

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

12FE4M5

TOM MACARTHUR FOR CONGRESS INC.

ADDRESS (number and street) ▼

PO BOX 225

Check if different than previously reported. (ACC)

Colonia

NJ

07067-0225

2. **FEC IDENTIFICATION NUMBER** ▼

C C00557520

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

NJ

03

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on / / in the State of

(c) 30-Day **POST**-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

/ / through / /

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 Ronald Gravino

Signature of Treasurer Ronald Gravino

[Electronically Filed]

Date

/ /

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

Office Use Only

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

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)

- 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: 10 / 16 / 2014 To: 11 / 24 / 2014

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of 11 / 04 / 2014 (date of general election)	COLUMN C Total for 11 / 05 / 2014 (date after general election)
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
28870.00	305708.00	0.00
(ii) Unitemized		
1693.00	35075.00	50.00
(iii) Total of contributions from individuals		
30563.00	340783.00	50.00
(b) Political Party Committees		
0.00	0.00	0.00
(c) Other Political Committees		
53455.07	268598.68	1579.29

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 4 / 87

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	5000000.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	5000000.00	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)

PAGE 5 / 87

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		
1086314.51	5295435.49	219174.64
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
0.00	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
0.00	253.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 87

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)
(c) Other Political Committees (such as PACs)		
0.00	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))		
0.00	253.00	0.00
21. OTHER DISBURSEMENTS		
300.00	5545.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)		
1086614.51	5301233.49	219174.64

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 87
	<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.

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 **435.00**

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

Transaction ID : A738C5EC24B564E78829

Amount of Each Receipt this Period
10.00

B. Full Name (Last, First, Middle Initial)
Terry 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 : A50BB47B114D94FA082F

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Gerald 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 : A7994B78139E74C2EA51

Amount of Each Receipt this Period
250.00

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

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

760.00

**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 87
	<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)
Carolyn Ketcham

Mailing Address 98 Meadow Point Rd

City Pt Pleasant	State NJ	Zip Code 08742
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FEC ID number of contributing federal political committee. **C**

Name of Employer Carolyn J Ketcham	Occupation Blogger
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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 : A0E102748D49C4C39BF5

Amount of Each Receipt this Period
500.00

Primary 2014 Debt

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

Mailing Address 375 Brentwood Ave

City Toms River	State NJ	Zip Code 08755
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FEC ID number of contributing federal political committee. **C**

Name of Employer York Risk Services	Occupation AVP Client Finance
--	----------------------------------

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 : A12EE67FB91504ED4B4B

Amount of Each Receipt this Period
250.00

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

Mailing Address 24 N Hillside Ave

City Chatham	State NJ	Zip Code 07928
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FEC ID number of contributing federal political committee. **C**

Name of Employer York Risk Services	Occupation VP IT
--	---------------------

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 : A1E4415FA4378419BB2C

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 9 OF 87
	<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)
Harry Adler

Mailing Address 419 Hawkins Rd

City Southampton State NJ Zip Code 08088

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

Name of Employer: Adler Excavating & Contracting Occupation: Contractor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : A4EDC85220E3B48D69B4

Amount of Each Receipt this Period
 300.00

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

Mailing Address 805 Thomas Ave

City Riverton State NJ Zip Code 08077

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

Name of Employer: Capehart & Scatchard Occupation: Lawyer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : A663A0F18700042DDABA

Amount of Each Receipt this Period
 1000.00

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

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

Transaction ID : A369A2BAC0CAD46C0990

Amount of Each Receipt this Period
 1000.00

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

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

2300.00

**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 87
	<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)
Fred Bieker

Mailing Address 107 Grey Eagle Dr

City Sun Valley State ID Zip Code 83354

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
 10 / 24 / 2014

Transaction ID : A1083E7849E2E437D896

Amount of Each Receipt this Period
 1000.00

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

Mailing Address 880 S Maple Ave

City Glen Rock State NJ Zip Code 07452

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

Name of Employer Risk Services Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : AC3D0FFF8DC74430F973

Amount of Each Receipt this Period
 250.00

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

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

Transaction ID : A0025ED99E722424FAB8

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 11 OF 87
	<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 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 / D D / Y Y Y Y
 10 / 29 / 2014

Transaction ID : A88D2CF2190654640B0D

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
James 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 : A65A3B2CDC20643ED950

Amount of Each Receipt this Period
250.00

C. 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 : AE0664EE0487B4D0A87D

Amount of Each Receipt this Period
100.00

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

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

600.00

**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 87
	<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 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 : AA62A5584F86D406F9BE

Amount of Each Receipt this Period
1500.00

B. Full Name (Last, First, Middle Initial)
Ralph 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 : A1FA0113994FB4B31A9A

Amount of Each Receipt this Period
250.00

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

Mailing Address 14 Roberts Dr

City Westampton State NJ Zip Code 08060

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

Name of Employer Miller Service Corp Occupation 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
 11 / 04 / 2014

Transaction ID : A5798BD2EDD564D00A1A

Amount of Each Receipt this Period
1000.00
Primary 2014 Debt

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

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

2750.00

**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 13 OF 87
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 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 : A9C21543BD964433C9C5

Amount of Each Receipt this Period
100.00

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

Mailing Address 7401 Normandy Dr

City Mt Laurel State NJ Zip Code 08054

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 **400.00**

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

Transaction ID : A8CC5544B6FDE4CE9AFE

Amount of Each Receipt this Period
400.00

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 : AF84F1773B288483E9BE

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 14 OF 87
	<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 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
10 / 29 / 2014

Transaction ID : A423FBD91383B4ED390A

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
John 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 : AB9F986C75DD8420A80D

Amount of Each Receipt this Period
250.00

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

Mailing Address 5 Liberty Pl

City State Zip Code
Medford NJ 08055

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

Name of Employer Occupation
Radwell International Inc 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 : A4C34FCA467A9469ABDF

Amount of Each Receipt this Period
2000.00

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

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

2750.00

**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 87
	<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 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 M / D D D / Y Y Y Y Y Y
 10 / 29 / 2014

Transaction ID : AE07127FC8FC74205954

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Bruce 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 M / D D D / Y Y Y Y Y Y
 10 / 24 / 2014

