

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
Cartwright for Congress

ADDRESS (number and street) PO Box 414
 Check if different than previously reported. (ACC) Scranton PA 18501

2. **FEC IDENTIFICATION NUMBER** C C00509968 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
PA 17

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 through M M / D D / Y Y Y Y
10 / 01 / 2015 through 12 / 31 / 2015

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 Jennifer May
Signature of Treasurer Jennifer May *[Electronically Filed]* Date M M / D D / Y Y Y Y
01 / 31 / 2016

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Cartwright 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)).... | 110876.82 | 448233.50 |
| (b) Total Contribution Refunds (from Line 20(d)) | 0.00 | 7523.35 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 110876.82 | 440710.15 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 46783.86 | 248752.32 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 0.00 | 1429.16 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 46783.86 | 247323.16 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 650812.54 | |
| 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)..... | 390000.00 | |

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Cartwright for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2015 To: M M / D D / Y Y Y Y 12 / 31 / 2015

| 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)..... | 42644.23 | 166926.94 |
| (ii) Unitemized | 2732.59 | 12452.54 |
| (iii) TOTAL of contributions from individuals | 45376.82 | 265033.50 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 65500.00 | 183200.00 |
| (d) The Candidate | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 110876.82 | 448233.50 |
| 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 | 1429.16 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.) | 34.03 | 79.40 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... | 110910.85 | 449742.06 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 46783.86 | 248752.32 |
| 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 | 7523.35 |
| (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 | 7523.35 |
| 21. OTHER DISBURSEMENTS | 30350.00 | 52425.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 77133.86 | 308700.67 |

III. CASH SUMMARY

| | |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 617035.55 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 110910.85 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 727946.40 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 77133.86 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 650812.54 |

**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 79
(check only one)
 11a 12 11b 13a 11c 13b 11d 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)
Cartwright for Congress

A. Full Name (Last, First, Middle Initial)
Timothy C. Bailey Esq.
 Mailing Address 213 Hale St
 City Charleston State WV Zip Code 25301-2207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer BJC, LC Occupation Attorney
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 30 / 2015
Transaction ID : C9708229
 Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
David ball
 Mailing Address 732 9th St Ste 501
 City Durham State NC Zip Code 27705-4803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JuryWatch, Inc. Occupation Consultant
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date 550.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 16 / 2015
Transaction ID : C9805695
 Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Robert F. Brannon
 Mailing Address 480 Scott St
 City Wilkes Barre State PA Zip Code 18702-5511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CS & E Occupation Engineering Consultant
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 18 / 2015
Transaction ID : C9806635
 Amount of Each Receipt this Period
 1000.00

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

2500.00

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

| | | |
|---|--|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 OF 79 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Cartwright for Congress

A. Full Name (Last, First, Middle Initial)
Joseph D. Burke Esq.

Mailing Address 1460 Wyoming Ave

City Kingston State PA Zip Code 18704-4224

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

Name of Employer Occupation
Burke Vullo Reilly Roberts Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : C9808568

Amount of Each Receipt this Period
1000.00

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

Mailing Address 306 Delin Dr

City South Abington Township State PA Zip Code 18411-1626

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

Name of Employer Occupation
Burke Truckmen Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 14 / 2015

Transaction ID : C9701446

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
Michael W. Cavage

Mailing Address 116 West 11th St

City Honesdale State PA Zip Code 18431

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

Name of Employer Occupation
Pioneer Construction Company Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : C9808560

Amount of Each Receipt this Period
1000.00

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

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

4700.00

**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 7 OF 79 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
Cartwright for Congress

A. Full Name (Last, First, Middle Initial)
Daniel Chiacchia

Mailing Address 4134 Tasseff Ter

City Hamburg State NY Zip Code 14075-6422

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 16 / 2015

Transaction ID : C9805677

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Stewart J. Eisenberg Esq.

Mailing Address 2416 Naudain St

City Philadelphia State PA Zip Code 19146-1030

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

Name of Employer Eisenberg, Rothweiler, Winkler, Eisenb Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 07 / 2015

Transaction ID : C9782806

Amount of Each Receipt this Period
500.00

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

Mailing Address PO Box 172

City Waymart State PA Zip Code 18472

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

Name of Employer Self-Employed Occupation Building Contractor

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : C9808559

Amount of Each Receipt this Period
1000.00

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

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

1750.00

**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 79 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Cartwright for Congress

A. Full Name (Last, First, Middle Initial)
Daniel Patrick Haggerty Esq.

Mailing Address 1106 Woodlawn St

City State Zip Code
Scranton PA 18509-1427

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

Name of Employer Occupation
PMJ Group, LLC Business Broker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 09 / 2015

Transaction ID : C9782854

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Raymond A. Hassey Esq.

Mailing Address 304 Wilkes Barre Township Blvd

City State Zip Code
Kingston PA 18704

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

Name of Employer Occupation
Hassey Legal Services Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 23 / 2015

Transaction ID : C9806642

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dennis W. Hennen Esq.

Mailing Address PO Box 2135

City State Zip Code
Monroe LA 71207-2135

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

Name of Employer Occupation
Self-Employed Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 19 / 2015

Transaction ID : C9806049

Amount of Each Receipt this Period
1000.00

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

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

2250.00

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

| | | |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 OF 79 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
Cartwright for Congress

A. Full Name (Last, First, Middle Initial)
George Ilchert Esq.

Mailing Address 475 Park Ave S
Rm 2800

City New York State NY Zip Code 10016-6901

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

Name of Employer Lurie, Ilchert, MacDonnell & Ryan LLP Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : C9808570

Amount of Each Receipt this Period
 500.00

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

Mailing Address 34 Cobblestone Ln

City Shavertown State PA Zip Code 18708-9803

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

Name of Employer KBJ Capital Occupation Entrepreneur

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 03 / 2015

Transaction ID : C9715387

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Jason Krasno Esq.

Mailing Address 400 N. 2nd St.

City Pottsville State PA Zip Code 17901-1709

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

Name of Employer Krasno Krasno & Onwudinjo Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 09 / 2015

Transaction ID : C9782802

Amount of Each Receipt this Period
 2000.00

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

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

3500.00

**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 79
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cartwright for Congress

A. Full Name (Last, First, Middle Initial)
Cataldo Medico

Mailing Address 712 Second St

City State Zip Code
West Pittston PA 18643-2757

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

Name of Employer Occupation
Medico Industries Owner

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
 12 31 2015

Transaction ID : C9808567

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Charles P. Medico

Mailing Address 9 Fordham Rd

City State Zip Code
Wilkes Barre PA 18702-7312

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

Name of Employer Occupation
Medico Industries Executive

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 31 2015

Transaction ID : C9808565

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Lawrence P. Medico Sr.

Mailing Address 6 Berkeley Street

City State Zip Code
Jenkins Twp PA 18640

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

Name of Employer Occupation
Medico Industries Owner

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
 12 31 2015

Transaction ID : C9808566

Amount of Each Receipt this Period
1000.00

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

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

3000.00

**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 79
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cartwright for Congress

A. Full Name (Last, First, Middle Initial)
Thomas A. Medico

Mailing Address 901 Stonington Rd

City State Zip Code
Shavertown PA 18708-9540

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

Name of Employer Occupation
Medico Industries Principal

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
 12 / 31 / 2015

Transaction ID : C9808564

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
William F. Medico II

Mailing Address 419 Luzerne Ave

City State Zip Code
West Pittson PA 18643

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

Name of Employer Occupation
Action Lift Inc President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : C9808558

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Fariba Modares

Mailing Address 161 Kimberly Ln.

City State Zip Code
Shavertown PA 18708

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

Name of Employer Occupation
Geisinger MD

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : C9809160

Amount of Each Receipt this Period
 2500.00

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

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

4500.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 OF 79 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Cartwright for Congress

A. Full Name (Last, First, Middle Initial)
Kathleen P Munley

Mailing Address 387 N Main St

City Archbald State PA Zip Code 18403-1819

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

Name of Employer Marywood University Occupation Professor of History

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
 12 / 31 / 2015

Transaction ID : C9808563

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Robert W. Naismith

Mailing Address 55 Roosevelt St

City Scranton State PA Zip Code 18505-2854

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

Name of Employer JUJAMA, Inc. Occupation Chairman

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 22 / 2015

Transaction ID : C9806221

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
James P Palumbo II

Mailing Address 37 N Washington St

City Wilkes Barre State PA Zip Code 18701-3109

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

Name of Employer Quad Three Group, Inc Occupation President

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : C9808561

Amount of Each Receipt this Period
2000.00

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

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

4000.00

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

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

FOR LINE NUMBER: PAGE 13 OF 79
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cartwright for Congress

A. Full Name (Last, First, Middle Initial)
Joseph C. Peiffer Esq.

Mailing Address 201 Saint Charles Ave

City State Zip Code
New Orleans LA 70170-1000

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

Name of Employer Occupation
Peiffer Rosca Wolf Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 21 / 2015

Transaction ID : C9806162

Amount of Each Receipt this Period
2700.00

B. Full Name (Last, First, Middle Initial)
Matthew T Pompey

Mailing Address 1146 Wyoming Avenue

City State Zip Code
Scranton PA 18509

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

Name of Employer Occupation
Scranton Dodge, Chrysler, Jeep Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 23 / 2015

Transaction ID : C9806643

Amount of Each Receipt this Period
2700.00

C. Full Name (Last, First, Middle Initial)
Sharon Pompey

Mailing Address 603 Gatepost Ln

City State Zip Code
South Abington Township PA 18411-8862

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

Name of Employer Occupation
NA Homemaker

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2700.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 23 / 2015

Transaction ID : C9806644

Amount of Each Receipt this Period
2700.00

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

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

8100.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 OF 79 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Cartwright for Congress

A. Full Name (Last, First, Middle Initial)
Kelly C. Rambo Esq.

Mailing Address 409 Clinton Ter

City Easton State PA Zip Code 18042-7618

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

Name of Employer Cohen Feeley Altemose Rambo Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 14 / 2015

Transaction ID : C9675895

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
William J. Rinaldi Esq.

