

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

MO HILL FOR CONGRESS COMMITTEE 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))....	15548.70	10690.10
(b) Total Contribution Refunds (from Line 20(d))	14100.00	14100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	1448.70	-3409.90
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	4173.77	3515.17
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	4173.77	3515.17
8. Cash on Hand at Close of Reporting Period (from Line 27).....	7274.93	
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).....	10000.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

MO HILL FOR CONGRESS COMMITTEE INC

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	13800.00	10200.00
(ii) Unitemized.....	950.00	350.00
(iii) TOTAL of contributions from individuals ▶	14750.00	10550.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	798.70	140.10
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	15548.70	10690.10
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	10000.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	10000.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	25548.70	10690.10

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	4173.77	3515.17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	14100.00	14100.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	14100.00	14100.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	18273.77	17615.17

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	25548.70
25. SUBTOTAL (add Line 23 and Line 24).....	25548.70
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	18273.77
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	7274.93

**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 5 OF 22
	<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)
MO HILL FOR CONGRESS COMMITTEE INC

A. Full Name (Last, First, Middle Initial)
Ellen Brown

Mailing Address 301 Thornhill Rd

City Hanover State PA Zip Code 17331

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

Name of Employer: Ellen Brown Occupation: Real Estate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 22 / 2014

Transaction ID : SA11AI.4137

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Lerue Brown

Mailing Address 301 Thornhill Rd

City Hanover State PA Zip Code 17331

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

Name of Employer: York Wallcoverings Inc Occupation: Co-Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 22 / 2014

Transaction ID : SA11AI.4135

Amount of Each Receipt this Period
 500.00

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

Mailing Address 241 16th St SE

City Washington State DC Zip Code 20003

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

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 21 / 2014

Transaction ID : SA11AI.4104

Amount of Each Receipt this Period
 500.00

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 6 OF 22
	<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)
MO HILL FOR CONGRESS COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Christopher Hill		Date of Receipt M M / D D / Y Y Y Y 02 / 04 / 2014
Mailing Address 1827 E Yale Ave		Transaction ID : SA11AI.4112
City Salt Lake City	State UT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer University of Utah	Occupation Athletic Director	
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. MAURICE B JR HILL		Date of Receipt M M / D D / Y Y Y Y 01 / 09 / 2014
Mailing Address 300 WOODVIEW CT		Transaction ID : SA11AI.4124
City TOMS RIVER	State NJ	
FEC ID number of contributing federal political committee. C H4NJ00011		Amount of Each Receipt this Period 100.00
Name of Employer Hill and Dell Rosa DMD PA	Occupation Dentist	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 271.10	

Full Name (Last, First, Middle Initial) C. John Langenus		Date of Receipt M M / D D / Y Y Y Y 02 / 04 / 2014
Mailing Address 16 Turnberry Ln		Transaction ID : SA11AI.4114
City Bloomfield	State CT	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2600.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00	

SUBTOTAL of Receipts This Page (optional).....	5300.00
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 7 OF 22
	<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)
MO HILL FOR CONGRESS COMMITTEE INC

A. Full Name (Last, First, Middle Initial)
Stephan Leone

Mailing Address 9 Robbins St

City Toms River State NJ Zip Code 08753

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

Name of Employer Carluccio Leone et al Occupation Lawyer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 21 / 2014

Transaction ID : SA11AI.4100

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Gary Lotano

Mailing Address 9 Central Ave

City Toms River State NJ Zip Code 08753

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

Name of Employer Lotano Development Inc Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 04 / 2014

Transaction ID : SA11AI.4110

Amount of Each Receipt this Period
 250.00

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

Mailing Address 34 Hamilton Ct

City Toms River State NJ Zip Code 08757

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

Name of Employer Ocean County College Occupation Professor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 20 / 2014

Transaction ID : SA11AI.4141

Amount of Each Receipt this Period
 250.00

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

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

750.00

**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 22
	<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)
MO HILL FOR CONGRESS COMMITTEE INC

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

Mailing Address 9237 English Meadow Way

City Laytonsville State MD Zip Code 20882

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 04 / 2014

Transaction ID : SA11AI.4120

Amount of Each Receipt this Period
 1500.00

B. Full Name (Last, First, Middle Initial)
Lynn Regina

Mailing Address 102 Lisa Ct

City McMurray State PA Zip Code 15317

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 04 / 2014

Transaction ID : SA11AI.4118

Amount of Each Receipt this Period
 500.00

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

Mailing Address 4 Pine St

City Toms River State NJ Zip Code 08758

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

Name of Employer Good Friend Electric Co Inc Occupation Co-Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2014

Transaction ID : SA11AI.4133

Amount of Each Receipt this Period
 500.00

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 9 OF 22
	<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)
MO HILL FOR CONGRESS COMMITTEE INC

A. Full Name (Last, First, Middle Initial)
Jill Savino

Mailing Address 25 Third Ave

City Seaside Park State NJ Zip Code 08752

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

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 15 / 2014

Transaction ID : SA11AI.4125

Amount of Each Receipt this Period
 250.00

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

Mailing Address 31206 Roxbury Park Dr

City Bay Village State OH Zip Code 44140

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

Name of Employer Orthopaedic Associates Inc Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 04 / 2014

