

# 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  
LoBiondo for Congress

ADDRESS (number and street) P. O. Box 550  
 Check if different than previously reported. (ACC) Vineland NJ 08362

2. **FEC IDENTIFICATION NUMBER** ▼ C C00269340 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY ▲ STATE ▲ ZIP CODE ▲ STATE ▼ DISTRICT  
NJ 02

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 07 / 01 / 2015 through M M / D D / Y Y Y Y 09 / 30 / 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 Nancy H. Watkins

Signature of Treasurer Nancy H. Watkins *[Electronically Filed]* Date M M / D D / Y Y Y Y 10 / 15 / 2015

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  
**LoBiondo 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))....	146300.00	443138.69
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	146300.00	443138.69
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	76335.15	286452.99
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	4820.77
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	76335.15	281632.22
8. Cash on Hand at Close of Reporting Period (from Line 27).....	610667.49	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	25967.87	

**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

**LoBiondo for Congress**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	37350.00	95763.69
(ii) Unitemized.....	950.00	2875.00
(iii) TOTAL of contributions from individuals ▶	38300.00	98638.69
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	108000.00	344500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	146300.00	443138.69
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	4820.77
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	1704.51	6058.42
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	148004.51	454017.88

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	76335.15	286452.99
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	5000.00	38250.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	81335.15	324702.99

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	543998.13
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	148004.51
25. SUBTOTAL (add Line 23 and Line 24).....	692002.64
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	81335.15
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	610667.49

**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 61  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)  
**LoBiondo for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Mark Aitken, II**

Mailing Address 1301 S. Scott St.  
Apt. 522

City State Zip Code  
Arlington VA 22204

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

Name of Employer Occupation  
AUVSI Executive Director

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  
 07 24 2015

**Transaction ID : 50923.C31010**

Amount of Each Receipt this Period  
 Receipt 250.00

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

Mailing Address 264 N. Radnor Chester Road

City State Zip Code  
Radnor PA 19087-5113

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

Name of Employer Occupation  
self-employed Physician

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  
 09 29 2015

**Transaction ID : 51006.C31091**

Amount of Each Receipt this Period  
 Receipt 300.00

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

Mailing Address 264 N. Radnor Chester Road

City State Zip Code  
Radnor PA 19087-5113

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

Name of Employer Occupation  
self-employed Physician

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  
 09 29 2015

**Transaction ID : 51006.C31090**

Amount of Each Receipt this Period  
 Receipt 2700.00

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

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

3250.00

**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 61
	<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)  
**LoBiondo for Congress**

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

Mailing Address **PO Box 376**

City **Malaga** State **NJ** Zip Code **08328-0910**

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

Name of Employer **Newfield National Bank** Occupation **c.e.o.**

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  
**09 / 29 / 2015**

**Transaction ID : 51006.C31092**

Amount of Each Receipt this Period  
**1000.00**

Receipt

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

Mailing Address **83 Tebco Terrace**

City **Beach Haven** State **NJ** Zip Code **08008**

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

Name of Employer **Holgate Marina** Occupation **Chief Executive Manager**

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 / 20 / 2015**

**Transaction ID : 51006.C31071**

Amount of Each Receipt this Period  
**250.00**

Receipt

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

Mailing Address **8801 Bel Air Place**

City **Potomac** State **MD** Zip Code **20854**

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

Name of Employer **American Continental Group** Occupation **Principal**

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 / 17 / 2015**

**Transaction ID : 51006.C31111**

Amount of Each Receipt this Period  
**250.00**

Receipt

**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 7 OF 61
	<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)  
**LoBiondo for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Barbara Devine**

Mailing Address 151 Post Kennel Rd

City Far Hills State NJ Zip Code 07931-2412

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

Name of Employer n/a Occupation Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 08 / 2015

**Transaction ID : 50923.C31019**

Amount of Each Receipt this Period  
 Receipt 1500.00

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

Mailing Address 151 Post Kennel Rd

City Far Hills State NJ Zip Code 07931-2412

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

Name of Employer Hardware Holdings Occupation Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 08 / 08 / 2015

**Transaction ID : 50923.C31018**

Amount of Each Receipt this Period  
 Receipt 1500.00

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

Mailing Address 819 Bayshore Avenue

City Brigantine State NJ Zip Code 08203-2322

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

Name of Employer ARC International Occupation c.e.o.

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 30 / 2015

**Transaction ID : 50923.C31014**

Amount of Each Receipt this Period  
 Receipt 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: (check only one)	PAGE 8 OF 61
	<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)  
**LoBiondo for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Kathleen Dohn**

Mailing Address 819 Bayshore Ave

City State Zip Code  
Brigantine NJ 08203-2322

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
n/a Homemaker

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 30 / 2015

**Transaction ID : 50923.C31015**

Amount of Each Receipt this Period

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Ghazal & Associates, LLC**

Mailing Address 300 New Jersey Avenue, N.W.  
Suite 900

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
n/a partnership

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 24 / 2015

**Transaction ID : 50923.C31011**

Amount of Each Receipt this Period

Receipt

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

Mailing Address 300 New Jersey Avenue, N.W.  
Suite 900

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Ghazal & Associates, LLC Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 24 / 2015

**Transaction ID : 51013.C31113**

Amount of Each Receipt this Period

Memo  
**[MEMO ITEM]**  
Partnership->Ghazal & Associates, LLC  
PARTNERSHIP

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

**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 9 OF 61
	<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)  
**LoBiondo for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Gregory Gingery**

Mailing Address P.O. Box 4446

City State Zip Code  
Rockville MD 20849-4446

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

Name of Employer Occupation  
Ginergy Development Management

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  
08 / 18 / 2015

**Transaction ID : 50923.C31041**

Amount of Each Receipt this Period  
2500.00

Receipt

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

Mailing Address 1223 Portner Road

City State Zip Code  
Alexandria VA 22314

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

Name of Employer Occupation  
The Roosevelt Group govt. relations

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  
09 / 23 / 2015

**Transaction ID : 51006.C31104**

Amount of Each Receipt this Period  
1000.00

Receipt

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

Mailing Address PO Box 730

City State Zip Code  
Cape May Court Hou NJ 08210-0730

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

Name of Employer Occupation  
Kindle Ford President / General Manager

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  
09 / 23 / 2015

**Transaction ID : 51006.C31077**

Amount of Each Receipt this Period  
2700.00

Receipt

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

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

6200.00

**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)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**LoBiondo for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**William Kindle**

Mailing Address **PO Box 730**

City **Cape May Court Hou** State **NJ** Zip Code **08210-0730**

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

Name of Employer **Kindle Ford** Occupation **President / General Manager**

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**5400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 23 / 2015**

**Transaction ID : 51006.C31078**

Amount of Each Receipt this Period  
**2700.00**

Receipt

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

Mailing Address **240 E Waveland Ave**

City **Galloway** State **NJ** Zip Code **08205-9564**

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

Name of Employer **Kline Construction Co., Inc.** Occupation **c.e.o.**

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  
**08 / 08 / 2015**

**Transaction ID : 50923.C31021**

Amount of Each Receipt this Period  
**1500.00**

Receipt

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

Mailing Address **23 W 20th St**

City **Barneget Light** State **NJ** Zip Code **08006-1498**

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

Name of Employer **self-employed** Occupation **Fisherman**

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 / 20 / 2015**

**Transaction ID : 51006.C31070**

Amount of Each Receipt this Period  
**250.00**

Receipt

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

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

**4450.00**

**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 61  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**LoBiondo for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Kirk O. Larson**

Mailing Address **PO Box 731**

City **Barneget Light** State **NJ** Zip Code **08006-0731**

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

Name of Employer **Borough of Barneget Light** Occupation **Mayor**

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  
**09 / 20 / 2015**

**Transaction ID : 51006.C31068**

Amount of Each Receipt this Period  
**1500.00**

Receipt

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

Mailing Address **11302 Beach Ave**

City **Long Beach Townshi** State **NJ** Zip Code **08008-3009**

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

Name of Employer **E.C.R.O.** Occupation **Physician**

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  
**09 / 20 / 2015**

**Transaction ID : 51006.C31067**

Amount of Each Receipt this Period  
**1000.00**

Receipt

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

Mailing Address **143 W New Jersey Ave**

City **Long Beach Townshi** State **NJ** Zip Code **08008-2765**

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

Name of Employer **self-employed** Occupation **Real Estate**

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  
**09 / 20 / 2015**

**Transaction ID : 51006.C31065**

Amount of Each Receipt this Period  
**1500.00**

Receipt

**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: (check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15  
 PAGE 12 OF 61

