

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
Phillipson for Congress

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))....	1995.00	179310.16
(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)).....	1995.00	179310.16
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	23979.75	165818.53
(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)).....	23979.75	165818.53
8. Cash on Hand at Close of Reporting Period (from Line 27).....	58709.93	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	9729.49	

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

Phillipson for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	420.00	173350.00
(ii) Unitemized.....	1575.00	5960.16
(iii) TOTAL of contributions from individuals ▶	1995.00	179310.16
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1995.00	179310.16
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	2000.00	7229.49
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	2000.00	7229.49
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)..... ▶	3995.00	186539.65

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	23979.75	165818.53
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. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	23979.75	165818.53

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	78694.68
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3995.00
25. SUBTOTAL (add Line 23 and Line 24).....	82689.68
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	23979.75
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	58709.93

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 21
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 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)
Phillipson for Congress

A. Full Name (Last, First, Middle Initial)
Sacco, Maria, , ,

Mailing Address 29 Bellevue ave

City Runson State NJ Zip Code 07760

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

Name of Employer retired Occupation retired

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 03 / 2016

Transaction ID : SA11AI.5084

Amount of Each Receipt this Period
300.00

Memo Item contribution

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

Mailing Address 917 Elton Adelphia Rd

City Freehold State NJ Zip Code 07728

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

Name of Employer unemployed Occupation unemployed

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
220.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 09 / 2016

Transaction ID : SA11AI.5057

Amount of Each Receipt this Period
120.00

Memo Item contribution

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

SUBTOTAL of Receipts This Page (optional).....▶	420.00
TOTAL This Period (last page this line number only).....▶	420.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 6 OF 21	
<input type="checkbox"/> 11a 12	<input checked="" 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)
Phillipson for Congress

A. Full Name (Last, First, Middle Initial)
Lorna, Phillipson, , ,

Mailing Address 15 Dogwood Court

City Spring Lake Heights	State NJ	Zip Code 07762
-----------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** H6NJ04158

Name of Employer none	Occupation candidate for congress
--------------------------	--------------------------------------

Receipt For: 2016
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 18 / 2016

Transaction ID : SA13A.5135

Amount of Each Receipt this Period
2000.00

Memo Item
loan from candidate to campaign

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

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

**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 7 OF 21			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)
Phillipson for Congress

Full Name (Last, First, Middle Initial) A. Actblue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2016		
Mailing Address 366 Summer St			FEC Identification Number C C00607424		
City Somerville	State MA	Zip Code 02144	Amount of Each Disbursement this Period 433.00		
Purpose of Disbursement online contribution fees		Category/ Type 003	Transaction ID : SB17.5120		
Candidate Name Phillipson for Congress		Memo Item <input type="checkbox"/>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: NJ District: 04					

Full Name (Last, First, Middle Initial) B. Actblue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 07 / 08 / 2016		
Mailing Address 366 Summer St			FEC Identification Number C C00607424		
City Somerville	State MA	Zip Code 02144	Amount of Each Disbursement this Period 203.00		
Purpose of Disbursement online contribution fees		Category/ Type 003	Transaction ID : SB17.5121		
Candidate Name Phillipson for Congress		Memo Item <input type="checkbox"/>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: NJ District: 04					

Full Name (Last, First, Middle Initial) c. Actblue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2016		
Mailing Address 366 Summer St			FEC Identification Number C C00607424		
City Somerville	State MA	Zip Code 02144	Amount of Each Disbursement this Period 130.00		
Purpose of Disbursement online contribution fees		Category/ Type 003	Transaction ID : SB17.5122		
Candidate Name Phillipson for Congress		Memo Item <input type="checkbox"/>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: NJ District: 04					

SUBTOTAL of Disbursements This Page (optional).....▶	766.00
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 8 OF 21	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)
Phillipson for Congress

