

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

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

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

through

M M /

D D /

Y Y Y Y

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

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

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)).... | 288595.00 | 1116914.85 |
| (b) Total Contribution Refunds (from Line 20(d)) | 0.00 | 4700.00 |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))..... | 288595.00 | 1112214.85 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 172142.39 | 528691.11 |
| (b) Total Offsets to Operating Expenditures (from Line 14)..... | 356.12 | 470.74 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))..... | 171786.27 | 528220.37 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 1276930.37 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)..... | 0.00 | |

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

LoBiondo for Congress

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

| I. RECEIPTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|---------------------------------------|--|
| 11. CONTRIBUTIONS (other than loans) FROM: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 104550.00 | 330740.57 |
| (ii) Unitemized..... | 4045.00 | 14924.28 |
| (iii) TOTAL of contributions from individuals ▶ | 108595.00 | 345664.85 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 180000.00 | 771250.00 |
| (d) The Candidate..... | 0.00 | 0.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 288595.00 | 1116914.85 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 13. LOANS: | | |
| (a) Made or Guaranteed by the Candidate..... | 0.00 | 0.00 |
| (b) All Other Loans..... | 0.00 | 0.00 |
| (c) TOTAL LOANS (add Lines 13(a) and (b))..... | 0.00 | 0.00 |
| 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) | 356.12 | 470.74 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.) | 659.83 | 2757.77 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 289610.95 | 1120143.36 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 172142.39 | 528691.11 |
| 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 | 4700.00 |
| (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 | 4700.00 |
| 21. OTHER DISBURSEMENTS | 0.00 | 47000.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 172142.39 | 580391.11 |

III. CASH SUMMARY

| | |
|---|------------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 1159461.81 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 289610.95 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 1449072.76 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 172142.39 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 1276930.37 |

**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 5 OF 120 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15 | |

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

NAME OF COMMITTEE (In Full)
LoBiondo for Congress

A. Full Name (Last, First, Middle Initial)
Bruce Aitken

Mailing Address 1050 17th Street, N.W, #520

City Washington State DC Zip Code 20036

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

Name of Employer Aitken Berlin, LLP Occupation Partner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 09 / 2014

Transaction ID : 40411.C29183

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Gus Andy

Mailing Address 1317 Beach Ave

City Cape May State NJ Zip Code 08204-2726

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

Name of Employer Adis, Inc. / LaMer Motor Inn Occupation Motel Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 15 / 2014

Transaction ID : 40411.C29111

Amount of Each Receipt this Period
400.00

Receipt

C. Full Name (Last, First, Middle Initial)
Michael B. Azeez

Mailing Address 2187 Marseille Drive

City Palm Beach Gardens State FL Zip Code 33410-1279

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

Name of Employer Azeez Investors, LLC Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 25 / 2014

Transaction ID : 40411.C29244

Amount of Each Receipt this Period
2600.00

Receipt

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

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

3500.00

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

| | | |
|---|---|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 OF 120 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
LoBiondo for Congress

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

Mailing Address 8 Buckingham Drive

City State Zip Code
Egg Harbor Townshi NJ 08234-7253

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

Name of Employer Occupation
Borgata Hotel Casino Spa President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2014

Transaction ID : 40411.C29342

Amount of Each Receipt this Period
2600.00

Receipt

B. Full Name (Last, First, Middle Initial)
Mary Basolis

Mailing Address 2419 E. Landis Avenue
Unit 13B

City State Zip Code
Vineland NJ 08361

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

Name of Employer Occupation
n/a Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 30 / 2014

Transaction ID : 40411.C29080

Amount of Each Receipt this Period
1000.00

Receipt

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

Mailing Address 6943 Lerwick Court

City State Zip Code
Alexandria VA 22315

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

Name of Employer Occupation
Williams & Jensen Government Relations

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 13 / 2014

Transaction ID : 40411.C29193

Amount of Each Receipt this Period
500.00

Receipt

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

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

4100.00

**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 120 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
LoBiondo for Congress

A. Full Name (Last, First, Middle Initial)
Margaret Belfield

Mailing Address 20 Whitewater Ln

City State Zip Code
Egg Harbor Townshi NJ 08234-7376

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

Name of Employer Occupation
Atlanticare / ACMC Administrator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 25 / 2014

Transaction ID : 40411.C29246

Amount of Each Receipt this Period
250.00

Receipt

B. Full Name (Last, First, Middle Initial)
Jacob Bouknight, Jr.

Mailing Address 5020 Warrent Street NW

City State Zip Code
Washington DC 20016

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

Name of Employer Occupation
PSEG Executive Vice-President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 29 / 2014

Transaction ID : 40411.C29285

Amount of Each Receipt this Period
1000.00

Receipt

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

Mailing Address 107 Carlton Drive

City State Zip Code
Chadds Ford PA 19317

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

Name of Employer Occupation
PSEG Nuclear Sr. Vice President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 26 / 2014

Transaction ID : 40411.C29253

Amount of Each Receipt this Period
1500.00

Receipt

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

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

2750.00

**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 120 |
| | <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)
Ellen Burke

Mailing Address 4415 5th Avenue

City Avalon State NJ Zip Code 08202

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

Name of Employer Kravet Inc. Occupation Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : 40411.C29325

Amount of Each Receipt this Period
 Receipt 250.00

B. Full Name (Last, First, Middle Initial)
Michael Callahan

Mailing Address 75 Sugar Maple Lane

City Rockville State MD Zip Code 21541-1660

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

Name of Employer Self Employed Occupation Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 03 / 2014

Transaction ID : 40411.C29091

Amount of Each Receipt this Period
 Receipt 250.00

C. Full Name (Last, First, Middle Initial)
Joanne Carrocino

Mailing Address 903 Shore Dr

City Cape May State NJ Zip Code 08204-2234

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

Name of Employer Cape Regional Medical Center Occupation Administrator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2014

Transaction ID : 40411.C29245

Amount of Each Receipt this Period
 Receipt 250.00

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 9 OF 120
(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)
Daniel Chuhinko

Mailing Address 26 Laurelwood Drive

City State Zip Code
Bernardsville NJ 07924

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

Name of Employer Occupation
Bell Audi Inc. General Manger

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 30 / 2014

Transaction ID : 40411.C29057

Amount of Each Receipt this Period
 Receipt 1000.00

B. Full Name (Last, First, Middle Initial)
John Chuhinko

Mailing Address 782 Route 1

City State Zip Code
Edison NJ 08817

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

Name of Employer Occupation
Bell Audi President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 30 / 2014

Transaction ID : 40411.C29058

Amount of Each Receipt this Period
 Receipt 1000.00

C. Full Name (Last, First, Middle Initial)
Ralph Clayton

Mailing Address 4019 Ocean Heights Ave

City State Zip Code
Egg Harbor Twp. NJ 08234-7502

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

Name of Employer Occupation
n/a Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2014

Transaction ID : 40411.C29217

Amount of Each Receipt this Period
 Receipt 500.00

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 10 OF 120 |
| | <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)
Michael Cohan

Mailing Address 203 Frankford Ave

City State Zip Code
Linwood NJ 08221-2416

FEC ID number of contributing federal political committee.

Name of Employer Occupation
New Vistas Corp. Owner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : 40411.C29072

Amount of Each Receipt this Period

Receipt

B. Full Name (Last, First, Middle Initial)
Elizabeth Collins

Mailing Address 173 Sand Bridge Rd

City State Zip Code
Pittsgrove NJ 08318-3615

FEC ID number of contributing federal political committee.

Name of Employer Occupation
n/a Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : 40411.C29267

Amount of Each Receipt this Period

Receipt

C. Full Name (Last, First, Middle Initial)
Angelo Coppolino

Mailing Address 601 Old Forge Lane

City State Zip Code
Franklin Lakes NJ 07417

FEC ID number of contributing federal political committee.

Name of Employer Occupation
MSPC CPAs and Advisors accountant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 / /

Transaction ID : 40411.C29056

Amount of Each Receipt this Period

Receipt

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 11 OF 120 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
LoBiondo for Congress

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) Joseph Darlington | | Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2014 |
| Mailing Address 1 Pasadena Road | | Transaction ID : 40411.C29330 |
| City Browns Mills | State NJ | Zip Code 08015 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 500.00 | |
| Name of Employer self-employed | Occupation Cranberry Farmer | Receipt |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 650.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) Paul Davison | | Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2014 |
| Mailing Address 101 Chase Ln | | Transaction ID : 40411.C29318 |
| City Lincoln University | State PA | Zip Code 19352-8928 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 250.00 | |
| Name of Employer PSEG Nuclear | Occupation VP Operations | Receipt |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 250.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) Albert Dearden | | Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2014 |
| Mailing Address 1601 Tilton Road | | Transaction ID : 40411.C29300 |
| City Northfield | State NJ | Zip Code 08225-1877 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 300.00 | |
| Name of Employer self-employed | Occupation Doctor (Pediatrician) | Receipt |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 400.00 | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1050.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 OF 120 |
| | <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)
Susan Dellagatta

Mailing Address 263 Messina Ave

City State Zip Code
Hammonton NJ 08037-1327

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

Name of Employer Occupation
Maple Leaf Physical Therapy CEO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : 40411.C29324

Amount of Each Receipt this Period
 Receipt 250.00

B. Full Name (Last, First, Middle Initial)
Nicholas DeNicholo

Mailing Address 16 Marion Lane

City State Zip Code
Scotch Plains NJ 07076

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

Name of Employer Occupation
Hatch Mott MacDonald Engineer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 30 / 2014

Transaction ID : 40411.C29063

Amount of Each Receipt this Period
 Receipt 1000.00

C. Full Name (Last, First, Middle Initial)
Raymond DePillo

Mailing Address 200 Curtis Ct

City State Zip Code
Stewartsville NJ 08886-3242

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

Name of Employer Occupation
PSEG Management

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2014

Transaction ID : 40411.C29268

Amount of Each Receipt this Period
 Receipt 250.00

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

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

1500.00

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

| | | |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 13 OF 120 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
LoBiondo for Congress

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. Barbara Devine | | Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014 |
| Mailing Address 151 Post Kennel Road | | Transaction ID : 40411.C29319 |
| City State Zip Code Far Hills NJ 07931 | Amount of Each Receipt this Period Receipt 2600.00 | |
| FEC ID number of contributing federal political committee. C | Name of Employer Occupation n/a Homemaker | Amount of Each Receipt this Period Receipt 2600.00 |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 2600.00 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Frank Dewey | | Date of Receipt M M / D D / Y Y Y Y 01 / 30 / 2014 |
| Mailing Address 10 Forbes Ct. | | Transaction ID : 40411.C29062 |
| City State Zip Code Basking Ridge NJ 07920 | Amount of Each Receipt this Period Receipt 2000.00 | |
| FEC ID number of contributing federal political committee. C | Name of Employer Occupation Dewcon Inc. Contractor | Amount of Each Receipt this Period Receipt 2000.00 |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 2000.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. John Diangelo | | Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2014 |
| Mailing Address 105 Pancoast Pl | | Transaction ID : 40411.C29212 |
| City State Zip Code Mullica Hill NJ 08062-4735 | Amount of Each Receipt this Period Receipt 250.00 | |
| FEC ID number of contributing federal political committee. C | Name of Employer Occupation Inspira Health Network President | Amount of Each Receipt this Period Receipt 250.00 |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 250.00 | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 4850.00 |
| TOTAL This Period (last page this line number only)..... | 4850.00 |

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 OF 120 |
| | <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)
Frederick Dohn

Mailing Address 819 Bayshore Ave

City State Zip Code
Brigantine NJ 08203-2322

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3600.00

Date of Receipt
 M M / D D / Y Y Y Y
01 / 30 / 2014

Transaction ID : 40411.C29065

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Dennis Doll

Mailing Address 71 Wintergreen Drive

City State Zip Code
Manalapan NJ 07726

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

Name of Employer Occupation
Middlesex Water Co President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
01 / 31 / 2014

Transaction ID : 40411.C29081

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Craig Domalewski

Mailing Address 53 Misty Mountain Road

City State Zip Code
Randolph NJ 07869

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

Name of Employer Occupation
Dughi Hewit Domalewski Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
01 / 30 / 2014

Transaction ID : 40411.C29061

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: PAGE 15 OF 120
(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)
Louis Dughi

Mailing Address 921 Kimball Avenue

City State Zip Code
Westfield NJ 07090

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

Name of Employer Occupation
Dughi Hewit Domalewski Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 30 / 2014

Transaction ID : 40411.C29060

Amount of Each Receipt this Period
 Receipt 1000.00

B. Full Name (Last, First, Middle Initial)
Michael DuHaime

Mailing Address 515 Parkview Avenue

City State Zip Code
Westfield NJ 07090

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

Name of Employer Occupation
Mercury Public Affairs, LLC Managing Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 30 / 2014

Transaction ID : 40411.C29068

Amount of Each Receipt this Period
 Receipt 1000.00

C. Full Name (Last, First, Middle Initial)
Philip S. English

Mailing Address 1050 Connecticut Avenue, N.W.

City State Zip Code
Washington DC 20036

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

Name of Employer Occupation
Arent Fox Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : 40411.C29316

Amount of Each Receipt this Period
 Receipt 500.00

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 16 OF 120 |
| | <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)
Richard Erdner

Mailing Address 52 N Waterview Dr

City State Zip Code
Palm Coast FL 32137-1620

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

Name of Employer Occupation
Erdner Brothers, Inc. Trucking & Warehousing

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 14 / 2014

Transaction ID : 40411.C29211

Amount of Each Receipt this Period
250.00

Receipt

B. Full Name (Last, First, Middle Initial)
Richard Fain

Mailing Address 700 Arvida Parkway

City State Zip Code
Coral Gables FL 33156-2325

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

Name of Employer Occupation
Royal Caribbean Cruise president/c.e.o.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 19 / 2014

Transaction ID : 40411.C29220

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Verna M. Falco

Mailing Address 1406 Park Blvd.

City State Zip Code
Cherry Hill NJ 08002-3714

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

Name of Employer Occupation
n/a Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
400.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 15 / 2014

Transaction ID : 40411.C29118

Amount of Each Receipt this Period
400.00

Receipt

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

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

1650.00

**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 120 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
LoBiondo for Congress

A. Full Name (Last, First, Middle Initial)
Verna M. Falco

Mailing Address 1406 Park Blvd.