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NAME OF COMMITTEE (In Full)  
**LoBiondo for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Rick Marks**

Mailing Address 11988 Sentinel Point Ct

City Reston State VA Zip Code 20191-4806

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

Name of Employer Hoffman Silver Gilman Blasco Occupation govt. relations

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  
 07 / 24 / 2015

**Transaction ID : 50923.C31013**

Amount of Each Receipt this Period  
 500.00

Receipt

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

Mailing Address 107 S Rumson Ave

City Margate City State NJ Zip Code 08402-2547

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

Name of Employer Kline Construction Co. Occupation Manager

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  
 08 / 08 / 2015

**Transaction ID : 50923.C31020**

Amount of Each Receipt this Period  
 1500.00

Receipt

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

Mailing Address PO Box 787

City Barnegat Light State NJ Zip Code 08006-0787

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

Name of Employer Viking Village Occupation General Manager

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  
 09 / 20 / 2015

**Transaction ID : 51006.C31066**

Amount of Each Receipt this Period  
 1000.00

Receipt

**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 13 OF 61
	<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)  
**LoBiondo for Congress**

Full Name (Last, First, Middle Initial) <b>A. Jeffrey Reichle</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 17 / 2015
Mailing Address 4045 Bayshore Rd		<b>Transaction ID : 50923.C31032</b>
City Cape May	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00
Name of Employer Lunds Fisheries	Occupation Owner	Receipt
Receipt For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2300.00	

Full Name (Last, First, Middle Initial) <b>B. Jeffrey Reichle</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 17 / 2015
Mailing Address 4045 Bayshore Rd		<b>Transaction ID : 50923.C31031</b>
City Cape May	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer Lunds Fisheries	Occupation Owner	Receipt
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00	

Full Name (Last, First, Middle Initial) <b>C. Edward Salmon</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 24 / 2015
Mailing Address 43 Holly Way		<b>Transaction ID : 51006.C31080</b>
City Bridgeton	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Salmon Ventures	Occupation Chairman	Receipt
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 450.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5200.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 61
	<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)  
**LoBiondo for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Myron Shevell**

Mailing Address PO Box 6031

City Elizabeth State NJ Zip Code 07207-6031

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

Name of Employer New England Motor Freight Occupation Owner

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  
 09 / 29 / 2015

**Transaction ID : 51006.C31093**

Amount of Each Receipt this Period  
 Receipt **2000.00**

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

Mailing Address 600 New Hampshire Ave NW Ste 120

City Washington State DC Zip Code 20037-2403

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

Name of Employer Blank Rome 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  
 07 / 24 / 2015

**Transaction ID : 50923.C31012**

Amount of Each Receipt this Period  
 Receipt **250.00**

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

Mailing Address 4407 Highland Avenue

City Bethesda State MD Zip Code 20814

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

Name of Employer ThorsenFrench Advocacy Occupation govt. relations

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 / 29 / 2015

**Transaction ID : 51006.C31106**

Amount of Each Receipt this Period  
 Receipt **250.00**

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

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

**2500.00**

**2500.00**

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

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

FOR LINE NUMBER: PAGE 15 OF 61  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**LoBiondo for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Charles S. Verdery, Jr.**

Mailing Address 1605 N. Edgewood Street

City State Zip Code  
Arlington VA 22201-3907

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

Name of Employer Occupation  
Monument Policy Group Attorney

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2015

**Transaction ID : 51006.C31112**

Amount of Each Receipt this Period  
 Receipt 500.00

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

Mailing Address 204 N Columbus St

City State Zip Code  
Alexandria VA 22314-2412

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

Name of Employer Occupation  
Rails-to-Trails Senior Vice President

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015

**Transaction ID : 51006.C31098**

Amount of Each Receipt this Period  
 Receipt 500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

1000.00

37350.00

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

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

FOR LINE NUMBER: PAGE 16 OF 61  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**LoBiondo for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Air Line Pilots Association PAC**

Mailing Address 1625 Massachusetts Ave NW

City Washington State DC Zip Code 20036-2212

FEC ID number of contributing federal political committee. **C** C00035451

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 7500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 01 / 2015

**Transaction ID : 50923.C31047**

Amount of Each Receipt this Period  
 2500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Aircraft Owners & Pilots Association PAC**

Mailing Address 421 Aviation Way

City Frederick State MD Zip Code 21701-4756

FEC ID number of contributing federal political committee. **C** C00131185

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  
 08 / 14 / 2015

**Transaction ID : 50923.C31030**

Amount of Each Receipt this Period  
 2500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**American Council Engineering Co. PAC**

Mailing Address 1015 15th Street, N.W.

City Washington State DC Zip Code 20005-2605

FEC ID number of contributing federal political committee. **C** C00010868

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 Y  
 09 / 30 / 2015

**Transaction ID : 51006.C31096**

Amount of Each Receipt this Period  
 2500.00

Receipt

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

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

7500.00

**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 61
	<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)  
**LoBiondo for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**American Gaming Association PAC**

Mailing Address 1299 Pennsylvania Ave NW  
Suite 1175

City Washington State DC Zip Code 20004-2400

FEC ID number of contributing federal political committee. **C C00309146**

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  
09 / 30 / 2015

**Transaction ID : 51006.C31101**

Amount of Each Receipt this Period  
Receipt 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**American Maritime Officers Voluntary PAC**

Mailing Address PO Box 66

City Dania State FL Zip Code 33004-4312

FEC ID number of contributing federal political committee. **C C00027532**

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  
07 / 24 / 2015

**Transaction ID : 50923.C31001**

Amount of Each Receipt this Period  
Receipt 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**American Physical Therapy Assn. PAC**

Mailing Address 1111 North Fairfax Street

City Alexandria State VA Zip Code 22314-1488

FEC ID number of contributing federal political committee. **C C00012880**

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  
08 / 12 / 2015

**Transaction ID : 50923.C31026**

Amount of Each Receipt this Period  
Receipt 1000.00

**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 18 OF 61  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**LoBiondo for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**American Pilots Association, Inc. PAC**

Mailing Address 499 S Capitol St SW  
Suite 409

City Washington State DC Zip Code 20003-4047

FEC ID number of contributing federal political committee. **C C00041061**

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  
 07 / 24 / 2015

**Transaction ID : 50923.C31002**

Amount of Each Receipt this Period  
 Receipt 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**American Road & Transportation Builders**

Mailing Address 1219 28th Street, N.W.

City Washington State DC Zip Code 20007-3362

FEC ID number of contributing federal political committee. **C C00118208**

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  
 09 / 26 / 2015

**Transaction ID : 51006.C31083**

Amount of Each Receipt this Period  
 Receipt 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Assn Professional Flight Attendants PAC**

Mailing Address 1004 West Eules Blvd.

