Image# 201610319037012854 PAGE 1/3

48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

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

NAME OF COMMITTEE IN I TOM MACAR		ONGR	ESS IN	 C.					
ADDRESS (number and stre									
CITY			STATE		ZIP COI	DE			
			NJ	08818-0999					
2. NAME OF CANDIDATE			1	3. OFFICE SO	<u> </u> UGHT (St	ate and Distr	ict)	4. FEC IDENTIFICATION	N NUMBER
MacArthur, Thomas	5, , ,			House		NJ	03	C00557520	
5. IS THIS AN AMENDMENT?	NO, THIS IS A	NEW FILING		YES, IT AME	NDS THE	NOTICE FIL	ED ON	//	/
A. FULL NAME				Name of Emp				Date (month,	Amount
Florio, Leslie, , ,			Homemaker				day, year)		
MAILING ADDRESS 1125 Maxwell Ln				Transaction	ID : 60	639B6B4	755 <i>44</i>	10/31/2016	1000.00
Apt 330 city	STATE	ZIP C	ODE	Occupation			777777		
Hoboken	NJ	070	30-6848	Homemaker					
B. FULL NAME	110	070	30 0040	-				Date (month,	Amount
Saxton, James, , ,			Name of Employer James Saxton LLC				day, year)		
MAILING ADDRESS 207 High St								10/31/2016	1000.00
				Transaction	ID : 63	82957347	6B649559		
CITY	STATE	ZIP C	ODE	Occupation					
Mt Holly	NJ	080)60	Defense					
Saker, Richard, J, ,			Name of Employer Saker ShopRites Inc				Date (month, day, year)	Amount	
MAILING ADDRESS 570 Navesink River Rd			Transaction ID : 6E65A510CDDE342B				10/31/2016	2700.00	
CITY	STATE	ZIP C	ODE	Occupation					
Red Bank	NJ	077	01-6348	CEO/Presio	lent				
D. FULL NAME	l			Name of Emp	loyer			Date (month,	Amount
Saker, Laura, A	Saker, Laura, A, ,			Retired				day, year)	
MAILING ADDRESS 570 Navesink River Rd							10/31/2016	2700.00	
370 Navesiiik Nivei Na				Transaction	ID : 65	1A580020	4694950E		
CITY	STATE	ZIP C	ODE	Occupation					
Red Bank	NJ	077	701-6348	Retired					
E. FULL NAME		·		Name of Emp				Date (month,	Amount
Jessup, Matthew, D, ,				McManimon, Scotland & Baumann, LLC			mann,	day, year)	
MAILING ADDRESS 150 N Cottage PI							10/31/2016	1000.00	
			Transaction ID : 6F4FCE41EE0944DF						
CITY	STATE	ZIP C	ODE	Occupation					
Westfield	NJ	070	90-2821	Attorney					
SIGNATURE (optional)	·	· · ·		+		DATE	240	For further in	nformation contact:
Gravino, Ronald, , ,			[Electronically Filed] 10/31/2016			J16	Federal Election Commission 999 E Street, NW, Washington, DC 20463		
								Ioll Free 800-424-	-9530, Local 202-694-1100

Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.



: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H9 8 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H= C B

Form/Schedule: F6N Transaction ID:

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

Form/Schedule: Transaction ID:

Image# 201610319037012856 PAGE 3 / 3

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

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

1. NAME OF COMMITTEE IN FULL TOM MACARTHUR FOR CONGRESS INC).		
ADDRESS (number and street) PO Box 999	<u> </u>		
CITY, STATE, and ZIP CODE		continuatio	nn naga
Edison	NJ 08818-0999		
2. NAME OF CANDIDATE	3. OFFICE SOUGHT (State and District)	4. FEC IDENTIFICATIO	ON NUMBER
MacArthur, Thomas, , ,	House NJ 03	C00557520	
5. ISTHIS AN AMENDMENT? X NO, THIS IS A NEW FILING	YES, IT AMENDS THE NOTICE FILED ON	/	/
A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month,	Amount
Franchising Political Action Committee		day, year)	5000.00
1501 K St NW		10/31/2010	5000.00
Ste 350	Transaction ID : 62297330511984C6C	A7A	
Washington DC 20005-1412	Occupation		
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month,	Amount
Ironworkers Political Action League Multi Candidate Committee		day, year)	5000.00
1750 New York Ave NW		10/01/2010	0000.00
	Transaction ID : 63E720388805F4506	A59	
	Occupation		
Washington DC 20006-5305			
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month,	Amount
		day, year)	
	Occupation		
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month,	Amount
b. Foll Name, mailing address and ZIF Code	Name of Employer	day, year)	Amount
	Occupation	_	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month,	Amount
		day, year)	
	Occupation		