City State Zip Code
Cherry Hill NJ 08002-3714

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

Name of Employer Occupation
n/a Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 15 / 2014

Transaction ID : 40411.C29117

Amount of Each Receipt this Period
2600.00

Receipt

B. Full Name (Last, First, Middle Initial)
Dale Florio

Mailing Address 87 High Ridge Rd

City State Zip Code
Skillman NJ 08558-2375

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

Name of Employer Occupation
Princeton Public Affairs Group Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 27 / 2014

Transaction ID : 40411.C29047

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Lawrence Fluehr

Mailing Address 1216 Ocean Dr

City State Zip Code
Avalon NJ 08202-2365

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

Name of Employer Occupation
self-employed Real Estate

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 30 / 2014

Transaction ID : 40411.C29076

Amount of Each Receipt this Period
2000.00

Receipt

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

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

5600.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 18 OF 120 |
| | <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)
Fox Rothschild, LLP

Mailing Address 2000 Market Street, 10th Floor

City Philadelphia State PA Zip Code 19103-7006

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

Name of Employer n/a Occupation partnership

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2800.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 18 / 2014

Transaction ID : 40411.C29150

Amount of Each Receipt this Period
 Receipt **100.00**

B. Full Name (Last, First, Middle Initial)
Nick Menas

Mailing Address 2000 Market Street, 10th Floor

City Philadelphia State PA Zip Code 19103

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

Name of Employer Fox Rothschild, LLP Occupation Partner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 18 / 2014

Transaction ID : 40411.C29337

Amount of Each Receipt this Period
 Memo **100.00**

[MEMO ITEM]
 Partnership->Fox Rothschild, LLP PARTNERSHIP

C. Full Name (Last, First, Middle Initial)
Fox Rothschild, LLP

Mailing Address 2000 Market Street, 10th Floor

City Philadelphia State PA Zip Code 19103-7006

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

Name of Employer n/a Occupation partnership

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 18 / 2014

Transaction ID : 40411.C29151

Amount of Each Receipt this Period
 Receipt **2400.00**

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 120 |
| | <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. Nick Menas
 Full Name (Last, First, Middle Initial)
 Mailing Address 2000 Market Street, 10th Floor
 City Philadelphia State PA Zip Code 19103
 FEC ID number of contributing federal political committee. C
 Name of Employer Fox Rothschild, LLP Occupation Partner
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 4900.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 18 / 2014
Transaction ID : 40411.C29336
 Amount of Each Receipt this Period
 2400.00
 Memo
[MEMO ITEM]
 Partnership->Fox Rothschild, LLP PARTNERSHIP

B. Carl Fricker
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 251
 City Avondale State PA Zip Code 18913-0251
 FEC ID number of contributing federal political committee. C
 Name of Employer PSEG Occupation Executive
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 26 / 2014
Transaction ID : 40411.C29254
 Amount of Each Receipt this Period
 250.00
 Receipt

C. Anndria Gaerity
 Full Name (Last, First, Middle Initial)
 Mailing Address 205 Thoreau Ct
 City Landenberg State PA Zip Code 19350-9512
 FEC ID number of contributing federal political committee. C
 Name of Employer PSEG Nuclear Occupation Director
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 25 / 2014
Transaction ID : 40411.C29243
 Amount of Each Receipt this Period
 250.00
 Receipt

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

500.00

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

| | | |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 OF 120 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
LoBiondo for Congress

A. Full Name (Last, First, Middle Initial)
Bob Galbiati

Mailing Address 120 Lejan Ter

City Vineland State NJ Zip Code 08360-9310

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

Name of Employer Brunozzi Transfer & Truck Rent Occupation Vice President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **550.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 14 / 2014

Transaction ID : 40411.C29204

Amount of Each Receipt this Period
100.00

Receipt

B. Full Name (Last, First, Middle Initial)
Jane Morton Galetto

Mailing Address 22 Brittany Ln

City Millville State NJ Zip Code 08332-7261

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

Name of Employer n/a Occupation Volunteer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : 40411.C29290

Amount of Each Receipt this Period
1100.00

Receipt

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

Mailing Address PO Box 4446

City Rockville State MD Zip Code 20849-4446

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

Name of Employer Ginergy Development Occupation Management

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2014

Transaction ID : 40411.C29084

Amount of Each Receipt this Period
1000.00

Receipt

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

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

2200.00

**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 120 |
| | <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)
Howard J. Gordon

Mailing Address 5 Ridgeview Road

City State Zip Code
Newtown Square PA 19073-3003

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

Name of Employer Occupation
n/a Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 27 / 2014

Transaction ID : 40411.C29259

Amount of Each Receipt this Period
750.00

Receipt

B. Full Name (Last, First, Middle Initial)
Kyle J. Gordon

Mailing Address 26 E. Meyran Avenue

City State Zip Code
Somers Point NJ 08244

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : 40411.C29328

Amount of Each Receipt this Period
1000.00

Receipt

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

Mailing Address 828 Conshohocken State Road

City State Zip Code
Gladwyne PA 19035-1428

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

Name of Employer Occupation
The Graham Company Insurance Broker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2014

Transaction ID : 40411.C29274

Amount of Each Receipt this Period
1000.00

Receipt

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

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

2750.00

**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 22 OF 120 |
| | <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) Holly Haines | | Date of Receipt M M / D D / Y Y Y Y 02 / 25 / 2014 |
| Mailing Address 2187 River Road | | Transaction ID : 40411.C29169 |
| City Egg Harbor City | State NJ | Zip Code 08215 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 500.00 | |
| Name of Employer Haines Family Foundation | Occupation President | Receipt |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 500.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) Richard J. Haydinger | | Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2014 |
| Mailing Address 78 E. Main Street | | Transaction ID : 40411.C29198 |
| City Marlton | State NJ | Zip Code 08053-2142 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 1000.00 | |
| Name of Employer First Montgomery Group | Occupation Real Estate | Receipt |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 2000.00 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) Elmer Heinel | | Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2014 |
| Mailing Address 9 Prospect Hill Ave | | Transaction ID : 40411.C29275 |
| City Summit | State NJ | Zip Code 07901-3705 |
| FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 2500.00 | |
| Name of Employer self-employed | Occupation Consultant | Receipt |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 2500.00 | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 4000.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 OF 120 |
| | <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)
Russell Hewit

Mailing Address 144 Lees Hill Road

City New Vernon State NJ Zip Code 07976

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

Name of Employer Dughi Hewit Domalewski Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 30 / 2014

Transaction ID : 40411.C29059

Amount of Each Receipt this Period
 Receipt 1000.00

B. Full Name (Last, First, Middle Initial)
Marcia Hocker

Mailing Address 6421 SE Harbor Circle

City Stuart State FL Zip Code 34996

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

Name of Employer n/a Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 17 / 2014

Transaction ID : 40411.C29123

Amount of Each Receipt this Period
 Receipt 2600.00

C. Full Name (Last, First, Middle Initial)
Donna Howell

Mailing Address 9 Whitewater Lane

City Egg Harbor Townshi State NJ Zip Code 08234

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

Name of Employer Atlanticare Occupation Vice-President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : 40411.C29322

Amount of Each Receipt this Period
 Receipt 250.00

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

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

3850.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 OF 120 |
| | <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) A. Thomas Joyce | | Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2014 | |
| Mailing Address 2010 Rosemont Dr | | Transaction ID : 40411.C29247 | |
| City Landenberg | State PA | Zip Code 19350-1323 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period Receipt 1500.00 | |
| Name of Employer PSEG Nuclear | Occupation Utility Executive | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 1750.00 | | |

| | | | |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) B. Peter Kaprielyn | | Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2014 | |
| Mailing Address 985 Oak Crest Lane | | Transaction ID : 40411.C29252 | |
| City Media | State PA | Zip Code 19063 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period Receipt 250.00 | |
| Name of Employer Inspira Health Network | Occupation Vice President | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 250.00 | | |

| | | | |
|---|-----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) C. J. Edward Kline | | Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014 | |
| Mailing Address 240 E. Waveland Avenue | | Transaction ID : 40411.C29339 | |
| City Absecon | State NJ | Zip Code 08205-9564 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period Receipt 500.00 | |
| Name of Employer Kline Construction Co., Inc. | Occupation c.e.o. | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 2000.00 | | |

| | |
|---|-------------|
| SUBTOTAL of Receipts This Page (optional)..... | 2250.00 |
| TOTAL This Period (last page this line number only)..... | [Empty Box] |

**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 120 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
LoBiondo for Congress

A. Full Name (Last, First, Middle Initial)
Mary Anne Kull

Mailing Address 1472 Pleasure Ave

City State Zip Code
Ocean City NJ 08226-2908

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

Name of Employer Occupation
n/a Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5200.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : 40411.C29321

Amount of Each Receipt this Period
2600.00

Receipt

B. Full Name (Last, First, Middle Initial)
Abbott Lee

Mailing Address 1 Speedwell Road

City State Zip Code
Chatsworth NJ 08019

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

Name of Employer Occupation
Self Employed Farmer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : 40411.C29331

Amount of Each Receipt this Period
500.00

Receipt

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

Mailing Address 25 S Lincoln Ave

City State Zip Code
Newtown PA 18940-2115

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

Name of Employer Occupation
PSEG Senior Vice President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
03 / 28 / 2014

Transaction ID : 40411.C29269

Amount of Each Receipt this Period
2350.00

Receipt

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

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

5450.00

**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 120 |
| | <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)
William Levis

Mailing Address 25 S Lincoln Ave

City State Zip Code
Newtown PA 18940-2115

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

Name of Employer Occupation
PSEG Senior Vice President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2850.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 28 / 2014

Transaction ID : 40411.C29270

Amount of Each Receipt this Period
250.00

Receipt

B. Full Name (Last, First, Middle Initial)
Lum, Drasco & Positan LLC

Mailing Address 103 Eisenhower Parkway

City State Zip Code
Roseland NJ 07068

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

Name of Employer Occupation
n/a partnership

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 29 / 2014

Transaction ID : 40411.C29054

Amount of Each Receipt this Period
2000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Wayne J. Positan

Mailing Address 103 Eisenhower Parkway

City State Zip Code
Roseland NJ 07068-1049

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

Name of Employer Occupation
Lum, Drasco & Positan, LLC Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 29 / 2014

Transaction ID : 40411.C29055

Amount of Each Receipt this Period
2000.00

Memo
[MEMO ITEM]
Partnership->Lum, Drasco & Positan LLC
PARTNERSHIP

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

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

2250.00

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

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

FOR LINE NUMBER: PAGE 27 OF 120
(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)
John Lutz

Mailing Address 862 Scioto Drive

City State Zip Code
Franklin Lakes NJ 07417

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

Name of Employer Occupation
McDermott Will & Emory Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 30 / 2014

Transaction ID : 40411.C29066

Amount of Each Receipt this Period
2500.00

Receipt

B. Full Name (Last, First, Middle Initial)
George Lynn

Mailing Address 600 Washington Avenue

City State Zip Code
Haddonfield NJ 08033

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

Name of Employer Occupation
Atlanticare President Emeritus

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 14 / 2014

Transaction ID : 40411.C29213

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Peter Mahal

Mailing Address 318 Abbey Rd

City State Zip Code
Berwyn PA 19312-1831

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

Name of Employer Occupation
Zodiac Aerospace President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 15 / 2014

Transaction ID : 40411.C29112

Amount of Each Receipt this Period
250.00

Receipt

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

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

3750.00

**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 120 |
| | <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) Vincent Maione | | Date of Receipt M M / D D / Y Y Y Y 01 / 30 / 2014 |
| Mailing Address 80 Flyatt Road | | Transaction ID : 40411.C29073 |
| City Shamong | State NJ | Zip Code 08088 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Atlantic City Electric | Occupation President | Receipt |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 500.00 | |

| | | |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial) Richard Mairone | | Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2014 |
| Mailing Address 24 Wexford Lane | | Transaction ID : 40411.C29249 |
| City Linwood | State NJ | Zip Code 08221-1382 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 250.00 |
| Name of Employer Perskie Mairone | Occupation Attorney | Receipt |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 250.00 | |

| | | |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial) Anthony Marino | | Date of Receipt M M / D D / Y Y Y Y 02 / 23 / 2014 |
| Mailing Address 476 Walnut Street | | Transaction ID : 40411.C29125 |
| City Hammonton | State NJ | Zip Code 08037-9717 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 100.00 |
| Name of Employer NJ Transit | Occupation Rail | Receipt |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 100.00 | |

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 850.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 29 OF 120 |
| | <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) A. Anthony Marino | | Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2014 | |
| Mailing Address 476 Walnut Street | | Transaction ID : 40411.C29124 | |
| City Hammonton | State NJ | Zip Code 08037-9717 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period Receipt 100.00 | |
| Name of Employer NJ Transit | Occupation Rail | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 200.00 | | |

| | | | |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) B. Anthony Marino | | Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2014 | |
| Mailing Address 476 Walnut Street | | Transaction ID : 40411.C29191 | |
| City Hammonton | State NJ | Zip Code 08037-9717 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period Receipt 100.00 | |
| Name of Employer NJ Transit | Occupation Rail | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 300.00 | | |

| | | | |
|---|----------------------------------|--|--|
| Full Name (Last, First, Middle Initial) C. Robert Marshall | | Date of Receipt M M / D D / Y Y Y Y 01 / 31 / 2014 | |
| Mailing Address 1704 Woodlynne Blvd | | Transaction ID : 40411.C29083 | |
| City Linwood | State NJ | Zip Code 08221-2241 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period Receipt 500.00 | |
| Name of Employer Woodlynne Associates | Occupation Consultant | | |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 500.00 | | |

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 700.00 |
| TOTAL This Period (last page this line number only)..... | [] |