City Eules State TX Zip Code 76040

FEC ID number of contributing federal political committee. **C C00246421**

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  
 09 / 22 / 2015

**Transaction ID : 51006.C31075**

Amount of Each Receipt this Period  
 Receipt 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 19 OF 61
	<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)  
**LoBiondo for Congress**

**A. Baker Donelson PAC**

Full Name (Last, First, Middle Initial)  
**Baker Donelson PAC**

Mailing Address **901 K StreetNW  
Suite 900**

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

FEC ID number of contributing federal political committee. **C C00431072**

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  
**07 / 24 / 2015**

**Transaction ID : 50923.C31006**

Amount of Each Receipt this Period  
 Receipt **1000.00**

**B. Boeing Political Action Committee**

Full Name (Last, First, Middle Initial)  
**Boeing Political Action Committee**

Mailing Address **929 Long Bridge Drive**

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

FEC ID number of contributing federal political committee. **C C00142711**

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  
**09 / 30 / 2015**

**Transaction ID : 51006.C31109**

Amount of Each Receipt this Period  
 Receipt **1000.00**

**C. Boyd Political Action Committee**

Full Name (Last, First, Middle Initial)  
**Boyd Political Action Committee**

Mailing Address **6465 South Rainbow Blvd.**

City **Las Vegas** State **NV** Zip Code **89118**

FEC ID number of contributing federal political committee. **C C00142315**

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  
**09 / 18 / 2015**

**Transaction ID : 51006.C31063**

Amount of Each Receipt this Period  
 Receipt **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: (check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**LoBiondo for Congress**

**A. Building & Construction Trades Dept. PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 815 16th Street, N.W.,#600  
 City Washington State DC Zip Code 20006-4101  
 FEC ID number of contributing federal political committee. **C** C00003160  
 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  
 07 / 24 / 2015  
**Transaction ID : 50923.C31003**  
 Amount of Each Receipt this Period  
 Receipt 2500.00

**B. Caesars Entertainment PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Caesars Palace Dr  
 City Las Vegas State NV Zip Code 89109-8969  
 FEC ID number of contributing federal political committee. **C** C00239947  
 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  
 09 / 22 / 2015  
**Transaction ID : 51006.C31076**  
 Amount of Each Receipt this Period  
 Receipt 2500.00

**C. Continental Airlines, Inc. Employee Fund**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1600 Smith St Suite HQSGV, 19th Fl.  
 City Houston State TX Zip Code 77002-7362  
 FEC ID number of contributing federal political committee. **C** C00101766  
 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  
 08 / 17 / 2015  
**Transaction ID : 50923.C31033**  
 Amount of Each Receipt this Period  
 Receipt 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: (check only one)	PAGE 21 OF 61
	<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)  
**LoBiondo for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**CSX Corp. Good Government Fund**

Mailing Address 1331 Pennsylvania Ave NW  
Suite 560

City Washington State DC Zip Code 20004-1710

FEC ID number of contributing federal political committee. **C** C00163832

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  
 08 / 12 / 2015

**Transaction ID : 50923.C31027**

Amount of Each Receipt this Period  
 Receipt 2500.00

**B.** Full Name (Last, First, Middle Initial)  
**DRIVE Committee Political Fund**

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 Y  
 08 / 26 / 2015

**Transaction ID : 50923.C31044**

Amount of Each Receipt this Period  
 Receipt 2000.00

**C.** Full Name (Last, First, Middle Initial)  
**Employees of Northrop Grumman PAC**

Mailing Address 2980 Fairview Park Dr

City Falls Church State VA Zip Code 22042-4511

FEC ID number of contributing federal political committee. **C** C00088591

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  
 08 / 17 / 2015

**Transaction ID : 50923.C31036**

Amount of Each Receipt this Period  
 Receipt 2500.00

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

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

7000.00

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

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

FOR LINE NUMBER: PAGE 22 OF 61  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**LoBiondo for Congress**

**A. Employees of Northrop Grumman PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2980 Fairview Park Dr  
 City Falls Church State VA Zip Code 22042-4511  
 FEC ID number of contributing federal political committee. **C** C00088591  
 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  
 09 / 26 / 2015  
**Transaction ID : 51006.C31082**  
 Amount of Each Receipt this Period  
 Receipt 2500.00

**B. Federal Express PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 942 S Shady Grove Rd  
 1st Floor  
 City Memphis State TN Zip Code 38120-4117  
 FEC ID number of contributing federal political committee. **C** C00068692  
 Name of Employer Occupation  
 Receipt For: 2016  
 Primary     General  
 Other (specify)  
 Election Cycle-to-Date 4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2015  
**Transaction ID : 51006.C31085**  
 Amount of Each Receipt this Period  
 Receipt 3500.00

**C. First Energy PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 76 S Main St  
 City Akron State OH Zip Code 44308-1812  
 FEC ID number of contributing federal political committee. **C** C00140855  
 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  
 09 / 16 / 2015  
**Transaction ID : 51006.C31052**  
 Amount of Each Receipt this Period  
 Receipt 1000.00

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

7000.00

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

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

FOR LINE NUMBER: PAGE 23 OF 61  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**LoBiondo for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**General Electric Co. PAC**

Mailing Address 1299 Pennsylvania Avenue, NW  
Suite 1100 West

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00024869**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 26 / 2015

**Transaction ID : 51006.C31081**

Amount of Each Receipt this Period  
1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**General Mills, Inc. PAC**

Mailing Address 1 General Mills Blvd

City Minneapolis State MN Zip Code 55426-1347

FEC ID number of contributing federal political committee. **C C00062646**

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 Y  
09 / 30 / 2015

**Transaction ID : 51006.C31094**

Amount of Each Receipt this Period  
2500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Google Net Inc. PAC**

Mailing Address 1101 New York Avenue NW  
2nd Floor

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C C00428623**

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 Y  
08 / 12 / 2015

**Transaction ID : 50923.C31025**

Amount of Each Receipt this Period  
2500.00

Receipt

**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 24 OF 61  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**LoBiondo for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Harris Corporation PAC**

Mailing Address 600 Maryland Ave SW  
Suite 850-E

City Washington State DC Zip Code 20024-2520

FEC ID number of contributing federal political committee. **C C00100321**

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  
 09 / 18 / 2015

**Transaction ID : 51006.C31064**

Amount of Each Receipt this Period  
 Receipt 1000.00

Amount of Each Receipt this Period  
 Receipt 3000.00

**B.** Full Name (Last, First, Middle Initial)  
**Holland & Knight Effective Govt. PAC**

Mailing Address 2099 Pennsylvania Ave NW  
Suite 100

City Washington State DC Zip Code 20006-6800

FEC ID number of contributing federal political committee. **C C00171330**

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  
 07 / 24 / 2015

**Transaction ID : 50923.C31004**

Amount of Each Receipt this Period  
 Receipt 1000.00

Amount of Each Receipt this Period  
 Receipt 1000.00

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

Mailing Address 101 Constitution Ave., N.W.  
Suite 500 West

City Washington State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C C00096156**

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  
 08 / 12 / 2015

**Transaction ID : 50923.C31024**

Amount of Each Receipt this Period  
 Receipt 2500.00

Amount of Each Receipt this Period  
 Receipt 5000.00

**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 25 OF 61
	<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)  
**LoBiondo for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Intl. 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  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 08 / 2015

**Transaction ID : 50923.C31022**

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Intl. Longshore & Warehouse Union PAC**

Mailing Address 5000 W. Side Avenue, #100

City North Bergen State NJ Zip Code 07047-6439

FEC ID number of contributing federal political committee. **C C00158576**

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 Y  
 09 / 30 / 2015

**Transaction ID : 51006.C31107**

Amount of Each Receipt this Period  
2500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Intl. Union Painters/Allied Trades-IUPAT**

Mailing Address 7234 Parkway Dr

City Hanover State MD Zip Code 21076-1307

FEC ID number of contributing federal political committee. **C C00000885**

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 Y  
 09 / 30 / 2015

**Transaction ID : 51006.C31102**

Amount of Each Receipt this Period  
2500.00

Receipt

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

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

10000.00

**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 61
	<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)  
**LoBiondo for Congress**

**A. Kleinfelder PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5015 Shoreham PL  
 City San Diego State CA Zip Code 92122  
 FEC ID number of contributing federal political committee. **C C00463943**  
 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  
 09 / 30 / 2015  
**Transaction ID : 51006.C31100**  
 Amount of Each Receipt this Period  
 Receipt 1000.00

**B. League of Conservation Voters PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1920 L St NW Ste 800  
 City Washington State DC Zip Code 20036-5045  
 FEC ID number of contributing federal political committee. **C C00252940**  
 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  
 07 / 24 / 2015  
**Transaction ID : 50923.C31008**  
 Amount of Each Receipt this Period  
 Receipt 1000.00

**C. Lockheed Martin Employees PAC**  
 Full Name (Last, First, Middle Initial)  
 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