Transaction ID : SA11AI.4116

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Peter Van Dyke

Mailing Address 707 Frann Rd

City Toms River State NJ Zip Code 08753

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

Name of Employer Kelaher Van Dyke and Moriarty Occupation Lawyer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 21 / 2014

Transaction ID : SA11AI.4102

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

**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 22
	<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)
MO HILL FOR CONGRESS COMMITTEE INC

A. Full Name (Last, First, Middle Initial)
James M Walley Jr.

Mailing Address 502 Gordova St

City Dallas State TX Zip Code 75223

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

Name of Employer CE2 Solutions Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 20 / 2014

Transaction ID : SA11Al.4139

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 / 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 / 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

13800.00

**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 22
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
MO HILL FOR CONGRESS COMMITTEE INC

Full Name (Last, First, Middle Initial) A. MAURICE B JR HILL		Date of Receipt M M / D D / Y Y Y Y 01 / 04 / 2014	
Mailing Address 300 WOODVIEW CT		Transaction ID : SA11D.4169	
City TOMS RIVER	State NJ	Zip Code 08755	Amount of Each Receipt this Period 171.10 In-kind - Office Supplies
FEC ID number of contributing federal political committee. C H4NJ00011			
Name of Employer Hill and Dell Rosa DMD PA	Occupation Dentist		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 171.10		

Full Name (Last, First, Middle Initial) B. MAURICE B JR HILL		Date of Receipt M M / D D / Y Y Y Y 01 / 20 / 2014	
Mailing Address 300 WOODVIEW CT		Transaction ID : SA11D.4172	
City TOMS RIVER	State NJ	Zip Code 08755	Amount of Each Receipt this Period 257.50 In-kind - Meeting Expense
FEC ID number of contributing federal political committee. C H4NJ00011			
Name of Employer Hill and Dell Rosa DMD PA	Occupation Dentist		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 10528.60		

Full Name (Last, First, Middle Initial) C. MAURICE B JR HILL		Date of Receipt M M / D D / Y Y Y Y 01 / 21 / 2014	
Mailing Address 300 WOODVIEW CT		Transaction ID : SA11D.4170	
City TOMS RIVER	State NJ	Zip Code 08755	Amount of Each Receipt this Period 230.00 In-kind - Postage
FEC ID number of contributing federal political committee. C H4NJ00011			
Name of Employer Hill and Dell Rosa DMD PA	Occupation Dentist		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 10758.60		

SUBTOTAL of Receipts This Page (optional).....	658.60
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: PAGE 13 OF 22
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
MO HILL FOR CONGRESS COMMITTEE INC

A. Full Name (Last, First, Middle Initial)
MAURICE B JR HILL

Mailing Address 300 WOODVIEW CT

City State Zip Code
TOMS RIVER NJ 08755

FEC ID number of contributing federal political committee. **C H4NJ00011**

Name of Employer Occupation
Hill and Dell Rosa DMD PA Dentist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10271.10

Date of Receipt
 M M / D D / Y Y Y Y
 01 15 2014

Transaction ID : SA13A.4107

Amount of Each Receipt this Period
10000.00

Candidate Loan

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

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 / 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).....

10000.00

10000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 22			
	<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)
MO HILL FOR CONGRESS COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Brittany Brinkman		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014
Mailing Address 1 Windsor Ct		Amount of Each Disbursement this Period 1029.09 Transaction ID : SB17.4164
City Jackson	State NJ	
Zip Code 08527	Purpose of Disbursement Compliance	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Brittany Brinkman		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 1 Windsor Ct		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.4166
City Jackson	State NJ	
Zip Code 08527	Purpose of Disbursement Compliance	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Robert DiBiase		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 253 South Shore Dr		Amount of Each Disbursement this Period 814.56 Transaction ID : SB17.4167
City Toms River	State NJ	
Zip Code 08753	Purpose of Disbursement Reimbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	3343.66
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 15 OF 22	
	<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)
MO HILL FOR CONGRESS COMMITTEE INC

Full Name (Last, First, Middle Initial) A. MAURICE B JR HILL		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2014
Mailing Address 300 WOODVIEW CT		Amount of Each Disbursement this Period 257.50 Transaction ID : SB17.4175
City TOMS RIVER State NJ Zip Code 08755	Purpose of Disbursement In-kind - Meeting Expense	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NJ District: 03		

Full Name (Last, First, Middle Initial) B. MAURICE B JR HILL		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2014
Mailing Address 300 WOODVIEW CT		Amount of Each Disbursement this Period 230.00 Transaction ID : SB17.4177
City TOMS RIVER State NJ Zip Code 08755	Purpose of Disbursement In-kind - Postage	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NJ District: 03		

Full Name (Last, First, Middle Initial) C. MAURICE B JR HILL		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2014
Mailing Address 300 WOODVIEW CT		Amount of Each Disbursement this Period 99.46 Transaction ID : SB17.4174
City TOMS RIVER State NJ Zip Code 08755	Purpose of Disbursement In-kind - Meeting Expense	
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NJ District: 03		

