10/28/2016 12 : 18

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48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

NAME OF COMMITTEE IN FU TOM MACART		CONGRESS IN	C.				
ADDRESS (number and street)	PO Box 999						
CITY STATE Edison NJ		ZIP CODE 08818-0999					
2. NAME OF CANDIDATE			3. OFFICE SOUGHT (State and District)			4. FEC IDENTIFICATION NUMBER	
MacArthur, Thomas, , ,			House NJ 03			C00557520	
5. IS THIS AN AMENDMENT?	NO, THIS IS A	NEW FILING	YES, IT AMENDS	THE NOT	FICE FILED ON		
O'Connor, John, , ,			Name of Employer Twin Oaks Moving			Date (month, day, year)	Amount
MAILING ADDRESS 499 Sykesville Rd			Transaction ID : 691456928CB594BF5			10/28/2016	1000.00
CITY	STATE	ZIP CODE	Occupation				
Wrightstown	NJ	08562	Owner	·			
B. FULL NAME	140	00302	Name of Employer	,		Date (month,	Amount
Poehling, Kris, ,	,		Homemaker			day, year)	
MAILING ADDRESS			-			10/28/2016	2500.00
16727 Hutchinson Dr			Transaction ID :	66578	3A45F8DB42F6		
CITY	STATE	ZIP CODE	Occupation				
Lakeville	MN	55044-5804	Homemaker				
C. FULL NAME			Name of Employer			Date (month,	Amount
Wintrode, David,	C, ,		Causeway Ford			day, year)	
MAILING ADDRESS 1484 Silverton Rd						10/28/2016	1000.00
1404 Silverton Ru			Transaction ID	64128	CD7A6F2C4D4I		
CITY	STATE	ZIP CODE	Occupation				
Toms River	NJ	08755-2140	President				
D. FULL NAME		'	Name of Employer	r		Date (month,	Amount
Toll, Bruce, E, ,			Toll Brothers			day, year)	
MAILING ADDRESS 250 Gibraltar Rd						10/28/2016	1000.00
			Transaction ID :	61C2F	FC6829B14BF		
CITY	STATE	ZIP CODE	Occupation Vice Chair				
Horsham	PA	19044-2323					
E. FULL NAME			Name of Employer			Date (month,	Amount
Gans, Daniel, , ,			Polaris Consulting LLC			day, year)	
MAILING ADDRESS PO Box 1304					10/28/2016	1000.00	
			Transaction ID: 6A8D3FE3A9E304616				
CITY	STATE	ZIP CODE	Occupation				
Alexandria	VA	22313-1304	Consultant				
SIGNATURE (optional) Gravino, Ronald, , ,			[Electronically File	10	ATE 0/28/2016	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100	

Any information copied from reports and statements filed under the Federal Election Campaign Act 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.



: 97 'A = G7 9 @ 5 B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCFHZ'G7 < 98 I @ 'CF' + H9 A = N5 H+ CB

Form/Schedule: F6N Transaction ID:

According to FEC regulations, the Threshold Amount for Form 6 is \$1,000.00

Form/Schedule: Transaction ID:

Image# 201610289037003603 PAGE 3 / 3

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

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1. NAME OF COMMITTEE IN FULL TOM MACARTHUR FOR C						
ADDRESS (number and street) PO Box 999			-			
CITY, STATE, and ZIP CODE			-			
Edison		NJ 08818-0999	continuation page			
2. NAME OF CANDIDATE		3. OFFICE SOUGHT (State and District)	4. FEC IDENTIFICATION	ON NUMBER		
MacArthur, Thomas, , ,		House NJ 03	C00557520			
5. ISTHIS AN AMENDMENT? X NO, THIS IS A	NEW FILING	YES, IT AMENDS THE NOTICE FILED ON	/	/		
A. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month,	Amount		
Poehling, Timothy, J, ,		CIOX Health	day, year)			
16727 Hutchinson Dr			10/28/2016	2500.00		
16727 Hutchinson Di		Transaction ID: 6D317CD0264B54D4				
		Occupation				
Lakeville	MN 55044-5804	Executive				
B. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month, day, year)	Amount		
Dikmak, John, , ,		MJ Corp	day, year)			
127 Priok Dd			10/28/2016	1000.00		
127 Brick Rd		Transaction ID : 6C772A9D9F33E46C09E2				
		Occupation	-			
Marlton	NJ 08053-2175	Owner				
C. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month,	Amount		
Scarpa, John, , ,		John Scarpa	day, year)			
PO Box 1000			10/28/2016	2700.00		
PO Box 1000		Transaction ID : 64D975FBB90AE4F3	PEOD7			
		Occupation Occupation	SF 3D7			
Pleasantville	NJ 08232-1000	Investor				
D. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month, day, year)	Amount		
			day, year)			
		Occupation	_			
E. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month, day, year)	Amount		
			day, your,			
		Occupation				