Mailing Address 538 Spruce St # 600

City Scranton State PA Zip Code 18503

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

Name of Employer Rinaldi & Rinaldi Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : C9808562

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Richard A. Rose Jr.

Mailing Address 225 Oldfield Rd

City Shavertown State PA Zip Code 18708

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

Name of Employer Petroleum Service, Inc Occupation Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : C9808573

Amount of Each Receipt this Period
 500.00

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

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

2000.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 15 OF 79 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Cartwright for Congress

A. Full Name (Last, First, Middle Initial)
R W Simms

Mailing Address 740 Sutton Road

City State Zip Code
Shavertown PA 18708

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

Name of Employer Occupation
Petroleum Service CEO

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 31 2015

Transaction ID : C9808557

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Michael J. Warner Esq.

Mailing Address 423 17th St
Ste 201

City State Zip Code
Rock Island IL 61201-8742

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

Name of Employer Occupation
Michael J. Warner & Associates Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 23 2015

Transaction ID : C9806646

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Maureen E Wezmar

Mailing Address PO Box 64
Clinton Street

City State Zip Code
Waverly PA 18471

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

Name of Employer Occupation
Self-Employed Music Teacher

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 23 2015

Transaction ID : C9806647

Amount of Each Receipt this Period
500.00

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

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

1500.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 OF 79 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Cartwright for Congress

A. Full Name (Last, First, Middle Initial)
Timothy M. Whiting Esq.

Mailing Address 466 W Deming Pl

City Chicago State IL Zip Code 60614-1771

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

Name of Employer Whiting Law Group Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 05 / 2015

Transaction ID : C9672399

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
ER Legal Management

Mailing Address 1634 Spruce St

City Philadelphia State PA Zip Code 19103-6719

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 07 / 2015

Transaction ID : C9782807

Amount of Each Receipt this Period
 500.00

PARTNERSHIP--partners below if itemized

C. Full Name (Last, First, Middle Initial)
Stewart J. Eisenberg Esq.

Mailing Address 2416 Naudain St

City Philadelphia State PA Zip Code 19146-1030

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

Name of Employer Eisenberg, Rothweiler, Winkler, Eisenb Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 07 / 2015

Transaction ID : C9782808

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).....

1000.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 OF 79 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Cartwright for Congress

A. Full Name (Last, First, Middle Initial)
Nancy J. Winkler Esq.

Mailing Address 16 Dressage Ct

City State Zip Code
Cherry Hill NJ 08003-5121

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

Name of Employer Occupation
Eisenberg, Rothweiler, Winkler, Eisenb Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 07 / 2015

Transaction ID : C9782809

Amount of Each Receipt this Period
250.00

[MEMO ITEM]
*

B. Full Name (Last, First, Middle Initial)
Romano Law, PL

Mailing Address 1005 Lake Avenue

City State Zip Code
Lake Worth FL 33460

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : C9808544

Amount of Each Receipt this Period
500.00

PARTNERSHIP--partners below if itemized

C. Full Name (Last, First, Middle Initial)
Eric Romano Esq.

Mailing Address 1005 Lake Avenue

City State Zip Code
Lake Worth FL 33460

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

Name of Employer Occupation
Romano Law Group Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : C9808569

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: (check only one) | PAGE 18 OF 79 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Cartwright for Congress

A. Full Name (Last, First, Middle Initial)
Todd A. Romano Esq.

Mailing Address 1005 Lake Ave.

City Lake Worth State FL Zip Code 33460

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

Name of Employer Romano Law Group Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : C9808571

Amount of Each Receipt this Period
250.00

[MEMO ITEM]
*

B. Full Name (Last, First, Middle Initial)
Anzalone Law Office

Mailing Address 98 S Franklin St

City Wilkes Barre State PA Zip Code 18701-1201

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : C9808545

Amount of Each Receipt this Period
1000.00

LLC - Members below if itemized. Permissible funds.

C. Full Name (Last, First, Middle Initial)
William F. Anzalone Esq.

Mailing Address 1295 Timber Grove Rd

City Shavertown State PA Zip Code 18708-9587

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

Name of Employer Anzalone Law Offices Occupation Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : C9808572

Amount of Each Receipt this Period
1000.00

[MEMO ITEM]
*

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

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

1000.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 OF 79 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Cartwright for Congress

| | | |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial) William Joseph Ervin Jr. | | Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2015 |
| Mailing Address 600 E South Ave | | Transaction ID : C9809183A |
| City McAlester | State OK | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Ervin & Ervin | Occupation Attorney | * Earmarked Contribution: See Below |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 250.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) ActBlue | | Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2015 |
| Mailing Address PO Box 382110 | | Transaction ID : C9809183AB |
| City Cambridge | State MA | |
| FEC ID number of contributing federal political committee. C C00401224 | | Amount of Each Receipt this Period 250.00 |
| Name of Employer | Occupation Conduit total listed in Agg. field | [MEMO ITEM] Note: Above Contribution earmarked through this organization. |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 7051.82 | |

| | | |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial) Frank Falzett | | Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2015 |
| Mailing Address 2110 Green Rd | | Transaction ID : C9809185A |
| City Tobyhanna | State PA | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 50.00 |
| Name of Employer Topp Business Soutlions | Occupation Retired | * Earmarked Contribution: See Below |
| Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 300.00 | |

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 300.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 OF 79 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Cartwright for Congress

A. ActBlue
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 382110

| | | |
|-------------------|-------------|------------------------|
| City Cambridge | State MA | Zip Code 02238-2110 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00401224

| | |
|------------------|--|
| Name of Employer | Occupation Conduit total listed in Agg. field |
|------------------|--|

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
7051.82

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : C9809185AB

Amount of Each Receipt this Period
50.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

B. Carol Hepburn
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 17709

| | | |
|-----------------|-------------|-------------------|
| City Seattle | State WA | Zip Code 98127 |
|-----------------|-------------|-------------------|

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

| | |
|--|------------------------|
| Name of Employer Carol L. Hepburn, P.S. | Occupation Attorney |
|--|------------------------|

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 24 / 2015

Transaction ID : C9808538A

Amount of Each Receipt this Period
500.00

* Earmarked Contribution: See Below

C. ActBlue
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 382110

| | | |
|-------------------|-------------|------------------------|
| City Cambridge | State MA | Zip Code 02238-2110 |
|-------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00401224

| | |
|------------------|--|
| Name of Employer | Occupation Conduit total listed in Agg. field |
|------------------|--|

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
7051.82

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 27 / 2015

Transaction ID : C9808538AB

Amount of Each Receipt this Period
500.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

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: (check only one) | PAGE 21 OF 79 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Cartwright for Congress

A. Full Name (Last, First, Middle Initial)
Karen Lawrence

Mailing Address 8612 Tebbs Ln

City McLean State VA Zip Code 22102-1212

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

Name of Employer N/A Occupation Not Employed

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
369.24

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 09 / 2015

Transaction ID : C9775771A

Amount of Each Receipt this Period
19.23

* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
7051.82

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 15 / 2015

Transaction ID : C9775771AB

Amount of Each Receipt this Period
19.23

[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Patrick J. Munley

Mailing Address 21 Red Maple Ave

City Mountain Top State PA Zip Code 18707-2200

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

Name of Employer Pinnacle Northeast, LLC Occupation President / Owner

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 14 / 2015

Transaction ID : C9806747A

Amount of Each Receipt this Period
500.00

* Earmarked Contribution: See Below

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

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

519.23

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 OF 79 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Cartwright for Congress

A. ActBlue
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 382110
 City State Zip Code
 Cambridge MA 02238-2110
 FEC ID number of contributing federal political committee. **C** C00401224
 Name of Employer Occupation
 Conduit total listed in Agg. field
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 7051.82

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 20 / 2015
Transaction ID : C9806747AB
 Amount of Each Receipt this Period
 500.00
[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

B. John J. Price
 Full Name (Last, First, Middle Initial)
 Mailing Address 59 Salem Ave
 City State Zip Code
 Carbondale PA 18407-1928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Price Insurance Insurance Agent
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 556.82

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 18 / 2015
Transaction ID : C9806748A
 Amount of Each Receipt this Period
 25.00
 * Earmarked Contribution: See Below

C. ActBlue
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 382110
 City State Zip Code
 Cambridge MA 02238-2110
 FEC ID number of contributing federal political committee. **C** C00401224
 Name of Employer Occupation
 Conduit total listed in Agg. field
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 7051.82

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 20 / 2015
Transaction ID : C9806748AB
 Amount of Each Receipt this Period
 25.00
[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

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

25.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 OF 79 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Cartwright for Congress

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

Mailing Address 59 Salem Ave

City State Zip Code
Carbondale PA 18407-1928

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

Name of Employer Occupation
Price Insurance Insurance Agent

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
556.82

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 30 | | 2015 |

Transaction ID : C9809181A

Amount of Each Receipt this Period
250.00

* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City State Zip Code
Cambridge MA 02238-2110

FEC ID number of contributing federal political committee. **C C00401224**

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
7051.82

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 31 | | 2015 |

Transaction ID : C9809181AB

Amount of Each Receipt this Period
250.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Lee Swartz Esq.