Full Name (Last, First, Middle Initial) A. Actblue Technical Services		Date of Disbursement MM / DD / YYYY 07 / 22 / 2016
Mailing Address 366 Summer St		FEC Identification Number C C00607424
City Somerville	State MA	Zip Code 02144
Purpose of Disbursement online contribution fees	Category/ Type 003	Amount of Each Disbursement this Period 244.00
Candidate Name Phillipson for Congress	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.5123
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NJ District: 04	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Actblue Technical Services		Date of Disbursement MM / DD / YYYY 07 / 29 / 2016
Mailing Address 366 Summer St		FEC Identification Number C C00607424
City Somerville	State MA	Zip Code 02144
Purpose of Disbursement online contribution fees	Category/ Type 003	Amount of Each Disbursement this Period 326.00
Candidate Name Phillipson for Congress	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.5124
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NJ District: 04	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) c. Actblue Technical Services		Date of Disbursement MM / DD / YYYY 08 / 05 / 2016
Mailing Address 366 Summer St		FEC Identification Number C C00607424
City Somerville	State MA	Zip Code 02144
Purpose of Disbursement online contribution fees	Category/ Type 003	Amount of Each Disbursement this Period 157.00
Candidate Name Phillipson for Congress	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.5125
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NJ District: 04	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	727.00
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 9 OF 21	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)
Phillipson for Congress

Full Name (Last, First, Middle Initial) A. Actblue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 08 / 12 / 2016
Mailing Address 366 Summer St		FEC Identification Number C C00607424
City Somerville	State MA	Zip Code 02144
Purpose of Disbursement online contribution fees	Category/ Type 003	Amount of Each Disbursement this Period 234.00
Candidate Name Phillipson for Congress	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.5126
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NJ District: 04	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Actblue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2016
Mailing Address 366 Summer St		FEC Identification Number C C00607424
City Somerville	State MA	Zip Code 02144
Purpose of Disbursement online contribution fees	Category/ Type 003	Amount of Each Disbursement this Period 260.00
Candidate Name Phillipson for Congress	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.5127
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NJ District: 04	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) c. Actblue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2016
Mailing Address 366 Summer St		FEC Identification Number C C00607424
City Somerville	State MA	Zip Code 02144
Purpose of Disbursement online fundraising fees	Category/ Type 003	Amount of Each Disbursement this Period 101.00
Candidate Name Phillipson for Congress	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.5128
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NJ District: 04	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	595.00
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 10 OF 21	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)
Phillipson for Congress

Full Name (Last, First, Middle Initial) A. Actblue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2016
Mailing Address 366 Summer St		FEC Identification Number C C00607424
City Somerville	State MA	Zip Code 02144
Purpose of Disbursement online fundraising fees	Category/ Type 003	Amount of Each Disbursement this Period 87.00
Candidate Name Phillipson for Congress	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.5129
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NJ District: 04	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Actblue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 09 / 09 / 2016
Mailing Address 366 Summer St		FEC Identification Number C C00607424
City Somerville	State MA	Zip Code 02144
Purpose of Disbursement online fundraising fees	Category/ Type 003	Amount of Each Disbursement this Period 6.00
Candidate Name Phillipson for Congress	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.5130
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NJ District: 04	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) c. Actblue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2016
Mailing Address 366 Summer St		FEC Identification Number C C00607424
City Somerville	State MA	Zip Code 02144
Purpose of Disbursement online fundraising fees	Category/ Type 003	Amount of Each Disbursement this Period 8.00
Candidate Name Phillipson for Congress	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.5131
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NJ District: 04	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	101.00
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 11 OF 21	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)
Phillipson for Congress

Full Name (Last, First, Middle Initial) A. Actblue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 09 / 23 / 2016
Mailing Address 366 Summer St		FEC Identification Number C C00607424
City Somerville	State MA	Zip Code 02144
Purpose of Disbursement online fundraising fees	Category/ Type 003	Amount of Each Disbursement this Period 13.00
Candidate Name Phillipson for Congress	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.5132
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NJ District: 04	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Actblue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2016
Mailing Address 366 Summer St		FEC Identification Number C C00607424
City Somerville	State MA	Zip Code 02144
Purpose of Disbursement online fundraising fees	Category/ Type 003	Amount of Each Disbursement this Period 35.00
Candidate Name Phillipson for Congress	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.5133
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NJ District: 04	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) c. Christensen Associates		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2016
Mailing Address 322 A Street SE		FEC Identification Number C C00607424
City Washington	State DC	Zip Code 20003
Purpose of Disbursement campaign consultant	Category/ Type 003	Amount of Each Disbursement this Period 3500.00
Candidate Name Phillipson for Congress	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.5113
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: NJ District: 04	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	3548.00
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 12 OF 21	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)
Phillipson for Congress