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 30 OF 120 |
| | <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) Betty Maurone | | Date of Receipt M M / D D / Y Y Y Y 02 / 24 / 2014 |
| Mailing Address 2973 Mays Landing Rd | | Transaction ID : 40411.C29161 |
| City Millville | State NJ | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 400.00 |
| Name of Employer DeRossi & Son | Occupation Bookkeeper | Receipt |
| Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 400.00 | |

| | | |
|---|-----------------------------------|--|
| Full Name (Last, First, Middle Initial) Betty Maurone | | Date of Receipt M M / D D / Y Y Y Y 02 / 24 / 2014 |
| Mailing Address 2973 Mays Landing Rd | | Transaction ID : 40411.C29160 |
| City Millville | State NJ | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 2600.00 |
| Name of Employer DeRossi & Son | Occupation Bookkeeper | Receipt |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 3000.00 | |

| | | |
|---|----------------------------------|--|
| Full Name (Last, First, Middle Initial) Dennis I. Meyer | | Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2014 |
| Mailing Address 815 Connecticut Avenue NW Suite 900 | | Transaction ID : 40411.C29226 |
| City Washington | State DC | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Baker & McKenzie, LLP | Occupation Attorney | Receipt |
| Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Election Cycle-to-Date 500.00 | |

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 3500.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 31 OF 120 |
| | <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)
Frederick O. Miller

Mailing Address 482 Atsion Road

City Shamong State NJ Zip Code 08088

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

Name of Employer Self Employed Occupation Farmer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : 40411.C29329

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Diane Mohr

Mailing Address 2450 Columbia Road

City Mays Landing State NJ Zip Code 08330

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

Name of Employer Bacharach Institute for Rehab. Occupation chief nursing officer

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : 40411.C29323

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Janice Morey

Mailing Address 8500 Bayview Drive

City Wildwood Crest State NJ Zip Code 08260-1174

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

Name of Employer n/a Occupation Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 30 / 2014

Transaction ID : 40411.C29074

Amount of Each Receipt this Period
1000.00

Receipt

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

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

1750.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 32 OF 120 |
| | <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)
Mary Ella Morie

Mailing Address P. O. Box 255

City Mauricetown State NJ Zip Code 08329-0255

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

Name of Employer n/a Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 14 / 2014

Transaction ID : 40411.C29205

Amount of Each Receipt this Period
 Receipt 1000.00

B. Full Name (Last, First, Middle Initial)
William Mosca

Mailing Address 30 Smoke Rise Ln

City Bedminster State NJ Zip Code 07921-1873

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

Name of Employer Bevan Mosca Giuditta Zarillo Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 28 / 2014

Transaction ID : 40411.C29050

Amount of Each Receipt this Period
 Receipt 1000.00

C. Full Name (Last, First, Middle Initial)
Richard Mroz

Mailing Address 331 Knolltop Ln

City Haddonfield State NJ Zip Code 08033-3718

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

Name of Employer Salmon Ventures Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 23 / 2014

Transaction ID : 40411.C29044

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 33 OF 120 |
| | <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)
Donna Mullins

Mailing Address 6412 15th St

City State Zip Code
Alexandria VA 22307-1439

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

Name of Employer Occupation
Winning Strategies Managing Partner

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 29 / 2014

Transaction ID : 40411.C29085

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Neil Naraine

Mailing Address 6422 Western Avenue

City State Zip Code
Chevy Chase MD 20815

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

Name of Employer Occupation
PSEG govt. relations

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 26 / 2014

Transaction ID : 40411.C29255

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Lauren Ochs

Mailing Address 14 Milford Drive

City State Zip Code
Marlton NJ 08053

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

Name of Employer Occupation
Atlanticare Assistant VP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 29 / 2014

Transaction ID : 40411.C29288

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 34 OF 120 |
| | <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)
William Palatucci

Mailing Address 123 Washington St

City State Zip Code
Westfield NJ 07090-2517

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

Name of Employer Occupation
self-employed Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
01 / 30 / 2014

Transaction ID : 40411.C29078

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
George W. Pasha, IV

Mailing Address 19 Westgate Drive

City State Zip Code
San Rafael CA 94903

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

Name of Employer Occupation
The Pasha Group Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 07 / 2014

Transaction ID : 40411.C29131

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Mary Joyce Perskie

Mailing Address 132 E. Ocean Avenue

City State Zip Code
Somers Point NJ 08244

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

Name of Employer Occupation
Bacharach Rehab. Hospital Marketing

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 26 / 2014

Transaction ID : 40411.C29251

Amount of Each Receipt this Period
250.00

Receipt

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

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

2250.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 35 OF 120 |
| | <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)
Charles Pessagno

Mailing Address **PO Box 477**

City **Cape May** State **NJ** Zip Code **08204-0477**

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

Name of Employer **NIA Group Associates** Occupation **Insurance Broker / President**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4600.00

Date of Receipt
 M M / D D / Y Y Y Y
02 / 07 / 2014

Transaction ID : 40411.C29134

Amount of Each Receipt this Period
2000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Vincent Polistina

Mailing Address **3540 Bargaintown Rd**

City **Egg Harbor Twp.** State **NJ** Zip Code **08234-8316**

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

Name of Employer **Polistina & Associates** Occupation **Engineer**

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
01 / 30 / 2014

Transaction ID : 40411.C29070

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Devineni Prasad

Mailing Address **1189 Venezia Ave**

City **Vineland** State **NJ** Zip Code **08361-8623**

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

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

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
300.00

Date of Receipt
 M M / D D / Y Y Y Y
01 / 15 / 2014

Transaction ID : 40411.C29116

Amount of Each Receipt this Period
100.00

Receipt

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

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

3100.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 36 OF 120 |
| | <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)
Devineni Prasad

Mailing Address 1189 Venezia Ave

City Vineland State NJ Zip Code 08361-8623

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

Name of Employer self-employed Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 28 / 2014

Transaction ID : 40411.C29276

Amount of Each Receipt this Period
200.00

Receipt

B. Full Name (Last, First, Middle Initial)
Jennifer Puzziferro

Mailing Address 208 Peter Road

City Manahawkin State NJ Zip Code 08050

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

Name of Employer Atlanticare Occupation AVP

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 29 / 2014

Transaction ID : 40411.C29287

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Edward Reitz

Mailing Address 18485 SE Village Circle

City Tequesta State FL Zip Code 33469

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

Name of Employer Self Employed Occupation Private Investigator

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
02 / 24 / 2014

Transaction ID : 40411.C29159

Amount of Each Receipt this Period
1000.00

Receipt

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

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

1450.00

**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 37 OF 120 |
| | <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)
Thomas Ritter

Mailing Address 120 Cambridge Ave

City State Zip Code
Linwood NJ 08221-2315

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

Name of Employer Occupation
A. E. Stone & Co. c.e.o.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 29 / 2014

Transaction ID : 40411.C29284

Amount of Each Receipt this Period
600.00

Receipt

B. Full Name (Last, First, Middle Initial)
Dennis Rivell

Mailing Address 34 North Drive

City State Zip Code
Delran NJ 08075

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 30 / 2014

Transaction ID : 40411.C29067

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Paul Rotella

Mailing Address 348 Applegarth Rd

City State Zip Code
Jamesburg NJ 08831-3738

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

Name of Employer Occupation
NJ Broadcasters Association president/c.e.o.

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 17 / 2014

Transaction ID : 40411.C29143

Amount of Each Receipt this Period
500.00

Receipt

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

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

2100.00

**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 38 OF 120 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
LoBiondo for Congress

A. Full Name (Last, First, Middle Initial)
Michele Rothenberg

Mailing Address 149 Upland Road

City State Zip Code
Havertown PA 19083-3509

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

Name of Employer Occupation
n/a Homemaker

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 27 / 2014

Transaction ID : 40411.C29258

Amount of Each Receipt this Period
750.00

Receipt

B. Full Name (Last, First, Middle Initial)
Thomas Scannapieco

Mailing Address 400 S River Rd

City State Zip Code
New Hope PA 18938-1291

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

Name of Employer Occupation
Scannapieco Development President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 30 / 2014

Transaction ID : 40411.C29071

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Barry F. Schwartz

Mailing Address 35 East 62nd Street

City State Zip Code
New York NY 10065

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

Name of Employer Occupation
MacAndrews & Forbes Holdings exec. vice chairman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2600.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 14 / 2014

Transaction ID : 40411.C29195

Amount of Each Receipt this Period
2600.00

Receipt

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

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

4350.00

**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 39 OF 120 |
| | <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)
Chris Schwarz

Mailing Address 102 Woodridge Drive

City State Zip Code
Kennett Square PA 19348

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

Name of Employer Occupation
PSEG Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 27 / 2014

Transaction ID : 40411.C29257

Amount of Each Receipt this Period
 Receipt 1000.00

B. Full Name (Last, First, Middle Initial)
Edward Schweitzer

Mailing Address 330 NW Brandon Drive

City State Zip Code
Pullman WA 99163

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

Name of Employer Occupation
Self Employed Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : 40411.C29311

Amount of Each Receipt this Period
 Receipt 2000.00

C. Full Name (Last, First, Middle Initial)
James Seabrook

Mailing Address 132 Polk Ln

City State Zip Code
Bridgeton NJ 08302-5902

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

Name of Employer Occupation
n/a Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 14 / 2014

Transaction ID : 40411.C29201

Amount of Each Receipt this Period
 Receipt 250.00

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 40 OF 120 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
LoBiondo for Congress

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

Mailing Address P. O. 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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 29 / 2014

Transaction ID : 40411.C29282

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Martha J. Singh

Mailing Address 202 Gomez Road

City Hobe Sound State FL Zip Code 33455

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

Name of Employer Singh Real Estate Enterprises Occupation Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **2600.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : 40411.C29326

Amount of Each Receipt this Period
2600.00

Receipt

C. Full Name (Last, First, Middle Initial)
Timothy Smith

Mailing Address 28 Hillar Terrace

City Succasunna State NJ Zip Code 07876

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

Name of Employer CAMS Occupation Financial Services Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y
03 / 14 / 2014

Transaction ID : 40411.C29207

Amount of Each Receipt this Period
1000.00

Receipt

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

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

4100.00

**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 41 OF 120 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
LoBiondo for Congress

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

Mailing Address 162 Candlewyck Drive

City Avondale State PA Zip Code 19311-1435

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

Name of Employer PSEG Nuclear Occupation Engineering Director

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 30 / 2014

Transaction ID : 40411.C29341

Amount of Each Receipt this Period
 Receipt 250.00

B. Full Name (Last, First, Middle Initial)
David Sparenberg

Mailing Address 1 Pond Lane

City Linwood State NJ Zip Code 08221-1347

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

Name of Employer n/a Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : 40411.C29338

Amount of Each Receipt this Period
 Receipt 1000.00

C. Full Name (Last, First, Middle Initial)
Jeffrey Strunk

Mailing Address 3231 Rittenhouse Street, N.W.

City Washington State DC Zip Code 20015

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

Name of Employer Forbes Tate Occupation Senior Vice President

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2014

Transaction ID : 40411.C29184

Amount of Each Receipt this Period
 Receipt 500.00

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

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

1750.00

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

| | | |
|---|---|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 42 OF 120 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
LoBiondo for Congress

A. Full Name (Last, First, Middle Initial)
Ann Szapor

Mailing Address 110 Wedgewood Dr

City State Zip Code
Egg Harbor Twp. NJ 08234-5266

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

Name of Employer Occupation
Atlanticare Executive

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : 40411.C29289

Amount of Each Receipt this Period
 Receipt 250.00

B. Full Name (Last, First, Middle Initial)
Clark G. Travers

Mailing Address P. O. Box 98

City State Zip Code
Hopewell NJ 08525

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

Name of Employer Occupation
self-employed Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 30 / 2014

Transaction ID : 40411.C29079

Amount of Each Receipt this Period
 Receipt 1000.00

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

Mailing Address 9 Players Lane

City State Zip Code
Princeton NJ 08540

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

Name of Employer Occupation
Geller Family Office Services CIO

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 30 / 2014

Transaction ID : 40411.C29075

Amount of Each Receipt this Period
 Receipt 2000.00

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 43 OF 120 |
| | <input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15 | |

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NAME OF COMMITTEE (In Full)
LoBiondo for Congress

A. Full Name (Last, First, Middle Initial)
Gerald Weinstein

Mailing Address 8802 Ventnor Ave

City State Zip Code
Margate NJ 08402-2544

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

Name of Employer Occupation
Fox Rothschild, LLP Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
750.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 14 / 2014

Transaction ID : 40411.C29202

Amount of Each Receipt this Period
750.00

Receipt

B. Full Name (Last, First, Middle Initial)
Richard White

Mailing Address 101 Primrose Street

City State Zip Code
Chevy Chase MD 20815

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

Name of Employer Occupation
Roberti and White Consultant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 20 / 2014

Transaction ID : 40411.C29192

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Martin T. Whitmer, Jr.

Mailing Address 2915 King Street

City State Zip Code
Alexandria VA 22302

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

Name of Employer Occupation
Whitmer & Worrall Principal

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 09 / 2014

Transaction ID : 40411.C29179

Amount of Each Receipt this Period
500.00

Receipt

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

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

1750.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 44 OF 120 |
| | <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)
Catherine Wisda

Mailing Address 1062 McClain Dr

City Vineland State NJ Zip Code 08361-6138

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

Name of Employer self-employed Occupation Opthamologist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2014

Transaction ID : 40411.C29218

Amount of Each Receipt this Period
 Receipt 400.00

B. Full Name (Last, First, Middle Initial)
J. Alan Woodruff

Mailing Address 4 Oak Hill Drive

City Bridgeton State NJ Zip Code 08302-4124

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

Name of Employer n/a Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2014

Transaction ID : 40411.C29216

Amount of Each Receipt this Period
 Receipt 250.00

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 / 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).....

650.00

104550.00

**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 45 OF 120 |
| | <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)
21st Century PAC

Mailing Address 2052 Lake Audubon Court

City Reston State VA Zip Code 20191

FEC ID number of contributing federal political committee. **C C00315747**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 04 / 2014

Transaction ID : 40411.C29172

Amount of Each Receipt this Period
2000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Aeronautical Repair Station Association

Mailing Address 121 North Henry Street

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C C00409029**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 09 / 2014

Transaction ID : 40411.C29177

Amount of Each Receipt this Period
1000.00

Receipt

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

Mailing Address 1625 L Street, N.W.