Mailing Address 2224 Goose Valley Rd

City State Zip Code
Harrisburg PA 17110-9732

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

Name of Employer Occupation
Tucker Arensberg, P.C. Attorney

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12 | | 30 | | 2015 |

Transaction ID : C9809173A

Amount of Each Receipt this Period
500.00

* Earmarked Contribution: See Below

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

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

750.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 OF 79 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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NAME OF COMMITTEE (In Full)
Cartwright for Congress

A. ActBlue
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 382110
 City State Zip Code
 Cambridge MA 02238-2110
 FEC ID number of contributing federal political committee. **C** C00401224
 Name of Employer Occupation
 Conduit total listed in Agg. field
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 7051.82

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 31 / 2015
Transaction ID : C9809173AB
 Amount of Each Receipt this Period
 500.00
[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

B. Irl Barg
 Full Name (Last, First, Middle Initial)
 Mailing Address 461 Woodcrest Rd
 City State Zip Code
 Wayne PA 19087-5444
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 N/A Retired
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 28 / 2015
Transaction ID : C9783936A
 Amount of Each Receipt this Period
 250.00
 * Earmarked Contribution: See Below

C. JStreet Political Action Committee
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 33106
 City State Zip Code
 Washington DC 20033-0106
 FEC ID number of contributing federal political committee. **C** C00441949
 Name of Employer Occupation
 Conduit total listed in Agg. field
 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
 12 09 / 2015
Transaction ID : C9783936AB
 Amount of Each Receipt this Period
 250.00
[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

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

250.00
 42644.23

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 OF 79 |
| | <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)
Cartwright for Congress

A. Full Name (Last, First, Middle Initial)
American Association for Justice Political Action Committee (AAJ PAC)

Mailing Address 777 6th St NW
Ste 200

City Washington State DC Zip Code 20001-3707

FEC ID number of contributing federal political committee. **C C00024521**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
8000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 06 / 2015

Transaction ID : C9715934

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
American Association for Justice Political Action Committee (AAJ PAC)

Mailing Address 777 6th St NW
Ste 200

City Washington State DC Zip Code 20001-3707

FEC ID number of contributing federal political committee. **C C00024521**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
8000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 04 / 2015

Transaction ID : C9781908

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
American Federation of State County & Municipal Employees P E O P L E

Mailing Address 1625 L St NW

City Washington State DC Zip Code 20036-5665

FEC ID number of contributing federal political committee. **C C00011114**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 06 / 2015

Transaction ID : C9715935

Amount of Each Receipt this Period
1500.00

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

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

3500.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 26 OF 79 |
| | <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)
Cartwright for Congress

A. Full Name (Last, First, Middle Initial)
American Federation of State County & Municipal Employees P E O P L E

Mailing Address 1625 L St NW

City Washington State DC Zip Code 20036-5665

FEC ID number of contributing federal political committee. **C** C00011114

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 14 / 2015

Transaction ID : C9805638

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
American Institutes of Certified Accountants PAC

Mailing Address 220 Leigh Farm Rd

City Durham State NC Zip Code 27707-8110

FEC ID number of contributing federal political committee. **C** C00077321

Name of Employer Occupation

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
 12 / 07 / 2015

Transaction ID : C9782804

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
AT&T Inc. Federal Political Action Committee (AT&T Federal PAC)

Mailing Address 208 S Akard St Ste 2701

City Dallas State TX Zip Code 75202-4206

FEC ID number of contributing federal political committee. **C** C00109017

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 13 / 2015

Transaction ID : C9727961

Amount of Each Receipt this Period
1000.00

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

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

3000.00

**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 27 OF 79 |
| | <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)
Cartwright for Congress

A. Full Name (Last, First, Middle Initial)
Carpenters Legislative Improvement Committee United Brotherhood of Carpenters and Joiners

Mailing Address 101 Constitution Ave NW
10th FL West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C** C00001016

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 18 / 2015

Transaction ID : C9806637

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
Committee on Letter Carriers Political Education (Letter Carriers Political Action Fund)

Mailing Address 100 Indiana Ave NW

City Washington State DC Zip Code 20001-2144

FEC ID number of contributing federal political committee. **C** C00023580

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 10 / 2015

Transaction ID : C9784388

Amount of Each Receipt this Period
3000.00

C. Full Name (Last, First, Middle Initial)
Communications Workers of America Local 13000 (CWA)

Mailing Address 2124 Race St

City Philadelphia State PA Zip Code 19103-1097

FEC ID number of contributing federal political committee. **C** C00109595

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 09 / 2015

Transaction ID : C9715938

Amount of Each Receipt this Period
5000.00

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

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

13000.00

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

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

FOR LINE NUMBER: PAGE 28 OF 79
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cartwright for Congress

A. Full Name (Last, First, Middle Initial)
Corning Incorporated Employees PAC (COREPAC)

Mailing Address 325 7th St NW
Ste 600

City Washington State DC Zip Code 20004-2805

FEC ID number of contributing federal political committee. **C** C00033589

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 02 / 2015

Transaction ID : C9715544

Amount of Each Receipt this Period
3000.00

B. Full Name (Last, First, Middle Initial)
CULAC the PAC of Credit Union National Association

Mailing Address 601 Pennsylvania Ave NW
South Building, Ste 600

City Washington State DC Zip Code 20004-2601

FEC ID number of contributing federal political committee. **C** C00007880

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 23 / 2015

Transaction ID : C9806640

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
D.R.I.V.E - Democrat, Republican, Independent Voter Education (Teamsters)

Mailing Address 25 Louisiana Ave NW

City Washington State DC Zip Code 20001-2130

FEC ID number of contributing federal political committee. **C** C00032979

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : C9809159

Amount of Each Receipt this Period
2500.00

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

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

6500.00

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

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

FOR LINE NUMBER: PAGE 29 OF 79
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cartwright for Congress

A. Full Name (Last, First, Middle Initial)
Democrats Reshaping America (DREAM PAC)

Mailing Address 410 1st St SE
Ste 310

City Washington State DC Zip Code 20003-1819

FEC ID number of contributing federal political committee. **C C00423079**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 18 / 2015

Transaction ID : C9806638

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Engineers Political Education Committee (EPEC)/International Union of Operating Engineers

Mailing Address 1125 17TH ST, NW

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00029504**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 10 / 2015

Transaction ID : C9783930

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
Express Scripts Inc. Political Fund

Mailing Address 300 New Jersey Ave NW
Ste 600

City Washington State DC Zip Code 20001-2267

FEC ID number of contributing federal political committee. **C C00365072**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 23 / 2015

Transaction ID : C9806641

Amount of Each Receipt this Period
2500.00

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

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

8500.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 30 OF 79 |
| | <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)
Cartwright for Congress

A. Full Name (Last, First, Middle Initial)
General Electric Company Political Action Committee-Federal (GE PAC Federal)

Mailing Address 1299 Pennsylvania Ave NW
Ste 900

City Washington State DC Zip Code 20004-2414

FEC ID number of contributing federal political committee. **C C00492223**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 09 / 2015

Transaction ID : C9783929

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
International Association of Fire Fighters PAC

Mailing Address 1750 New York Ave NW

City Washington State DC Zip Code 20006-5305

FEC ID number of contributing federal political committee. **C C00029447**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 12 / 22 / 2015

Transaction ID : C9806639

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
International Association Of Heat & Frost Insulators And Asbestos Workers Political Action Committee

Mailing Address 9602 Martin Luther King Jr Hwy

City Lanham State MD Zip Code 20706-1839

FEC ID number of contributing federal political committee. **C C00115527**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 01 / 2015

Transaction ID : C9671484

Amount of Each Receipt this Period
 1000.00

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

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

3000.00

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

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

FOR LINE NUMBER: PAGE 31 OF 79
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cartwright for Congress

A. Full Name (Last, First, Middle Initial)
Intl Union of Bricklayers & Allied Craftworkers PAC

Mailing Address 620 F St NW
Ste 900

City Washington State DC Zip Code 20004-1618

FEC ID number of contributing federal political committee. **C C00003632**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 18 / 2015

Transaction ID : C9806636

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Ironworkers Political Action League (IPAL)

Mailing Address 1750 New York Ave NW
Ste 400

City Washington State DC Zip Code 20006-5315

FEC ID number of contributing federal political committee. **C C00027359**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 31 / 2015

Transaction ID : C9808556

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
JStreet Political Action Committee

Mailing Address PO Box 33106

City Washington State DC Zip Code 20033-0106

FEC ID number of contributing federal political committee. **C C00441949**

Name of Employer Occupation

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
11 / 06 / 2015

Transaction ID : C9715936

Amount of Each Receipt this Period
1000.00

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

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

6000.00

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

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

FOR LINE NUMBER: PAGE 32 OF 79
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cartwright for Congress

A. Full Name (Last, First, Middle Initial)
JStreet Political Action Committee

Mailing Address **PO Box 33106**

City **Washington** State **DC** Zip Code **20033-0106**

FEC ID number of contributing federal political committee. **C C00441949**

Name of Employer Occupation

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
12 / 16 / 2015

Transaction ID : C9805837

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Lockheed Martin Employees Political Action Committee

Mailing Address **2121 Crystal Dr Ste 100**

City **Arlington** State **VA** Zip Code **22202-3706**

FEC ID number of contributing federal political committee. **C C00303024**

Name of Employer Occupation

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
12 / 09 / 2015

Transaction ID : C9783931

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
National Cable and Telecommunications Association Political Action Committee (NCTA PAC)

Mailing Address **25 Massachusetts Ave NW Ste 100**

City **Washington** State **DC** Zip Code **20001-1434**

FEC ID number of contributing federal political committee. **C C00010082**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 09 / 2015

Transaction ID : C9716160

Amount of Each Receipt this Period
1000.00

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

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

3000.00

**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 33 OF 79 |
| | <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)
Cartwright for Congress

A. Full Name (Last, First, Middle Initial)
Pride Mobility Products Corp PAC

Mailing Address 182 Susquehanna Ave

City Exeter State PA Zip Code 18643-2653

FEC ID number of contributing federal political committee. **C C00388132**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : C9808555

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Professional Aviation Safety Specialists PAC

Mailing Address 1150 17th St NW Ste 702

City Washington State DC Zip Code 20036-4614

FEC ID number of contributing federal political committee. **C C00286807**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 06 / 2015

Transaction ID : C9715937

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Prudential Financial, Inc. State & Federal PAC

Mailing Address 751 Broad St Fl 14

City Newark State NJ Zip Code 07102-3714

FEC ID number of contributing federal political committee. **C C00493304**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 23 / 2015

Transaction ID : C9806645

Amount of Each Receipt this Period
3000.00

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

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

5000.00

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

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

FOR LINE NUMBER: PAGE 34 OF 79
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Cartwright for Congress