SUBTOTAL of Disbursements This Page (optional).....	586.96
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 16 OF 22			
	<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)
MO HILL FOR CONGRESS COMMITTEE INC

Full Name (Last, First, Middle Initial) A. MAURICE B JR HILL		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 300 WOODVIEW CT		Amount of Each Disbursement this Period 40.64
City TOMS RIVER	State NJ	
Zip Code 08755	Purpose of Disbursement In-kind - Office Supplies	Transaction ID : SB17.4176
Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NJ	District: 03	

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	Transaction ID
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Transaction ID
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	40.64
TOTAL This Period (last page this line number only).....	3971.25

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 22			
	<input type="checkbox"/> 17 <input checked="" 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)
MO HILL FOR CONGRESS COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Ellen Brown		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 301 Thornhill Rd		Amount of Each Disbursement this Period 500.00 Transaction ID : SB20A.4151
City Hanover	State PA	
Zip Code 17331	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Lerue Brown		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 301 Thornhill Rd		Amount of Each Disbursement this Period 500.00 Transaction ID : SB20A.4150
City Hanover	State PA	
Zip Code 17331	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Dennis Dutch		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 241 16th St SE		Amount of Each Disbursement this Period 500.00 Transaction ID : SB20A.4154
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	1500.00
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 18 OF 22			
	<input type="checkbox"/> 17 <input checked="" 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)
MO HILL FOR CONGRESS COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Christopher Hill		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 1827 E Yale Ave		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.4156
City Salt Lake City	State UT	
Zip Code 84108	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. John Langenus		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 16 Turnberry Ln		Amount of Each Disbursement this Period 2600.00 Transaction ID : SB20A.4157
City Bloomfield	State CT	
Zip Code 06002	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Stephan Leone		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 9 Robbins St		Amount of Each Disbursement this Period 250.00 Transaction ID : SB20A.4152
City Toms River	State NJ	
Zip Code 08753	Purpose of Disbursement Refund of Contribution	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	5450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 22			
	<input type="checkbox"/> 17 <input checked="" 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)
MO HILL FOR CONGRESS COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Gary Lotano		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 9 Central Ave		Amount of Each Disbursement this Period 250.00 Transaction ID : SB20A.4155
City Toms River State NJ Zip Code 08753	Purpose of Disbursement Refund of Contribution	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Richard Muller		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 34 Hamilton Ct		Amount of Each Disbursement this Period 250.00 Transaction ID : SB20A.4148
City Toms River State NJ Zip Code 08757	Purpose of Disbursement Refund of Contribution	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. John Niemyer		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 9237 English Meadow Way		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB20A.4161
City Laytonsville State MD Zip Code 20882	Purpose of Disbursement Refund of Contribution	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 22			
	<input type="checkbox"/> 17 <input checked="" 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)
MO HILL FOR CONGRESS COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Lynn Regina		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 102 Lisa Ct		Amount of Each Disbursement this Period 500.00 Transaction ID : SB20A.4160
City McMurray	State PA Zip Code 15317	
Purpose of Disbursement Refund of Contribution		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. David Rosen		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 4 Pine St		Amount of Each Disbursement this Period 500.00 Transaction ID : SB20A.4149
City Toms River	State NJ Zip Code 08758	
Purpose of Disbursement Refund of Contribution		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Jill Savino		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 25 Third Ave		Amount of Each Disbursement this Period 250.00 Transaction ID : SB20A.4145
City Seaside Park	State NJ Zip Code 08752	
Purpose of Disbursement Refund of Contribution		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1250.00
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 21 OF 22			
	<input type="checkbox"/> 17 <input checked="" 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)
MO HILL FOR CONGRESS COMMITTEE INC

Full Name (Last, First, Middle Initial) A. Duret Smith		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 31206 Roxbury Park Dr		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB20A.4158
City State Zip Code Bay Village OH 44140	Purpose of Disbursement Refund of Contribution	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Peter Van Dyke		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 707 Frann Rd		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB20A.4153
City State Zip Code Toms River NJ 08753	Purpose of Disbursement Refund of Contribution	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. James M Walley Jr.		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 502 Gordova St		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB20A.4147
City State Zip Code Dallas TX 75223	Purpose of Disbursement Refund of Contribution	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3500.00
TOTAL This Period (last page this line number only).....	13700.00

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **MO HILL FOR CONGRESS COMMITTEE INC** Transaction ID : **SC/10.4107**

LOAN SOURCE Full Name (Last, First, Middle Initial) **MAURICE B JR HILL** *[PERSONAL FUNDS]* Election: 2014
 Primary
 General
 Other (specify) ▼

Mailing Address
 300 WOODVIEW CT

City State ZIP Code
 TOMS RIVER NJ 08755

Original Amount of Loan 10000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 10000.00
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TERMS

Date Incurred M 01 / D 15 / Y 2014	Date Due M M / D D / Y 6/4/2014	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------------------------------	------------------------------------	-------------------------------	---

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	10000.00
TOTALS This Period (last page in this line only).....	▶	10000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.