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : 40411.C29315

Amount of Each Receipt this Period
1000.00

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: PAGE 46 OF 120
(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 Methods Corporation PAC

Mailing Address 1550 Larimer Street
Suite 229

City State Zip Code
Denver CO 80202

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : 40411.C29314

Amount of Each Receipt this Period
Receipt 1000.00

B. Full Name (Last, First, Middle Initial)
Airbus Group, Inc. PAC

Mailing Address 2550 Wasser Terrace, #910

City State Zip Code
Herndon VA 20171-6380

FEC ID number of contributing federal political committee. **C** C00421230

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
03 / 31 / 2014

Transaction ID : 40411.C29299

Amount of Each Receipt this Period
Receipt 1000.00

C. Full Name (Last, First, Middle Initial)
Airports Council Intl. North America PAC

Mailing Address 1615 L St., NW
Suite 300

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee. **C** C00341800

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2014

Transaction ID : 40411.C29273

Amount of Each Receipt this Period
Receipt 2500.00

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

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

4500.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 47 OF 120 |
| | <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. Airports Council Intl. North America PAC

Full Name (Last, First, Middle Initial)
Mailing Address 1615 L St., NW
Suite 300

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00341800**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2014

Transaction ID : 40411.C29272

Amount of Each Receipt this Period
2500.00

Receipt

B. American Airlines PAC

Full Name (Last, First, Middle Initial)
Mailing Address 1101 17th Street, N.W., #600

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00107300**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 17 / 2014

Transaction ID : 40411.C29144

Amount of Each Receipt this Period
1000.00

Receipt

C. American College of Radiology PAC

Full Name (Last, First, Middle Initial)
Mailing Address 1891 Preston White Dr.

City Reston State VA Zip Code 20191

FEC ID number of contributing federal political committee. **C C00343459**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : 40411.C29313

Amount of Each Receipt this Period
1500.00

Receipt

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

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

5000.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 48 OF 120 |
| | <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 Council Engineering Co. PAC

Mailing Address 1015 15th Street, N.W.

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : 40411.C29306

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
American Gas Assoc. PAC

Mailing Address 400 N Capitol St., NW

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C C00007450**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : 40411.C29320

Amount of Each Receipt this Period
1000.00

Receipt

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

Mailing Address 2 West Dixie Hwy.

City Dania State FL Zip Code 33004

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 07 / 2014

Transaction ID : 40411.C29132

Amount of Each Receipt this Period
3000.00

Receipt

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

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

5000.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 49 OF 120 |
| | <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 Optometric Association PAC

Mailing Address 1505 Prince Street, #300

City Alexandria State VA Zip Code 22314-2845

FEC ID number of contributing federal political committee. **C** C00024968

Name of Employer Occupation

Receipt For: 2014
 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
 03 / 31 / 2014

Transaction ID : 40411.C29302

Amount of Each Receipt this Period
2500.00

Receipt

B. Full Name (Last, First, Middle Initial)
American Shipping & Logisitcs Group PAC

Mailing Address 1 Maynard Drive

City Park Ridge State NJ Zip Code 07656

FEC ID number of contributing federal political committee. **C** C00432963

Name of Employer Occupation

Receipt For: 2014
 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
 02 / 07 / 2014

Transaction ID : 40411.C29127

Amount of Each Receipt this Period
2500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Aqua America, Inc. PAC

Mailing Address 762 W. Lancaster Avenue

City Brynmawr State PA Zip Code 19010

FEC ID number of contributing federal political committee. **C** C00340455

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2014

Transaction ID : 40411.C29077

Amount of Each Receipt this Period
1000.00

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: (check only one) | PAGE 50 OF 120 |
| | <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)
Arent Fox, LLP PAC-AFPAC

Mailing Address 1050 Connecticut Avenue, N.W.

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00241380**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : 40411.C29296

Amount of Each Receipt this Period
 Receipt 2000.00

B. Full Name (Last, First, Middle Initial)
Areva PAC

Mailing Address 7475 Wisconsin Avenue Suite 1100

City Bethesda State MD Zip Code 20814

FEC ID number of contributing federal political committee. **C C00395285**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : 40411.C29317

Amount of Each Receipt this Period
 Receipt 1500.00

C. Full Name (Last, First, Middle Initial)
Atlas Air Worldwide Holdings PAC

Mailing Address 2000 Westchester Avenue

City Purchase State NY Zip Code 10577

FEC ID number of contributing federal political committee. **C C00478099**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : 40411.C29304

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 51 OF 120 |
| | <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. Automotive Aftermarket PAC

Full Name (Last, First, Middle Initial)
Automotive Aftermarket PAC

Mailing Address 7101 Wisconsin Ave.
Suite 1300

City State Zip Code
Bethesda MD 20814

FEC ID number of contributing federal political committee. **C C00250753**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 16 / 2014

Transaction ID : 40411.C29120

Amount of Each Receipt this Period
 Receipt 1000.00

B. Bayer Coporation PAC

Full Name (Last, First, Middle Initial)
Bayer Coporation PAC

Mailing Address 100 Bayer Road

City State Zip Code
Pittsburgh PA 15205

FEC ID number of contributing federal political committee. **C C00281162**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 17 / 2014

Transaction ID : 40411.C29146

Amount of Each Receipt this Period
 Receipt 1500.00

C. BIKESPAC

Full Name (Last, First, Middle Initial)
BIKESPAC

Mailing Address PO Box 2359

City State Zip Code
Boulder CO 80306

FEC ID number of contributing federal political committee. **C C00372862**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 22 / 2014

Transaction ID : 40411.C29231

Amount of Each Receipt this Period
 Receipt 2000.00

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 52 OF 120 |
| | <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. Boilermakers-Blacksmiths LEAP

Full Name (Last, First, Middle Initial)
Boilermakers-Blacksmiths LEAP

Mailing Address 753 State Avenue, Suite 565

City Kansas City State KS Zip Code 66101-2511

FEC ID number of contributing federal political committee. **C** C00040949

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 24 / 2014

Transaction ID : 40411.C29158

Amount of Each Receipt this Period
 Receipt 5000.00

B. Buckeye Patriot PAC

Full Name (Last, First, Middle Initial)
Buckeye Patriot PAC

Mailing Address 1936 Wedgewood Circle

City Springfield State OH Zip Code 45503

FEC ID number of contributing federal political committee. **C** C00239905

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 15 / 2014

Transaction ID : 40411.C29115

Amount of Each Receipt this Period
 Receipt 500.00

C. BUILD Political Action Committee

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

Mailing Address 1201 15th Street, N.W.

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00000901

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 14 / 2014

Transaction ID : 40411.C29196

Amount of Each Receipt this Period
 Receipt 1000.00

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: (check only one) | PAGE 53 OF 120 |
| | <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)
Celgene Corp. PAC

Mailing Address 86 Morris Avenue

City State Zip Code
Summit NJ 07901-3900

FEC ID number of contributing federal political committee. **C C00514331**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) Primary

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 18 / 2014

Transaction ID : 40411.C29040

Amount of Each Receipt this Period
 Receipt 1000.00

B. Full Name (Last, First, Middle Initial)
CMR PAC

Mailing Address PO Box 2485

City State Zip Code
Springfield VA 22152

FEC ID number of contributing federal political committee. **C C00469429**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : 40411.C29303

Amount of Each Receipt this Period
 Receipt 2500.00

C. Full Name (Last, First, Middle Initial)
Come Back PAC

Mailing Address P. O. Box 2485

City State Zip Code
Springfield VA 22152

FEC ID number of contributing federal political committee. **C C00400457**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : 40411.C29332

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**

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|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 54 OF 120 |
| | <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. Credit Union Legislative Council-CUNA
 Full Name (Last, First, Middle Initial)
 Mailing Address 601 Pennsylvania Ave, NW
 South Bldg., Suite 600
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C C00007880**
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 4500.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 30 / 2014
Transaction ID : 40411.C29069
 Amount of Each Receipt this Period
 2000.00
 Receipt

B. CSX Corp. Good Government Fund
 Full Name (Last, First, Middle Initial)
 Mailing Address 1331 Pennsylvania Avenue, N.W.
 Suite 560
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C C00163832**
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 4000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 04 / 2014
Transaction ID : 40411.C29174
 Amount of Each Receipt this Period
 2000.00
 Receipt

C. CWA-COPE PCC
 Full Name (Last, First, Middle Initial)
 Mailing Address 501 3rd Street, N.W.
 City Washington State DC Zip Code 20001
 FEC ID number of contributing federal political committee. **C C00002089**
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 09 / 2014
Transaction ID : 40411.C29186
 Amount of Each Receipt this Period
 2500.00
 Receipt

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: (check only one) | PAGE 55 OF 120 |
| | <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)
DRS Technologies, Inc. Good Govt. Fund

Mailing Address 5 Sylvan Way

City Parsippany State NJ Zip Code 07054

FEC ID number of contributing federal political committee. **C C00275123**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 09 / 2014

Transaction ID : 40411.C29188

Amount of Each Receipt this Period
 Receipt 1000.00

B. Full Name (Last, First, Middle Initial)
Duane Morris, LLP PAC

Mailing Address 30 S. 17th Street

City Philadelphia State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C C00364133**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) Primary

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 18 / 2014

Transaction ID : 40411.C29039

Amount of Each Receipt this Period
 Receipt 1000.00

C. Full Name (Last, First, Middle Initial)
Duane Morris, LLP PAC

Mailing Address 30 S. 17th Street

City Philadelphia State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C C00364133**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 10 / 2014

Transaction ID : 40411.C29136

Amount of Each Receipt this Period
 Receipt 500.00

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 56 OF 120 |
| | <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)
Employees of Northrop Grumman PAC

Mailing Address 2980 Fairview Park Drive

City Falls Church State VA Zip Code 22042

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify) Primary

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 23 / 2014

Transaction ID : 40411.C29041

Amount of Each Receipt this Period
 Receipt 1000.00

Amount of Each Receipt this Period
 Receipt 5000.00

B. Full Name (Last, First, Middle Initial)
Exelis Employees PAC

Mailing Address 1650 Tysons Blvd., #1700

City Mc Lean State VA Zip Code 22102

FEC ID number of contributing federal political committee. **C** C00141002

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 17 / 2014

Transaction ID : 40411.C29145

Amount of Each Receipt this Period
 Receipt 1000.00

Amount of Each Receipt this Period
 Receipt 3000.00

C. Full Name (Last, First, Middle Initial)
Express Scripts PAC

Mailing Address One Express Way

City Saint Louis State MO Zip Code 63121

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : 40411.C29301

Amount of Each Receipt this Period
 Receipt 2500.00

Amount of Each Receipt this Period
 Receipt 2500.00

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

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

4500.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 57 OF 120 |
| | <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)
FAA Managers Association, Inc. PAC

Mailing Address 1015 Atlantic Blvd., #245

City Atlantic Beach State FL Zip Code 32233

FEC ID number of contributing federal political committee. **C** C00366070

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2014

Transaction ID : 40411.C29215

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Federal Express PAC

Mailing Address 942 S. Shady Grove Road
1st Floor

City Memphis State TN Zip Code 38120

FEC ID number of contributing federal political committee. **C** C00068692

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 27 / 2014

Transaction ID : 40411.C29049

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Federal Express PAC

Mailing Address 942 S. Shady Grove Road
1st Floor

City Memphis State TN Zip Code 38120

FEC ID number of contributing federal political committee. **C** C00068692

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5500.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 27 / 2014

Transaction ID : 40411.C29048

Amount of Each Receipt this Period
2000.00

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 58 OF 120 |
| | <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)
Ford Motor Company Civic Action Fund

Mailing Address P. O. Box 75000

City State Zip Code
Detroit MI 48275

FEC ID number of contributing federal political committee. **C** C00046474

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : 40411.C29298

Amount of Each Receipt this Period
 1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Friends of Doc Hastings

Mailing Address P. O. Box 2926

City State Zip Code
Pasco WA 99302

FEC ID number of contributing federal political committee. **C** C00286856

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2014

Transaction ID : 40411.C29277

Amount of Each Receipt this Period
 1000.00

Receipt

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

Mailing Address 600 Maryland Avenue, S.W.
Suite 850-E

City State Zip Code
Washington DC 20024

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 14 / 2014

Transaction ID : 40411.C29138

Amount of Each Receipt this Period
 2500.00

Receipt

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 59 OF 120 |
| | <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)
Harris Corporation PAC

Mailing Address 600 Maryland Avenue, S.W.
Suite 850-E

City Washington State DC Zip Code 20024

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 14 / 2014

Transaction ID : 40411.C29139

Amount of Each Receipt this Period
2500.00

Receipt

B. Full Name (Last, First, Middle Initial)
HealthSouth Rehab PAC

Mailing Address 3660 Grandview Parkway
Suite 200

City Birmingham State AL Zip Code 35243

FEC ID number of contributing federal political committee. **C C00414649**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : 40411.C29327

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Humane Society Legislative Fund

Mailing Address 519 C Street, N.E.

City Washington State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C C00466813**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 26 / 2014

Transaction ID : 40411.C29170

Amount of Each Receipt this Period
1000.00

Receipt

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 60 OF 120 |
| | <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. Humane USA PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 2100 L Street, N.W.
 City Washington State DC Zip Code 20037-9224
 FEC ID number of contributing federal political committee. **C C00350439**
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014
Transaction ID : 40411.C29297
 Amount of Each Receipt this Period
 Receipt 1000.00

B. Indep. Insurance Agents of America PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 412 First Street, S.E. Suite 300
 City Washington State DC Zip Code 20003
 FEC ID number of contributing federal political committee. **C C00022343**
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014
Transaction ID : 40411.C29309
 Amount of Each Receipt this Period
 Receipt 1000.00

C. Indep. Insurance Agents of America PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 412 First Street, S.E. Suite 300
 City Washington State DC Zip Code 20003
 FEC ID number of contributing federal political committee. **C C00022343**
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014
Transaction ID : 40411.C29308
 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 61 OF 120 |
| | <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 Avenue, N.W.

City Washington State DC Zip Code 20006-5395

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
 M M / D D / Y Y Y Y
02 / 24 / 2014

Transaction ID : 40411.C29157

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
K&L Gates PAC

Mailing Address 1601 K Street, N.W.

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C C00213173**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
02 / 07 / 2014

Transaction ID : 40411.C29130

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
K&L Gates PAC

Mailing Address 1601 K Street, N.W.

