

# 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

JOHN MCCANN FOR CONGRESS

ADDRESS (number and street)

PO BOX 1010

Check if different than previously reported. (ACC)

HACKENSACK

NJ

07602

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER** ▼

C C00661637

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

NJ

05

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

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

08 / 22 / 2017

through

M M / D D / Y Y Y Y

12 / 31 / 2017

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 CONTINI, RALPH, A, ,

Signature of Treasurer CONTINI, RALPH, A, ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y

01 / 29 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name  
**JOHN MCCANN FOR CONGRESS**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	12302.00	12302.00
(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)).....	12302.00	12302.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	7876.00	7876.00
(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)).....	7876.00	7876.00
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	129426.00	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	126397.97	

**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 05/2016)

Write or Type Committee Name

**JOHN MCCANN FOR CONGRESS**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	11400.00	11400.00
(ii) Unitemized.....	402.00	402.00
(iii) TOTAL of contributions from individuals ▶	11802.00	11802.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	500.00	500.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	12302.00	12302.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	125000.00	125000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	125000.00	125000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	137302.00	137302.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 14

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	7876.00	7876.00
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) ►	7876.00	7876.00

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	137302.00
25. SUBTOTAL (add Line 23 and Line 24).....	137302.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	7876.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	129426.00

**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 5 OF 14	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 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)  
**JOHN MCCANN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**BOTTA, CHRISTOPHER, J, ,**

Mailing Address 271 S. FRANKLIN TPKE

City RAMSEY	State NJ	Zip Code 07446
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FEC ID number of contributing federal political committee. **C**

Name of Employer Botta Angeli, LLC	Occupation ATTORNEY
---------------------------------------	------------------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 29 / 2017

**Transaction ID : SA11AI.4103**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Jabara, Theodore, R, , Jr.**

Mailing Address 366 Madison Ave

City Cresskill	State NJ	Zip Code 07026
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FEC ID number of contributing federal political committee. **C**

Name of Employer Meyer Jabara Hotels	Occupation Owner Operator
---	------------------------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 29 / 2017

**Transaction ID : SA11AI.4108**

Amount of Each Receipt this Period  
2700.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Lope, Roger, E, Dr.,**

Mailing Address 603 Lackawanna Ave.

City Woodland Park	State NJ	Zip Code 07424
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self	Occupation Chiropractor
--------------------------	----------------------------

Receipt For: 2018  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 21 / 2017

**Transaction ID : SA11AI.4110**

Amount of Each Receipt this Period  
2700.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	6400.00
<b>TOTAL</b> 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)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**JOHN MCCANN FOR CONGRESS**

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

Mailing Address 122 Truman Dr.

City Cresskill State NJ Zip Code 07626

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

Name of Employer: Advanced Radiology LLC Occupation: Doctor

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 21 / 2017

Transaction ID : SA11AI.4112

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Parrott, Lisa, , ,**

Mailing Address 26 Possum Glen Road

City Wantage State NJ Zip Code 07461

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

Name of Employer: Weichert Realtors Occupation: Real Estate Agent

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 02 / 2017

Transaction ID : SA11AI.4118

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 45 Indian Field CT

City Mahwah State NJ Zip Code 07430

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

Name of Employer: Self Occupation: Attorney

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 02 / 2017

Transaction ID : SA11AI.4124

Amount of Each Receipt this Period  
2000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3500.00

**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 7 OF 14  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**JOHN MCCANN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
Yarock, David, , ,  
Mailing Address 70 Sherwood Road  
City Tenafly State NJ Zip Code 07670  
FEC ID number of contributing federal political committee. C  
Name of Employer Financial Access Network Occupation Insurance Agent  
Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 04 / 2017  
Transaction ID : SA11AI.4145  
Amount of Each Receipt this Period  
750.00  
 Memo Item

**B.** Full Name (Last, First, Middle Initial)  
Yarock, Laurie, , ,  
Mailing Address 70 Sherwood Road  
City Tenafly State NJ Zip Code 07670  
FEC ID number of contributing federal political committee. C  
Name of Employer Brookside Land Dev & Finance Occupation VP  
Receipt For: 2018  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 04 / 2017  
Transaction ID : SA11AI.4126  
Amount of Each Receipt this Period  
750.00  
 Memo Item

**C.** Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. C  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period  
  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	11400.00

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

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NAME OF COMMITTEE (In Full)  
**JOHN MCCANN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MCCANN, JOHN, , ,**

Mailing Address 13 PONDS WAY

City OAKLAND	State NJ	Zip Code 07436
-----------------	-------------	-------------------

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

Name of Employer SELF	Occupation ATTORNEY
--------------------------	------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 22 / 2017

**Transaction ID : SA11D.4148**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 100.00

Memo Item  
 OPEN BANK ACCOUNT

**B.** Full Name (Last, First, Middle Initial)  
**MCCANN, JOHN, , ,**

Mailing Address 13 PONDS WAY

City OAKLAND	State NJ	Zip Code 07436
-----------------	-------------	-------------------

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

Name of Employer SELF	Occupation ATTORNEY
--------------------------	------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 18 / 2017

**Transaction ID : SA11D.4160**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 200.00

Memo Item  
 CANDIDATE - In-kind - Hall Rental Fee

**C.** Full Name (Last, First, Middle Initial)  
**MCCANN, JOHN, , ,**

Mailing Address 13 PONDS WAY

City OAKLAND	State NJ	Zip Code 07436
-----------------	-------------	-------------------

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

Name of Employer SELF	Occupation ATTORNEY
--------------------------	------------------------

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
 \_\_\_\_\_ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2017