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 28 / 2015  
**Transaction ID : 50923.C31045**  
 Amount of Each Receipt this Period  
 Receipt 7000.00

**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 27 OF 61  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**LoBiondo for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MacAndrews & Forbes Holdings Inc. PAC**

Mailing Address 35 E 62nd St

City State Zip Code  
New York NY 10065-8014

FEC ID number of contributing federal political committee. **C C00432856**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 22 / 2015

**Transaction ID : 51006.C31073**

Amount of Each Receipt this Period  
 Receipt 2500.00

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

Mailing Address 9000 Machinists Pl

City State Zip Code  
Upper Marlboro MD 20772-2675

FEC ID number of contributing federal political committee. **C C00002469**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 14 / 2015

**Transaction ID : 50923.C31028**

Amount of Each Receipt this Period  
 Receipt 5000.00

**C.** Full Name (Last, First, Middle Initial)  
**Marine Engineers Beneficial Assoc. PAF**

Mailing Address 444 N. Capitol Street, N.W., #800

City State Zip Code  
Washington DC 20001-1508

FEC ID number of contributing federal political committee. **C C00279380**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
4500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 17 / 2015

**Transaction ID : 50923.C31034**

Amount of Each Receipt this Period  
 Receipt 1000.00

**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 28 OF 61
	<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)  
**LoBiondo for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**National Assn. of Letter Carriers COLCPE**

Mailing Address 100 Indiana Avenue, N.W.

City Washington State DC Zip Code 20001-2143

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  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 24 / 2015

**Transaction ID : 50923.C31037**

Amount of Each Receipt this Period  
1500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**National Electrical Contractors PAC**

Mailing Address 3 Bethesda Metro Ctr  
Suite 1100

City Bethesda State MD Zip Code 20814-5330

FEC ID number of contributing federal political committee. **C** C00113811

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  
 08 / 24 / 2015

**Transaction ID : 50923.C31038**

Amount of Each Receipt this Period  
1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**National Electrical Contractors PAC**

Mailing Address 3 Bethesda Metro Ctr  
Suite 1100

City Bethesda State MD Zip Code 20814-5330

FEC ID number of contributing federal political committee. **C** C00113811

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  
 09 / 30 / 2015

**Transaction ID : 51006.C31095**

Amount of Each Receipt this Period  
3000.00

Receipt

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

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

5500.00

**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 61  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**LoBiondo for Congress**

**A. National Stone, Sand & Gravel Assn. PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2011 Pennsylvania Avenue NW  
 Suite 301  
 City Washington State DC Zip Code 20006  
 FEC ID number of contributing federal political committee. **C C00089458**  
 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  
 09 / 30 / 2015  
**Transaction ID : 51006.C31097**  
 Amount of Each Receipt this Period  
 Receipt 2500.00

**B. National Tank Truck Carriers PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 950 N Glebe Rd Ste 520  
 City Arlington State VA Zip Code 22203-4183  
 FEC ID number of contributing federal political committee. **C C00188011**  
 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  
 09 / 30 / 2015  
**Transaction ID : 51006.C31099**  
 Amount of Each Receipt this Period  
 Receipt 1000.00

**C. Natl Customs Brokers/Forwarders Assn PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1200 18th Street, NW  
 Suite 901  
 City Washington State DC Zip Code 20036  
 FEC ID number of contributing federal political committee. **C C00207969**  
 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  
 09 / 30 / 2015  
**Transaction ID : 51006.C31103**  
 Amount of Each Receipt this Period  
 Receipt 1000.00

**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 30 OF 61
	<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)  
**LoBiondo for Congress**

**A. Natl. Council Textile Organizations PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 469 Hospital Dr Ste C

City Gastonia	State NC	Zip Code 28054-4779
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00405555

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  
 09 / 26 / 2015

**Transaction ID : 51006.C31084**

Amount of Each Receipt this Period  
 1000.00

Receipt

**B. Pacific Seafood Processors PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1900 W Emerson Pl Ste 205

City Seattle	State WA	Zip Code 98119-1649
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00193672

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  
 07 / 24 / 2015

**Transaction ID : 50923.C31007**

Amount of Each Receipt this Period  
 1000.00

Receipt

**C. Pilots Society PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box37479

City Philadelphia	State PA	Zip Code 19148
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00240457

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  
 07 / 30 / 2015

**Transaction ID : 50923.C31017**

Amount of Each Receipt this Period  
 2000.00

Receipt

**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: (check only one)	PAGE 31 OF 61
	<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)  
**LoBiondo for Congress**

**A. Full Name (Last, First, Middle Initial)**  
**Poker Players Alliance PAC**

Mailing Address 1325 G St NW Ste 500

City Washington State DC Zip Code 20005-3136

FEC ID number of contributing federal political committee. **C C00448688**

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  
 09 / 22 / 2015

**Transaction ID : 51006.C31074**

Amount of Each Receipt this Period  
 Receipt 1000.00

**B. Full Name (Last, First, Middle Initial)**  
**Public Service Enterprise Group PAC**

Mailing Address 80 Park Plz

City Newark State NJ Zip Code 07102-4109

FEC ID number of contributing federal political committee. **C C00383489**

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  
 09 / 01 / 2015

**Transaction ID : 50923.C31046**

Amount of Each Receipt this Period  
 Receipt 1000.00

**C. Full Name (Last, First, Middle Initial)**  
**Republican Main Street PAC**

Mailing Address 1220 L Street, N.W., #100-263

City Washington State DC Zip Code 20005-4018

FEC ID number of contributing federal political committee. **C C00165159**

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  
 07 / 30 / 2015

**Transaction ID : 50923.C31016**

Amount of Each Receipt this Period  
 Receipt 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 32 OF 61
	<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)  
**LoBiondo for Congress**

**A. Seafarers Political Activity Donation**

Full Name (Last, First, Middle Initial)  
Mailing Address 5201 Auth Way

City State Zip Code  
Camp Springs MD 20746-4211

FEC ID number of contributing federal political committee. **C** C00004325

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  
 08 / 14 / 2015

**Transaction ID : 50923.C31029**

Amount of Each Receipt this Period  
 Receipt 2500.00

**B. Seafarers Political Activity Donation**

Full Name (Last, First, Middle Initial)  
Mailing Address 5201 Auth Way

City State Zip Code  
Camp Springs MD 20746-4211

FEC ID number of contributing federal political committee. **C** C00004325

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  
 08 / 17 / 2015

**Transaction ID : 50923.C31035**

Amount of Each Receipt this Period  
 Receipt 2500.00

**C. Sheet Metal Workers Intl. Assn. PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 1750 New York Ave NW

City State Zip Code  
Washington DC 20006-5305

FEC ID number of contributing federal political committee. **C** C00007542

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  
 09 / 22 / 2015

**Transaction ID : 51006.C31072**

Amount of Each Receipt this Period  
 Receipt 1500.00

**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 33 OF 61  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**LoBiondo for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Transport Workers Union Pol. Comm.**

Mailing Address 501 3rd St NW FI 9

City Washington State DC Zip Code 20001-2790

FEC ID number of contributing federal political committee. **C** C00008268

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  
 07 / 23 / 2015

**Transaction ID : 50923.C30999**

Amount of Each Receipt this Period  
 Receipt 2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Transport Workers Union Pol. Comm.**

Mailing Address 501 3rd St NW FI 9

City Washington State DC Zip Code 20001-2790

FEC ID number of contributing federal political committee. **C** C00008268

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  
 08 / 26 / 2015

**Transaction ID : 50923.C31043**

Amount of Each Receipt this Period  
 Receipt 2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Transportation Trades Dept AFL-CIO PAC**

Mailing Address 815 16th Street, N.W., 4th Floor

City Washington State DC Zip Code 20006-4112

FEC ID number of contributing federal political committee. **C** C00280909

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  
 07 / 24 / 2015

**Transaction ID : 50923.C31009**

Amount of Each Receipt this Period  
 Receipt 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 34 OF 61  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**LoBiondo for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**U.S. Travel Association PAC**