Transaction ID : A8E29BF3665194F65B19

Amount of Each Receipt this Period
2000.00

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

Mailing Address 37 Dexter Dr N

City Basking Ridge State NJ Zip Code 07920

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 : AA1B9B8234F9841E6BF1

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 16 OF 87
	<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 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 Y Y
 10 / 24 / 2014

Transaction ID : AAD37131EB7074B97D7

Amount of Each Receipt this Period
500.00

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 Y Y
 11 / 04 / 2014

Transaction ID : A9A8C098D498546E79D4

Amount of Each Receipt this Period
250.00

C. 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 Y Y
 10 / 22 / 2014

Transaction ID : AAFC3D37249A34E63993

Amount of Each Receipt this Period
2000.00

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

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

2750.00

**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 87
	<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)
Paul Boudreau

Mailing Address 33 Pheasant Run Dr

City Basking Ridge State NJ Zip Code 07920

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

Name of Employer Morrist County Chamber of Comm Occupation President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : A5D45A1861B604B04AFA

Amount of Each Receipt this Period
 250.00

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

Mailing Address 1115 Wilson Ave

City Glen Mills State PA Zip Code 19342

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

Name of Employer Penn Capital Occupation Portfolio Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : AD45A0FC37A644081A56

Amount of Each Receipt this Period
 500.00

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

Mailing Address 433 Chairville Rd

City Southampton State NJ Zip Code 08088

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

Name of Employer Gary Gardner Occupation General Contractor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : A3B85C317749C41AF928

Amount of Each Receipt this Period
 500.00

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

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

1250.00

**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 87
	<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)
Salvatore Campo

Mailing Address 41 Heritage Ct

City Randolph State NJ Zip Code 07869

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

Name of Employer SJC LLC Occupation Builder

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : AA2CF265B8CC44A01A8B

Amount of Each Receipt this Period
 2600.00

Primary 2014 Debt

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

Mailing Address 17 Old Dutch Pl

City Bedminster State NJ Zip Code 07921

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

Name of Employer York Risk Services Occupation Chief HR

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 : A0BBFF475033E4952920

Amount of Each Receipt this Period
 250.00

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

Mailing Address 14 Kenyon Dr

City New Egypt State NJ Zip Code 08533

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : A198E99E535114FF8A4E

Amount of Each Receipt this Period
 1000.00

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

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

3850.00

**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 87
	<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 11 / 04 / 2014
Mailing Address 2213 New York Ave		Transaction ID : A313FC07167EF4F1FBEB
City Scotch Plains	State NJ	
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) Richard Woodward		Date of Receipt M M / D D / Y Y Y Y 11 / 04 / 2014
Mailing Address 99 Southview Terr N		Transaction ID : A2DE3AC75270D421FBC7
City Middletown	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Handmade Furniture	Occupation Cabinetmaker	
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) Dale Florio		Date of Receipt M M / D D / Y Y Y Y 11 / 03 / 2014
Mailing Address 87 High Ridge Rd		Transaction ID : A6C10431647AD4376A5E
City Skillman	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Princeton Public Affairs Group	Occupation Consultant	Primary 2014 Debt
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

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 20 OF 87
	<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 Buck III

Mailing Address 173 Briarwood Rd

City State Zip Code
Mt Laurel NJ 08054

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

Name of Employer Occupation
Burlington County 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 : A79E9EB44B7974FE682F

Amount of Each Receipt this Period
250.00

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

Mailing Address 19 W 4th St

City State Zip Code
Florence NJ 08518

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

Name of Employer Occupation
Ekrem Agdogan Construction

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 : A60971FCF36BB45818EE

Amount of Each Receipt this Period
2000.00

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

Mailing Address 55 Bortons Rd

City State Zip Code
Marlton NJ 08053

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

Name of Employer Occupation
Alpha Delta Inc Insurance Broker

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 : A9402CBF26A3A4949968

Amount of Each Receipt this Period
300.00

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

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

2550.00

**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 87
	<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)
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 : AE26F5BEE967440BDB47

Amount of Each Receipt this Period
300.00

B. Full Name (Last, First, Middle Initial)
Terry 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 : AA5EAE5E431354E758F9

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Joyce 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 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 : AC71D11AAAB334F43900

Amount of Each Receipt this Period
10.00

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

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

560.00

**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 87
	<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)
Janice Fields

Mailing Address 36 Darren Dr

City Basking Ridge State NJ Zip Code 07920

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

Name of Employer Global Benefit Occupation Administrator

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 : A6F81E34C2A10437CA5F

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Timothy 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 : AEADF8868A55C4168B43

Amount of Each Receipt this Period
1000.00

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 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).....

1250.00

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 87
	<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)
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 / D D / Y Y Y Y
 10 / 31 / 2014

Transaction ID : ACB83E56EAA394F35A55

Amount of Each Receipt this Period
1000.00

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

Mailing Address 1111 14TH STREET, NW
SUITE 1100

City WASHINGTON State DC Zip Code 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 : A27EADA71E850492E9C0

Amount of Each Receipt this Period
5000.00

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

Mailing Address 55 GLENLAKE PKWY NW

City ATLANTA State GA Zip Code 30328

FEC ID number of contributing federal political committee. **C** C00064766

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
 11 / 04 / 2014

Transaction ID : AB447A277A79C499B854

Amount of Each Receipt this Period
2500.00

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 87
<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)
STAND TALL AMERICA PAC (STAPAC)

Mailing Address **PO BOX 2382**

City **AMARILLO** State **TX** Zip Code **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 : A1246C921BF9D4C7FB26

Amount of Each Receipt this Period
829.29

In-kind: In-kind - Food/Beverage

B. 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
2600.00

Date of Receipt

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

Transaction ID : A10419EF4306C40B4BE2

Amount of Each Receipt this Period
2600.00

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

Mailing Address **101 CONSTIUTION AVENUE, NW
10TH FLOOR WEST**

City **WASHINGTON** State **DC** Zip Code **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	/	D D	/	Y Y Y Y
10	/	30	/	2014

Transaction ID : A06C62AC2E2DD42389A1

Amount of Each Receipt this Period
5000.00

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

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

8429.29

**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 25 OF 87
	<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)
GENERAL DYNAMICS CORPORATION POLITICAL ACTION COMMITTEE (GDC PAC)