A. Full Name (Last, First, Middle Initial)
SEIU COPE (Service Employees International Union Committee on Political Education)

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036-1222

FEC ID number of contributing federal political committee. **C C00004036**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 16 / 2015

Transaction ID : C9727960

Amount of Each Receipt this Period
 _____ 2500.00

B. Full Name (Last, First, Middle Initial)
United Food & Commercial Workers International Union Active Ballot Club

Mailing Address 1775 K St NW

City Washington State DC Zip Code 20006-1228

FEC ID number of contributing federal political committee. **C C00002766**

Name of Employer Occupation

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
 12 / 31 / 2015

Transaction ID : C9814040

Amount of Each Receipt this Period
 _____ 500.00

C. Full Name (Last, First, Middle Initial)
United Food & Commercial Workers International Union Active Ballot Club

Mailing Address 1775 K St NW

City Washington State DC Zip Code 20006-1228

FEC ID number of contributing federal political committee. **C C00002766**

Name of Employer Occupation

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
 12 / 31 / 2015

Transaction ID : C9814043

Amount of Each Receipt this Period
 _____ 1500.00

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

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

_____ 4500.00

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

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

FOR LINE NUMBER: PAGE 35 OF 79
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Cartwright for Congress

A. Full Name (Last, First, Middle Initial)
United Parcel Service Inc. PAC

Mailing Address 55 Glenlake Pkwy

City Atlanta State GA Zip Code 30328-3474

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

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : C9814044

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
United Steel Workers Political Action Fund

Mailing Address Five Gateway Center

City Pittsburgh State PA Zip Code 15222

FEC ID number of contributing federal political committee. **C C00003590**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2015

Transaction ID : C9808554

Amount of Each Receipt this Period
5000.00

C. Full Name (Last, First, Middle Initial)
SEIU COPE (Service Employees International Union Committee on Political Education)

Mailing Address 1800 Massachusetts Ave NW

City Washington State DC Zip Code 20036-1222

FEC ID number of contributing federal political committee. **C C00004036**

Name of Employer Occupation

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 22 / 2015

Transaction ID : C9808529A

Amount of Each Receipt this Period
2500.00

* Earmarked Contribution: See Below

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

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

8000.00

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

| | | |
|---|--|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 36 OF 79 |
| | <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)
Cartwright for Congress

A. ActBlue
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 382110
 City State Zip Code
 Cambridge MA 02238-2110
 FEC ID number of contributing federal political committee. **C** C00401224
 Name of Employer Occupation
 Conduit total listed in Agg. field
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 7051.82

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 27 / 2015
Transaction ID : C9808529AB
 Amount of Each Receipt this Period
 2500.00
[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

B. National Beer Wholesalers Association Political Action Committee
 Full Name (Last, First, Middle Initial)
 Mailing Address 1101 King St Ste 600
 City State Zip Code
 Alexandria VA 22314-2965
 FEC ID number of contributing federal political committee. **C** C00144766
 Name of Employer Occupation
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 07 / 2015
Transaction ID : C9814042
 Amount of Each Receipt this Period
 1500.00
 * Earmarked Contribution: See Below

C. AMERIPAC: The Fund for a Greater America
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 13th St NW Ste 600
 City State Zip Code
 Washington DC 20005-5998
 FEC ID number of contributing federal political committee. **C** C00271338
 Name of Employer Occupation
 Conduit total listed in Agg. field
 Receipt For: 2016
 Primary General
 Other (specify)
 Election Cycle-to-Date
 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : C9814042B
 Amount of Each Receipt this Period
 1500.00
[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

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

1500.00
 65500.00

**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 37 OF 79 | | | |
| | <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)
Cartwright for Congress

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. ActBlue Technical Services | | Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015 |
| Mailing Address 14 Arrow St | | Amount of Each Disbursement this Period 0.45 Transaction ID : D682934 |
| City Cambridge | State MA | |
| Purpose of Disbursement Credit Card Processing Fee | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: _____ | District: _____ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. ActBlue Technical Services | | Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2015 |
| Mailing Address 14 Arrow St | | Amount of Each Disbursement this Period 125.27 Transaction ID : D682935 |
| City Cambridge | State MA | |
| Purpose of Disbursement Credit Card Processing Fee | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: _____ | District: _____ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. ActBlue Technical Services | | Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2015 |
| Mailing Address 14 Arrow St | | Amount of Each Disbursement this Period 2.40 Transaction ID : D682936 |
| City Cambridge | State MA | |
| Purpose of Disbursement Credit Card Processing Fee | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: _____ | District: _____ | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 128.12 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 38 OF 79 | | | |
| | <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)
Cartwright for Congress

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. ActBlue Technical Services | | Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015 |
| Mailing Address 14 Arrow St | | Amount of Each Disbursement this Period 4.93 Transaction ID : D682948 |
| City Cambridge | State MA | |
| Zip Code 02138-5106 | Purpose of Disbursement Credit Card Processing Fee | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. ActBlue Technical Services | | Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2015 |
| Mailing Address 14 Arrow St | | Amount of Each Disbursement this Period 0.35 Transaction ID : D689947 |
| City Cambridge | State MA | |
| Zip Code 02138-5106 | Purpose of Disbursement Credit Card Processing Fee | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. ActBlue Technical Services | | Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2015 |
| Mailing Address 14 Arrow St | | Amount of Each Disbursement this Period 0.50 Transaction ID : D689948 |
| City Cambridge | State MA | |
| Zip Code 02138-5106 | Purpose of Disbursement Credit Card Processing Fee | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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|---|------|
| SUBTOTAL of Disbursements This Page (optional)..... | 5.78 |
| 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 39 OF 79 | | | |
| | <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)
Cartwright for Congress

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. ActBlue Technical Services | | Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2015 |
| Mailing Address 14 Arrow St | | Amount of Each Disbursement this Period 6.75 Transaction ID : D689952 |
| City Cambridge | State MA | |
| Zip Code 02138-5106 | Purpose of Disbursement Credit Card Processing Fee | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. ActBlue Technical Services | | Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2015 |
| Mailing Address 14 Arrow St | | Amount of Each Disbursement this Period 13.19 Transaction ID : D690169 |
| City Cambridge | State MA | |
| Zip Code 02138-5106 | Purpose of Disbursement Credit Card Processing Fee | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. ActBlue Technical Services | | Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2015 |
| Mailing Address 14 Arrow St | | Amount of Each Disbursement this Period 6.77 Transaction ID : D690932 |
| City Cambridge | State MA | |
| Zip Code 02138-5106 | Purpose of Disbursement Credit Card Processing Fee | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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|---|-------|
| SUBTOTAL of Disbursements This Page (optional)..... | 26.71 |
| 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 40 OF 79 | | | |
| | <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)
Cartwright for Congress

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. ActBlue Technical Services | | Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015 |
| Mailing Address 14 Arrow St | | Amount of Each Disbursement this Period 3.35 Transaction ID : D690933 |
| City Cambridge | State MA | |
| Zip Code 02138-5106 | Purpose of Disbursement Credit Card Processing Fee | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. ActBlue Technical Services | | Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015 |
| Mailing Address 14 Arrow St | | Amount of Each Disbursement this Period 11.59 Transaction ID : D690934 |
| City Cambridge | State MA | |
| Zip Code 02138-5106 | Purpose of Disbursement Credit Card Processing Fee | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. ActBlue Technical Services | | Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2015 |
| Mailing Address 14 Arrow St | | Amount of Each Disbursement this Period 10.81 Transaction ID : D693157 |
| City Cambridge | State MA | |
| Zip Code 02138-5106 | Purpose of Disbursement Credit Card Processing Fee | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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|---|-------|
| SUBTOTAL of Disbursements This Page (optional)..... | 25.75 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 41 OF 79 | | | |
| | <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)
Cartwright for Congress

| | | | |
|---|--|------------------------|--|
| Full Name (Last, First, Middle Initial) A. ActBlue Technical Services | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2015 |
| Mailing Address 14 Arrow St | | | Amount of Each Disbursement this Period 307.84 Transaction ID : D693158 |
| City Cambridge | State MA | Zip Code 02138-5106 | |
| Purpose of Disbursement Credit Card Processing Fee | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: District: | | | |

| | | | |
|---|--|------------------------|---|
| Full Name (Last, First, Middle Initial) B. ActBlue Technical Services | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2015 |
| Mailing Address 14 Arrow St | | | Amount of Each Disbursement this Period 35.48 Transaction ID : D693159 |
| City Cambridge | State MA | Zip Code 02138-5106 | |
| Purpose of Disbursement Credit Card Processing Fee | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: District: | | | |

| | | | |
|---|--|------------------------|--|
| Full Name (Last, First, Middle Initial) C. AmTrust Financial Services, Inc. | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2015 |
| Mailing Address 59 Maiden Ln Fl 6 | | | Amount of Each Disbursement this Period 260.00 Transaction ID : D682951 |
| City New York | State NY | Zip Code 10038-4646 | |
| Purpose of Disbursement Worker's Compensation | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: District: | | | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 307.84 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 42 OF 79 | | | |
| | <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)
Cartwright for Congress

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Anne Lewis Strategies LLC | | Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015 |
| Mailing Address 901 New York Ave NW Suite 470 East | | Amount of Each Disbursement this Period 9500.00 |
| City Washington | State DC | Zip Code 20001-4432 |
| Purpose of Disbursement Consultant - Communications | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: _____ | District: _____ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. AT&T | | Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2015 |
| Mailing Address 208 S Akard St | | Amount of Each Disbursement this Period 85.85 |
| City Dallas | State TX | Zip Code 75202-4295 |
| Purpose of Disbursement Telephone Service | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: _____ | District: _____ | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. AT&T | | Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2015 |
| Mailing Address 208 S Akard St | | Amount of Each Disbursement this Period 85.73 |
| City Dallas | State TX | Zip Code 75202-4295 |
| Purpose of Disbursement Telephone Service | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: _____ | District: _____ | |