Mailing Address 1100 New York Ave NW Ste 450W

City Washington State DC Zip Code 20005-3934

FEC ID number of contributing federal political committee. **C C00457754**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 16 / 2015

**Transaction ID : 51006.C31051**

Amount of Each Receipt this Period  
 1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**United Assn Plumbers/Pipefitters 322 PAC**

Mailing Address 3 Park Place

City Annapolis State MD Zip Code 21401

FEC ID number of contributing federal political committee. **C C00173419**

Name of Employer Occupation

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  
 09 / 16 / 2015

**Transaction ID : 51006.C31062**

Amount of Each Receipt this Period  
 500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**United Assn Plumbers/Pipefitters 322 PAC**

Mailing Address 3 Park Place

City Annapolis State MD Zip Code 21401

FEC ID number of contributing federal political committee. **C C00173419**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
 1750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 16 / 2015

**Transaction ID : 51006.C31061**

Amount of Each Receipt this Period  
 1000.00

Receipt

**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 35 OF 61
	<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)  
**LoBiondo for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**United Transportation Union PAC**

Mailing Address 14600 Detroit Avenue

City Cleveland State OH Zip Code 44107-4207

FEC ID number of contributing federal political committee. **C** C00001636

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
8500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 24 / 2015

**Transaction ID : 50923.C31039**

Amount of Each Receipt this Period  
2500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
**Werner Enterprises, Inc. PAC**

Mailing Address 14507 Frontier Road

City Omaha State NE Zip Code 68138

FEC ID number of contributing federal political committee. **C** C00236034

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  
 07 / 24 / 2015

**Transaction ID : 50923.C31005**

Amount of Each Receipt this Period  
1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
**Wine & Spirits Wholesalers of America**

Mailing Address 805 Fifteenth St. NW  
Suite 430

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00147173

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  
 08 / 08 / 2015

**Transaction ID : 50923.C31023**

Amount of Each Receipt this Period  
2000.00

Receipt

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

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

5500.00

108000.00

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

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

FOR LINE NUMBER: PAGE 36 OF 61  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**LoBiondo for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Andrew J. McCrosson, Jr.**

Mailing Address 29 Daisy Drive

City State Zip Code  
Egg Harbor Twp NJ 08234-6119

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Kline Construction Co. field supervisor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt

**Transaction ID : 50923.C31000**

Amount of Each Receipt this Period

Other Receipt

NOTE:restitution

**B.** Full Name (Last, First, Middle Initial)  
**Andrew J. McCrosson, Jr.**

Mailing Address 29 Daisy Drive

City State Zip Code  
Egg Harbor Twp NJ 08234-6119

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Kline Construction Co. field supervisor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt

**Transaction ID : 50923.C31042**

Amount of Each Receipt this Period

Other Receipt

NOTE:restitution

**C.** Full Name (Last, First, Middle Initial)  
**Andrew J. McCrosson, Jr.**

Mailing Address 29 Daisy Drive

City State Zip Code  
Egg Harbor Twp NJ 08234-6119

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Kline Construction Co. field supervisor

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt

**Transaction ID : 51006.C31108**

Amount of Each Receipt this Period

Other Receipt

NOTE:restitution

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

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

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

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

FOR LINE NUMBER: PAGE 37 OF 61  
(check only one)  
 11a  11b  11c  11d  15  
 12  13a  13b  14

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NAME OF COMMITTEE (In Full)  
**LoBiondo for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Sun National Bank**

Mailing Address 226 W. Landis Avenue

City Vineland State NJ Zip Code 08360-

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **484.26**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 31 / 2015**

**Transaction ID : 50923.C30998**

Amount of Each Receipt this Period  
**66.35**

Interest Received

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

Mailing Address 226 W. Landis Avenue

City Vineland State NJ Zip Code 08360-

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **553.28**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**08 / 31 / 2015**

**Transaction ID : 50923.C31049**

Amount of Each Receipt this Period  
**69.02**

Interest Received

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

Mailing Address 226 W. Landis Avenue

City Vineland State NJ Zip Code 08360-

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

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **622.42**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**09 / 30 / 2015**

**Transaction ID : 51006.C31110**

Amount of Each Receipt this Period  
**69.14**

Interest Received

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

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

**204.51**

**1704.51**

**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 61			
	<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)  
**LoBiondo for Congress**

Full Name (Last, First, Middle Initial) <b>A. 814 Consulting, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2015		
Mailing Address 5827 Colfax Avenue			Amount of Each Disbursement this Period 284.00		
City Alexandria	State VA	Zip Code 22311-	Transaction ID : 50923.E5758		
Purpose of Disbursement facility rental		Category/ Type			
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	FACILITY RENTAL		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:				

Full Name (Last, First, Middle Initial) <b>B. American Gaming Association</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2015		
Mailing Address 799 9th Street, N.W., #700			Amount of Each Disbursement this Period 300.00		
City Washington	State DC	Zip Code 20001-	Transaction ID : 50923.E5780		
Purpose of Disbursement facility rental		Category/ Type			
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	FACILITY RENTAL		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:				

Full Name (Last, First, Middle Initial) <b>C. Aristotle International, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2015		
Mailing Address 205 Pennsylvania Avenue, S.E.			Amount of Each Disbursement this Period 2400.00		
City Washington	State DC	Zip Code 20003-1164	Transaction ID : 50729.E5728		
Purpose of Disbursement software		Category/ Type			
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	SOFTWARE		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2984.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 61			
	<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)  
**LoBiondo for Congress**

Full Name (Last, First, Middle Initial) <b>A. AT&amp;T Mobility</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2015
Mailing Address P.O. Box 537104		Amount of Each Disbursement this Period 97.56
City Atlanta	State GA	
Zip Code 30353-7104		TELEPHONE
Purpose of Disbursement telephone	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AT&amp;T Mobility</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 11 / 2015
Mailing Address P.O. Box 537104		Amount of Each Disbursement this Period 97.54
City Atlanta	State GA	
Zip Code 30353-7104		TELEPHONE
Purpose of Disbursement telephone	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T Mobility</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2015
Mailing Address P.O. Box 537104		Amount of Each Disbursement this Period 97.54
City Atlanta	State GA	
Zip Code 30353-7104		TELEPHONE
Purpose of Disbursement telephone	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	292.64
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 61	
	<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)  
**LoBiondo for Congress**

Full Name (Last, First, Middle Initial) <b>A. CampaignContribution.com</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2015
Mailing Address 205 Pennsylvania Ave., S.E.		Amount of Each Disbursement this Period 37.50
City Washington State DC Zip Code 20003-	Purpose of Disbursement credit card processing	
Candidate Name		Transaction ID : 50710.E5716
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:	Category/Type	CREDIT CARD PROCESSING

Full Name (Last, First, Middle Initial) <b>B. CampaignContribution.com</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2015
Mailing Address 205 Pennsylvania Ave., S.E.		Amount of Each Disbursement this Period 33.75
City Washington State DC Zip Code 20003-	Purpose of Disbursement credit card processing	
Candidate Name		Transaction ID : 50710.E5722
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:	Category/Type	CREDIT CARD PROCESSING

Full Name (Last, First, Middle Initial) <b>c. CampaignContribution.com</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 28 / 2015
Mailing Address 205 Pennsylvania Ave., S.E.		Amount of Each Disbursement this Period 187.50
City Washington State DC Zip Code 20003-	Purpose of Disbursement credit card processing	
Candidate Name		Transaction ID : 50923.E5775
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:	Category/Type	CREDIT CARD PROCESSING

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	258.75
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 61			
	<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)  
**LoBiondo for Congress**

Full Name (Last, First, Middle Initial) <b>A. CampaignContribution.com</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2015
Mailing Address 205 Pennsylvania Ave., S.E.			Amount of Each Disbursement this Period 818.75
City Washington	State DC	Zip Code 20003-	
Purpose of Disbursement credit card processing		Category/ Type	<b>Transaction ID : 51002.E5799</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>CREDIT CARD PROCESSING</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. First Bankcard</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address P. O. Box 2818			Amount of Each Disbursement this Period 839.35
City Omaha	State NE	Zip Code 68103-2818	
Purpose of Disbursement CREDIT CARD:SEE BELOW		Category/ Type	<b>Transaction ID : 50710.E5715</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>CREDIT CARD:SEE BELOW</b>
State: District:			