Mailing Address 2941 FAIRVIEW PARK DR.
SUITE 100

City State Zip Code
FALLS CHURCH VA 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
11 / 04 / 2014

Transaction ID : A0E56E271725A48AB96C

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 State Zip Code
Hackensack NJ 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
10 / 29 / 2014

Transaction ID : A577840D905A44E41B5D

Amount of Each Receipt this Period
1000.00

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

Mailing Address 610 S BOULEVARD

City State Zip Code
TAMPA FL 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 : A3B546A9EF47B410EA5C

Amount of Each Receipt this Period
5000.00

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

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

7000.00

**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 26 OF 87
	<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)
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
 10 / 27 / 2014

Transaction ID : A8A61138984C24C22995

Amount of Each Receipt this Period
487.89

In-kind: In-kind - Event Cost- food/bev

B. 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
 11 / 04 / 2014

Transaction ID : A39985609DC52411394D

Amount of Each Receipt this Period
2500.00

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

Mailing Address 1120 CONNECTICUT AVENUE NW
SUITE 600

City WASHINGTON State DC Zip Code 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 : A4B8B3987693749D8B88

Amount of Each Receipt this Period
3000.00

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

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

5987.89

**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 87
	<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)
NEW PIONEERS PAC

Mailing Address 228 S WASHINGTON ST STE 115

City State Zip Code
ALEXANDRIA VA 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
10000.00

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

Transaction ID : A9583354351D6438F9F1

Amount of Each Receipt this Period
5000.00

Primary 2014 Debt

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 / D D / Y Y Y Y
 10 / 24 / 2014

Transaction ID : A367A81AF84E54A048B2

Amount of Each Receipt this Period
500.00

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

Mailing Address PO Box 4616

City State Zip Code
St Paul MN 55101

FEC ID number of contributing federal political committee. **C** C00565036

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 : ADC632459ED804A22BEC

Amount of Each Receipt this Period
1000.00

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 87
	<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 / D D / Y Y Y Y
10 / 24 / 2014

Transaction ID : A4BDE066C6295457B912

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
UNITED WATER INC. FEDERAL PAC

Mailing Address 200 OLD HOOK ROAD

City HARRINGTON PARK State NJ Zip Code 07640

FEC ID number of contributing federal political committee. **C C00280156**

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
11 / 03 / 2014

Transaction ID : A7094D03EAE3B47789F7

Amount of Each Receipt this Period
500.00

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
10 / 27 / 2014

Transaction ID : A91C88C65D35646DF801

Amount of Each Receipt this Period
487.89

In-kind:In-kind - Event Cost- food/bev

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

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

5987.89

**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 29 OF 87
	<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)
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
11 / 04 / 2014

Transaction ID : AF3C0A2F3A23C438A96D

Amount of Each Receipt this Period
1000.00

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

Mailing Address PO BOX 2382

City AMARILLO State TX Zip Code 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 : A5F21CB80E3EA4C23B4E

Amount of Each Receipt this Period
750.00

In-kind:In-kind - Fundraising

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

Mailing Address 33 NORTHFIELD AVENUE

City EDISON State NJ Zip Code 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 / D D / Y Y Y Y
11 / 04 / 2014

Transaction ID : A36AB44D67C11491CB91

Amount of Each Receipt this Period
1500.00

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

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

3250.00

**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 30 OF 87
	<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)
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 / D D / Y Y Y Y
 10 / 31 / 2014

Transaction ID : A5048A8B73DC1498A9B6

Amount of Each Receipt this Period
 _____ 1000.00

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

Mailing Address P.O. BOX 917

City	State	Zip Code
SHELBYVILLE	IN	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 : AD4EFADBDDEED4CCEB4.

Amount of Each Receipt this Period
 _____ 500.00

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

Mailing Address 2470 DANIELLS BRIDGE RD STE 121

City	State	Zip Code
ATHENS	GA	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 : AE9925A6A435D454FBE8

Amount of Each Receipt this Period
 _____ 1000.00

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 31 OF 87
	<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)
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 **300.00**

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

Transaction ID : A8A899F3FA17544BCBF5

Amount of Each Receipt this Period
300.00

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

Mailing Address **1236 Brace Rd Ste G**

City **Cherry Hill** State **NJ** Zip Code **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 Y
10 / 29 / 2014

Transaction ID : A430E407E1C2B49AEBD2

Amount of Each Receipt this Period
500.00

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

Mailing Address **1707 L STREET, NW SUITE 750**

City **WASHINGTON** State **DC** Zip Code **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 Y
10 / 24 / 2014

Transaction ID : AF21D2C9ECA174AF190B

Amount of Each Receipt this Period
2500.00

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

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

3300.00

**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 32 OF 87
	<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)
SAFARI CLUB INTERNATIONAL PAC (SCI-PAC)

Mailing Address 4800 W. GATES PASS ROAD

City State Zip Code
TUCSON AZ 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 : AF52A9CA50C7644CD962

Amount of Each Receipt this Period
2000.00

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).....

2000.00

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 33 OF 87
	<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. The Tom MacArthur Victory Fund		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address PO Box 9891		Transaction ID : AC412C11D0E4F481FBE1
City Arlington	State VA	
Zip Code 22219-1891		Amount of Each Receipt this Period 13579.81
FEC ID number of contributing federal political committee. C C00567966	Transfer of Joint Fundraising Proceeds	
Name of Employer	Occupation	
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 13579.81	

Full Name (Last, First, Middle Initial) B. Douglas Hitchner		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 146 Central Park W Apt 2F		Transaction ID : ADA7E066721274A75AAF
City New York	State NY	
Zip Code 10023		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C	Partnership	
Name of Employer Odyssey Investment Partners	Occupation Managing Principal	[MEMO ITEM]
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) C. John Fruehwirth		Date of Receipt M M / D D / Y Y Y Y 10 / 29 / 2014
Mailing Address 8205 River Falls Dr		Transaction ID : AF455A07E3E3345D7A1B
City Potomac	State MD	
Zip Code 20854		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C	Partnership	
Name of Employer Rotunda Capital 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 500.00	

SUBTOTAL of Receipts This Page (optional).....	13579.81
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 34 OF 87
	<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)
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
 10 / 29 / 2014