Full Name (Last, First, Middle Initial) A. LED Strategy Group			Date of Disbursement M M / D D / Y Y Y Y 07 / 15 / 2016	
Mailing Address 1606 20th St NW			FEC Identification Number C C00607424	
City Washington	State DC	Zip Code 20009	Amount of Each Disbursement this Period 4000.00	
Purpose of Disbursement campaign strategy		Category/ Type 003	Transaction ID : SB17.5119	
Candidate Name Phillipson for Congress		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: NJ District: 04				

Full Name (Last, First, Middle Initial) B. Monmouth County Democrats			Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2016	
Mailing Address 1350 State Route 36			FEC Identification Number C C00607424	
City Hazlet	State NJ	Zip Code 07730	Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement contribution to county dems		Category/ Type 011	Transaction ID : SB17.5109	
Candidate Name Phillipson for Congress		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: NJ District: 04				

Full Name (Last, First, Middle Initial) C. New Blue Interactive			Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2016	
Mailing Address 4201 Connecticut Ave NW			FEC Identification Number C C00607424	
City Washington	State DC	Zip Code 20008	Amount of Each Disbursement this Period 3445.65	
Purpose of Disbursement technical services		Category/ Type 003	Transaction ID : SB17.5110	
Candidate Name Phillipson for Congress		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: NJ District: 04				

SUBTOTAL of Disbursements This Page (optional).....▶	7695.65
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 13 OF 21	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)
Phillipson for Congress

Full Name (Last, First, Middle Initial) A. New Blue Interactive			Date of Disbursement MM / DD / YYYY 08 / 29 / 2016	
Mailing Address 4201 Connecticut Ave NW			FEC Identification Number C C00607424	
City Washington	State DC	Zip Code 20008	Amount of Each Disbursement this Period 2668.14	
Purpose of Disbursement technical services		Category/ Type 003	Transaction ID : SB17.5111	
Candidate Name Phillipson for Congress		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: NJ District: 04				

Full Name (Last, First, Middle Initial) B. New Blue Interactive			Date of Disbursement MM / DD / YYYY 09 / 26 / 2016	
Mailing Address 4201 Connecticut Ave NW			FEC Identification Number C C00607424	
City Washington	State DC	Zip Code 20008	Amount of Each Disbursement this Period 3895.73	
Purpose of Disbursement technical services		Category/ Type 003	Transaction ID : SB17.5112	
Candidate Name Phillipson for Congress		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: NJ District: 04				

Full Name (Last, First, Middle Initial) C. NGP VAN			Date of Disbursement MM / DD / YYYY 07 / 01 / 2016	
Mailing Address 1101 15th St NW			FEC Identification Number C C00607424	
City Washington	State DC	Zip Code 20005	Amount of Each Disbursement this Period 855.00	
Purpose of Disbursement technical services		Category/ Type 003	Transaction ID : SB17.5116	
Candidate Name Phillipson for Congress		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: NJ District: 04				

SUBTOTAL of Disbursements This Page (optional).....▶	7418.87
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 14 OF 21			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 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)
Phillipson for Congress

Full Name (Last, First, Middle Initial) A. NGP VAN			Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2016		
Mailing Address 1101 15th St NW			FEC Identification Number C C00607424		
City Washington	State DC	Zip Code 20005	Amount of Each Disbursement this Period 1336.00		
Purpose of Disbursement technical services		Category/ Type 003	Transaction ID : SB17.5117		
Candidate Name Phillipson for Congress		Memo Item <input type="checkbox"/>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: NJ	District: 04				

Full Name (Last, First, Middle Initial) B. NGP VAN			Date of Disbursement M M / D D / Y Y Y Y 09 / 01 / 2016		
Mailing Address 1101 15th St NW			FEC Identification Number C C00607424		
City Washington	State DC	Zip Code 20005	Amount of Each Disbursement this Period 355.00		
Purpose of Disbursement technical services		Category/ Type 003	Transaction ID : SB17.5118		
Candidate Name Phillipson for Congress		Memo Item <input type="checkbox"/>			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: NJ	District: 04				

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address			FEC Identification Number C		
City	State	Zip Code	Amount of Each Disbursement this Period		
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>		
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).....▶	1691.00
TOTAL This Period (last page this line number only).....▶	22542.52

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Phillipson for Congress** Transaction ID : **SC/10.4725**

LOAN SOURCE Full Name (Last, First, Middle Initial) Lorna, Phillipson, , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 15 Dogwood Court			
City Spring Lake Heights	State NJ	ZIP Code 07762	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 200.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 200.00
-----------------------------------	------------------------------------	---

