

**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

Friends of John Arvanites

ADDRESS (number and street)

PO Box 1773



Check if different than previously reported. (ACC)

Morristown

NJ

07962

2. FEC IDENTIFICATION NUMBER ▼

C C00520346

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

NJ

11

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

M M / D D / Y Y Y Y  
06 / 05 / 2012

in the State of

NJ

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



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y  
06 / 05 / 2012

in the State of

NJ

5. Covering Period

M M / D D / Y Y Y Y  
04 / 01 / 2012

through

M M / D D / Y Y Y Y  
05 / 16 / 2012

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

Type or Print Name of Treasurer Sam Arvanites

Signature of Treasurer

Sam Arvanites

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
05 / 24 / 2012

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

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 14

Write or Type Committee Name

Friends of John Arvanites

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	1	2

	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))....	8925.00	8925.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	8925.00	8925.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	1650.00	1650.00
(b) Total Offsets to Operating Expenditures (from Line 14) .....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	1650.00	1650.00
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	7275.00	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 14

Write or Type Committee Name

Friends of John Arvanites

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	1	2

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:**

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

6000.00

6000.00

(ii) Unitemized.....

1925.00

1925.00

(iii) TOTAL of contributions from individuals ▶

7925.00

7925.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

1000.00

1000.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

8925.00

8925.00

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

0.00

0.00

**13. LOANS:**

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

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

0.00

0.00

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

0.00

0.00

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

8925.00

8925.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 14

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1650.00	1650.00
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	1650.00	1650.00

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	8925.00
25. SUBTOTAL (add Line 23 and Line 24).....	8925.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1650.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	7275.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 14

(check only one)

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

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)

**Friends of John Arvanites**

Full Name (Last, First, Middle Initial)

**Konstantinos Apostolopoulos**

Mailing Address 527 Mount Pleasant Avenue

City

West Orange

State

NJ

Zip Code

07052

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Argolis Inc

Occupation

President

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2012

Transaction ID : C6994832

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**Demetrios J Arvanites**

Mailing Address 48 Cleveland Street

City

Caldwell

State

NJ

Zip Code

07006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2012

☒ 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
05		03		2012

Transaction ID : C6994820

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**John E Botzolakis**

Mailing Address 2 Raspberry Trail

City

Warren

State

NJ

Zip Code

07059

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Soma Labs

Occupation

President/CEO

Receipt For: 2012

☒ 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
05		03		2012

Transaction ID : C6994835

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER:

PAGE 6 OF 14

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of John Arvanites

Full Name (Last, First, Middle Initial)

A. Joan Caruso

Mailing Address 58 Perry Street

City

Park Ridge

State

NJ

Zip Code

07656

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Pearson Education

Occupation

Systems Analyst

Receipt For: 2012

☒ 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
05		03		2012

Transaction ID : C6994822

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Kosmas Kasimatis

Mailing Address 133 Emerson Road

City

Somerset

State

NJ

Zip Code

08873

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Dentist

Receipt For: 2012

☒ 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
05		03		2012

Transaction ID : C7002483

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Lori Marino

Mailing Address 31 Underwood Drive

City

West Orange

State

NJ

Zip Code

07052

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Express Scripts

Occupation

Attorney

Receipt For: 2012

☒ 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
05		03		2012

Transaction ID : C6994848

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:

PAGE 7 OF 14

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of John Arvanites

Full Name (Last, First, Middle Initial)

George F Mastorou

A.

Mailing Address 55 Rodak Circle

City

Edison

State

NJ

Zip Code

08817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Business Owner

Receipt For: 2012

☒ 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
05		03		2012

Transaction ID : C6994825

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Victor M Mosquera

B.

Mailing Address 323 Calvin Court

City

Wyckoff

State

NJ

Zip Code

07481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Newport PharmacyOccupation  
Pharmacist

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2012

Transaction ID : C6994851

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Athy A O'Keeffe

C.

Mailing Address 901 West Park Avenue

City

Long Beach

State

NY

Zip Code

11561

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cahill Gordon & Reindel LLPOccupation  
Attorney

Receipt For: 2012

☒ 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
05		14		2012

Transaction ID : C6994880

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:

PAGE 8 OF 14

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of John Arvanites

Full Name (Last, First, Middle Initial)

Alexander S Papasavas

A.

Mailing Address 7 Bellwood Drive

City

Warren

State

NJ

Zip Code

07059

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SelfOccupation  
Consultant

Receipt For: 2012

☒ 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
05		03		2012

Transaction ID : C6994854

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Kathy Papasavas

B.