Transaction ID : AF2F9F869FAF544D7BE7

Amount of Each Receipt this Period
300.00

Partnership
[MEMO ITEM]

B. 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
 10 / 29 / 2014

Transaction ID : A02BC54D886014B118CC

Amount of Each Receipt this Period
500.00

Partnership
[MEMO ITEM]

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

Mailing Address 885 Third Ave

City State Zip Code
New York NM 10022

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

Name of Employer Occupation
Latham & Watkins LLP 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
 10 / 29 / 2014

Transaction ID : AA26D88CF71AF4AA9B96

Amount of Each Receipt this Period
500.00

Partnership
[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 35 OF 87
(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
 10 / 29 / 2014

Transaction ID : A7B9EB57E9412419E9A7

Amount of Each Receipt this Period
 1500.00

Partnership
[MEMO ITEM]

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

Mailing Address 1011 Deacon Rd

City State Zip Code
Hainseport NJ 08036

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

Name of Employer Occupation
Virtua Health VP

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 / 29 / 2014

Transaction ID : A268A93CD118E40F5BA1

Amount of Each Receipt this Period
 1000.00

Partnership
[MEMO ITEM]

C. 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
 10 / 29 / 2014

Transaction ID : ABFF8F9819D504F39A50

Amount of Each Receipt this Period
 300.00

Partnership
[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 36 OF 87
	<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)
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 : A823B900D45C04BCBB52

Amount of Each Receipt this Period
500.00

Partnership
[MEMO ITEM]

B. 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
 10 / 29 / 2014

Transaction ID : A64486C1D75984511B2B

Amount of Each Receipt this Period
300.00

Partnership
[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
 10 / 29 / 2014

Transaction ID : A6BFA111B59994918837

Amount of Each Receipt this Period
300.00

Partnership
[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 87
	<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)
Howard Ganek

Mailing Address 622 N Flagler Dr

City West Palm Beach State FL Zip Code 33401

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
500.00

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

Transaction ID : A7A5114F7EB8E4868A34

Amount of Each Receipt this Period
500.00

Partnership

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Thomas 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 : A9FA6395FBEA8404F82A

Amount of Each Receipt this Period
300.00

Partnership

[MEMO ITEM]

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

Mailing Address 126 E 56th St
32nd Fl

City New York State NY Zip Code 10022

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

Name of Employer David Feinberg Occupation 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 Y Y
 10 / 29 / 2014

Transaction ID : AE06643064DB241BDA18

Amount of Each Receipt this Period
1000.00

Partnership

[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 38 OF 87
	<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)
Allan Green

Mailing Address 10 Glenville St

City State Zip Code
Greenwich CT 06831

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

Name of Employer Occupation
Midwest Environmental Consult 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
 10 / 29 / 2014

Transaction ID : A59391BAADC7D489299D

Amount of Each Receipt this Period
250.00

Partnership
[MEMO ITEM]

B. 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
 10 / 29 / 2014

Transaction ID : AF35191870E974EEB8C5

Amount of Each Receipt this Period
300.00

Partnership
[MEMO ITEM]

C. 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
 10 / 29 / 2014

Transaction ID : A8526916BE70D4A44B33

Amount of Each Receipt this Period
1000.00

Partnership
[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 39 OF 87
	<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)
Jeffrey McKibben

Mailing Address 49 E 21st St
Apt 7B

City State Zip Code
New York NY 10010

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

Name of Employer Occupation
Odyssey Investment Partners Managing Partner

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
10 / 29 / 2014

Transaction ID : A9CDE5140B6BA416E851

Amount of Each Receipt this Period
2500.00

Partnership

[MEMO ITEM]

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

Mailing Address PO Box 207

City State Zip Code
Scarsdale NY 10583

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 Y Y
10 / 29 / 2014

Transaction ID : AF3C6B7D709D94AFA9B1

Amount of Each Receipt this Period
250.00

Partnership

[MEMO ITEM]

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

Mailing Address 30 Valleywood Rd

City State Zip Code
Cos Cob CT 06807

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

Name of Employer Occupation
Lockton Insurance

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 : AAA7B2ECAAF6544997B11

Amount of Each Receipt this Period
500.00

Partnership

[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 40 OF 87
	<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)
Keith Smith

Mailing Address 3 Heathchris Ct

City Medford	State NJ	Zip Code 08055
-----------------	-------------	-------------------

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

Name of Employer Hainesport Enterprises Inc	Occupation Owner
--	---------------------

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 : AF31FC21085E346FA88B

Amount of Each Receipt this Period
 _____ 1000.00

Partnership
[MEMO ITEM]

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

Mailing Address 182 Mill Spring Rd

City Manhasset	State NY	Zip Code 11030
-------------------	-------------	-------------------

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

Name of Employer Latham & Watkins LLP	Occupation 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 : A5CFA895110CE470EA07

Amount of Each Receipt this Period
 _____ 500.00

Partnership
[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
 10 / 29 / 2014

Transaction ID : A6D96202E6BB741218B4

Amount of Each Receipt this Period
 _____ 250.00

Partnership
[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 41 OF 87
	<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 **800.00**

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

Transaction ID : ADB18717568F24CFD99F

Amount of Each Receipt this Period
300.00

Partnership

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Robert 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 **1600.00**

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

Transaction ID : A86866817B9D646C4AA1

Amount of Each Receipt this Period
300.00

Partnership

[MEMO ITEM]

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

Mailing Address 147 Country Club Dr

City Moorestown State NJ Zip Code 08057

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

Name of Employer Population Health North Occupation 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
 10 / 29 / 2014

Transaction ID : A584F7586BFDF4469BE6

Amount of Each Receipt this Period
300.00

Partnership

[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 87
	<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)
Robert Platzter

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 Restaurantier

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 : A3764C2B9E8A5490995C

Amount of Each Receipt this Period
500.00

Partnership

[MEMO ITEM]

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

Mailing Address 1764 Cullom Ave

City Chicago State IL Zip Code 60613

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

Name of Employer KPMG LLP Occupation Accountant

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 : A85511E150030499B908

Amount of Each Receipt this Period
1000.00

Partnership

[MEMO ITEM]