Full Name (Last, First, Middle Initial) <b>c. Members Dining Room</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2015
Mailing Address 45 Independence Avenue, S.W.			Amount of Each Disbursement this Period 19.15
City Washington	State DC	Zip Code 20515-	
Purpose of Disbursement food & beverage		Category/ Type	<b>Transaction ID : 50729.E5731</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>[MEMO ITEM] MEMO: FOOD &amp; BEVERAGE</b>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	858.10
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 61			
	<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)  
**LoBiondo for Congress**

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2015
Mailing Address 300 1st Street, S.E.			Amount of Each Disbursement this Period 767.00
City Washington	State DC	Zip Code 20003-1801	
Purpose of Disbursement food & beverage		Category/ Type	<b>Transaction ID : 50729.E5732</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>[MEMO ITEM]</b> MEMO: FOOD & BEVERAGE
State: District:			

Full Name (Last, First, Middle Initial) <b>B. First Bankcard</b>			Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2015
Mailing Address P. O. Box 2818			Amount of Each Disbursement this Period 20.25
City Omaha	State NE	Zip Code 68103-2818	
Purpose of Disbursement service charge		Category/ Type	<b>Transaction ID : 50729.E5741</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		<b>[MEMO ITEM]</b> MEMO: SERVICE CHARGE
State: District:			

Full Name (Last, First, Middle Initial) <b>c. First Bankcard</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address P. O. Box 2818			Amount of Each Disbursement this Period 1339.36
City Omaha	State NE	Zip Code 68103-2818	
Purpose of Disbursement CREDIT CARD:SEE BELOW		Category/ Type	<b>Transaction ID : 50710.E5714</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		CREDIT CARD:SEE BELOW
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1339.36
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 61			
	<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)  
**LoBiondo for Congress**

Full Name (Last, First, Middle Initial) <b>A. Charlie Palmer Steak House</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2015
Mailing Address 101 Constitution Ave NW			Amount of Each Disbursement this Period 250.00
City Washington	State DC	Zip Code 20001-2133	
Purpose of Disbursement food & beverage		Candidate Name	Transaction ID : 50729.E5735
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)		Category/ Type	[MEMO ITEM] MEMO: FOOD & BEVERAGE
State:	District:		

Full Name (Last, First, Middle Initial) <b>B. Charlie Palmer Steak House</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2015
Mailing Address 101 Constitution Ave NW			Amount of Each Disbursement this Period 965.25
City Washington	State DC	Zip Code 20001-2133	
Purpose of Disbursement food & beverage		Candidate Name	Transaction ID : 50729.E5736
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)		Category/ Type	[MEMO ITEM] MEMO: FOOD & BEVERAGE
State:	District:		

Full Name (Last, First, Middle Initial) <b>C. U.S. Postal Service</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2015
Mailing Address 722 E. Landis Avenue			Amount of Each Disbursement this Period 19.99
City Vineland	State NJ	Zip Code 08360-8013	
Purpose of Disbursement postage		Candidate Name	Transaction ID : 50729.E5737
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)		Category/ Type	[MEMO ITEM] MEMO: POSTAGE
State:	District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 61			
	<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)  
**LoBiondo for Congress**

Full Name (Last, First, Middle Initial) <b>A. Locker Room Self Storage, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2015
Mailing Address 40 Love Lane		Amount of Each Disbursement this Period 81.86
City Bridgeton	State NJ	
Zip Code 08302-6074	Purpose of Disbursement storage	Transaction ID : 50729.E5738
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)	[MEMO ITEM] MEMO: STORAGE
State: District:		

Full Name (Last, First, Middle Initial) <b>B. U.S. Postal Service</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 06 / 2015
Mailing Address 722 E. Landis Avenue		Amount of Each Disbursement this Period 9.80
City Vineland	State NJ	
Zip Code 08360-8013	Purpose of Disbursement postage	Transaction ID : 50729.E5739
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)	[MEMO ITEM] MEMO: POSTAGE
State: District:		

Full Name (Last, First, Middle Initial) <b>c. First Bankcard</b>		Date of Disbursement M M / D D / Y Y Y Y 06 / 09 / 2015
Mailing Address P. O. Box 2818		Amount of Each Disbursement this Period 12.46
City Omaha	State NE	
Zip Code 68103-2818	Purpose of Disbursement service charge	Transaction ID : 50729.E5740
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)	[MEMO ITEM] MEMO: SERVICE CHARGE
State: District:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 61		
	<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)  
**LoBiondo for Congress**

Full Name (Last, First, Middle Initial) <b>A. First Bankcard</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2015
Mailing Address P. O. Box 2818		Amount of Each Disbursement this Period 81.86
City Omaha	State NE	Zip Code 68103-2818
Purpose of Disbursement CREDIT CARD:SEE BELOW	Transaction ID : 50729.E5745	
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)	CREDIT CARD:SEE BELOW
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Locker Room Self Storage, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2015
Mailing Address 40 Love Lane		Amount of Each Disbursement this Period 81.86
City Bridgeton	State NJ	Zip Code 08302-6074
Purpose of Disbursement storage	Transaction ID : 50729.E5752	
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)	[MEMO ITEM] MEMO: STORAGE
State: District:		

Full Name (Last, First, Middle Initial) <b>C. First Bankcard</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2015
Mailing Address P. O. Box 2818		Amount of Each Disbursement this Period 125.82
City Omaha	State NE	Zip Code 68103-2818
Purpose of Disbursement no itemization required	Transaction ID : 50729.E5744	
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)	NO ITEMIZATION REQUIRED
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	207.68
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 61			
	<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)  
**LoBiondo for Congress**

Full Name (Last, First, Middle Initial) <b>A. First Bankcard</b>		Date of Disbursement MM / DD / YYYY 08 / 26 / 2015
Mailing Address P. O. Box 2818		Amount of Each Disbursement this Period 2227.60
City Omaha	State NE	
Zip Code 68103-2818	Purpose of Disbursement CREDIT CARD:SEE BELOW	Transaction ID : 50923.E5764
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)	CREDIT CARD:SEE BELOW
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Maryland Blue Crab Express</b>		Date of Disbursement MM / DD / YYYY 07 / 09 / 2015
Mailing Address P. O. Box 92		Amount of Each Disbursement this Period 1548.91
City Darlington	State MD	
Zip Code 21034-0092	Purpose of Disbursement food & beverage	Transaction ID : 50923.E5771
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)	[MEMO ITEM] MEMO: FOOD & BEVERAGE
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Staples</b>		Date of Disbursement MM / DD / YYYY 07 / 13 / 2015
Mailing Address 500 Staples Drive		Amount of Each Disbursement this Period 33.10
City Framingham	State MA	
Zip Code 01702-4478	Purpose of Disbursement office supplies	Transaction ID : 50923.E5772
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)	[MEMO ITEM] MEMO: OFFICE SUPPLIES
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2227.60
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 47 OF 61	
	<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)  
**LoBiondo for Congress**

Full Name (Last, First, Middle Initial) <b>A. Schneiders of Capitol Hill</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2015
Mailing Address 300 Massachusetts Avenue, N.E.		Amount of Each Disbursement this Period 563.73
City Washington State DC Zip Code 20002-5702	Purpose of Disbursement food & beverage	
Candidate Name	Category/Type	<b>Transaction ID : 50923.E5773</b>
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:		<b>[MEMO ITEM]</b> MEMO: FOOD & BEVERAGE

Full Name (Last, First, Middle Initial) <b>B. Locker Room Self Storage, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2015
Mailing Address 40 Love Lane		Amount of Each Disbursement this Period 81.86
City Bridgeton State NJ Zip Code 08302-6074	Purpose of Disbursement storage	
Candidate Name	Category/Type	<b>Transaction ID : 50923.E5774</b>
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:		<b>[MEMO ITEM]</b> MEMO: STORAGE

