / **2012**

Amount of Each Receipt this Period
300.00

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

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

760.00

12030914390

SCHEDULE A (FEC Form 3)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE OF

(check only one)

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

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NAME OF COMMITTEE (In Full)
FROELICH FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. *Pat PEPE*

Mailing Address
32 EIDOLADO DR

City
LAKEWOOD State
NJ Zip Code
08701

FEC ID number of contributing federal political committee.
C

Name of Employer
Occupation
Retired

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

08 / **17** / **2012**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. *MARY ANN ROONEY*

Mailing Address
15 Cotton St

City
Newton State
MA Zip Code
02459-2419

FEC ID number of contributing federal political committee.
C

Name of Employer
Occupation
CPA

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

08 / **17** / **2012**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. *EDDIE Martin*

Mailing Address
820 GUNNER RD Suite 895

City
Houston State
TX Zip Code
77024

FEC ID number of contributing federal political committee.
C

Name of Employer
Occupation
NET Edge Solutions **President**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

08 / **20** / **2012**

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

1000.00

12030914391

SCHEDULE A (FEC Form 3)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE OF

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

FROELICH FOR CONGRESS

Full Name (Last, First, Middle Initial)

AMY McTash

Mailing Address

277 West End Ave #3B

City

NYC

State

NY

Zip Code

10023

Date of Receipt

08 / *20* / *2012*

Amount of Each Receipt this Period

1000.00

FEC ID number of contributing federal political committee.

C

Name of Employer

The Regatta Research Fund

Occupation

MANAGER

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

Full Name (Last, First, Middle Initial)

Ann D Taft

Mailing Address

30 OAKRIDGE DR

City

Binghamton

State

NY

Zip Code

13903

Date of Receipt

08 / *29* / *2012*

Amount of Each Receipt this Period

5000.00

FEC ID number of contributing federal political committee.

C

Name of Employer

Investor

Occupation

Self Employed

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

Full Name (Last, First, Middle Initial)

Coastal Monmouth Democratic Club

Mailing Address

P.O. Box 2164

City

Ocean

State

NJ

Zip Code

07712

Date of Receipt

08 / *29* / *2012*

Amount of Each Receipt this Period

2500.00

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

SUBTOTAL of Receipts This Page (optional)

17500.00

TOTAL This Period (last page this line number only)

12030914392

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

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

FOR LINE NUMBER:		PAGE		OF				
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
FROELICH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
EDWARD J REINOSO

Mailing Address
230 PARK AVE

City
NYC State
NY Zip Code
10017

FEC ID number of contributing federal political committee.
C

Name of Employer
CASTLETON PARTNERS LLC Occupation
MANAGER

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
08 / 29 / 2012

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Z LANCE SAMAY

Mailing Address
PO Box 808

City
BERNARD S.U. 116 State
NJ Zip Code
07924

FEC ID number of contributing federal political committee.
C

Name of Employer
Z LANCE SAMAY PC Occupation
LAWYER

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
08 / 29 / 2012

Amount of Each Receipt this Period
1000.00

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

Mailing Address
19 EGGERS COURT

City
Summit State
NJ Zip Code
07901

FEC ID number of contributing federal political committee.
C

Name of Employer
Retiree Occupation
Retiree

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
08 / 29 / 2012

Amount of Each Receipt this Period
2500.00

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

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

4000.00

12030914393

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

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

FOR LINE NUMBER: PAGE OF

(check only one)

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

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NAME OF COMMITTEE (In Full)

FROELICH FOR CONGRESS

Full Name (Last, First, Middle Initial)

MICHAEL KEHOE

Mailing Address

2095 Misty Hollow Dr

City

Wall

State

NJ

Zip Code

07719

FEC ID number of contributing federal political committee.

C

Name of Employer

K. HOVNANIAN

Occupation

EXECUTIVE

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

C

Date of Receipt

09 / **04** / **2012**

Amount of Each Receipt this Period

1,000.00

Full Name (Last, First, Middle Initial)

JOHN J DEGNAN

Mailing Address

35 BEACON HILL DRIVE

City

CHESTER

State

NJ

Zip Code

07930

FEC ID number of contributing federal political committee.