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

Mailing Address 2109 Broadway Apt 1616

City New York State NY Zip Code 10023

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

Name of Employer The Riverside Company Occupation Co-CEO

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 : AE34F595DDADA4F20A1A

Amount of Each Receipt this Period
250.00

Partnership

[MEMO ITEM]

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

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

0.00

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 43 OF 87			
	<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 Transaction ID : B1246C921BF9D4C7FB26
City AMARILLO	State TX	
Zip Code 79105	Purpose of Disbursement In-kind:In-kind - Food/Beverage	Category/ Type
Candidate Name STAND TALL AMERICA PAC (STAPAC)	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 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 Transaction ID : B8A61138984C24C22995
City Flanders	State NJ	
Zip Code 07836	Purpose of Disbursement In-kind:In-kind - Event Cost- food/bev	Category/ Type
Candidate Name Bucco for Assembly	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. 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 Transaction ID : B91C88C65D35646DF801
City Succasunna	State NJ	
Zip Code 07876	Purpose of Disbursement In-kind:In-kind - Event Cost- food/bev	Category/ Type
Candidate Name Bucco for Senate	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).....	1805.07
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 44 OF 87	
	<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 750.00 Transaction ID : B5F21CB80E3EA4C23B4E
City AMARILLO	State TX	
Zip Code 79105	Purpose of Disbursement In-kind:In-kind - Fundraising	Category/ Type
Candidate Name STAND TALL AMERICA PAC (STAPAC)	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 / 16 / 2014
Mailing Address 333 W Commercial St		Amount of Each Disbursement this Period 163.74 Transaction ID : BC20356972AB04EE6A27
City East Rochester	State NY	
Zip Code 14445	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. 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 Transaction ID : BC0AE22762EAD46BCA46
City Milford	State NJ	
Zip Code 08848	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).....	1163.74
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 45 OF 87	
	<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 : BB755BF9C018F4B60813
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. 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 Transaction ID : BFC273037259044BF83E
City Moorestown	State NJ	
Zip Code 08057	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 / 16 / 2014
Mailing Address 14 Seagull Point		Amount of Each Disbursement this Period 47.04 Transaction ID : BE2FC30818FB242028C0
City Bayville	State NJ	
Zip Code 08721	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).....	774.25
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 46 OF 87	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
TOM 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 / 16 / 2014
Mailing Address 435 E Main St Room 250		Amount of Each Disbursement this Period 67833.28 Transaction ID : BA0CE74D2A04D4EFA9AB
City Greenwood	State IN Zip Code 46143	
Purpose of Disbursement Internet Media	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. 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 Transaction ID : B815C7A30BA854BAA900
City Holmdel	State NJ Zip Code 07733	
Purpose of Disbursement Survey	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. 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 Transaction ID : B5FCF6C22BF06421A842
City MT LAUREL	State NJ Zip Code 08054	
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:		

SUBTOTAL of Disbursements This Page (optional).....	67833.28
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 87	
	<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. 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 : BEF70E36FCC514769BDE
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) 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 Transaction ID : B4ED7493C5C6040BA9DD
City Toms River	State NJ	
Zip Code 08757	Purpose of Disbursement Fundraising Supplies	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. 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 Transaction ID : B6B7ADFEC1F90461C9A2
City Toms River	State NJ	
Zip Code 08753	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:	

SUBTOTAL of Disbursements This Page (optional).....	1661.68
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 48 OF 87	
	<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. Political Communications Advertising

Mailing Address 37 W 39th St
Ste 602

City New York State NY Zip Code 10018

Purpose of Disbursement Media

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 17 / 2014

Amount of Each Disbursement this Period: 335181.00

Transaction ID : B0D98626084DA4932984

Full Name (Last, First, Middle Initial)
B. Chris Russell Consulting

Mailing Address 1704 Maxwell Dr
Ste 202

City Wall State NJ Zip Code 07719

Purpose of Disbursement Direct Mail Services

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 17 / 2014

Amount of Each Disbursement this Period: 7500.00

Transaction ID : B79A10779242C417E8A6

Full Name (Last, First, Middle Initial)
c. Thomas Bonfonti

Mailing Address 31 Barbara Ct

City Waretown State NJ Zip Code 08758

Purpose of Disbursement Office Expense

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 10 / 21 / 2014

Amount of Each Disbursement this Period: 156.60

Transaction ID : B7625F89634DC4D1EAED

SUBTOTAL of Disbursements This Page (optional) 342837.60

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 87	
	<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 Transaction ID : B6093FF9BAF284B11B0E
City Belford	State NJ Zip Code 07718	
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. 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 : B64DD4FED875B445AA6A
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 <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 Transaction ID : B9DBE54A9AB894BB8955
City Bayville	State NJ Zip Code 08721	
Purpose of Disbursement 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:		

SUBTOTAL of Disbursements This Page (optional).....	707.74
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 87			
	<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. 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 Transaction ID : B52000E52BDD34A71956
City Jackson	State NJ	
Zip Code 08527	Purpose of Disbursement Fundraising Consulting	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. 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 Transaction ID : B2178A12784B14117868
City Trenton	State NJ	
Zip Code 08650	Purpose of Disbursement Postage	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. 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 Transaction ID : BB8C394D0C25F49D48B0
City Grand Rapids	State MI	
Zip Code 49503	Purpose of Disbursement CC Processing Fee	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).....	3439.48
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 87			
	<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 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 : B5485285C68804750980	
Purpose of Disbursement Research		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. 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 : B87BDADCE22564585AC9	
Purpose of Disbursement Fundraising		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. 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	Transaction ID : BE726D99F112F4AB6820	
Purpose of Disbursement Insurance		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).....	24306.22
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 87		
	<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 10 / 22 / 2014
Mailing Address 290 Route 37 E		Amount of Each Disbursement this Period 1000.00 Transaction ID : B42306396CA624BDA923
City Toms River State NJ Zip Code 08753	Purpose of Disbursement Event Cost-Food/Beverage	
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. 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 Transaction ID : B622DA31D7E5347C1984
City East Rochester State NY Zip Code 14445	Purpose of Disbursement Insurance	
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 Transaction ID : B611F6F9AE8344Aafb7D
City New York State NY Zip Code 10018	Purpose of Disbursement Media	
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).....	348870.11
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 87			
	<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. 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 Transaction ID : B18E715BEDB81446C854
City Denville	State NJ Zip Code 07834	
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) B. 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 Transaction ID : B5AC90C481C704375A3F
City Lakewood	State NJ Zip Code 08701	
Purpose of Disbursement Photography Services	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. 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 Transaction ID : B9949F98202844889A27
City Holmdel	State NJ Zip Code 07733	
Purpose of Disbursement Phone Survey	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).....	17702.00
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 87			
	<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 10 / 27 / 2014
Mailing Address PO Box 225		Amount of Each Disbursement this Period 413.27 Transaction ID : B056896A0889B4513BE9
City Colonia	State NJ	
Zip Code 07067	Purpose of Disbursement Courier/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	
State: District:	Other (specify)	