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C C00213173**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y
02 / 10 / 2014

Transaction ID : 40411.C29137

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**

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|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 62 OF 120 |
| | <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)
Kevin McCarthy for Congress

Mailing Address P. O. Box 12667

City Bakersfield State CA Zip Code 93389

FEC ID number of contributing federal political committee. **C** C00420935

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : 40411.C29295

Amount of Each Receipt this Period
2000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Kevin McCarthy for Congress

Mailing Address P. O. Box 12667

City Bakersfield State CA Zip Code 93389

FEC ID number of contributing federal political committee. **C** C00420935

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : 40411.C29294

Amount of Each Receipt this Period
2000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Kirby Corporation PAC

Mailing Address 55 Waugh Drive, Suite 1000

City Houston State TX Zip Code 77007

FEC ID number of contributing federal political committee. **C** C00250027

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 17 / 2014

Transaction ID : 40411.C29141

Amount of Each Receipt this Period
2500.00

Receipt

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: (check only one) | PAGE 63 OF 120 |
| | <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)
L-3 Communications Corporation PAC

Mailing Address 600 3rd Avenue

City State Zip Code
New York NY 10016

FEC ID number of contributing federal political committee. **C C00338087**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
4500.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 16 / 2014

Transaction ID : 40411.C29119

Amount of Each Receipt this Period
1500.00

Receipt

B. Full Name (Last, First, Middle Initial)
LaTourette for Congress

Mailing Address 320 Kenarden Drive

City State Zip Code
Cleveland OH 44143

FEC ID number of contributing federal political committee. **C C00284174**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 31 / 2014

Transaction ID : 40411.C29293

Amount of Each Receipt this Period
2000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Linde N. America Alliance for Good Govt.

Mailing Address 575 Mountain Avenue

City State Zip Code
Secaucus NJ 07094

FEC ID number of contributing federal political committee. **C C00471193**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 22 / 2014

Transaction ID : 40411.C29235

Amount of Each Receipt this Period
1000.00

Receipt

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 64 OF 120 |
| | <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)
Lockheed Martin Employees PAC

Mailing Address 2121 Crystal Drive, #100

City State Zip Code
Arlington VA 22202

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2014

Transaction ID : 40411.C29280

Amount of Each Receipt this Period
1500.00

Receipt

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

Mailing Address 2121 Crystal Drive, #100

City State Zip Code
Arlington VA 22202

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
8000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2014

Transaction ID : 40411.C29279

Amount of Each Receipt this Period
1500.00

Receipt

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

Mailing Address 35 E. 62nd Street

City State Zip Code
New York NY 10065

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 17 / 2014

Transaction ID : 40411.C29208

Amount of Each Receipt this Period
5000.00

Receipt

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

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

8000.00

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

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|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 65 OF 120 |
| | <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)
Machinists Political League

Mailing Address 9000 Machinists Place

City State Zip Code
Upper Marlboro MD 20772-2687

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2014

Transaction ID : 40411.C29221

Amount of Each Receipt this Period
5000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Maersk Inc. Good Govt Fund

Mailing Address 1530 Wilson Blvd.
Suite 650

City State Zip Code
Arlington VA 22209

FEC ID number of contributing federal political committee. **C C00217471**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 07 / 2014

Transaction ID : 40411.C29129

Amount of Each Receipt this Period
1000.00

Receipt

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

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
8000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 29 / 2014

Transaction ID : 40411.C29283

Amount of Each Receipt this Period
1000.00

Receipt

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: (check only one) | PAGE 66 OF 120 |
| | <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. Masters, Mates & Pilots Political Fund

Full Name (Last, First, Middle Initial)
Mailing Address 700 Maritime Blvd.

City Linthicum Heights State MD Zip Code 21090-1941

FEC ID number of contributing federal political committee. **C** C00073056

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 07 / 2014

Transaction ID : 40411.C29126

Amount of Each Receipt this Period
2500.00

Receipt

B. National Asphalt Pavement Assoc. PAC

Full Name (Last, First, Middle Initial)
Mailing Address 101 Constitution Avenue, N.W.
Suite 600 West

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00444539

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2014

Transaction ID : 40411.C29264

Amount of Each Receipt this Period
1000.00

Receipt

C. National Assoc.of Letter Carriers COLCPE

Full Name (Last, First, Middle Initial)
Mailing Address 100 Indiana Avenue, N.W.

City Washington State DC Zip Code 20001-2144

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2014

Transaction ID : 40411.C29228

Amount of Each Receipt this Period
1000.00

Receipt

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 67 OF 120 |
| | <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. National Assoc.of Letter Carriers COLCPE

Full Name (Last, First, Middle Initial)
National Assoc.of Letter Carriers COLCPE

Mailing Address 100 Indiana Avenue, N.W.

City Washington State DC Zip Code 20001-2144

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2014

Transaction ID : 40411.C29227

Amount of Each Receipt this Period
 Receipt 1000.00

B. National Emergency Medicine PAC

Full Name (Last, First, Middle Initial)
National Emergency Medicine PAC

Mailing Address PO Box 619911

City Dallas State TX Zip Code 75261

FEC ID number of contributing federal political committee. **C C00140061**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : 40411.C29305

Amount of Each Receipt this Period
 Receipt 1000.00

C. National Postal Mail Handler PAC

Full Name (Last, First, Middle Initial)
National Postal Mail Handler PAC

Mailing Address 905 16th Street, N.W.

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C C00345306**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2014

Transaction ID : 40411.C29262

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 68 OF 120 |
| | <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. National Stone, Sand & Gravel Assn. PAC

Full Name (Last, First, Middle Initial)
National Stone, Sand & Gravel Assn. PAC

Mailing Address 1605 King Street

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00089458

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 04 / 2014

Transaction ID : 40411.C29173

Amount of Each Receipt this Period
 1000.00

Receipt

B. Natl. Air Traffic Controllers Assn. PAC

Full Name (Last, First, Middle Initial)
Natl. Air Traffic Controllers Assn. PAC

Mailing Address 1325 Massachusetts Avenue, N.W.

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00238725

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 17 / 2014

Transaction ID : 40411.C29148

Amount of Each Receipt this Period
 1000.00

Receipt

C. Natl. Council Textile Organizations PAC

Full Name (Last, First, Middle Initial)
Natl. Council Textile Organizations PAC

Mailing Address 469 Hospital Drive, #C

City Gastonia State NC Zip Code 28054

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2014

Transaction ID : 40411.C29190

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: PAGE 69 OF 120
(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. NetJets Inc. PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 4111 Bridgeway Avenue
 City Columbus State OH Zip Code 43219
 FEC ID number of contributing federal political committee. **C** C00481309
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2014
Transaction ID : 40411.C29182
 Amount of Each Receipt this Period
 Receipt 1000.00

B. New York Life Insurance PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 51 Madison Ave Room 1109
 City New York State NY Zip Code 10010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014
Transaction ID : 40411.C29310
 Amount of Each Receipt this Period
 Receipt 1000.00

C. Nuclear Energy Institute Federal PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1201 F Street, N.W., 11th Floor
 City Washington State DC Zip Code 20004
 FEC ID number of contributing federal political committee. **C** C00239848
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2014
Transaction ID : 40411.C29263
 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 70 OF 120 |
| | <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. NuStar Asphalt LLC PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Paradise Road
 City Paulsboro State NJ Zip Code 08066
 FEC ID number of contributing federal political committee. **C** C00551960
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2014
Transaction ID : 40411.C29053
 Amount of Each Receipt this Period
 Receipt 1000.00

B. Old Dominion Freight Line PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 500 Old Dominion Way
 City Thomasville State NC Zip Code 27360
 FEC ID number of contributing federal political committee. **C** C00496836
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 17 / 2014
Transaction ID : 40411.C29142
 Amount of Each Receipt this Period
 Receipt 1000.00

C. Parsons Corporation PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 W. Walnut Street
 City Pasadena State CA Zip Code 91124
 FEC ID number of contributing federal political committee. **C** C00103549
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014
Transaction ID : 40411.C29307
 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 71 OF 120 |
| | <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)
Pepco Holdings, Inc. PAC

Mailing Address 701 Ninth Street, N.W., #1207

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00385849

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 07 / 2014

Transaction ID : 40411.C29133

Amount of Each Receipt this Period
 Receipt 1000.00

B. Full Name (Last, First, Middle Initial)
Pete King for Congress

Mailing Address P. O. Box 1428

City Seaford State NY Zip Code 11783

FEC ID number of contributing federal political committee. **C** C00272211

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2014

Transaction ID : 40411.C29232

Amount of Each Receipt this Period
 Receipt 2000.00

C. Full Name (Last, First, Middle Initial)
Pioneer PAC

Mailing Address 701 8th Street, N.W., #500

City Washington State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00325357

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2014

Transaction ID : 40411.C29180

Amount of Each Receipt this Period
 Receipt 5000.00

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

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

8000.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 72 OF 120 |
| | <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)
Porter Gordon Silver PAC

Mailing Address P. O. Box 751271

City Las Vegas State NV Zip Code 89136

FEC ID number of contributing federal political committee. **C C00507913**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2014

Transaction ID : 40411.C29224

Amount of Each Receipt this Period
 _____ 1000.00

Receipt

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

Mailing Address 1150 17th Street, #702

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 17 / 2014

Transaction ID : 40411.C29140

Amount of Each Receipt this Period
 _____ 2500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Prof. Aviation Safety Specialists PAC

Mailing Address 1150 17th Street, #702

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2014

Transaction ID : 40411.C29248

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: (check only one) | PAGE 73 OF 120 |
| | <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. Public Service Enterprise Group PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 80 Park Plaza
 City Newark State NJ Zip Code 07102
 FEC ID number of contributing federal political committee. **C** C00383489
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2014
Transaction ID : 40411.C29265
 Amount of Each Receipt this Period
 Receipt 5000.00

B. Republican Main Street PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1220 L Street, N.W., #100-263
 City Washington State DC Zip Code 20005
 FEC ID number of contributing federal political committee. **C** C00165159
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 6000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 23 / 2014
Transaction ID : 40411.C29042
 Amount of Each Receipt this Period
 Receipt 1000.00

C. Republican Main Street PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 1220 L Street, N.W., #100-263
 City Washington State DC Zip Code 20005
 FEC ID number of contributing federal political committee. **C** C00165159
 Name of Employer Occupation
 Receipt For: 2014
 Primary General
 Other (specify)
 Election Cycle-to-Date 7000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2014
Transaction ID : 40411.C29181
 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: (check only one) | PAGE 74 OF 120 |
| | <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)
Republican Main Street PAC

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

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : 40411.C29291

Amount of Each Receipt this Period
 Receipt 3000.00

B. Full Name (Last, First, Middle Initial)
Rockwell Collins Good Govt. Comm.

Mailing Address 1300 Wilson Blvd. Suite 200

City Arlington State VA Zip Code 22209

FEC ID number of contributing federal political committee. **C** C00365684

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 17 / 2014

Transaction ID : 40411.C29149

Amount of Each Receipt this Period
 Receipt 1000.00

C. Full Name (Last, First, Middle Initial)
Rolls-Royce North America PAC

Mailing Address 1875 Explorer Street, #200

City Reston State VA Zip Code 20190

FEC ID number of contributing federal political committee. **C** C00296822

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 17 / 2014

Transaction ID : 40411.C29147

Amount of Each Receipt this Period
 Receipt 1000.00

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

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

5000.00

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

| | | |
|---|--|----------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 75 OF 120 |
| | <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)
Seafarers Political Activity Donation

Mailing Address 5201 Auth Way

City State Zip Code
Camp Springs MD 20746

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 07 / 2014

Transaction ID : 40411.C29128

Amount of Each Receipt this Period
2500.00

Receipt

B. Seafarers Political Activity Donation

Full Name (Last, First, Middle Initial)
Seafarers Political Activity Donation

Mailing Address 5201 Auth Way

City State Zip Code
Camp Springs MD 20746

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2014

Transaction ID : 40411.C29281

Amount of Each Receipt this Period
2500.00

Receipt

C. South Jersey Mechanical Contractors PAC

Full Name (Last, First, Middle Initial)
South Jersey Mechanical Contractors PAC

Mailing Address One Greentree Centre

City State Zip Code
Marlton NJ 08053

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 17 / 2014

Transaction ID : 40411.C29121

Amount of Each Receipt this Period
1000.00

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: (check only one) | PAGE 76 OF 120 |
| | <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)
The CHUBB Political Action Committee

Mailing Address 15 Mountain View Road

City Warren State NJ Zip Code 07059

FEC ID number of contributing federal political committee. **C** C00229203

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 28 / 2014

Transaction ID : 40411.C29278

Amount of Each Receipt this Period
 1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Tipperary Hill PAC

Mailing Address 228 S. Washington Street, #115

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00225623

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 09 / 2014

Transaction ID : 40411.C29178

Amount of Each Receipt this Period
 1000.00

Receipt

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

Mailing Address 501 Third Street, N.W., 9th Floor

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 24 / 2014

Transaction ID : 40411.C29168

Amount of Each Receipt this Period
 2500.00

Receipt

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 77 OF 120
(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 Third Street, N.W., 9th Floor

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2014

Transaction ID : 40411.C29230

Amount of Each Receipt this Period
2500.00

Receipt

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

Mailing Address 501 Third Street, N.W., 9th Floor

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2014

Transaction ID : 40411.C29229

Amount of Each Receipt this Period
5000.00

Receipt

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

Mailing Address 888 16th St., N.W., Suite 650

City Washington State DC Zip Code 20006

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 09 / 2014

Transaction ID : 40411.C29187

Amount of Each Receipt this Period
1000.00

Receipt

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 78 OF 120 |
| | <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)
Tuesday Group PAC

Mailing Address P. O. Box 11586

City Washington State DC Zip Code 20008

FEC ID number of contributing federal political committee. **C** C00433060

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 22 / 2014

Transaction ID : 40411.C29233

Amount of Each Receipt this Period
2500.00

Receipt

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

Mailing Address 1100 New York Avenue, #450W

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 26 / 2014

Transaction ID : 40411.C29171

Amount of Each Receipt this Period
1500.00

Receipt

C. Full Name (Last, First, Middle Initial)
United Food & Commercial Workers PAC

Mailing Address 1775 K Street, N.W.