TERMS	Date Incurred M 01 / D 27 / Y 2016	Date Due M M / D D / Y 06/15/16	Interest Rate (If none, enter 0) 1.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--------------	---------------------------------------	------------------------------------	--	---

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

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

SUBTOTALS This Period This Page (optional).....▶	200.00
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) **Phillipson for Congress** Transaction ID : **SC/10.4726**

LOAN SOURCE Full Name (Last, First, Middle Initial) Lorna, Phillipson, , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 15 Dogwood Court			
City Spring Lake Heights	State NJ	ZIP Code 07762	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 129.49	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 129.49
-----------------------------------	------------------------------------	---

TERMS	Date Incurred M 01 / D 27 / Y 2016	Date Due M M / D D / Y 06/30/16	Interest Rate (If none, enter 0) 1.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--------------	---------------------------------------	------------------------------------	--	---

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

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

SUBTOTALS This Period This Page (optional).....▶	129.49
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) **Phillipson for Congress** Transaction ID : **SC/10.4809**

LOAN SOURCE Full Name (Last, First, Middle Initial) Lorna, Phillipson, , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 15 Dogwood Court			
City Spring Lake Heights	State NJ	ZIP Code 07762	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 1000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1000.00
------------------------------------	------------------------------------	--

TERMS	Date Incurred M 02 / D 25 / Y 2016	Date Due M M / D D / Y 12/15/16	Interest Rate (If none, enter 0) 1.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--------------	---------------------------------------	------------------------------------	--	---

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

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

SUBTOTALS This Period This Page (optional).....▶	1000.00
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) **Phillipson for Congress** Transaction ID : **SC/10.4727**

LOAN SOURCE Full Name (Last, First, Middle Initial) Lorna, Phillipson, , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 15 Dogwood Court			
City Spring Lake Heights	State NJ	ZIP Code 07762	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 4000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 4000.00
------------------------------------	------------------------------------	--

TERMS	Date Incurred M 03 / D 16 / Y 2016	Date Due M M / D D / Y 09/01/16	Interest Rate (If none, enter 0) 1.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--------------	---------------------------------------	------------------------------------	--	---

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

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

SUBTOTALS This Period This Page (optional).....▶	4000.00
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) **Phillipson for Congress** Transaction ID : **SC/10.4516**

LOAN SOURCE Full Name (Last, First, Middle Initial) Lorna, Phillipson, , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 15 Dogwood Court			
City Spring Lake Heights	State NJ	ZIP Code 07762	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 1900.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1900.00
------------------------------------	------------------------------------	--

TERMS	Date Incurred M 04 / D 09 / Y 2016	Date Due M M / D D / Y 09/30/16	Interest Rate (If none, enter 0) 2.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--------------	---------------------------------------	------------------------------------	--	---

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

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

SUBTOTALS This Period This Page (optional).....▶	1900.00
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) **Phillipson for Congress** Transaction ID : **SC/10.4952**

LOAN SOURCE Full Name (Last, First, Middle Initial) Lorna, Phillipson, , ,			<input type="checkbox"/> Memo Item	Election: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 15 Dogwood Ct				
City Spring Lake	State NJ	ZIP Code 07762	<input type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan 500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 500.00
-----------------------------------	------------------------------------	---

TERMS	Date Incurred M 06 / D 15 / Y 2016	Date Due M M / D D / Y 11/15/2016	Interest Rate (If none, enter 0) 1.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--------------	---------------------------------------	--------------------------------------	--	---

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

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

SUBTOTALS This Period This Page (optional).....▶	500.00
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) **Phillipson for Congress** Transaction ID : **SC/10.5135**

LOAN SOURCE Full Name (Last, First, Middle Initial) Lorna, Phillipson, , ,		<input type="checkbox"/> Memo Item	Election: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 15 Dogwood Court			
City Spring Lake Heights	State NJ	ZIP Code 07762	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 2000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2000.00
------------------------------------	------------------------------------	--

TERMS	Date Incurred M 07 / D 18 / Y 2016	Date Due M M / D D / Y 11/10/2016	Interest Rate (If none, enter 0) 22.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--------------	---------------------------------------	--------------------------------------	---	---

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

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

SUBTOTALS This Period This Page (optional).....▶	2000.00
TOTALS This Period (last page in this line only).....▶	9729.49

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