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 : B4842304ECEFC4BA9A8A
City Wall	State NJ	
Zip Code 07719	Purpose of Disbursement Slate 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	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) c. Transxt		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2014
Mailing Address 190 Monroe NW 5th Fl		Amount of Each Disbursement this Period 94.94 Transaction ID : B67676352006E4659B5F
City Grand Rapids	State MI	
Zip Code 49503	Purpose of Disbursement CC Processing Fee	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).....	7179.66
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 55 OF 87	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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. 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 Transaction ID : BE27DD3A1D5FB4537861
City Whippany	State NJ Zip Code 07981	
Purpose of Disbursement General Campaign Consulting	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. 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 Transaction ID : BCB2C085146104E94AE8
City Forked River	State NJ Zip Code 08731	
Purpose of Disbursement Election Night Entertainment	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 / 29 / 2014
Mailing Address 14 Seagull Point		Amount of Each Disbursement this Period 47.04 Transaction ID : BDDC12831A2434750A94
City Bayville	State NJ Zip Code 08721	
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).....	2555.70
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 87	
	<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. 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 : B4879AA2826E84ED195D
City Toms River	State NJ	
Zip Code 08753	Purpose of Disbursement Travel-Mileage Reimbursement	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. 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 : B5BC868A6C5794BF4B0F
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	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) c. 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 : B2AD0588DDB3544C3B6F
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)	

SUBTOTAL of Disbursements This Page (optional).....	2780.23
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 87	
	<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 Transaction ID : BE7755BF4CD8D4E7BA9E
City Greenwood	State IN Zip Code 46143	
Purpose of Disbursement Internet Media	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. 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 : B8EA74B266D6B4581919
City West New York	State NJ Zip Code 07093	
Purpose of Disbursement Rent/Utilities	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. 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 Transaction ID : BE095B74F56B94E159D3
City Colonia	State NJ Zip Code 07067	
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	19561.01
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 87	
	<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 3250.00 Transaction ID : BDA23B6EF6E444C729AF
City Colonia	State NJ	
Zip Code 07067	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)	

Full Name (Last, First, Middle Initial) B. 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 Transaction ID : B03C32AEE38C44E4B928
City Toms River	State NJ	
Zip Code 08753	Purpose of Disbursement Fundraiser-Equipment Rental	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. 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 Transaction ID : B906D7E3C02144B74B5B
City East Rochester	State NY	
Zip Code 14445	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	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	3960.11
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 87	
	<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. Transaxt		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
Purpose of Disbursement CC Processing Fee	Category/Type ---	
Candidate Name	Transaction ID : B4A56AD43AEE748B7898	
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)		Date of Disbursement
B. Transaxt		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
Purpose of Disbursement CC Processing Fee	Category/Type ---	
Candidate Name	Transaction ID : B12D1296441F447F9BD5	
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)		Date of Disbursement
c. Chris Mottola Consulting Inc		M M / D D / Y Y Y Y 11 / 05 / 2014
Mailing Address 1382 Lafayette St		Amount of Each Disbursement this Period
City Cape May	State NJ	Zip Code 08204
Purpose of Disbursement Media	Category/Type ---	
Candidate Name	Transaction ID : B576A2E1BD5AD4CCA862	
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).....	84208.89
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 87	
	<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 : BB189B5D8EB244B5B95C
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. 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 Transaction ID : B5A427B394DB741FBB20
City Toms River	State NJ	
Zip Code 08753	Purpose of Disbursement Election Night-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) 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 : B7D3F2E3B19B94AA8B41
City Wall	State NJ	
Zip Code 07719	Purpose of Disbursement Political Strategy Consulting	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).....	22913.11
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 87	
	<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.

A. Paycycle

Full Name (Last, First, Middle Initial)
Mailing Address 210 Portage Ave

City Palo Alto State CA Zip Code 94306

Purpose of Disbursement Payroll Taxes

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 06 / 2014

Amount of Each Disbursement this Period: 901.93

Transaction ID : B94E705610ED34D43BE5

B. Adam Lester

Full Name (Last, First, Middle Initial)
Mailing Address 410 Kettle Creek Rd Apt 5

City Toms River State NJ Zip Code 08753

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 06 / 2014

Amount of Each Disbursement this Period: 2705.90

Transaction ID : BD7BB5FFCF79C4D24886

c. Chris Griswold

Full Name (Last, First, Middle Initial)
Mailing Address 9 East 5th St

City Barnegat Light State NJ Zip Code 08006

Purpose of Disbursement Payroll

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify)

State: District:

Date of Disbursement: 11 / 06 / 2014

Amount of Each Disbursement this Period: 2358.66

Transaction ID : B98AF1D70ED6A4EBFB06

SUBTOTAL of Disbursements This Page (optional) 5966.49

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 87	
	<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 11 / 06 / 2014
Mailing Address 27 Goodfellow Dr		Amount of Each Disbursement this Period 2306.04 Transaction ID : B6B7B5D0B99AB49589E1
City Port Reading	State NJ	
Zip Code 07064	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. 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 Transaction ID : B1A17497642C847328AC
City Palo Alto	State CA	
Zip Code 94306	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. 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 Transaction ID : BBCC8413EB8624BDA8A3
City Princeton	State NJ	
Zip Code 08540	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).....	16469.79
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 87	
	<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 Transaction ID : BFB2312D7B9E74DF7A86
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) B. 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 Transaction ID : B375B26D23C0341F8934
City Forked River	State NJ	
Zip Code 08731	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 / 06 / 2014
Mailing Address 417 Chester Ave		Amount of Each Disbursement this Period 2306.04 Transaction ID : B06A2EFC3ED884DD199C
City Moorestown	State NJ	
Zip Code 08057	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).....	6260.03
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 87	
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
TOM 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 9179.75 Transaction ID : BBE9BDF988E9F420DA6C
City Waretown	State NJ	
Zip Code 08758	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)	