Full Name (Last, First, Middle Initial) <b>C. First Bankcard</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 26 / 2015
Mailing Address P. O. Box 2818		Amount of Each Disbursement this Period 1551.95
City Omaha State NE Zip Code 68103-2818	Purpose of Disbursement CREDIT CARD:SEE BELOW	
Candidate Name	Category/Type	<b>Transaction ID : 50923.E5763</b>
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:		CREDIT CARD:SEE BELOW

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1551.95
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 61			
	<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)  
**LoBiondo for Congress**

Full Name (Last, First, Middle Initial) <b>A. Capitol Hill Club</b>		Date of Disbursement MM / DD / YYYY 07 / 15 / 2015
Mailing Address 300 1st Street, S.E.		Amount of Each Disbursement this Period 1362.82
City Washington State DC Zip Code 20003-1801	Purpose of Disbursement food & beverage	
Candidate Name	Category/Type	<b>Transaction ID : 50923.E5765</b>  <b>[MEMO ITEM]</b> MEMO: FOOD & BEVERAGE
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:		

Full Name (Last, First, Middle Initial) <b>B. Members Dining Room</b>		Date of Disbursement MM / DD / YYYY 07 / 29 / 2015
Mailing Address 45 Independence Avenue, S.W.		Amount of Each Disbursement this Period 52.50
City Washington State DC Zip Code 20515-	Purpose of Disbursement food & beverage	
Candidate Name	Category/Type	<b>Transaction ID : 50923.E5766</b>  <b>[MEMO ITEM]</b> MEMO: FOOD & BEVERAGE
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:		

Full Name (Last, First, Middle Initial) <b>c. Members Dining Room</b>		Date of Disbursement MM / DD / YYYY 07 / 30 / 2015
Mailing Address 45 Independence Avenue, S.W.		Amount of Each Disbursement this Period 46.95
City Washington State DC Zip Code 20515-	Purpose of Disbursement food & beverage	
Candidate Name	Category/Type	<b>Transaction ID : 50923.E5767</b>  <b>[MEMO ITEM]</b> MEMO: FOOD & BEVERAGE
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:		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 49 OF 61	
	<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)  
**LoBiondo for Congress**

Full Name (Last, First, Middle Initial) <b>A. Carole Goeas &amp; Associates, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2015
Mailing Address 1707 Prince Street, #5		Amount of Each Disbursement this Period 7767.50
City Alexandria	State VA Zip Code 22314-2804	
Purpose of Disbursement fundraising consulting	Candidate Name	Transaction ID : 50710.E5718
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	FUNDRAISING CONSULTING

Full Name (Last, First, Middle Initial) <b>B. Carole Goeas &amp; Associates, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2015
Mailing Address 1707 Prince Street, #5		Amount of Each Disbursement this Period 76.55
City Alexandria	State VA Zip Code 22314-2804	
Purpose of Disbursement travel/delivery	Candidate Name	Transaction ID : 50710.E5721
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	TRAVEL/DELIVERY

Full Name (Last, First, Middle Initial) <b>C. Carole Goeas &amp; Associates, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2015
Mailing Address 1707 Prince Street, #5		Amount of Each Disbursement this Period 1500.00
City Alexandria	State VA Zip Code 22314-2804	
Purpose of Disbursement fundraising consulting	Candidate Name	Transaction ID : 50710.E5719
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	FUNDRAISING CONSULTING

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	9344.05
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 50 OF 61	
	<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)  
**LoBiondo for Congress**

Full Name (Last, First, Middle Initial) <b>A. Carole Goeas &amp; Associates, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2015	
Mailing Address 1707 Prince Street, #5			Amount of Each Disbursement this Period 56.00	
City Alexandria	State VA	Zip Code 22314-2804	Transaction ID : 50710.E5720	
Purpose of Disbursement telephone/fax allowance		Category/ Type	TELEPHONE/FAX ALLOWANCE	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Carole Goeas &amp; Associates, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2015	
Mailing Address 1707 Prince Street, #5			Amount of Each Disbursement this Period 151.40	
City Alexandria	State VA	Zip Code 22314-2804	Transaction ID : 50807.E5756	
Purpose of Disbursement fundraising consulting		Category/ Type	FUNDRAISING CONSULTING	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Carole Goeas &amp; Associates, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2015	
Mailing Address 1707 Prince Street, #5			Amount of Each Disbursement this Period 1500.00	
City Alexandria	State VA	Zip Code 22314-2804	Transaction ID : 50807.E5754	
Purpose of Disbursement fundraising consulting		Category/ Type	FUNDRAISING CONSULTING	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1707.40
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 51 OF 61	
	<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)  
**LoBiondo for Congress**

Full Name (Last, First, Middle Initial) <b>A. Carole Goeas &amp; Associates, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2015
Mailing Address 1707 Prince Street, #5		Amount of Each Disbursement this Period 5622.50
City Alexandria	State VA	
Zip Code 22314-2804	Purpose of Disbursement fundraising consulting	<b>Transaction ID : 50807.E5753</b>
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)	<b>FUNDRAISING CONSULTING</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Carole Goeas &amp; Associates, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 05 / 2015
Mailing Address 1707 Prince Street, #5		Amount of Each Disbursement this Period 262.69
City Alexandria	State VA	
Zip Code 22314-2804	Purpose of Disbursement fundraising expenses	<b>Transaction ID : 50807.E5755</b>
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)	<b>FUNDRAISING EXPENSES</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Carole Goeas &amp; Associates, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2015
Mailing Address 1707 Prince Street, #5		Amount of Each Disbursement this Period 1500.00
City Alexandria	State VA	
Zip Code 22314-2804	Purpose of Disbursement fundraising consulting	<b>Transaction ID : 50923.E5783</b>
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)	<b>FUNDRAISING CONSULTING</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	7385.19
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 OF 61	
	<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)  
**LoBiondo for Congress**

Full Name (Last, First, Middle Initial) <b>A. Carole Goeas &amp; Associates, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2015	
Mailing Address 1707 Prince Street, #5			Amount of Each Disbursement this Period 50.00	
City Alexandria	State VA	Zip Code 22314-2804	Transaction ID : 50923.E5786	
Purpose of Disbursement telephone/fax allowance		Category/ Type	TELEPHONE/FAX ALLOWANCE	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Carole Goeas &amp; Associates, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2015	
Mailing Address 1707 Prince Street, #5			Amount of Each Disbursement this Period 130.78	
City Alexandria	State VA	Zip Code 22314-2804	Transaction ID : 50923.E5785	
Purpose of Disbursement delivery/travel		Category/ Type	DELIVERY/TRAVEL	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Carole Goeas &amp; Associates, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2015	
Mailing Address 1707 Prince Street, #5			Amount of Each Disbursement this Period 5850.00	
City Alexandria	State VA	Zip Code 22314-2804	Transaction ID : 50923.E5784	
Purpose of Disbursement fundraising consulting		Category/ Type	FUNDRAISING CONSULTING	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	6030.78
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 61			
	<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	

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NAME OF COMMITTEE (In Full)  
**LoBiondo for Congress**

Full Name (Last, First, Middle Initial) <b>A. MAI &amp; Associates, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 09 / 2015
Mailing Address 5153 Isla Key Blvd., S., #412		Amount of Each Disbursement this Period 6166.96
City St. Petersburg	State FL	Zip Code 33715-
Purpose of Disbursement labor consulting/travel	Transaction ID : 50710.E5717	
Candidate Name	Category/ Type LABOR CONSULTING/TRAVEL	
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:		

Full Name (Last, First, Middle Initial) <b>B. MAI &amp; Associates, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2015
Mailing Address 5153 Isla Key Blvd., S., #412		Amount of Each Disbursement this Period 5500.00
City St. Petersburg	State FL	Zip Code 33715-
Purpose of Disbursement labor consulting	Transaction ID : 50923.E5762	
Candidate Name	Category/ Type LABOR CONSULTING	
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:		