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|--|----------------|
| SUBTOTAL of Disbursements This Page (optional) | 9671.58 |
| 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 43 OF 79 | | | |
| | <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)
Cartwright for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. AT&T | | Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015 |
| Mailing Address 208 S Akard St | | Amount of Each Disbursement this Period 85.73 |
| City Dallas | State TX | |
| Zip Code 75202-4295 | Purpose of Disbursement Telephone Service | Transaction ID : D693121 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Blasi Printing, Inc. | | Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2015 |
| Mailing Address 1490 Sans Souci Pkwy | | Amount of Each Disbursement this Period 668.86 |
| City Hanover Township | State PA | |
| Zip Code 18706-6026 | Purpose of Disbursement Printing of Campaign Materials | Transaction ID : D693156 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) c. Broadway Theatre | | Date of Disbursement M M / D D / Y Y Y Y 11 / 18 / 2015 |
| Mailing Address 345 N Washington Ave # 802 | | Amount of Each Disbursement this Period 300.00 |
| City Scranton | State PA | |
| Zip Code 18503-1501 | Purpose of Disbursement Event Tickets | Transaction ID : D693119 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1054.59 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 44 OF 79 | | | |
| | <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)
Cartwright for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Carbon County Democratic Committee | | Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2015 |
| Mailing Address 110 S 1st St | | Amount of Each Disbursement this Period 1000.00 Transaction ID : D682944 |
| City Lehighton State PA Zip Code 18235-2004 | Purpose of Disbursement Event Sponsorship | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Easton Area Democratic Committee | | Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2015 |
| Mailing Address 827 Porter St | | Amount of Each Disbursement this Period 3000.00 Transaction ID : D682945 |
| City Easton State PA Zip Code 18042-1550 | Purpose of Disbursement Event Sponsorship | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Eckert & Associates | | Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2015 |
| Mailing Address P.O. Box 15402 | | Amount of Each Disbursement this Period 6000.00 Transaction ID : D690931 |
| City Washington State DC Zip Code 20003 | Purpose of Disbursement Consultant - Fundraising | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|-----------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 10000.00 |
| 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 45 OF 79 | | | |
| | <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)
Cartwright for Congress

| | | | | |
|---|--|-------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Eckert & Associates | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2015 | |
| Mailing Address P.O. Box 15402 | | | Amount of Each Disbursement this Period 6000.00 | |
| City Washington | State DC | Zip Code 20003 | Transaction ID : D693160 | |
| Purpose of Disbursement Consultant - Fundraising | | Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

| | | | | |
|---|--|------------------------|---|--|
| Full Name (Last, First, Middle Initial) B. First Data Merchant Services | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2015 | |
| Mailing Address PO Box 407066 | | | Amount of Each Disbursement this Period 14.60 | |
| City Fort Lauderdale | State FL | Zip Code 33340-7066 | Transaction ID : D693139 | |
| Purpose of Disbursement Credit Card Processing Fee | | Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

| | | | | |
|---|--|------------------------|---|--|
| Full Name (Last, First, Middle Initial) C. First Data Merchant Services | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2015 | |
| Mailing Address PO Box 407066 | | | Amount of Each Disbursement this Period 18.11 | |
| City Fort Lauderdale | State FL | Zip Code 33340-7066 | Transaction ID : D693140 | |
| Purpose of Disbursement Credit Card Processing Fee | | Category/ Type | | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: District: | | | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 6032.71 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 46 OF 79 | | | |
| | <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)
Cartwright for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. First Data Merchant Services | | Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2015 |
| Mailing Address PO Box 407066 | | Amount of Each Disbursement this Period 29.05 |
| City Fort Lauderdale | State FL | Zip Code 33340-7066 |
| Purpose of Disbursement Credit Card Processing Fee | Category/ Type | |
| Candidate Name | Transaction ID : D693141 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. First Data Merchant Services | | Date of Disbursement M M / D D / Y Y Y Y 12 / 24 / 2015 |
| Mailing Address PO Box 407066 | | Amount of Each Disbursement this Period 78.18 |
| City Fort Lauderdale | State FL | Zip Code 33340-7066 |
| Purpose of Disbursement Credit Card Processing Fee | Category/ Type | |
| Candidate Name | Transaction ID : D693142 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) C. First Data Merchant Services | | Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2015 |
| Mailing Address PO Box 407066 | | Amount of Each Disbursement this Period 32.09 |
| City Fort Lauderdale | State FL | Zip Code 33340-7066 |
| Purpose of Disbursement Credit Card Processing Fee | Category/ Type | |
| Candidate Name | Transaction ID : D693143 | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 139.32 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 47 OF 79 | | | |
| | <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)
Cartwright for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. First Data Merchant Services | | Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015 |
| Mailing Address PO Box 407066 | | Amount of Each Disbursement this Period 92.78 |
| City Fort Lauderdale | State FL | |
| Zip Code 33340-7066 | Purpose of Disbursement Credit Card Processing Fee | Transaction ID : D682910 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) B. First Data Merchant Services | | Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2015 |
| Mailing Address PO Box 407066 | | Amount of Each Disbursement this Period 71.44 |
| City Fort Lauderdale | State FL | |
| Zip Code 33340-7066 | Purpose of Disbursement Credit Card Processing Fee | Transaction ID : D682911 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. First Data Merchant Services | | Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2015 |
| Mailing Address PO Box 407066 | | Amount of Each Disbursement this Period 113.11 |
| City Fort Lauderdale | State FL | |
| Zip Code 33340-7066 | Purpose of Disbursement Credit Card Processing Fee | Transaction ID : D682912 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 277.33 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 48 OF 79 | | | |
| | <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)
Cartwright for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. First Data Merchant Services | | Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2015 |
| Mailing Address PO Box 407066 | | Amount of Each Disbursement this Period 5.90 |
| City Fort Lauderdale | State FL | |
| Zip Code 33340-7066 | Purpose of Disbursement Credit Card Processing Fee | Transaction ID : D682913 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|--|---|
| Full Name (Last, First, Middle Initial) B. First Data Merchant Services | | Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015 |
| Mailing Address PO Box 407066 | | Amount of Each Disbursement this Period 29.05 |
| City Fort Lauderdale | State FL | |
| Zip Code 33340-7066 | Purpose of Disbursement Credit Card Processing Fee | Transaction ID : D689961 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. First Data Merchant Services | | Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2015 |
| Mailing Address PO Box 407066 | | Amount of Each Disbursement this Period 30.80 |
| City Fort Lauderdale | State FL | |
| Zip Code 33340-7066 | Purpose of Disbursement Credit Card Processing Fee | Transaction ID : D689956 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 65.75 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 49 OF 79 | | | |
| | <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)
Cartwright for Congress

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. First Data Merchant Services | | Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2015 |
| Mailing Address PO Box 407066 | | Amount of Each Disbursement this Period 96.79 Transaction ID : D689957 |
| City Fort Lauderdale | State FL | |
| Zip Code 33340-7066 | Purpose of Disbursement Credit Card Processing Fee | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. First Data Merchant Services | | Date of Disbursement M M / D D / Y Y Y Y 11 / 03 / 2015 |
| Mailing Address PO Box 407066 | | Amount of Each Disbursement this Period 97.95 Transaction ID : D689958 |
| City Fort Lauderdale | State FL | |
| Zip Code 33340-7066 | Purpose of Disbursement Credit Card Processing Fee | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. First Data Merchant Services | | Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015 |
| Mailing Address PO Box 407066 | | Amount of Each Disbursement this Period 36.14 Transaction ID : D690947 |
| City Fort Lauderdale | State FL | |
| Zip Code 33340-7066 | Purpose of Disbursement Credit Card Processing Fee | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 230.88 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 50 OF 79 | | | |
| | <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)
Cartwright for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. First Data Merchant Services | | Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015 |
| Mailing Address PO Box 407066 | | Amount of Each Disbursement this Period 24.73 |
| City Fort Lauderdale | State FL | |
| Zip Code 33340-7066 | Purpose of Disbursement Credit Card Processing Fee | Transaction ID : D690949 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. First Data Merchant Services | | Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015 |
| Mailing Address PO Box 407066 | | Amount of Each Disbursement this Period 0.60 |
| City Fort Lauderdale | State FL | |
| Zip Code 33340-7066 | Purpose of Disbursement Credit Card Processing Fee | Transaction ID : D690950 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Google | | Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2015 |
| Mailing Address 1600 Amphitheatre Pkwy | | Amount of Each Disbursement this Period 25.00 |
| City Mountain View | State CA | |
| Zip Code 94043-1351 | Purpose of Disbursement Email Service | Transaction ID : D689959 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 50.33 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 51 OF 79 | | | |
| | <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)
Cartwright for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Google | | Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2015 |
| Mailing Address 1600 Amphitheatre Pkwy | | Amount of Each Disbursement this Period 25.66 Transaction ID : D682925 |
| City Mountain View | State CA Zip Code 94043-1351 | |
| Purpose of Disbursement Email Service | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Google | | Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015 |
| Mailing Address 1600 Amphitheatre Pkwy | | Amount of Each Disbursement this Period 25.00 Transaction ID : D690976 |
| City Mountain View | State CA Zip Code 94043-1351 | |
| Purpose of Disbursement Email Service | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) c. JP Lilley & Son, Inc. | | Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015 |
| Mailing Address 1230 Remington Ave | | Amount of Each Disbursement this Period 649.25 Transaction ID : D690941 |
| City Scranton | State PA Zip Code 18505-1511 | |
| Purpose of Disbursement Equipment for Event | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 699.91 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 52 OF 79 | | | |
| | <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)
Cartwright for Congress

| | | | |
|--|-------------|------------------------|--|
| Full Name (Last, First, Middle Initial) A. Monroe County Democratic Committee | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015 |
| Mailing Address 18 S 9th St Ste 104 | | | Amount of Each Disbursement this Period 100.00 Transaction ID : D682941 |
| City Stroudsburg | State PA | Zip Code 18360-1630 | |
| Purpose of Disbursement Event Sponsorship | | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | | |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | State: District: | |

| | | | |
|--|-------------|------------------------|---|
| Full Name (Last, First, Middle Initial) B. Monroe County Democratic Committee | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2015 |
| Mailing Address 18 S 9th St Ste 104 | | | Amount of Each Disbursement this Period 90.00 Transaction ID : D682950 |
| City Stroudsburg | State PA | Zip Code 18360-1630 | |
| Purpose of Disbursement Event Sponsorship | | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | | |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | State: District: | |

| | | | |
|--|-------------|------------------------|---|
| Full Name (Last, First, Middle Initial) C. Next Level Partners | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015 |
| Mailing Address 410 1st St SE Ste 310 | | | Amount of Each Disbursement this Period 1750.00 Transaction ID : D682943 |
| City Washington | State DC | Zip Code 20003-1819 | |
| Purpose of Disbursement Consultant - Compliance | | Candidate Name | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | | |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | State: District: | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1940.00 |
| 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 53 OF 79 | | | |
| | <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)
Cartwright for Congress