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 Transaction ID : BBD92AE0F814E4ACFA1B
City Bradley Beach	State NJ	
Zip Code 07720	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)	

Full Name (Last, First, Middle Initial) c. 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 : BBC9E1924C6A64BC7B96
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	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	9179.75
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 65 OF 87	
	<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 11 / 06 / 2014
Mailing Address 14 Seagull Point		Amount of Each Disbursement this Period 2353.08 Transaction ID : BF58B7EA1F5214480B60
City Bayville State NJ Zip Code 08721	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. 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 Transaction ID : B5C189ED18A13487EA27
City Mt Holly State NJ Zip Code 08060	Purpose of Disbursement Rent/Expenses 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. 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 Transaction ID : B7244ABB7DD004754A3B
City Colonia State NJ Zip Code 07067	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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	14332.05
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 66 OF 87	
	<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. 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 Transaction ID : B35E6237055A64B4AA08
City Jackson	State NJ	
Zip Code 08527	Purpose of Disbursement Temp Help	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. 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 Transaction ID : B1984F71DB8334D48B55
City Jackson	State NJ	
Zip Code 08527	Purpose of Disbursement Fundraising Consulting	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 Transaction ID : B4ECC2E3F9DD743659D7
City Belford	State NJ	
Zip Code 07718	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).....	16432.51
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 67 OF 87	
	<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 11 / 11 / 2014
Mailing Address 435 E Main St Room 250		Amount of Each Disbursement this Period 7,269.37 Transaction ID : B9D137D5B0DCF4BED841
City Greenwood	State IN Zip Code 46143	
Purpose of Disbursement Internet Media	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 11 / 11 / 2014
Mailing Address 2 W Windsor Ave		Amount of Each Disbursement this Period 6,250.00 Transaction ID : B826032A0F92040FC92C
City Alexandria	State VA Zip Code 22301	
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. Paycycle		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2014
Mailing Address 210 Portage Ave		Amount of Each Disbursement this Period 843.06 Transaction ID : B22D32650B8324E9DB35
City Palo Alto	State CA Zip Code 94306	
Purpose of Disbursement P/R 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).....	7269.37
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 68 OF 87			
	<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. Paycycle		Date of Disbursement
Mailing Address 210 Portage Ave		M M / D D / Y Y Y Y 11 / 12 / 2014
City Palo Alto	State CA	Zip Code 94306
Purpose of Disbursement P/R Taxes	Amount of Each Disbursement this Period 53.25	
Candidate Name	Transaction ID : B12FE9B3B269445F4AD9	
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)	Category/Type ---
State: District:		

Full Name (Last, First, Middle Initial) B. Paycycle		Date of Disbursement
Mailing Address 210 Portage Ave		M M / D D / Y Y Y Y 11 / 13 / 2014
City Palo Alto	State CA	Zip Code 94306
Purpose of Disbursement Payroll Taxes	Amount of Each Disbursement this Period 3128.75	
Candidate Name	Transaction ID : B1AD3A95F292242FE8B5	
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)	Category/Type ---
State: District:		

Full Name (Last, First, Middle Initial) c. Paycycle		Date of Disbursement
Mailing Address 210 Portage Ave		M M / D D / Y Y Y Y 11 / 13 / 2014
City Palo Alto	State CA	Zip Code 94306
Purpose of Disbursement Payroll Taxes	Amount of Each Disbursement this Period 319.17	
Candidate Name	Transaction ID : B9FCB6732E589442E803	
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)	Category/Type ---
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3501.17
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 87	
	<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. 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 Transaction ID : B9F5EEA0420DB414F908
City Bradley Beach	State NJ	
Zip Code 07720	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. 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 Transaction ID : B8DD6DDDD885448A3939
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. 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 Transaction ID : B8DB8C0E4A3694DFD86F
City Barnegat Light	State NJ	
Zip Code 08006	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).....	7285.41
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 87	
	<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 11 / 13 / 2014
Mailing Address 54 Chesterfield Dr		Amount of Each Disbursement this Period 173.04 Transaction ID : BBFD164D243804654A5B
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. 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 Transaction ID : BCC70D261D49B41DA9C2
City Bayville	State NJ Zip Code 08721	
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. 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 : BC792D7470840427495E
City Wall	State NJ Zip Code 07719	
Purpose of Disbursement Slate 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:		

SUBTOTAL of Disbursements This Page (optional).....	3464.18
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 87	
	<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 Transaction ID : BBB1AFC5EDAE048BB9F9
City East Rochester	State NY	
Zip Code 14445	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	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. 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 Transaction ID : BFBB8AC56C1994F8F9A2
City Colonia	State NJ	
Zip Code 07067	Purpose of Disbursement Software/Courier	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. 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 Transaction ID : BCA348D3ACADC467EB04
City Toms River	State NJ	
Zip Code 08753	Purpose of Disbursement Printing/Postage	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).....	424.12
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 72 OF 87			
	<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 / 04 / 2014
Mailing Address PO Box 1270		Amount of Each Disbursement this Period 6085.04 Transaction ID : B0F48F546E0214BC9822
City Newark	State NJ Zip Code 07101	
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) B. 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 Transaction ID : B05381A88339345969D6
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:		