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C70003645

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 09 / 2014

Transaction ID : 40411.C29185

Amount of Each Receipt this Period
2500.00

Receipt

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: (check only one) | PAGE 79 OF 120 |
| | <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 Parcel Service, Inc. PAC

Mailing Address 55 Glenlake Parkway, N.E.

City Atlanta State GA Zip Code 30328

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : 40411.C29292

Amount of Each Receipt this Period
2500.00

Receipt

B. Full Name (Last, First, Middle Initial)
United Technologies PAC

Mailing Address 1101 Pennsylvania Ave., N.W.
10th Floor

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00035683

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2014

Transaction ID : 40411.C29225

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Verizon Communications/Wireless PAC

Mailing Address 1300 I Street, N.W.
Suite 400 West

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00363127

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 22 / 2014

Transaction ID : 40411.C29234

Amount of Each Receipt this Period
1000.00

Receipt

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 80 OF 120 |
| | <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 | |

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)
WAKE PAC

Mailing Address 33 Northfield Avenue

City Edison State NJ Zip Code 08837

FEC ID number of contributing federal political committee. **C** C00489005

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 30 / 2014

Transaction ID : 40411.C29064

Amount of Each Receipt this Period
 Receipt 1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

1000.00

180000.00

**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 81 OF 120 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" 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)
Verizon

Mailing Address P. O. Box 4833

City State Zip Code
Trenton NJ 08650-4833

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
470.74

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 11 / 2014

Transaction ID : 40411.C29176

Amount of Each Receipt this Period
356.12

Offsets to Operating Expenditu

NOTE:telephone refund

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

356.12

356.12

**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 82 OF 120 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 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. **C**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2058.98

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 14 / 2014

Transaction ID : 40411.C29194

Amount of Each Receipt this Period
500.00

Other Receipt

NOTE:restitution

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

Mailing Address 226 W. Landis Avenue

City State Zip Code
Vineland NJ 08360-

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
593.39

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2014

Transaction ID : 40411.C29101

Amount of Each Receipt this Period
54.43

Interest Received

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

Mailing Address 226 W. Landis Avenue

City State Zip Code
Vineland NJ 08360-

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

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
644.77

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2014

Transaction ID : 40411.C29175

Amount of Each Receipt this Period
51.38

Interest Received

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

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

605.81

**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 83 OF 120 |
| | <input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15 | |

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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: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
698.79

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2014

Transaction ID : 40411.C29335

Amount of Each Receipt this Period
54.02

Interest Received

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

54.02

659.83

**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 84 OF 120 | | | |
| | <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) A. Aristotle International, Inc. | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014 |
| Mailing Address 205 Pennsylvania Avenue, S.E. | | | Amount of Each Disbursement this Period 2400.00 |
| City Washington | State DC | Zip Code 20003- | Transaction ID : 40411.E5055 |
| 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: | | |

| | | | |
|---|------------------|--|---|
| Full Name (Last, First, Middle Initial) B. AT&T Mobility | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014 |
| Mailing Address P. O. Box 537104 | | | Amount of Each Disbursement this Period 96.51 |
| City Atlanta | State TX | Zip Code 30353- | Transaction ID : 40411.E5010 |
| Purpose of Disbursement telephone | | Category/ Type | |
| Candidate Name | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | TELEPHONE |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | | |

| | | | |
|---|------------------|--|---|
| Full Name (Last, First, Middle Initial) C. AT&T Mobility | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2014 |
| Mailing Address P. O. Box 537104 | | | Amount of Each Disbursement this Period 96.67 |
| City Atlanta | State TX | Zip Code 30353- | Transaction ID : 40411.E5009 |
| Purpose of Disbursement telephone | | Category/ Type | |
| Candidate Name | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | TELEPHONE |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 2593.18 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 85 OF 120 | | | |
| | <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) A. AT&T Mobility | | Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2014 |
| Mailing Address P. O. Box 537104 | | Amount of Each Disbursement this Period 96.67 |
| City Atlanta | State TX | |
| Zip Code 30353- | Purpose of Disbursement telephone | Transaction ID : 40411.E5086 |
| 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. Atlantic Coast Productions, LLC | | Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014 |
| Mailing Address 950 Tilton Road, Suite 103 | | Amount of Each Disbursement this Period 1600.00 |
| City Northfield | State NJ | |
| Zip Code 08225-1235 | Purpose of Disbursement media production | Transaction ID : 40411.E5022 |
| 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) | MEDIA PRODUCTION |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Beltway Catering, LLC | | Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014 |
| Mailing Address 1251 Pine Hill Road | | Amount of Each Disbursement this Period 2313.05 |
| City McLean | State VA | |
| Zip Code 22101- | Purpose of Disbursement catering | Transaction ID : 40411.E5013 |
| 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) | CATERING |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 4009.72 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 86 OF 120 | | | |
| | <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) A. J. Byrne Agency, Inc. | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2014 | |
| Mailing Address P. O. Box 1409 | | | Amount of Each Disbursement this Period 3090.45 | |
| City Wildwood | State NJ | Zip Code 08260- | Transaction ID : 40123.E4959 | |
| Purpose of Disbursement insurance | | Category/ Type | INSURANCE | |
| 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. Christophers Kitchen, LLC | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014 | |
| Mailing Address 165 Amboy Road, #504 | | | Amount of Each Disbursement this Period 3226.63 | |
| City Morganville | State NJ | Zip Code 07751- | Transaction ID : 40411.E4963 | |
| Purpose of Disbursement catering | | Category/ Type | CATERING | |
| 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) c. Charlie Dent | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014 | |
| Mailing Address 101 N. Carolina Avenue, S.E., #F | | | Amount of Each Disbursement this Period 200.00 | |
| City Washington | State DC | Zip Code 20003-1849 | Transaction ID : 40123.E4960 | |
| Purpose of Disbursement membership dues | | Category/ Type | MEMBERSHIP DUES | |
| Candidate Name | | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | | | |
| State: | District: | | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 6517.08 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 87 OF 120 | | | |
| | <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) A. Design Advertising | | Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014 |
| Mailing Address P. O. Box 669 | | Amount of Each Disbursement this Period 275.00 |
| City Millville | State NJ | |
| Zip Code 08332-0669 | Purpose of Disbursement photography | Transaction ID : 40411.E5047 |
| 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) | PHOTOGRAPHY |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Denise A. DiDonato | | Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2014 |
| Mailing Address 273 Cold Soil Road | | Amount of Each Disbursement this Period 330.00 |
| City Princeton | State NJ | |
| Zip Code 08540- | Purpose of Disbursement REIMBURSEMENT:SEE BELOW | Transaction ID : 40411.E4973 |
| 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) | REIMBURSEMENT:SEE BELOW |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Stony Brook Farm | | Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014 |
| Mailing Address 273 Cold Soil Road | | Amount of Each Disbursement this Period 330.00 |
| City Princeton | State NJ | |
| Zip Code 08540- | Purpose of Disbursement catering | Transaction ID : 40411.E4975 |
| 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: CATERING |
| State: District: | | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 605.00 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 88 OF 120 | |
| | <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) A. Ronald M. Filan | | Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014 |
| Mailing Address 49 Spruce Road | | Amount of Each Disbursement this Period 3000.00 |
| City Ocean City | State NJ | |
| Zip Code 08226- | Purpose of Disbursement campaign management | Transaction ID : 40106.E4943 |
| 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) | CAMPAIGN MANAGEMENT |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Ronald M. Filan | | Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014 |
| Mailing Address 49 Spruce Road | | Amount of Each Disbursement this Period 3000.00 |
| City Ocean City | State NJ | |
| Zip Code 08226- | Purpose of Disbursement campaign management | Transaction ID : 40411.E4966 |
| 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) | CAMPAIGN MANAGEMENT |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) c. Ronald M. Filan | | Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014 |
| Mailing Address 49 Spruce Road | | Amount of Each Disbursement this Period 3000.00 |
| City Ocean City | State NJ | |
| Zip Code 08226- | Purpose of Disbursement campaign management | Transaction ID : 40411.E5018 |
| 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) | CAMPAIGN MANAGEMENT |
| State: District: | | |

| | |
|---|----------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 9000.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|--|---|--|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 89 OF 120 | | | |
| | <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) A. First Bankcard | | Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014 |
| Mailing Address P. O. Box 2818 | | Amount of Each Disbursement this Period 543.70 |
| City Omaha | State NE | Zip Code 68103- |
| Purpose of Disbursement CREDIT CARD:SEE BELOW | Category/Type | |
| Candidate Name | Transaction ID : 40411.E4968 | |
| 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. U.S. House Dining Room | | Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2013 |
| Mailing Address Capital Building | | Amount of Each Disbursement this Period 20.20 |
| City Washington | State DC | Zip Code 20515- |
| Purpose of Disbursement food & beverage | Category/Type | |
| Candidate Name | Transaction ID : 40411.E4977 | |
| 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) c. The Press of Atlantic City | | Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014 |
| Mailing Address 1000 Washington Avenue | | Amount of Each Disbursement this Period 23.50 |
| City Pleasantville | State NJ | Zip Code 08232- |
| Purpose of Disbursement subscription | Category/Type | |
| Candidate Name | Transaction ID : 40411.E4978 | |
| 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: SUBSCRIPTION |
| State: District: | | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 543.70 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 90 OF 120 | |
| | <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) A. Capitol Hill Club | | Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013 |
| Mailing Address 300 First Street, S.E. | | Amount of Each Disbursement this Period 500.00 |
| City Washington | State DC | |
| Zip Code 20003- | | Transaction ID : 40413.E5091 |
| Purpose of Disbursement food & beverage | Category/Type | |
| Candidate Name | | [MEMO ITEM] 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. First Bankcard | | Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014 |
| Mailing Address P. O. Box 2818 | | Amount of Each Disbursement this Period 1256.71 |
| City Omaha | State NE | |
| Zip Code 68103- | | Transaction ID : 40411.E4969 |
| Purpose of Disbursement CREDIT CARD:SEE BELOW | Category/Type | |
| Candidate Name | | CREDIT CARD:SEE BELOW |
| 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) c. Library III Restaurant | | Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013 |
| Mailing Address 3016 Ocean Heights Avenue | | Amount of Each Disbursement this Period 479.38 |
| City Egg Harbor Townshi | State NJ | |
| Zip Code 08234- | | Transaction ID : 40411.E4985 |
| Purpose of Disbursement FOOD & BEVERAGE | Category/Type | |
| Candidate Name | | [MEMO ITEM] 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: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1256.71 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 91 OF 120 | | | |
| | <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) A. Locker Room Self Storage, Inc. | | Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2014 |
| Mailing Address 40 Love Lane | | Amount of Each Disbursement this Period 110.75 |
| City Bridgeton | State NJ | |
| Zip Code 08302- | Purpose of Disbursement storage | Transaction ID : 40411.E4986 |
| 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. Verizon Center | | Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2013 |
| Mailing Address 601 F Street, N.W. | | Amount of Each Disbursement this Period 407.88 |
| City Washington | State DC | |
| Zip Code 20004- | Purpose of Disbursement facility rental | Transaction ID : 40411.E4988 |
| 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: FACILITY RENTAL |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Staples | | Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2013 |
| Mailing Address 500 Staples Drive | | Amount of Each Disbursement this Period 55.86 |
| City Framingham | State MA | |
| Zip Code 01702- | Purpose of Disbursement office supplies | Transaction ID : 40411.E4989 |
| 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: | | |

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

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

| | | | | | |
|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 92 OF 120 | | | |
| | <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) A. First Bankcard | | Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2014 |
| Mailing Address P. O. Box 2818 | | Amount of Each Disbursement this Period 52.84 |
| City Omaha | State NE | |
| Zip Code 68103- | Purpose of Disbursement service charge | Transaction ID : 40411.E4990 |
| 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: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. First Bankcard | | Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2014 |
| Mailing Address P. O. Box 2818 | | Amount of Each Disbursement this Period 362.36 |
| City Omaha | State NE | |
| Zip Code 68103- | Purpose of Disbursement CREDIT CARD:SEE BELOW | Transaction ID : 40411.E4967 |
| 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) c. GoDaddy.com | | Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2013 |
| Mailing Address 14455 N. Hayden Road Suite 219 | | Amount of Each Disbursement this Period 151.53 |
| City Scottsdale | State AZ | |
| Zip Code 85260- | Purpose of Disbursement domain renewal | Transaction ID : 40411.E4979 |
| 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: DOMAIN RENEWAL |
| State: District: | | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 362.36 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 93 OF 120 | | | |
| | <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) A. Staples | | Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2013 |
| Mailing Address 500 Staples Drive | | Amount of Each Disbursement this Period 83.44 |
| City Framingham | State MA | |
| Zip Code 01702- | Purpose of Disbursement office supplies | Transaction ID : 40411.E4982 |
| 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: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Staples | | Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2013 |
| Mailing Address 500 Staples Drive | | Amount of Each Disbursement this Period 34.48 |
| City Framingham | State MA | |
| Zip Code 01702- | Purpose of Disbursement office supplies | Transaction ID : 40411.E4983 |
| 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: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Staples | | Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2013 |
| Mailing Address 500 Staples Drive | | Amount of Each Disbursement this Period 55.90 |
| City Framingham | State MA | |
| Zip Code 01702- | Purpose of Disbursement office supplies | Transaction ID : 40411.E4984 |
| 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: | | |