A. Next Level Partners

Full Name (Last, First, Middle Initial)
Mailing Address 410 1st St SE
Ste 310

City Washington State DC Zip Code 20003-1819

Purpose of Disbursement
Consultant - Compliance

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
12 / 01 / 2015

Amount of Each Disbursement this Period
1750.00

Transaction ID : D690935

B. Next Level Partners

Full Name (Last, First, Middle Initial)
Mailing Address 410 1st St SE
Ste 310

City Washington State DC Zip Code 20003-1819

Purpose of Disbursement
Consultant - Compliance

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
11 / 05 / 2015

Amount of Each Disbursement this Period
1750.00

Transaction ID : D689951

C. NGP VAN Inc.

Full Name (Last, First, Middle Initial)
Mailing Address 1101 15th Street, NW
Suite 500

City Washington State DC Zip Code 20005

Purpose of Disbursement
Software

Candidate Name

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
10 / 02 / 2015

Amount of Each Disbursement this Period
2700.00

Transaction ID : D682938

SUBTOTAL of Disbursements This Page (optional)..... 6200.00

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

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 54 OF 79 | |
| | <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)
Cartwright for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Paychex of New York LLC | | Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015 |
| Mailing Address 7450 Tilghman St Ste 107 | | Amount of Each Disbursement this Period 230.58 Transaction ID : D682914 |
| City Allentown State PA Zip Code 18106-9036 | Purpose of Disbursement Payroll - Taxes | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Paychex of New York LLC | | Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015 |
| Mailing Address 7450 Tilghman St Ste 107 | | Amount of Each Disbursement this Period 71.00 Transaction ID : D682916 |
| City Allentown State PA Zip Code 18106-9036 | Purpose of Disbursement Payroll - Invoice | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) c. Paychex of New York LLC | | Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2015 |
| Mailing Address 7450 Tilghman St Ste 107 | | Amount of Each Disbursement this Period 71.00 Transaction ID : D682918 |
| City Allentown State PA Zip Code 18106-9036 | Purpose of Disbursement Payroll - Invoice | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 372.58 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 55 OF 79 | | | |
| | <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)
Cartwright for Congress

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. Paychex of New York LLC | | Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2015 |
| Mailing Address 7450 Tilghman St Ste 107 | | Amount of Each Disbursement this Period 230.56 Transaction ID : D682920 |
| City Allentown State PA Zip Code 18106-9036 | Purpose of Disbursement Payroll - Taxes | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Paychex of New York LLC | | Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2015 |
| Mailing Address 7450 Tilghman St Ste 107 | | Amount of Each Disbursement this Period 71.00 Transaction ID : D689954 |
| City Allentown State PA Zip Code 18106-9036 | Purpose of Disbursement Payroll - Invoice | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) c. Paychex of New York LLC | | Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2015 |
| Mailing Address 7450 Tilghman St Ste 107 | | Amount of Each Disbursement this Period 230.57 Transaction ID : D689955 |
| City Allentown State PA Zip Code 18106-9036 | Purpose of Disbursement Payroll - Taxes | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 532.13 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 56 OF 79 | | | |
| | <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)
Cartwright for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Paychex of New York LLC | | Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2015 |
| Mailing Address 7450 Tilghman St Ste 107 | | Amount of Each Disbursement this Period 71.00 Transaction ID : D690171 |
| City Allentown State PA Zip Code 18106-9036 | Purpose of Disbursement Payroll - Invoice | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. Paychex of New York LLC | | Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2015 |
| Mailing Address 7450 Tilghman St Ste 107 | | Amount of Each Disbursement this Period 230.57 Transaction ID : D690172 |
| City Allentown State PA Zip Code 18106-9036 | Purpose of Disbursement Payroll - Taxes | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|--|--|--|
| Full Name (Last, First, Middle Initial) c. Paychex of New York LLC | | Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015 |
| Mailing Address 7450 Tilghman St Ste 107 | | Amount of Each Disbursement this Period 230.57 Transaction ID : D690963 |
| City Allentown State PA Zip Code 18106-9036 | Purpose of Disbursement Payroll - Taxes | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 532.14 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 57 OF 79 | | | |
| | <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)
Cartwright for Congress

| | | | |
|--|---|--|---|
| Full Name (Last, First, Middle Initial) A. Paychex of New York LLC | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2015 |
| Mailing Address 7450 Tilghman St Ste 107 | | | Amount of Each Disbursement this Period 71.00 |
| City Allentown | State PA | Zip Code 18106-9036 | |
| Purpose of Disbursement Payroll - Invoice | | Category/ Type | Transaction ID : D690964 |
| Candidate Name | | | |
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: | District: | | |

| | | | |
|--|---|--|---|
| Full Name (Last, First, Middle Initial) B. Paychex of New York LLC | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2015 |
| Mailing Address 7450 Tilghman St Ste 107 | | | Amount of Each Disbursement this Period 60.80 |
| City Allentown | State PA | Zip Code 18106-9036 | |
| Purpose of Disbursement Payroll - Invoice | | Category/ Type | Transaction ID : D693124 |
| Candidate Name | | | |
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: | District: | | |

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|--|---|--|---|
| Full Name (Last, First, Middle Initial) c. Paychex of New York LLC | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2015 |
| Mailing Address 7450 Tilghman St Ste 107 | | | Amount of Each Disbursement this Period 230.57 |
| City Allentown | State PA | Zip Code 18106-9036 | |
| Purpose of Disbursement Payroll - Taxes | | Category/ Type | Transaction ID : D693125 |
| Candidate Name | | | |
| Office Sought: | <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: | District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 362.37 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 58 OF 79 | | | |
| | <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)
Cartwright for Congress

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) A. People's Security Bank and Trust Company | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2015 |
| Mailing Address 150 N Washington Ave | | | Amount of Each Disbursement this Period 3.00 Transaction ID : D693128 |
| City Scranton | State PA | Zip Code 18503-1843 | |
| Purpose of Disbursement Bank Fee | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: | District: | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) B. People's Security Bank and Trust Company | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2015 |
| Mailing Address 150 N Washington Ave | | | Amount of Each Disbursement this Period 1.75 Transaction ID : D693129 |
| City Scranton | State PA | Zip Code 18503-1843 | |
| Purpose of Disbursement Bank Fee | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: | District: | | |

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) c. People's Security Bank and Trust Company | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015 |
| Mailing Address 150 N Washington Ave | | | Amount of Each Disbursement this Period 3.00 Transaction ID : D693154 |
| City Scranton | State PA | Zip Code 18503-1843 | |
| Purpose of Disbursement Bank Fee | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: | District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 7.75 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 59 OF 79 | | | |
| | <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)
Cartwright for Congress

| | | | |
|---|--|------------------------|--|
| Full Name (Last, First, Middle Initial) A. People's Security Bank and Trust Company | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2015 |
| Mailing Address 150 N Washington Ave | | | Amount of Each Disbursement this Period 3.00 Transaction ID : D689967 |
| City Scranton | State PA | Zip Code 18503-1843 | |
| Purpose of Disbursement Bank Fee | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: District: | | | |

| | | | |
|---|--|------------------------|--|
| Full Name (Last, First, Middle Initial) B. Petty Cash | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2015 |
| Mailing Address PO Box 1805 | | | Amount of Each Disbursement this Period 100.00 Transaction ID : D693127 |
| City Wilkes Barre | State PA | Zip Code 18705-0805 | |
| Purpose of Disbursement Petty Cash | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: District: | | | |

| | | | |
|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial) C. United Parcel Service (UPS) | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2015 |
| Mailing Address 55 Glenlake Parkway NE | | | Amount of Each Disbursement this Period 26.13 Transaction ID : D690175 |
| City Atlanta | State GA | Zip Code 30328 | |
| Purpose of Disbursement Shipping | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: District: | | | |

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|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 129.13 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 60 OF 79 | | | |
| | <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)
Cartwright for Congress

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. United States Postal Service USPS | | Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2015 |
| Mailing Address 235 N Washington Ave | | Amount of Each Disbursement this Period 49.00 Transaction ID : D689949 |
| City Scranton | State PA | |
| Zip Code 18503-1512 | Purpose of Disbursement Postage | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. United States Postal Service USPS | | Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2015 |
| Mailing Address 235 N Washington Ave | | Amount of Each Disbursement this Period 49.00 Transaction ID : D689950 |
| City Scranton | State PA | |
| Zip Code 18503-1512 | Purpose of Disbursement Postage | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) C. United States Postal Service USPS | | Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2015 |
| Mailing Address 235 N Washington Ave | | Amount of Each Disbursement this Period 66.00 Transaction ID : D682946 |
| City Scranton | State PA | |
| Zip Code 18503-1512 | Purpose of Disbursement PO Box Rental | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 164.00 |
| 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 61 OF 79 | | | |
| | <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)
Cartwright for Congress

| | | | |
|--|---|--|--|
| Full Name (Last, First, Middle Initial) A. United States Postal Service USPS | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2015 |
| Mailing Address 235 N Washington Ave | | | Amount of Each Disbursement this Period 5.05 Transaction ID : D682928 |
| City Scranton | State PA | Zip Code 18503-1512 | |
| Purpose of Disbursement Postage | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: | District: | | |