C

Name of Employer

Chubb Corp

Occupation

LAWYER

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

C

Date of Receipt

09 / **18** / **2012**

Amount of Each Receipt this Period

1,000.00

Full Name (Last, First, Middle Initial)

JAMEL BLACK

Mailing Address

72 Highfield Ct. PO Box 457

City

LITTLE SILVER

State

NJ

Zip Code

07730-0457

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

C

Date of Receipt

09 / **18** / **2012**

Amount of Each Receipt this Period

1,000.00

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

3,000.00

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

3,000.00

12030914394

**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 OF

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

FROELICH FOR CONGRESS

Full Name (Last, First, Middle Initial)

FRED SCOTTI

A. Mailing Address

P.O. Box 10598

City BEVERLY HILLS State CA Zip Code 90213

FEC ID number of contributing federal political committee.

C

Name of Employer

Global Management Group LLC

Occupation

EXECUTIVE

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

MM ' DD ' YYYY
09 ' 18 ' 2012

Amount of Each Receipt this Period

1,000.00

Full Name (Last, First, Middle Initial)

HENRY ASBELL

B. Mailing Address

5230 PARTLOUSE LANE NW

City WASHINGTON State DC Zip Code 20016

FEC ID number of contributing federal political committee.

C

Name of Employer

JONES DAY

Occupation

ATTORNEY

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

MM ' DD ' YYYY
09 ' 18 ' 2012

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

JAMES CAMPBELL

C. Mailing Address

155 SANSOME STREET SUITE 810

City SAN FRANCISCO State CA Zip Code 94194

FEC ID number of contributing federal political committee.

C

Name of Employer

Campbell + DEMETRIK

Occupation

ATTORNEY

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt

MM ' DD ' YYYY
09 ' 18 ' 2012

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1,500.00

TOTAL This Period (last page this line number only)

12030914395

SCHEDULE A (FEC Form 3)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE OF

(check only one)

Grid for line numbers 11a-15

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NAME OF COMMITTEE (In Full)
FROELICH FOR CONGRESS

Full Name (Last, First, Middle Initial)
Heith Krauss

Mailing Address
6 SHERWOOD CT
City: RANDOLPH State: NJ Zip Code: 07864

FEC ID number of contributing federal political committee.

Name of Employer: GENOVE BUONI Occupation: LAWYER

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

Date of Receipt
09/18/2012

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
Deanna Rudner

Mailing Address
4031 NE 25th Avenue
City: Fort Lauderdale State: FL Zip Code: 33308

FEC ID number of contributing federal political committee.

Name of Employer Occupation: HOME MAKER

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

Date of Receipt
09/20/2012

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
Edward Rudner

Mailing Address
4031 NE 25th Avenue
City: Fort Lauderdale State: FL Zip Code: 33308

FEC ID number of contributing federal political committee.

Name of Employer: ON LINE VACATION CENTER Occupation: PRESIDENT

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

Date of Receipt
09/20/2012

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

2250.00

12030914396

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

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NAME OF COMMITTEE (In Full)
FROELICH FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
FRANK LARocca

Mailing Address
3 EXETER DRIVE

City
MARLBORO State
NJ Zip Code
07746

FEC ID number of contributing federal political committee.
C

Name of Employer
LARocca AND ASSOCIATES Occupation
LAWYER

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
09 / **20** / **2012**

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
MICHAEL KEHOE

Mailing Address
2095 MISTY HOLLOW DR

City
WALL State
NJ Zip Code
07715

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
09 / **20** / **2012**

Amount of Each Receipt this Period
1000.00

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

Mailing Address
ONE GREAT FAIRFAX STE 130

City
MADISON State
NT Zip Code
07940

FEC ID number of contributing federal political committee.
C

Name of Employer
BRINTON EATON ASSOC INC Occupation
PRESIDENT

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
09 / **20** / **2012**

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

12030914397

SCHEDULE A (FEC Form 3)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE OF

(check only one)

Grid for line numbers 11a-15

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NAME OF COMMITTEE (In Full)
FROELICH FOR CONGRESS

Full Name (Last, First, Middle Initial)

THOMAS COGNE

Mailing Address

5 WOOD HOLLOW ROAD

City

PARSONS PARK

State

NT

Zip Code

07054

FEC ID number of contributing federal political committee.

FEC ID number field

Name of Employer

COYNE PUBLIC RELATIONS

Occupation

EXECUTIVE

Receipt For:

Receipt For checkboxes: Primary, General, Other

Election Cycle-to-Date

Election Cycle-to-Date field

Date of Receipt

Date of Receipt field: 09/26/2012

Amount of Each Receipt this Period

Amount of Each Receipt field: 400.00

Full Name (Last, First, Middle Initial)

JAMES WILLIS CALLAHAN

Mailing Address

3979 PINEHURST PL

City

DECATUR

State

GA

Zip Code

30034-5223

FEC ID number of contributing federal political committee.