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

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

| | | | | | |
|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 94 OF 120 | | | |
| | <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) A. First Bankcard | | Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014 |
| Mailing Address P. O. Box 2818 | | Amount of Each Disbursement this Period 105.00 |
| City Omaha | State NE | |
| Zip Code 68103- | Purpose of Disbursement CREDIT CARD:SEE BELOW | Transaction ID : 40411.E5016 |
| 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. U.S. House Dining Room | | Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014 |
| Mailing Address Capital Building | | Amount of Each Disbursement this Period 40.00 |
| City Washington | State DC | |
| Zip Code 20515- | Purpose of Disbursement food & beverage | Transaction ID : 40411.E5028 |
| 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) c. U.S. House Dining Room | | Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2014 |
| Mailing Address Capital Building | | Amount of Each Disbursement this Period 20.70 |
| City Washington | State DC | |
| Zip Code 20515- | Purpose of Disbursement food & beverage | Transaction ID : 40411.E5029 |
| 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: | | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 105.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 95 OF 120 | | | |
| | <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) A. The Press of Atlantic City | | | Date of Disbursement MM / DD / YYYY 02 / 04 / 2014 | | |
| Mailing Address 1000 Washington Avenue | | | Amount of Each Disbursement this Period 23.50 | | |
| City Pleasantville | State NJ | Zip Code 08232- | Transaction ID : 40411.E5031 | | |
| Purpose of Disbursement subscription | | Category/Type | | | |
| Candidate Name | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] MEMO: SUBSCRIPTION | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | | | | |

| | | | | | |
|---|------------------|--|--|--|--|
| Full Name (Last, First, Middle Initial) B. First Bankcard | | | Date of Disbursement MM / DD / YYYY 02 / 27 / 2014 | | |
| Mailing Address P. O. Box 2818 | | | Amount of Each Disbursement this Period 185.52 | | |
| City Omaha | State NE | Zip Code 68103- | Transaction ID : 40411.E5014 | | |
| Purpose of Disbursement CREDIT CARD:SEE BELOW | | Category/Type | | | |
| Candidate Name | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | CREDIT CARD:SEE BELOW | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | | | | |

| | | | | | |
|---|------------------|--|--|--|--|
| Full Name (Last, First, Middle Initial) c. Staples | | | Date of Disbursement MM / DD / YYYY 01 / 10 / 2014 | | |
| Mailing Address 500 Staples Drive | | | Amount of Each Disbursement this Period 93.60 | | |
| City Framingham | State MA | Zip Code 01702- | Transaction ID : 40411.E5023 | | |
| Purpose of Disbursement office supplies | | Category/Type | | | |
| Candidate Name | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | [MEMO ITEM] MEMO: OFFICE SUPPLIES | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: District: | | | | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 185.52 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 96 OF 120 | | | |
| | <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)
A. Staples

Mailing Address 500 Staples Drive

City Framingham State MA Zip Code 01702-

Purpose of Disbursement office supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 31 / 2014

Amount of Each Disbursement this Period: 46.37

Transaction ID : 40411.E5024

[MEMO ITEM]
MEMO: OFFICE SUPPLIES

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

Mailing Address 500 Staples Drive

City Framingham State MA Zip Code 01702-

Purpose of Disbursement office supplies

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 01 / 31 / 2014

Amount of Each Disbursement this Period: 45.55

Transaction ID : 40411.E5025

[MEMO ITEM]
MEMO: OFFICE SUPPLIES

Full Name (Last, First, Middle Initial)
c. First Bankcard

Mailing Address P. O. Box 2818

City Omaha State NE Zip Code 68103-

Purpose of Disbursement CREDIT CARD:SEE BELOW

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: 02 / 27 / 2014

Amount of Each Disbursement this Period: 3239.60

Transaction ID : 40411.E5015

CREDIT CARD:SEE BELOW

SUBTOTAL of Disbursements This Page (optional)..... 3239.60

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

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

| | | | | | |
|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 97 OF 120 | | | |
| | <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) A. Federal City Caterers, Inc. | | Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014 |
| Mailing Address 1119 12th Street, N.W. | | Amount of Each Disbursement this Period 1536.82 |
| City Washington | State DC | |
| Zip Code 20005- | Purpose of Disbursement catering | Transaction ID : 40411.E5032 |
| 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: CATERING |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Staples | | Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2014 |
| Mailing Address 500 Staples Drive | | Amount of Each Disbursement this Period 33.10 |
| City Framingham | State MA | |
| Zip Code 01702- | Purpose of Disbursement office supplies | Transaction ID : 40411.E5033 |
| 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: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) c. Catering by Avalon, Inc. | | Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2014 |
| Mailing Address 109 Clermont Avenue | | Amount of Each Disbursement this Period 1521.93 |
| City Alexandria | State VA | |
| Zip Code 22304-4837 | Purpose of Disbursement catering | Transaction ID : 40411.E5034 |
| 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: CATERING |
| State: District: | | |

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

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

| | | | | | |
|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 98 OF 120 | | | |
| | <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) A. Locker Room Self Storage, Inc. | | Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2014 |
| Mailing Address 40 Love Lane | | Amount of Each Disbursement this Period 110.75 |
| City Bridgeton | State NJ | |
| Zip Code 08302- | Purpose of Disbursement storage | Transaction ID : 40411.E5036 |
| 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. First Bankcard | | Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014 |
| Mailing Address P. O. Box 2818 | | Amount of Each Disbursement this Period 84.68 |
| City Omaha | State NE | |
| Zip Code 68103- | Purpose of Disbursement no itemization required | Transaction ID : 40411.E5038 |
| 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: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. First Bankcard | | Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014 |
| Mailing Address P. O. Box 2818 | | Amount of Each Disbursement this Period 20.51 |
| City Omaha | State NE | |
| Zip Code 68103- | Purpose of Disbursement CREDIT CARD: SEE BELOW | Transaction ID : 40411.E5058 |
| 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: | | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 105.19 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 99 OF 120 | | | |
| | <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) A. The Press of Atlantic City | | Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014 |
| Mailing Address 1000 Washington Avenue | | Amount of Each Disbursement this Period 23.50 |
| City Pleasantville State NJ Zip Code 08232- | Purpose of Disbursement subscription | |
| 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) | Transaction ID : 40411.E5065 [MEMO ITEM] MEMO: SUBSCRIPTION |
| State: District: | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. The Philadelphia Inquirer | | Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014 |
| Mailing Address P. O. Box 8263 | | Amount of Each Disbursement this Period -2.99 |
| City Philadelphia State PA Zip Code 19101- | Purpose of Disbursement SUBSCRIPTION REFUND | |
| 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) | Transaction ID : 40411.E5066 [MEMO ITEM] MEMO: SUBSCRIPTION REFUND |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) c. First Bankcard | | Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014 |
| Mailing Address P. O. Box 2818 | | Amount of Each Disbursement this Period 2738.38 |
| City Omaha State NE Zip Code 68103- | Purpose of Disbursement CREDIT CARD: SEE BELOW | |
| 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) | Transaction ID : 40411.E5057 CREDIT CARD: SEE BELOW |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 2738.38 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 100 OF 120 | |
| | <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) A. Charlie Palmer Steak House | | Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2014 |
| Mailing Address 101 Constitution Ave., N.W. | | Amount of Each Disbursement this Period 885.50 |
| City Washington | State DC | |
| Zip Code 20001- | Purpose of Disbursement food & beverage | Transaction ID : 40411.E5067 |
| 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. Staples | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014 |
| Mailing Address 500 Staples Drive | | Amount of Each Disbursement this Period 114.86 |
| City Framingham | State MA | |
| Zip Code 01702- | Purpose of Disbursement office supplies | Transaction ID : 40411.E5068 |
| 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: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Staples | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014 |
| Mailing Address 500 Staples Drive | | Amount of Each Disbursement this Period 24.48 |
| City Framingham | State MA | |
| Zip Code 01702- | Purpose of Disbursement office supplies | Transaction ID : 40411.E5069 |
| 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: | | |

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

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

| | | | | | |
|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 101 OF 120 | | | |
| | <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) A. Locker Room Self Storage, Inc. | | Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2014 |
| Mailing Address 40 Love Lane | | Amount of Each Disbursement this Period 110.75 |
| City Bridgeton | State NJ | |
| Zip Code 08302- | | Transaction ID : 40411.E5070 |
| Purpose of Disbursement storage | Category/ Type | |
| Candidate Name | | [MEMO ITEM] MEMO: STORAGE |
| 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. Cosi | | Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2014 |
| Mailing Address 1001 Pennsylvania Avenue, N.W. | | Amount of Each Disbursement this Period 461.41 |
| City Washington | State DC | |
| Zip Code 20004- | | Transaction ID : 40411.E5071 |
| Purpose of Disbursement catering | Category/ Type | |
| Candidate Name | | [MEMO ITEM] MEMO: CATERING |
| 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) c. Schneiders of Capitol Hill | | Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014 |
| Mailing Address 300 Massachusetts Avenue, N.E. | | Amount of Each Disbursement this Period 291.22 |
| City Washington | State DC | |
| Zip Code 20002- | | Transaction ID : 40411.E5072 |
| Purpose of Disbursement food & beverage | Category/ Type | |
| Candidate Name | | [MEMO ITEM] 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: | | |

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

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 102 OF 120 | |
| | <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) A. Michael A. Hessberg, Inc. | | Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2014 |
| Mailing Address 180 Autumn Street | | Amount of Each Disbursement this Period 850.16 |
| City Passaic | State NJ | |
| Zip Code 07055- | Purpose of Disbursement donor gifts | Transaction ID : 40411.E5073 |
| 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: DONOR GIFTS |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. First Bankcard | | Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014 |
| Mailing Address P. O. Box 2818 | | Amount of Each Disbursement this Period 378.52 |
| City Omaha | State NE | |
| Zip Code 68103- | Purpose of Disbursement CREDIT CARD: SEE BELOW | Transaction ID : 40411.E5059 |
| 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) c. GoDaddy.com | | Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2014 |
| Mailing Address 14455 N. Hayden Road Suite 219 | | Amount of Each Disbursement this Period 72.32 |
| City Scottsdale | State AZ | |
| Zip Code 85260- | Purpose of Disbursement domain renewal | Transaction ID : 40411.E5060 |
| 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: DOMAIN RENEWAL |
| State: District: | | |

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|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 378.52 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 103 OF 120 | | | |
| | <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) A. Clancys By the Bay | | Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014 |
| Mailing Address 101 E. Maryland Avenue | | Amount of Each Disbursement this Period 160.75 |
| City Somers Point State NJ Zip Code 08244- | Purpose of Disbursement FOOD & BEVERAGE | Transaction ID : 40411.E5063 |
| 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: | | |

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|--|--|---|
| Full Name (Last, First, Middle Initial) B. First Bankcard | | Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014 |
| Mailing Address P. O. Box 2818 | | Amount of Each Disbursement this Period 4.35 |
| City Omaha State NE Zip Code 68103- | Purpose of Disbursement service charge | Transaction ID : 40411.E5064 |
| 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: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) c. Fundraising By Net, LLC | | Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2014 |
| Mailing Address 1101 Pennsylvania Avenue, N.W. 6th Floor | | Amount of Each Disbursement this Period 16.58 |
| City Washington State DC Zip Code 20004-2544 | Purpose of Disbursement credit card processing | Transaction ID : 40411.E5005 |
| 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 PROCESSING |
| State: District: | | |

| | |
|---|-------|
| SUBTOTAL of Disbursements This Page (optional)..... | 16.58 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 104 OF 120 | |
| | <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) A. Fundraising By Net, LLC | | Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2014 |
| Mailing Address 1101 Pennsylvania Avenue, N.W. 6th Floor | | Amount of Each Disbursement this Period 64.18 Transaction ID : 40411.E5085 |
| City Washington State DC Zip Code 20004-2544 | Purpose of Disbursement credit card processing | |
| Candidate Name | Category/Type | CREDIT CARD PROCESSING |
| 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. Fundraising By Net, LLC | | Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014 |
| Mailing Address 1101 Pennsylvania Avenue, N.W. 6th Floor | | Amount of Each Disbursement this Period 13.52 Transaction ID : 40411.E5084 |
| City Washington State DC Zip Code 20004-2544 | Purpose of Disbursement credit card processing | |
| Candidate Name | Category/Type | CREDIT CARD PROCESSING |
| 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) c. Jason P. Galanes | | Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014 |
| Mailing Address 3516 S. Dakota Avenue, N.E. | | Amount of Each Disbursement this Period 318.13 Transaction ID : 40109.E4944 |
| City Washington State DC Zip Code 20018- | Purpose of Disbursement travel | |
| Candidate Name | Category/Type | 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: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 395.83 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 105 OF 120 | |
| | <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) A. Carole Goeas & Associates, LLC | | Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014 |
| Mailing Address 1707 Prince Street, #5 | | Amount of Each Disbursement this Period 1500.00 Transaction ID : 40411.E4998 |
| City Alexandria | State VA | |
| Zip Code 22314-2804 | Purpose of Disbursement fundraising consulting | FUNDRAISING CONSULTING |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Carole Goeas & Associates, LLC | | Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014 |
| Mailing Address 1707 Prince Street, #5 | | Amount of Each Disbursement this Period 1500.00 Transaction ID : 40411.E4995 |
| City Alexandria | State VA | |
| Zip Code 22314-2804 | Purpose of Disbursement fundraising consulting | FUNDRAISING CONSULTING |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Carole Goeas & Associates, LLC | | Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014 |
| Mailing Address 1707 Prince Street, #5 | | Amount of Each Disbursement this Period 1500.00 Transaction ID : 40411.E4997 |
| City Alexandria | State VA | |
| Zip Code 22314-2804 | Purpose of Disbursement fundraising consulting | FUNDRAISING CONSULTING |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 4500.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 106 OF 120 | |
| | <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) A. Carole Goeas & Associates, LLC | | Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014 |
| Mailing Address 1707 Prince Street, #5 | | Amount of Each Disbursement this Period 29952.00 |
| City Alexandria | State VA | |
| Zip Code 22314-2804 | Purpose of Disbursement fundraising consulting | Transaction ID : 40411.E4999 |
| 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. Carole Goeas & Associates, LLC | | Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014 |
| Mailing Address 1707 Prince Street, #5 | | Amount of Each Disbursement this Period 30.00 |
| City Alexandria | State VA | |
| Zip Code 22314-2804 | Purpose of Disbursement telephone/fax allowance | Transaction ID : 40411.E5000 |
| 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/FAX ALLOWANCE |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) c. Carole Goeas & Associates, LLC | | Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014 |
| Mailing Address 1707 Prince Street, #5 | | Amount of Each Disbursement this Period 142.76 |
| City Alexandria | State VA | |
| Zip Code 22314-2804 | Purpose of Disbursement delivery/travel | Transaction ID : 40411.E5003 |
| 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) | DELIVERY/TRAVEL |
| State: District: | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 30124.76 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 107 OF 120 | | | |
| | <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) A. Carole Goeas & Associates, LLC | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014 | | |
| Mailing Address 1707 Prince Street, #5 | | | Amount of Each Disbursement this Period 30.00 | | |
| City Alexandria | State VA | Zip Code 22314-2804 | Transaction ID : 40411.E5001 | | |
| 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. Carole Goeas & Associates, LLC | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014 | | |
| Mailing Address 1707 Prince Street, #5 | | | Amount of Each Disbursement this Period 30.00 | | |
| City Alexandria | State VA | Zip Code 22314-2804 | Transaction ID : 40411.E5002 | | |
| 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) c. Carole Goeas & Associates, LLC | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014 | | |
| Mailing Address 1707 Prince Street, #5 | | | Amount of Each Disbursement this Period 1500.00 | | |
| City Alexandria | State VA | Zip Code 22314-2804 | Transaction ID : 40411.E4996 | | |
| 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: | | | | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1560.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 108 OF 120 | |
| | <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) A. Carole Goeas & Associates, LLC | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014 |
| Mailing Address 1707 Prince Street, #5 | | | Amount of Each Disbursement this Period 402.44 Transaction ID : 40411.E5089 |
| City Alexandria | State VA | Zip Code 22314-2804 | |
| Purpose of Disbursement travel/catering | | Candidate Name | Category/ Type TRAVEL/CATERING |
| 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. Carole Goeas & Associates, LLC | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 21 / 2014 |
| Mailing Address 1707 Prince Street, #5 | | | Amount of Each Disbursement this Period 1072.83 Transaction ID : 40411.E5090 |
| City Alexandria | State VA | Zip Code 22314-2804 | |
| Purpose of Disbursement travel/catering | | Candidate Name | Category/ Type TRAVEL/CATERING |
| 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) c. Carole Goeas & Associates, LLC | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014 |
| Mailing Address 1707 Prince Street, #5 | | | Amount of Each Disbursement this Period 172.90 Transaction ID : 40411.E5051 |
| City Alexandria | State VA | Zip Code 22314-2804 | |
| Purpose of Disbursement travel/delivery | | Candidate Name | Category/ Type TRAVEL/DELIVERY |
| 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: | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1648.17 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 109 OF 120 | |
| | <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) A. Carole Goetas & Associates, LLC | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014 | |
| Mailing Address 1707 Prince Street, #5 | | | Amount of Each Disbursement this Period 30.00 | |
| City Alexandria | State VA | Zip Code 22314-2804 | Transaction ID : 40411.E5050 | |
| Purpose of Disbursement telephone/fax allowance | | | | |
| 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/FAX ALLOWANCE | |
| State: _____ | District: _____ | | | |