**Transaction ID : SA11D.4176**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 200.00

Memo Item  
 In-kind - Hall Rental Fee

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	_____ 500.00
<b>TOTAL</b> 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 9 OF 14  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**JOHN MCCANN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MCCANN, JOHN, , ,**

Mailing Address 13 PONDS WAY

City OAKLAND State NJ Zip Code 07436

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

Name of Employer SELF Occupation ATTORNEY

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
125500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2017

Transaction ID : SA13A.4130

Amount of Each Receipt this Period  
 125000.00

Memo Item  
LOAN

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	125000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 14			
	<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)  
**JOHN MCCANN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ALL COUNTY MEDIA LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2017
Mailing Address 77 HUDSON STREET		FEC Identification Number C 00661637
City HACKENSACK	State NJ	Zip Code 07601
Purpose of Disbursement Collateral Materials	Category/ Type 006	Amount of Each Disbursement this Period 454.93
Candidate Name <b>JOHN MCCANN FOR CONGRESS</b>	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4139
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NJ District: 05	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. ALL COUNTY MEDIA LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2017
Mailing Address 77 HUDSON STREET		FEC Identification Number C 00661637
City HACKENSACK	State NJ	Zip Code 07601
Purpose of Disbursement EVENT	Category/ Type 007	Amount of Each Disbursement this Period 3848.31
Candidate Name <b>JOHN MCCANN FOR CONGRESS</b>	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4141
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NJ District: 05	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. ARENA ONLINE LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2017
Mailing Address 1780 WEST SEQUOIA VISTA CIRCLE		FEC Identification Number C 00661637
City SALT LAKE CITY	State UT	Zip Code 84104
Purpose of Disbursement WEBSITE	Category/ Type 001	Amount of Each Disbursement this Period 1500.00
Candidate Name <b>JOHN MCCANN FOR CONGRESS</b>	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4137
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NJ District: 05	<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5803.24
<b>TOTAL</b> 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 11 OF 14	
	<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)  
**JOHN MCCANN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MCCANN, JOHN, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2017	
Mailing Address 13 PONDS WAY			FEC Identification Number C	
City OAKLAND	State NJ	Zip Code 07436	Amount of Each Disbursement this Period 200.00	
Purpose of Disbursement In-kind - Hall Rental Fee		Category/ Type	Transaction ID : SB17.4177	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. TYPESTYLE INC DBA BLUE DOG GRAPHICS</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2017	
Mailing Address 222 RIVER ROAD			FEC Identification Number C C00661637	
City HACKENSACK	State NJ	Zip Code 07601	Amount of Each Disbursement this Period 1672.38	
Purpose of Disbursement PRINTING		Category/ Type 006	Transaction ID : SB17.4134	
Candidate Name JOHN MCCANN FOR CONGRESS		<input type="checkbox"/> Memo Item		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: NJ District: 05				

Full Name (Last, First, Middle Initial) <b>C. VFW POST 6699</b>			Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2017	
Mailing Address 6 Winslow Place			FEC Identification Number C	
City Paramus	State NJ	Zip Code 07652	Amount of Each Disbursement this Period 200.00	
Purpose of Disbursement CANDIDATE - IN-KIND- HALL RENTAL FEE		Category/ Type	Transaction ID : SB17.4168	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1872.38
<b>TOTAL</b> 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 12 OF 14	
	<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)  
**JOHN MCCANN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. VFW POST 6699</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2017
Mailing Address 6 Winslow Place		FEC Identification Number C C00661637
City Paramus	State NJ	Zip Code 07652
Purpose of Disbursement CANDIDATE - IN-KIND - HALL RENTAL FFE		Category/ Type 007
Candidate Name <b>JOHN MCCANN FOR CONGRESS</b>		Amount of Each Disbursement this Period 200.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4170 <input checked="" type="checkbox"/> Memo Item
State: NJ District: 05		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Category/ Type
Candidate Name		Amount of Each Disbursement this Period
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) ▼	<input type="checkbox"/> Memo Item
State:	District:	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Category/ Type
Candidate Name		Amount of Each Disbursement this Period
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) ▼	<input type="checkbox"/> Memo Item
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	7675.62

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

NAME OF COMMITTEE (In Full) **JOHN MCCANN FOR CONGRESS** Transaction ID : **SC/10.4130**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) MCCANN, JOHN, , ,		<input type="checkbox"/> Memo Item	Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 13 PONDS WAY			
City OAKLAND	State NJ	ZIP Code 07436	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 125000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 125000.00
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<b>TERMS</b>	Date Incurred M 12 / D 31 / Y 2017	Date Due M / D / Y 12/31/2019	Interest Rate (If none, enter 0) 3.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	125000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	125000.00

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**

NAME OF COMMITTEE (In Full)

**JOHN MCCANN FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ALL COUNTY MEDIA LLC</b>			Nature of Debt (Purpose): Campaign Materials
Mailing Address 77 HUDSON STREET			
City HACKENSACK	State NJ	Zip Code 07601	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4174	
Amount Incurred This Period 694.69	Payment This Period 0.00	Outstanding Balance at Close of This Period 694.69

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ALL COUNTY MEDIA LLC</b>			Nature of Debt (Purpose): Advertising
Mailing Address 77 HUDSON STREET			
City HACKENSACK	State NJ	Zip Code 07601	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4175	
Amount Incurred This Period 395.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 395.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Chit Chat Creative Caterers</b>			Nature of Debt (Purpose): Catering Services
Mailing Address 515 Essex St.			
City HACKENSACK	State NJ	Zip Code 07601	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4173	
Amount Incurred This Period 308.28	Payment This Period 0.00	Outstanding Balance at Close of This Period 308.28

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	1397.97
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	1397.97
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	125000.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	▶	126397.97