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|--|---|--|---|
| Full Name (Last, First, Middle Initial) B. United States Postal Service USPS | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2015 |
| Mailing Address 235 N Washington Ave | | | Amount of Each Disbursement this Period 18.11 Transaction ID : D693122 |
| City Scranton | State PA | Zip Code 18503-1512 | |
| Purpose of Disbursement Postage | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: | District: | | |

| | | | |
|--|---|--|---|
| Full Name (Last, First, Middle Initial) C. United States Postal Service USPS | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015 |
| Mailing Address 235 N Washington Ave | | | Amount of Each Disbursement this Period 18.11 Transaction ID : D693144 |
| City Scranton | State PA | Zip Code 18503-1512 | |
| Purpose of Disbursement Postage | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: | District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 41.27 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 62 OF 79 | | | |
| | <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)
Cartwright for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Verizon Wireless | | Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2015 |
| Mailing Address 15 Federal Rd | | Amount of Each Disbursement this Period 72.99 |
| City Brookfield | State CT | |
| Zip Code 06804-2505 | Purpose of Disbursement Telephone Service | Transaction ID : D693135 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Verizon Wireless | | Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015 |
| Mailing Address 15 Federal Rd | | Amount of Each Disbursement this Period 72.99 |
| City Brookfield | State CT | |
| Zip Code 06804-2505 | Purpose of Disbursement Telephone Service | Transaction ID : D689963 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Verizon Wireless | | Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2015 |
| Mailing Address 15 Federal Rd | | Amount of Each Disbursement this Period 72.99 |
| City Brookfield | State CT | |
| Zip Code 06804-2505 | Purpose of Disbursement Telephone Service | Transaction ID : D690959 |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 218.97 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|--|---|--|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 63 OF 79 | | | |
| | <input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a | <input type="checkbox"/> 18 <input type="checkbox"/> 20b | <input type="checkbox"/> 19a <input type="checkbox"/> 20c | <input type="checkbox"/> 19b <input type="checkbox"/> 21 | |

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)
Cartwright for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Vonage | | Date of Disbursement M M / D D / Y Y Y Y 11 / 19 / 2015 |
| Mailing Address 23 Main St Holmdel NJ | | Amount of Each Disbursement this Period 89.12 Transaction ID : D690952 |
| City Holmdel State NJ Zip Code 07733-2136 | Purpose of Disbursement Telephone Service Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Vonage | | Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2015 |
| Mailing Address 23 Main St Holmdel NJ | | Amount of Each Disbursement this Period 89.12 Transaction ID : D682930 |
| City Holmdel State NJ Zip Code 07733-2136 | Purpose of Disbursement Telephone Service Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) c. Vonage | | Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2015 |
| Mailing Address 23 Main St Holmdel NJ | | Amount of Each Disbursement this Period 89.12 Transaction ID : D693136 |
| City Holmdel State NJ Zip Code 07733-2136 | Purpose of Disbursement Telephone Service Candidate Name Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 267.36 |
| TOTAL This Period (last page this line number only)..... | |

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

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|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 64 OF 79 | |
| | <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)
Cartwright for Congress

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Jim Waltich | | Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2015 |
| Mailing Address | | Amount of Each Disbursement this Period 300.00 Transaction ID : D693162 |
| City | State Zip Code | |
| Purpose of Disbursement Event Entertainment | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Paychex of New York LLC | | Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015 |
| Mailing Address 7450 Tilghman St Ste 107 | | Amount of Each Disbursement this Period 666.50 Transaction ID : D682915 |
| City | State Zip Code | |
| Allentown PA 18106-9036 | | |
| Purpose of Disbursement Payroll | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) c. Mr. Shane G Seaver | | Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2015 |
| Mailing Address PO Box 97 2050 McHugh Lane | | Amount of Each Disbursement this Period 666.50 Transaction ID : D690176 [MEMO ITEM] |
| City | State Zip Code | |
| Valley Forge PA 19481-0097 | | |
| Purpose of Disbursement Payroll | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 966.50 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 65 OF 79 | | | |
| | <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)
Cartwright for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Paychex of New York LLC | | Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2015 |
| Mailing Address 7450 Tilghman St Ste 107 | | Amount of Each Disbursement this Period 666.52 |
| City Allentown | State PA Zip Code 18106-9036 | |
| Purpose of Disbursement Payroll | Category/Type | Transaction ID : D682917 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Mr. Shane G Seaver | | Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2015 |
| Mailing Address PO Box 97 2050 McHugh Lane | | Amount of Each Disbursement this Period 666.52 |
| City Valley Forge | State PA Zip Code 19481-0097 | |
| Purpose of Disbursement Payroll | Category/Type | Transaction ID : D690177 [MEMO ITEM] |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) c. Paychex of New York LLC | | Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2015 |
| Mailing Address 7450 Tilghman St Ste 107 | | Amount of Each Disbursement this Period 666.51 |
| City Allentown | State PA Zip Code 18106-9036 | |
| Purpose of Disbursement Payroll | Category/Type | Transaction ID : D689953 |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1333.03 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 66 OF 79 | | | |
| | <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)
Cartwright for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Mr. Shane G Seaver | | Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2015 |
| Mailing Address PO Box 97 2050 McHugh Lane | | Amount of Each Disbursement this Period 666.51 |
| City Valley Forge | State PA | |
| Purpose of Disbursement Payroll | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: _____ | District: _____ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. People's Security Bank and Trust Company | | Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2015 |
| Mailing Address 150 N Washington Ave | | Amount of Each Disbursement this Period 1225.19 |
| City Scranton | State PA | |
| Purpose of Disbursement Credit Card Payment (vendors that aggregate over \$200 listed below) | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: _____ | District: _____ | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Acqua AI 2 DC | | Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2015 |
| Mailing Address 212 7th St SE | | Amount of Each Disbursement this Period 640.05 |
| City Washington | State DC | |
| Purpose of Disbursement Event Catering | | |
| Candidate Name | | Category/ Type |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: _____ | District: _____ | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1225.19 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 67 OF 79 | | | |
| | <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)
Cartwright for Congress

| | | | |
|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial) A. Corner Bakery Cafe | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2015 |
| Mailing Address 529 14th St NW | | | Amount of Each Disbursement this Period 91.52 |
| City Washington | State DC | Zip Code 20045 | |
| Purpose of Disbursement Meals | Candidate Name | | Transaction ID : D692878 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: District: | Category/Type | | |

| | | | |
|---|--|-------------------|---|
| Full Name (Last, First, Middle Initial) B. Corner Bakery Cafe | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2015 |
| Mailing Address 529 14th St NW | | | Amount of Each Disbursement this Period 116.96 |
| City Washington | State DC | Zip Code 20045 | |
| Purpose of Disbursement Meals | Candidate Name | | Transaction ID : D692882 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: District: | Category/Type | | |

| | | | |
|---|--|------------------------|---|
| Full Name (Last, First, Middle Initial) c. Enterprise Rent-A-Car | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2015 |
| Mailing Address 150 Motorworld Dr | | | Amount of Each Disbursement this Period 19.00 |
| City Wilkes Barre | State PA | Zip Code 18702-7009 | |
| Purpose of Disbursement Travel | Candidate Name | | Transaction ID : D692877 [MEMO ITEM] |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | |
| State: District: | Category/Type | | |

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|---|------|
| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 68 OF 79 | | | |
| | <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)
Cartwright for Congress

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Enterprise Rent-A-Car | | Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2015 |
| Mailing Address 150 Motorworld Dr | | Amount of Each Disbursement this Period 167.03 |
| City Wilkes Barre | State PA | |
| Zip Code 18702-7009 | | |
| Purpose of Disbursement Travel | | Category/ Type |
| Candidate Name | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |
| State: | District: | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) B. People's Security Bank and Trust Company | | Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2015 |
| Mailing Address 150 N Washington Ave | | Amount of Each Disbursement this Period 4.51 |
| City Scranton | State PA | |
| Zip Code 18503-1843 | | |
| Purpose of Disbursement Bank Fee | | Category/ Type |
| Candidate Name | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |
| State: | District: | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. United Parcel Service (UPS) | | Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2015 |
| Mailing Address 55 Glenlake Parkway NE | | Amount of Each Disbursement this Period 31.79 |
| City Atlanta | State GA | |
| Zip Code 30328 | | |
| Purpose of Disbursement Shipping | | Category/ Type |
| Candidate Name | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) |
| State: | District: | |

| | |
|---|------|
| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 69 OF 79 | |
| | <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)
Cartwright for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. United States Postal Service USPS | | Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2015 |
| Mailing Address 235 N Washington Ave | | Amount of Each Disbursement this Period 666.51 |
| City Scranton | State PA | |
| Zip Code 18503-1512 | Purpose of Disbursement Shipping | Transaction ID : D692874 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Paychex of New York LLC | | Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2015 |
| Mailing Address 7450 Tilghman St Ste 107 | | Amount of Each Disbursement this Period 666.51 |
| City Allentown | State PA | |
| Zip Code 18106-9036 | Purpose of Disbursement Payroll | Transaction ID : D690170 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Mr. Shane G Seaver | | Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2015 |
| Mailing Address PO Box 97 2050 McHugh Lane | | Amount of Each Disbursement this Period 666.51 |
| City Valley Forge | State PA | |
| Zip Code 19481-0097 | Purpose of Disbursement Payroll | Transaction ID : D690178 |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] |
| State: District: | | |

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|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 666.51 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 70 OF 79 | | | |
| | <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)
Cartwright for Congress