FEC ID number field

Name of Employer

Occupation

Receipt For:

Receipt For checkboxes: Primary, General, Other

Election Cycle-to-Date

Election Cycle-to-Date field

Date of Receipt

Date of Receipt field: 09/26/2012

Amount of Each Receipt this Period

Amount of Each Receipt field: 500.00

Full Name (Last, First, Middle Initial)

NANCY PACKER PEGG

Mailing Address

1050 SANDY BLUFF RD

City

NASHVILLE

State

GA

Zip Code

31639

FEC ID number of contributing federal political committee.

FEC ID number field

Name of Employer

Occupation

Receipt For:

Receipt For checkboxes: Primary, General, Other

Election Cycle-to-Date

Election Cycle-to-Date field

Date of Receipt

Date of Receipt field: 09/26/2012

Amount of Each Receipt this Period

Amount of Each Receipt field: 300.00

SUBTOTAL of Receipts This Page (optional)

SUBTOTAL field: 1200.00

TOTAL This Period (last page this line number only)

TOTAL field: 18710.00

12030914398

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

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)
FROELICH FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. **Community News Service Inc**

Mailing Address
2 PRINCEPS ROAD Suite 16

City **LAWRENCEVILLE** State **NJ** Zip Code **08648**

Purpose of Disbursement
Advertising

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

09 / **20** / **2012**

Amount of Each Disbursement this Period

1,871.30

Full Name (Last, First, Middle Initial)

B. **CLAREEDGE Consulting LLC**

Mailing Address
PO Box 1637

City **Toms River** State **NJ** Zip Code **08753**

Purpose of Disbursement
Campaign Consultant

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

07 / **01** / **2012**

Amount of Each Disbursement this Period

5,000.00

Full Name (Last, First, Middle Initial)

C. **CLAREEDGE Consulting LLC**

Mailing Address
PO. Box 1637

City **Toms River** State **NJ** Zip Code **08753**

Purpose of Disbursement
Campaign Consultant

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

08 / **14** / **2012**

Amount of Each Disbursement this Period

5,000.00

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

11,871.30

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

11,871.30

12030914399

**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 OF

<input 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)

FROELICH FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. *ClearEdge Consulting LLC*

Mailing Address *PO Box 1137*

City *TOMM RIVER NJ* State *NJ* Zip Code *08753*

Purpose of Disbursement *Campaign Consultant*

Candidate Name

Category/
Type

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

State: District:

Date of Disbursement

09 / *01* / *2012*

Amount of Each Disbursement this Period

7000.00

B. *Victory Store Comm Inc*

Mailing Address *5200 30th St SW*

City *DAVENPORT IA* State *IA* Zip Code *52802-3035*

Purpose of Disbursement *LAWN SIGNS*

Candidate Name

Category/
Type

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

State: District:

Date of Disbursement

08 / *31* / *2012*

Amount of Each Disbursement this Period

5,205.00

C. *U.S.P.S.*

Mailing Address *3RD AVE*

City *SPRING LAKE NJ* State *NJ* Zip Code *07162*

Purpose of Disbursement *POSTAGE*

Candidate Name

Category/
Type

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

State: District:

Date of Disbursement

09 / *07* / *2012*

Amount of Each Disbursement this Period

540.00

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

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

12,745.00

12030914400

**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 OF

<input 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)

FROELICH FOR CONGRESS

Full Name (Last, First, Middle Initial)

A.

SEABROOK VILLAGE

Mailing Address

3000 ESSEX RD

City

Tinton Falls

State

NJ

Zip Code

07753

Purpose of Disbursement

MEETING EXPENSE

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Date of Disbursement

MM / DD / YYYY
07 / 09 / 2012

Amount of Each Disbursement this Period

372.47

B.

Paypal

Mailing Address

2211 N First St.

City

SAN JOSE CA

State

Zip Code

95131

Purpose of Disbursement

SERVICE FEES

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2012

Amount of Each Disbursement this Period

524.34

C.