Mailing Address 158 Sunset Avenue

City

North Arlington

State

NJ

Zip Code

07031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sovereign BankOccupation  
Banker

Receipt For: 2012

☒ 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
05		03		2012

Transaction ID : C6994826

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Michael Papasavas

C.

Mailing Address 5 Milton Place

City

Piscataway

State

NJ

Zip Code

08854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NoneOccupation  
Retired

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2012

Transaction ID : C6994827

Amount of Each Receipt this Period

500.00

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

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

1000.00



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

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

FOR LINE NUMBER:

PAGE 9 OF 14

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of John Arvanites

Full Name (Last, First, Middle Initial)

Paul Papasavas

A.

Mailing Address 29 Underwood Drive

City

West Orange

State

NJ

Zip Code

07052

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Athos Consulting

Occupation

Computer Consultant

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		03		2012

Transaction ID : C6994830

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

Sam Papasavas

B.

Mailing Address 552 Summit Avenue

City

Hackensack

State

NJ

Zip Code

07601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bejoy Pharmacy

Occupation

Pharmacist

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		03		2012

Transaction ID : C6994855

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

Emanuel Patounakis

C.

Mailing Address 21 Tamari Court

City

Randolph

State

NJ

Zip Code

07869

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JLL Corporation

Occupation

Mechanic

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		03		2012

Transaction ID : C6994858

Amount of Each Receipt this Period

250.00

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

1000.00

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

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 10 OF 14

(check only one)

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

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NAME OF COMMITTEE (In Full)

**Friends of John Arvanites**

Full Name (Last, First, Middle Initial)

**Socrates Ploussiou****A.**

Mailing Address 7 Wedgewood Drive

City

North Brunswick

State

NJ

Zip Code

08902

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		03		2012

**Transaction ID : C6994859**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**Despina Savvis****B.**

Mailing Address 22 Spencer Avenue

City

Colonia

State

NJ

Zip Code

07067

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wells Fargo Bank

Occupation

Banker

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		03		2012

**Transaction ID : C6994831**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**SP Construction & Son LLC****C.**

Mailing Address 1 Carnegie Street

City

Linden

State

NJ

Zip Code

07036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		03		2012

**Transaction ID : C6994863**

Amount of Each Receipt this Period

250.00

PARTNERSHIP--partners below if itemized

**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:

PAGE 11 OF 14

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of John Arvanites

Full Name (Last, First, Middle Initial)

Steve Pelardis

Mailing Address 1 Carnegie Street

City

Linden

State

NJ

Zip Code

07036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SP Construction & Son LLCOccupation  
Member/Owner

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		03		2012

Transaction ID : C6994867

Amount of Each Receipt this Period

250.00

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

Sun Quest Funding LLC

Mailing Address 20 Commerce Drive

City

Cranford

State

NJ

Zip Code

07016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		03		2012

Transaction ID : C6994868

Amount of Each Receipt this Period

500.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)

Chris Weigand

Mailing Address 20 Commerce Drive

City

Cranford

State

NJ

Zip Code

07016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sun Quest Funding LLCOccupation  
Member

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		03		2012

Transaction ID : C6994870

Amount of Each Receipt this Period

250.00

[MEMO ITEM]

\*

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

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

500.00

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

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

FOR LINE NUMBER:

PAGE 12 OF 14

(check only one)

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

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NAME OF COMMITTEE (In Full)

Friends of John Arvanites

Full Name (Last, First, Middle Initial)

Mark Yecies

Mailing Address 20 Commerce Drive

City

Cranford

State

NJ

Zip Code

07016

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sun Quest Funding LLC

Occupation

Member

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		03		2012

Transaction ID : C6994869

Amount of Each Receipt this Period

250.00

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

B. Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

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

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

0.00
6000.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 14

<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)

**Friends of John Arvanites**

Full Name (Last, First, Middle Initial)

**U A Pipefitters Local 274 PAC**

Mailing Address 1000 Hendricks Causeway

City

Ridgefield

State

NJ

Zip Code

07657

FEC ID number of contributing  
federal political committee.

C

C00190991

Name of Employer

Occupation

Receipt For: 2012



Primary



General



Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
05 / 03 / 2012

Transaction ID : C6994874

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

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

1000.00

1000.00

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 14

<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)

Friends of John Arvanites

Full Name (Last, First, Middle Initial)

**A. New Jersey Democratic State Committee**

Mailing Address 196 West State Street

City	State	Zip Code
Trenton	NJ	08608

Purpose of Disbursement  
VAN Access Fee

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		07		2012

Amount of Each Disbursement this Period

1650.00
---------

Transaction ID : D351680

**B.**

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Disbursement this Period

--

**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Disbursement this Period

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

1650.00

1650.00