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) A. Eckert & Associates | | Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2015 |
| Mailing Address P.O. Box 15402 | | Amount of Each Disbursement this Period 50.00 Transaction ID : D690930 |
| City Washington State DC Zip Code 20003 | Purpose of Disbursement Reimbursement (vendors that aggregate over \$200 listed below) | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Johnny's Half Shell | | Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2015 |
| Mailing Address North Capitol St, NW | | Amount of Each Disbursement this Period 50.00 Transaction ID : D692872 [MEMO ITEM] |
| City Washington State DC Zip Code 20001 | Purpose of Disbursement Meals | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. Eckert & Associates | | Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2015 |
| Mailing Address P.O. Box 15402 | | Amount of Each Disbursement this Period 487.00 Transaction ID : D690936 |
| City Washington State DC Zip Code 20003 | Purpose of Disbursement Reimbursement (vendors that aggregate over \$200 listed below) | |
| Candidate Name | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 537.00 |
| 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 71 OF 79 | | | |
| | <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)
Cartwright for Congress

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) A. Johnny's Half Shell | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2015 |
| Mailing Address North Capitol St, NW | | | Amount of Each Disbursement this Period 666.51 Transaction ID : D692893 |
| City Washington | State DC | Zip Code 20001 | |
| Purpose of Disbursement Event Catering | | Category/ Type | [MEMO ITEM] |
| Candidate Name | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: | District: | | |

| | | | |
|--|--|--|--|
| Full Name (Last, First, Middle Initial) B. Paychex of New York LLC | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015 |
| Mailing Address 7450 Tilghman St Ste 107 | | | Amount of Each Disbursement this Period 666.51 Transaction ID : D690960 |
| City Allentown | State PA | Zip Code 18106-9036 | |
| Purpose of Disbursement Payroll | | Category/ Type | [MEMO ITEM] |
| Candidate Name | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: | District: | | |

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) C. Mr. Shane G Seaver | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2015 |
| Mailing Address PO Box 97 2050 McHugh Lane | | | Amount of Each Disbursement this Period 666.51 Transaction ID : D692891 |
| City Valley Forge | State PA | Zip Code 19481-0097 | |
| Purpose of Disbursement Payroll | | Category/ Type | [MEMO ITEM] |
| Candidate Name | | | |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: | District: | | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 666.51 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 72 OF 79 | | | |
| | <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)
Cartwright for Congress

| | | | |
|--|------------------------------|--|--|
| Full Name (Last, First, Middle Initial) A. Paychex of New York LLC | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2015 |
| Mailing Address 7450 Tilghman St Ste 107 | | | Amount of Each Disbursement this Period 666.51 Transaction ID : D692869 |
| City Allentown | State PA | Zip Code 18106-9036 | |
| Purpose of Disbursement Payroll | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: | House Senate President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: | District: | | |

| | | | |
|---|------------------------------|--|--|
| Full Name (Last, First, Middle Initial) B. Mr. Shane G Seaver | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2015 |
| Mailing Address PO Box 97 2050 McHugh Lane | | | Amount of Each Disbursement this Period 666.51 Transaction ID : D692892 [MEMO ITEM] |
| City Valley Forge | State PA | Zip Code 19481-0097 | |
| Purpose of Disbursement Payroll | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: | House Senate President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: | District: | | |

| | | | |
|---|------------------------------|--|--|
| Full Name (Last, First, Middle Initial) c. People's Security Bank and Trust Company | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015 |
| Mailing Address 150 N Washington Ave | | | Amount of Each Disbursement this Period 411.44 Transaction ID : D692870 |
| City Scranton | State PA | Zip Code 18503-1843 | |
| Purpose of Disbursement Credit Card Payment (vendors that aggregate over \$200 listed below) | | Category/ Type | |
| Candidate Name | | | |
| Office Sought: | House Senate President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: | District: | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1077.95 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 73 OF 79 | | | |
| | <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)
Cartwright for Congress

| | | | | |
|---|-------------|-------------------|--|--|
| Full Name (Last, First, Middle Initial) A. Johnny's Half Shell | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015 | |
| Mailing Address North Capitol St, NW | | | Amount of Each Disbursement this Period 100.00 | |
| City Washington | State DC | Zip Code 20001 | Transaction ID : D692887 | |
| Purpose of Disbursement Meals | | Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | [MEMO ITEM] | | |

| | | | | |
|---|-------------|-------------------|--|--|
| Full Name (Last, First, Middle Initial) B. Johnny's Half Shell | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2015 | |
| Mailing Address North Capitol St, NW | | | Amount of Each Disbursement this Period 290.00 | |
| City Washington | State DC | Zip Code 20001 | Transaction ID : D692889 | |
| Purpose of Disbursement Event Catering | | Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | [MEMO ITEM] | | |

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

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | 45956.99 |

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

| | | | | | |
|---|---|---------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 74 OF 79 | | | |
| | <input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Cartwright for Congress

| | | | |
|---|------------------|--|---|
| Full Name (Last, First, Middle Initial) A. Democratic Congressional Campaign Committee | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 03 / 2015 |
| Mailing Address 430 S Capitol St SE FI 2 | | | Amount of Each Disbursement this Period 20000.00 |
| City Washington | State DC | Zip Code 20003-4024 | Transaction ID : D693120 |
| Purpose of Disbursement Contribution | | Category/Type | |
| Candidate Name | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Unlimited Transfer |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | | |

| | | | |
|---|------------------|--|---|
| Full Name (Last, First, Middle Initial) B. Friends of Hess/Devine | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2015 |
| Mailing Address 238 S Liberty St | | | Amount of Each Disbursement this Period 1000.00 |
| City Orwigsburg | State PA | Zip Code 17961-2108 | Transaction ID : D682954 |
| Purpose of Disbursement Contribution | | Category/Type | |
| Candidate Name | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | | |

| | | | |
|---|------------------|--|---|
| Full Name (Last, First, Middle Initial) C. Friends of Lori Vargo Heffner for Northampton County Council | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015 |
| Mailing Address PO Box 352 | | | Amount of Each Disbursement this Period 500.00 |
| City Hellertown | State PA | Zip Code 18055-0352 | Transaction ID : D690945 |
| Purpose of Disbursement Contribution | | Category/Type | |
| Candidate Name | | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | | |

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 21500.00 |
| 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 75 OF 79 | | | |
| | <input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21 | | | | |

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NAME OF COMMITTEE (In Full)
Cartwright for Congress

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. Judge Christine Donohue for Supreme Court Justice | | Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2015 |
| Mailing Address 700 Grant St Ste 3200 | | Amount of Each Disbursement this Period 2000.00 Transaction ID : D693116 |
| City Pittsburgh | State PA Zip Code 15219-1906 | |
| Purpose of Disbursement Contribution | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Kevin Dougherty for Pennsylvania | | Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2015 |
| Mailing Address PO Box 755 | | Amount of Each Disbursement this Period 2000.00 Transaction ID : D693117 |
| City Newtown | State PA Zip Code 18940-0755 | |
| Purpose of Disbursement Contribution | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Lackawanna County Democratic Committee | | Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2015 |
| Mailing Address 1021 Delaware Street | | Amount of Each Disbursement this Period 250.00 Transaction ID : D690982 |
| City Summit Hill | State PA Zip Code 18250 | |
| Purpose of Disbursement Event Tickets | Category/Type | |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 4250.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 76 OF 79 |
| | <input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
Cartwright for Congress

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Lackawanna County Democratic Committee | | Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2015 |
| Mailing Address 1021 Delaware Street | | Amount of Each Disbursement this Period 300.00 Transaction ID : D690938 |
| City Summit Hill | State PA | |
| Zip Code 18250 | Purpose of Disbursement Event Sponsorship | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. Lackawanna County Democratic Committee | | Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2015 |
| Mailing Address 1021 Delaware Street | | Amount of Each Disbursement this Period 2000.00 Transaction ID : D682940 |
| City Summit Hill | State PA | |
| Zip Code 18250 | Purpose of Disbursement Event Sponsorship | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) c. Wecht 2015 | | Date of Disbursement M M / D D / Y Y Y Y 10 / 20 / 2015 |
| Mailing Address PO Box 2221 | | Amount of Each Disbursement this Period 2000.00 Transaction ID : D693115 |
| City Pittsburgh | State PA | |
| Zip Code 15230-2221 | Purpose of Disbursement Contribution | Category/ Type |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2015 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: District: | |

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 4300.00 |
| TOTAL This Period (last page this line number only)..... | 30050.00 |

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Cartwright for Congress** Transaction ID : L558

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2012
Mr. Matthew Alton Cartwright Primary
 Mailing Address 38 Steinbeck Drive General
 Other (specify) ▼

City State ZIP Code
 Moosic PA 18507

| | | |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| 100000.00 | 0.00 | 100000.00 |

TERMS

| | | | |
|----------------|----------------|---------------|---|
| Date Incurred | Date Due | Interest Rate | Secured: |
| 03 / 23 / 2012 | 03 / 23 / 2017 | None % (apr) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

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

| | |
|--|------------------------------------|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer |
| Mailing Address | Occupation |
| City State ZIP Code | Amount Guaranteed Outstanding: [] |
| 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)..... ▶ 100000.00

TOTALS This Period (last page in this line only)..... ▶ []

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Cartwright for Congress

Transaction ID : L559

LOAN SOURCE Full Name (Last, First, Middle Initial)

Mr. Matthew Alton Cartwright

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
38 Steinbeck Drive

City State ZIP Code
Moosic PA 18507

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
280000.00 0.00 280000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 03 / D 30 / Y 2012 M 03 / D 30 / Y 2017 None % (apr) Yes No

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

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

SUBTOTALS This Period This Page (optional)..... ▶ 280000.00

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) **Cartwright for Congress** Transaction ID : L579

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2012
Mr. Matthew Alton Cartwright Primary
 Mailing Address General
 38 Steinbeck Drive Other (specify) ▼

City State ZIP Code
 Moosic PA 18507

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

TERMS Date Incurred Date Due Interest Rate Secured:
 01 / 20 / 2012 01 / 20 / 2017 None % (apr) Yes No

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

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

| | | |
|--|---|-----------|
| SUBTOTALS This Period This Page (optional)..... | ▶ | 10000.00 |
| TOTALS This Period (last page in this line only)..... | ▶ | 390000.00 |

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