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 Transaction ID : B5993001D8B294F31AD1
City Moorestown	State NJ Zip Code 08057	
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).....	6501.98
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 87	
	<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 Transaction ID : B2085CAB0F04B4A3A92B
City Port Reading	State NJ	
Zip Code 07064	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 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 Transaction ID : B4797060E38424216BB1
City Forked River	State NJ	
Zip Code 08731	Purpose of Disbursement Volunteer Cost/Telecomm/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) c. 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 Transaction ID : B653814EDE03C4BC2AC6 [MEMO ITEM]
City Trenton	State NJ	
Zip Code 08650	Purpose of Disbursement Postage	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).....	2571.11
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 87			
	<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 11 / 04 / 2014
Mailing Address 166 9th St		Amount of Each Disbursement this Period 228.60 Transaction ID : B75DC5C2F61414FD196E
City Belford	State NJ Zip Code 07718	
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) 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 Transaction ID : BBA97B75C6FC241E7B7E
City Newark	State NJ Zip Code 07101	
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. 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 Transaction ID : B0375AFD69E6842AE955 [MEMO ITEM]
City Trenton	State NJ Zip Code 08650	
Purpose of Disbursement Postage	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).....	12476.84
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 75 OF 87	
	<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. 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 Fundraiser-Equipment Rental	Category/Type	Transaction ID : B08034A26123A4705911
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. 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 -16.95
City Trenton	State NJ Zip Code 08650	
Purpose of Disbursement Postage	Category/Type	Transaction ID : B3082326A986C4B82AFC
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. 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	Category/Type	Transaction ID : B5D80232C5B3741509DD
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 76 OF 87			
	<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 : B2789A18E283441CBAE8
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 -1068.40
City Trenton	State NJ	
Zip Code 08650	Purpose of Disbursement Postage	Transaction ID : BE1F335DDF8E7456D88E
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 -49.00
City Trenton	State NJ	
Zip Code 08650	Purpose of Disbursement Postage	Transaction ID : B22E5E25D5E84472A858
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 77 OF 87	
	<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 Transaction ID : B79BAF422F2964C509BB
City Newark	State NJ Zip Code 07101	
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) B. 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 Transaction ID : BF56853864A294396BBA [MEMO ITEM]
City Toms River	State NJ Zip Code 08753	
Purpose of Disbursement Facility/Room Rental	Category/Type 003	
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 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 Transaction ID : B73001FF976AC4C63878
City Forked River	State NJ Zip Code 08731	
Purpose of Disbursement 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:		

SUBTOTAL of Disbursements This Page (optional).....	19480.18
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 78 OF 87	
	<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 Transaction ID : B8A33F8007FB84A3AA26
City Bayville	State NJ Zip Code 08721	
Purpose of Disbursement Contribution	<input type="checkbox"/> 012 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.		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	<input type="checkbox"/> Category/ Type	
Candidate Name		
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	<input type="checkbox"/> Category/ Type	
Candidate Name		
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).....	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)

Transaction ID : **CCCD55AD788F74EC1ACF**

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:

01

03

2014

None

0.00

% (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

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.

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 : C42F1E7B7FAF5461C951

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:

M M / D D / Y Y Y Y Y
03 / 31 / 2014

M M / D D / Y Y Y Y Y
None

0.00 % (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

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.

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

NAME OF COMMITTEE (In Full) **TOM MACARTHUR FOR CONGRESS INC.** Transaction ID : **C918F8A5099134C0CB30**

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:
M 06 / D 20 / Y 2014	M / D / Y None	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.	

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 : C916B757923AE4352B37

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:

09

09

2014

None

0.00

% (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional).....

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.

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 : CF050D67B35AE467D8B6

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:

M 10 / D 10 / Y 2014 Y

M / D / Y None Y

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)..... ▶

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.

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 : D9D209E9B02574122899
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 : DD064045D9E2F47B5AB8
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 : D7B6C2FF89CAE48589D6
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

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.		Nature of Debt (Purpose): Legal Fees
Mailing Address 142 W State St		
City	State	Zip Code
Trenton	NJ	08608

Outstanding Balance Beginning This Period	Transaction ID : D66D8874AD6EF453A84D	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="79273.43"/>	<input type="text" value="0.00"/>	<input type="text" value="79273.43"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Aristotle International		Nature of Debt (Purpose): Software
Mailing Address 205 Pennsylvania Ave SE		
City	State	Zip Code
Washington	DC	20003

Outstanding Balance Beginning This Period	Transaction ID : D44D580EA73804F85BBB	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="2250.00"/>	<input type="text" value="0.00"/>	<input type="text" value="2250.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Horizon Blue Cross Blue Shield of NJ		Nature of Debt (Purpose): Insurance
Mailing Address PO Box 1738		
City	State	Zip Code
Newark	NJ	07101

Outstanding Balance Beginning This Period	Transaction ID : D2C79D1F68C2E4BF2BA3	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="3752.00"/>	<input type="text" value="0.00"/>	<input type="text" value="3752.00"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="85275.43"/>
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"/>

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)

TOM MACARTHUR FOR CONGRESS INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor American Express		Nature of Debt (Purpose): Office Expense
Mailing Address PO Box 1270		
City	State	Zip Code
Newark	NJ	07101

Outstanding Balance Beginning This Period	Transaction ID : DD04DE682E50E4EADB7E	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="4253.30"/>	<input type="text" value="0.00"/>	<input type="text" value="4253.30"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor First Fidelity Land LLC		Nature of Debt (Purpose): Rent
Mailing Address 6050 Kennedy Blvd E		
City	State	Zip Code
West New York	NJ	07093

Outstanding Balance Beginning This Period	Transaction ID : DE6FD02872194491E86E	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="875.00"/>	<input type="text" value="0.00"/>	<input type="text" value="875.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Capehart & Scatchard, P.A.		Nature of Debt (Purpose): Legal Fees
Mailing Address 142 W State St		
City	State	Zip Code
Trenton	NJ	08608

Outstanding Balance Beginning This Period	Transaction ID : D5093FC35602D453A990	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="32474.91"/>	<input type="text" value="0.00"/>	<input type="text" value="32474.91"/>

1) SUBTOTALS This Period This Page (optional)	<input type="text" value="37603.21"/>
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"/>

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%; text-align: right;" type="text" value="0.00"/>	Transaction ID : D44C3342B42D749B0B9F	
Amount Incurred This Period <input style="width:100%; text-align: right;" type="text" value="2893.15"/>	Payment This Period <input style="width:100%; text-align: right;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width:100%; text-align: right;" 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%; text-align: right;" type="text" value="2893.15"/>
2) TOTALS This Period (last page this line number only) ▶	<input style="width:100%; text-align: right;" type="text" value="132002.35"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶	<input style="width:100%; text-align: right;" 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%; text-align: right;" type="text" value="632002.35"/>