Full Name (Last, First, Middle Initial) <b>C. MAI &amp; Associates, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2015
Mailing Address 5153 Isla Key Blvd., S., #412		Amount of Each Disbursement this Period 5500.00
City St. Petersburg	State FL	Zip Code 33715-
Purpose of Disbursement labor consulting	Transaction ID : 50923.E5777	
Candidate Name	Category/ Type LABOR CONSULTING	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	17166.96
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 54 OF 61	
	<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)  
**LoBiondo for Congress**

Full Name (Last, First, Middle Initial) <b>A. Jamie Montgomery Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2015
Mailing Address 650 Myrtle Avenue		Amount of Each Disbursement this Period 33.83
City West Deptford	State NJ	
Zip Code 08086-2040	Purpose of Disbursement telephone/postage	Transaction ID : 50729.E5726
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)	TELEPHONE/POSTAGE
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jamie Montgomery Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2015
Mailing Address 650 Myrtle Avenue		Amount of Each Disbursement this Period 4500.00
City West Deptford	State NJ	
Zip Code 08086-2040	Purpose of Disbursement fundraising consulting	Transaction ID : 50729.E5725
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)	FUNDRAISING CONSULTING
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Jamie Montgomery Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2015
Mailing Address 650 Myrtle Avenue		Amount of Each Disbursement this Period 27.88
City West Deptford	State NJ	
Zip Code 08086-2040	Purpose of Disbursement telephone	Transaction ID : 50923.E5760
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)	TELEPHONE
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4561.71
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 61			
	<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)  
**LoBiondo for Congress**

Full Name (Last, First, Middle Initial) <b>A. Jamie Montgomery Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2015
Mailing Address 650 Myrtle Avenue		Amount of Each Disbursement this Period 4500.00
City West Deptford	State NJ	
Zip Code 08086-2040	Purpose of Disbursement fundraising consulting	<b>Transaction ID : 50923.E5759</b>
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)	<b>FUNDRAISING CONSULTING</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jamie Montgomery Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2015
Mailing Address 650 Myrtle Avenue		Amount of Each Disbursement this Period 3018.23
City West Deptford	State NJ	
Zip Code 08086-2040	Purpose of Disbursement catering/travel	<b>Transaction ID : 50923.E5782</b>
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)	<b>CATERING/TRAVEL</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Jamie Montgomery Consulting</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2015
Mailing Address 650 Myrtle Avenue		Amount of Each Disbursement this Period 4500.00
City West Deptford	State NJ	
Zip Code 08086-2040	Purpose of Disbursement fundraising consulting	<b>Transaction ID : 50923.E5781</b>
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)	<b>FUNDRAISING CONSULTING</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	12018.23
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 61			
	<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)  
**LoBiondo for Congress**

Full Name (Last, First, Middle Initial) <b>A. The Prosper Group Corporation</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2015
Mailing Address 435 E. Main Street, #250			Amount of Each Disbursement this Period 202.59 <b>Transaction ID : 50729.E5727</b>
City Greenwood	State IN	Zip Code 46143-	
Purpose of Disbursement website/email services		Category/ Type	<b>WEBSITE/EMAIL SERVICES</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. The Prosper Group Corporation</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2015
Mailing Address 435 E. Main Street, #250			Amount of Each Disbursement this Period 497.41 <b>Transaction ID : 50923.E5787</b>
City Greenwood	State IN	Zip Code 46143-	
Purpose of Disbursement website/email services/ads		Category/ Type	<b>WEBSITE/EMAIL SERVICES/ADS</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>c. Taste Gourmet, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2015
Mailing Address 1600 Fitzgerald Lane			Amount of Each Disbursement this Period 4173.22 <b>Transaction ID : 50729.E5742</b>
City Alexandria	State VA	Zip Code 22302-2004	
Purpose of Disbursement catering		Category/ Type	<b>CATERING</b>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4873.22
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 61			
	<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)  
**LoBiondo for Congress**

Full Name (Last, First, Middle Initial) <b>A. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2015
Mailing Address P.O. Box 4833		Amount of Each Disbursement this Period 260.60
City Trenton	State NJ	
Zip Code 08650-4833	Purpose of Disbursement telephone	Transaction ID : 50729.E5743
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)	TELEPHONE
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2015
Mailing Address P.O. Box 4833		Amount of Each Disbursement this Period 66.65
City Trenton	State NJ	
Zip Code 08650-4833	Purpose of Disbursement telephone	Transaction ID : 50923.E5761
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)	TELEPHONE
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2015
Mailing Address P.O. Box 4833		Amount of Each Disbursement this Period 50.28
City Trenton	State NJ	
Zip Code 08650-4833	Purpose of Disbursement telephone	Transaction ID : 50923.E5788
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)	TELEPHONE
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	377.53
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 58 OF 61	
	<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)  
**LoBiondo for Congress**

Full Name (Last, First, Middle Initial) <b>A. Robert Watkins &amp; Company, P.A.</b>			Date of Disbursement M M / D D / Y Y Y Y <b>07 / 01 / 2015</b>	
Mailing Address 610 S. Boulevard			Amount of Each Disbursement this Period <b>3000.00</b>	
City Tampa	State FL	Zip Code 33606-2693	<b>Transaction ID : 50710.E5713</b>	
Purpose of Disbursement accounting services		Category/ Type		
Candidate Name			<b>ACCOUNTING SERVICES</b>	
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:			

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>76185.15</b>

**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 59 OF 61
	<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)  
**LoBiondo for Congress**

Full Name (Last, First, Middle Initial) <b>A. Friends of Chris Brown</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2015
Mailing Address 15 S. Somerset Avenue		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : 50923.E5778</b>
City Ventnor	State NJ	
Zip Code 08406-	Purpose of Disbursement NON-FEDERAL CONTRIBUTION	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>B. Friends of Dave Joyce</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2015
Mailing Address 320 Kenarden Drive		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : 50923.E5790</b>
City Cleveland	State OH	
Zip Code 44143-	Purpose of Disbursement CONTRIBUTION-OH(14)	Category/ Type
Candidate Name <b>FRIENDS OF DAVE JOYCE</b>	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>c. Gloucester County Republican Party</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2015
Mailing Address 4501 Route 42, #14		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : 50923.E5793</b>
City Turnersville	State NJ	
Zip Code 08012-	Purpose of Disbursement CONTRIBUTION	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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 61			
	<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)  
**LoBiondo for Congress**

Full Name (Last, First, Middle Initial) <b>A. Maccarone &amp; Pierce for Assembly</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2015
Mailing Address P. O. Box 190		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : 50923.E5789</b>
City Mullica Hill	State NJ	
Zip Code 08062-	Purpose of Disbursement NON-FEDERAL CONTRIBUTION	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>B. Will Pauls for Assembly</b>		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2015
Mailing Address 435 Highland Drive		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : 50923.E5779</b>
City Mays Landing	State NJ	
Zip Code 08330-	Purpose of Disbursement NON-FEDERAL CONTRIBUTION	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>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2000.00
<b>TOTAL</b> This Period (last page this line number only).....	5000.00

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 61 OF 61
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**LoBiondo for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Carole Goetas &amp; Associates, LLC</b>		Nature of Debt (Purpose): fundraising consulting-DISPUTED
Mailing Address 1707 Prince Street, #5		
City State	Zip Code	
Alexandria	VA 22314-2804	

Outstanding Balance Beginning This Period	<b>Transaction ID : LS50128.E5581</b>	
<input type="text" value="24114.12"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="24114.12"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Viking Fresh Off the Hook</b>		Nature of Debt (Purpose): catering
Mailing Address P.O. Box 787		
City State	Zip Code	
Barneget Light	NJ 08006-0787	

Outstanding Balance Beginning This Period	<b>Transaction ID : LS51012.E5816</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="1203.75"/>	<input type="text" value="0.00"/>	<input type="text" value="1203.75"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>814 Consulting, LLC</b>		Nature of Debt (Purpose): event coordination
Mailing Address 5827 Colfax Avenue		
City State	Zip Code	
Alexandria	VA 22311-	

Outstanding Balance Beginning This Period	<b>Transaction ID : LS51012.E5815</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="650.00"/>	<input type="text" value="0.00"/>	<input type="text" value="650.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="25967.87"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text" value="25967.87"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text" value="0.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="25967.87"/>