Market Me

Mailing Address

1338 Highway 36

City

Hazlet

State

Zip Code

07730

Purpose of Disbursement

BANNER

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2012

Amount of Each Disbursement this Period

342.40

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

1239.21

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

12030914401

**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 OF

<input 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)

FROELICH FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. **A-C-N Printing**

Mailing Address **P.O. Box 1598**

City **Wall** State **NJ** Zip Code **07719**

Purpose of Disbursement **Printing**

Candidate Name

Category/
Type

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

State: District:

Date of Disbursement

07 / 02 / 2012

Amount of Each Disbursement this Period

315.65

B. **JONATHAN REGAN-LEWINE**

Mailing Address **130 Astor Ct.**

City **JACKSON** State **NJ** Zip Code **08527**

Purpose of Disbursement **Web Design**

Candidate Name

Category/
Type

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

State: District:

Date of Disbursement

08 / 17 / 2012

Amount of Each Disbursement this Period

180.-

C. **MARKETME**

Mailing Address **1338 Highway 36**

City **HAZLET** State **NT** Zip Code **07730**

Purpose of Disbursement **BANNER**

Candidate Name

Category/
Type

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

State: District:

Date of Disbursement

08 / 17 / 2012

Amount of Each Disbursement this Period

342.40

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

8380.5

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

12030914402

**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 OF

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

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NAME OF COMMITTEE (In Full)

FROELICH FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. **FORZA PARTNERSHIP**

Mailing Address

2202 Route 9 South

City

Howell

State

NT

Zip Code

07731

Purpose of Disbursement

Rent

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Date of Disbursement

08 / **13** / **2012**

Amount of Each Disbursement this Period

500.00

B. **FORZA PARTNERSHIP**

Mailing Address

2202 Route 9 South

City

Howell

State

NT

Zip Code

07731

Purpose of Disbursement

Rent

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Date of Disbursement

09 / **26** / **2012**

Amount of Each Disbursement this Period

500.00

C. **ROBODIAL.ORG LLC**

Mailing Address

P.O. Box 1393

City

MEDIA

State

PA

Zip Code

19063

Purpose of Disbursement

Telephone Calls

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State:

District:

Date of Disbursement

08 / **09** / **2012**

Amount of Each Disbursement this Period

500.00

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

1500.00

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

1500.00

12030914403

**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 OF

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

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NAME OF COMMITTEE (In Full)

FROELICH FOR CONGRESS

Full Name (Last, First, Middle Initial)

A.

MY RES RESEARCH

Mailing Address

6225 CARDINAL BROOK COURT

City

SPRINGFIELD VA 22152

Purpose of Disbursement

Election Research

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: District:

Date of Disbursement

09 / 03 / 2012

Amount of Each Disbursement this Period

18,000.00

B.

Mailing Address

City

State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Mailing Address

City

State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify)

State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

18,000.00

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

46,193.56

12030914404

**SCHEDULE C (FEC Form 3)
LOANS**

NAME OF COMMITTEE (In Full)
FROELICH FOR CONGRESS

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

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address
205 WASHINGTON AVE

City State ZIP Code
SPRING LAKE NJ 07764

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

12,845.00 **12,845.00**

TERMS

Date Incurred Date Due Interest Rate Secured:

03 / 19 / 2012 % (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).....

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.

12030914405

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

Supplementary for
 Information found on
 Page ____ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) FROELICH FRO CONGRESS	FEC IDENTIFICATION NUMBER C 00516658
--	---

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR) %
---	----------------	--------------------------

Mailing Address	Date Incurred or Established	M M / D D / Y Y Y Y Y	D D / Y Y Y Y Y	Y Y Y Y Y
City State Zip Code	Date Due	M M / D D / Y Y Y Y Y	D D / Y Y Y Y Y	Y Y Y Y Y

A. Has loan been restructured? No Yes If yes, date originally incurred M M / D D / Y Y Y Y Y

B. If line of credit, Amount of this Draw: [] Total Outstanding Balance: []

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____

What is the value of this collateral? []

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____

What is the estimated value? []

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).

Location of account: _____
 Address: _____
 City, State, Zip: _____

Date account established: M M / D D / Y Y Y Y Y

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE M M / D D / Y Y Y Y Y
---	-------------------------------

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	Title	DATE M M / D D / Y Y Y Y Y
--	-------	-------------------------------

12030914406

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE OF

FOR LINE NUMBER: (check only one)

9
10

NAME OF COMMITTEE (In Full)

FROELICH FOR CONGRESS

A. 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 type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input 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 type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

12030914407