| | | | | |
|---|--|-------------------------------|--|--|
| Full Name (Last, First, Middle Initial) B. Frank A. LoBiondo | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014 | |
| Mailing Address 8 S. Somerset Avenue | | | Amount of Each Disbursement this Period 4593.04 | |
| City Ventnor City | State NJ | Zip Code 08406-2846 | Transaction ID : 40413.E5098 | |
| Purpose of Disbursement REIMBURSEMENT:SEE BELOW | | | | |
| 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) | | REIMBURSEMENT:SEE BELOW | |
| State: _____ | District: _____ | | | |

| | | | | |
|---|--|---------------------------|--|--|
| Full Name (Last, First, Middle Initial) c. Verizon Wireless | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014 | |
| Mailing Address P. O. Box 25505 | | | Amount of Each Disbursement this Period 1479.84 | |
| City Lehigh Valley | State PA | Zip Code 18002- | Transaction ID : 40413.E5093 | |
| Purpose of Disbursement telephone | | | | |
| 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: TELEPHONE | |
| State: _____ | District: _____ | | | |

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|---|----------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 4623.04 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 110 OF 120 | | | |
| | <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) A. Frank A. LoBiondo | | Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014 |
| Mailing Address 8 S. Somerset Avenue | | Amount of Each Disbursement this Period 1978.23 |
| City Ventnor City | State NJ | |
| Zip Code 08406-2846 | Purpose of Disbursement mileage | Transaction ID : 40413.E5095 |
| 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: MILEAGE |
| State: District: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. Staples | | Date of Disbursement M M / D D / Y Y Y Y 01 / 04 / 2014 |
| Mailing Address 500 Staples Drive | | Amount of Each Disbursement this Period 182.97 |
| City Framingham | State MA | |
| Zip Code 01702- | Purpose of Disbursement office supplies | Transaction ID : 40413.E5096 |
| 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: | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) c. MAI & Associates, LLC | | Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014 |
| Mailing Address 901 N. Monroe Street, #1306 | | Amount of Each Disbursement this Period 5943.08 |
| City Arlington | State VA | |
| Zip Code 22201- | Purpose of Disbursement labor consulting | Transaction ID : 40109.E4948 |
| 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) | LABOR CONSULTING |
| State: District: | | |

| | |
|---|----------------|
| SUBTOTAL of Disbursements This Page (optional)..... | 5943.08 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 111 OF 120 | | | |
| | <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) A. MAI & Associates, LLC | | Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014 |
| Mailing Address 901 N. Monroe Street, #1306 | | Amount of Each Disbursement this Period 5571.20 |
| City Arlington | State VA | Zip Code 22201- |
| Purpose of Disbursement labor consulting | Transaction ID : 40109.E4949 | |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | LABOR CONSULTING | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. MAI & Associates, LLC | | Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2014 |
| Mailing Address 901 N. Monroe Street, #1306 | | Amount of Each Disbursement this Period 5521.00 |
| City Arlington | State VA | Zip Code 22201- |
| Purpose of Disbursement labor consulting | Transaction ID : 40411.E4972 | |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | LABOR CONSULTING | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. MAI & Associates, LLC | | Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014 |
| Mailing Address 901 N. Monroe Street, #1306 | | Amount of Each Disbursement this Period 5512.00 |
| City Arlington | State VA | Zip Code 22201- |
| Purpose of Disbursement labor consulting | Transaction ID : 40411.E5019 | |
| Candidate Name | Category/ Type | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | |
| State: District: | LABOR CONSULTING | |

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|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 16604.20 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 112 OF 120 | |
| | <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) A. Mays Landing Country Club, Inc. | | Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014 |
| Mailing Address 1855 Cates Road | | Amount of Each Disbursement this Period 3998.72 |
| City Mays Landing | State NJ Zip Code 08330-3603 | |
| Purpose of Disbursement catering | Category/Type | Transaction ID : 40109.E4950 |
| 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) | CATERING |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. Milton & Betty Katz JCC | | Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014 |
| Mailing Address 501 N. Jerome Avenue | | Amount of Each Disbursement this Period 200.00 |
| City Margate City | State NJ Zip Code 08402- | |
| Purpose of Disbursement dinner tickets | Category/Type | Transaction ID : 40411.E5040 |
| 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) | DINNER TICKETS |
| State: District: | | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) c. Milton & Betty Katz JCC | | Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014 |
| Mailing Address 501 N. Jerome Avenue | | Amount of Each Disbursement this Period 200.00 |
| City Margate City | State NJ Zip Code 08402- | |
| Purpose of Disbursement dinner tickets | Category/Type | Transaction ID : 40411.E5046 |
| 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) | DINNER TICKETS |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 4398.72 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 113 OF 120 | |
| | <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) A. Jamie Montgomery Consulting | | Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014 |
| Mailing Address 650 Myrtle Avenue | | Amount of Each Disbursement this Period 4500.00 |
| City West Deptford | State NJ | |
| Zip Code 08086- | Purpose of Disbursement fundraising consulting | Transaction ID : 40109.E4946 |
| 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. Jamie Montgomery Consulting | | Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014 |
| Mailing Address 650 Myrtle Avenue | | Amount of Each Disbursement this Period 4438.55 |
| City West Deptford | State NJ | |
| Zip Code 08086- | Purpose of Disbursement fundraising expenses | Transaction ID : 40109.E4947 |
| 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 EXPENSES |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) C. Jamie Montgomery Consulting | | Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2014 |
| Mailing Address 650 Myrtle Avenue | | Amount of Each Disbursement this Period 138.51 |
| City West Deptford | State NJ | |
| Zip Code 08086- | Purpose of Disbursement office supplies/telephone | Transaction ID : 40411.E4994 |
| 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) | OFFICE SUPPLIES/TELEPHONE |
| State: District: | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 9077.06 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 114 OF 120 | |
| | <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) A. Jamie Montgomery Consulting | | Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2014 |
| Mailing Address 650 Myrtle Avenue | | Amount of Each Disbursement this Period 359.22 |
| City West Deptford | State NJ | |
| Zip Code 08086- | Purpose of Disbursement travel/telephone | Transaction ID : 40411.E4992 |
| 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) | TRAVEL/TELEPHONE |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Jamie Montgomery Consulting | | Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2014 |
| Mailing Address 650 Myrtle Avenue | | Amount of Each Disbursement this Period 4500.00 |
| City West Deptford | State NJ | |
| Zip Code 08086- | Purpose of Disbursement fundraising consulting | Transaction ID : 40411.E4993 |
| 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) C. Jamie Montgomery Consulting | | Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2014 |
| Mailing Address 650 Myrtle Avenue | | Amount of Each Disbursement this Period 4500.00 |
| City West Deptford | State NJ | |
| Zip Code 08086- | Purpose of Disbursement fundraising consulting | Transaction ID : 40411.E4991 |
| 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: | | |

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|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 9359.22 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 115 OF 120 | | | |
| | <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) A. Jamie Montgomery Consulting | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014 |
| Mailing Address 650 Myrtle Avenue | | | Amount of Each Disbursement this Period 4500.00 |
| City West Deptford | State NJ | Zip Code 08086- | |
| Purpose of Disbursement fundraising consulting | | Category/ Type | Transaction ID : 40411.E5044 |
| 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) | | FUNDRAISING CONSULTING |
| State: District: | | | |

| | | | |
|---|--|--------------------|---|
| Full Name (Last, First, Middle Initial) B. Jamie Montgomery Consulting | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2014 |
| Mailing Address 650 Myrtle Avenue | | | Amount of Each Disbursement this Period 2231.87 |
| City West Deptford | State NJ | Zip Code 08086- | |
| Purpose of Disbursement fundraising expenses | | Category/ Type | Transaction ID : 40411.E5045 |
| 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) | | FUNDRAISING EXPENSES |
| State: District: | | | |

| | | | |
|---|--|--------------------|---|
| Full Name (Last, First, Middle Initial) c. NJ State Building & Construction AFL-CIO | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2014 |
| Mailing Address 77 Brant Avenue | | | Amount of Each Disbursement this Period 600.00 |
| City Clark | State NJ | Zip Code 07066- | |
| Purpose of Disbursement advertisement | | Category/ Type | Transaction ID : 40411.E4965 |
| 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) | | ADVERTISEMENT |
| State: District: | | | |

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| SUBTOTAL of Disbursements This Page (optional)..... | 7331.87 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|--|---|--|---|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 116 OF 120 | | | |
| | <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) A. Patton Boggs, LLP | | Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2014 |
| Mailing Address P. O. Box 204352 | | Amount of Each Disbursement this Period 500.00 |
| City Dallas | State TX | Zip Code 75320- |
| Purpose of Disbursement legal services | Category/ Type | |
| Candidate Name | Transaction ID : 40123.E4958 | |
| 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) | LEGAL SERVICES |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Patton Boggs, LLP | | Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2014 |
| Mailing Address P. O. Box 204352 | | Amount of Each Disbursement this Period 1000.00 |
| City Dallas | State TX | Zip Code 75320- |
| Purpose of Disbursement legal services | Category/ Type | |
| Candidate Name | Transaction ID : 40411.E5017 | |
| 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) | LEGAL SERVICES |
| State: District: | | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) c. Patton Boggs, LLP | | Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014 |
| Mailing Address P. O. Box 204352 | | Amount of Each Disbursement this Period 500.00 |
| City Dallas | State TX | Zip Code 75320- |
| Purpose of Disbursement legal services | Category/ Type | |
| Candidate Name | Transaction ID : 40411.E5056 | |
| 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) | LEGAL SERVICES |
| State: District: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 2000.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 117 OF 120 | | | |
| | <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) A. SRCP Media, Inc. | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2014 | |
| Mailing Address 201 N. Union Street, #200 | | | Amount of Each Disbursement this Period 7626.00 | |
| City Alexandria | State VA | Zip Code 22314- | Transaction ID : 40411.E5053 | |
| Purpose of Disbursement media production | | Category/ Type | MEDIA PRODUCTION | |
| 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. The Tarrance Group | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014 | |
| Mailing Address 201 N. Union Street Suite 410 | | | Amount of Each Disbursement this Period 25045.00 | |
| City Alexandria | State VA | Zip Code 22314-2649 | Transaction ID : 40411.E5052 | |
| Purpose of Disbursement survey | | Category/ Type | SURVEY | |
| 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) c. Verizon | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 17 / 2014 | |
| Mailing Address P. O. Box 4833 | | | Amount of Each Disbursement this Period 54.45 | |
| City Trenton | State NJ | Zip Code 08650-4833 | Transaction ID : 40411.E5006 | |
| Purpose of Disbursement telephone | | Category/ Type | 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: | | | | |

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 32725.45 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | | |
|---|---|-----------------|--|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 118 OF 120 | | | |
| | <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) A. Verizon | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2014 |
| Mailing Address P. O. Box 4833 | | | Amount of Each Disbursement this Period 60.17 |
| City Trenton | State NJ | Zip Code 08650-4833 | |
| Purpose of Disbursement telephone | | Category/ Type | Transaction ID : 40411.E5007 |
| 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) | | TELEPHONE |
| State: District: | | | |

| | | | |
|---|--|------------------------|---|
| Full Name (Last, First, Middle Initial) B. Verizon | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2014 |
| Mailing Address P. O. Box 4833 | | | Amount of Each Disbursement this Period 59.28 |
| City Trenton | State NJ | Zip Code 08650-4833 | |
| Purpose of Disbursement telephone | | Category/ Type | Transaction ID : 40411.E5087 |
| 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) | | TELEPHONE |
| State: District: | | | |

| | | | |
|---|--|--------------------|---|
| Full Name (Last, First, Middle Initial) c. Robert Watkins & Company | | | Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2014 |
| Mailing Address 610 S. Boulevard | | | Amount of Each Disbursement this Period 3000.00 |
| City Tampa | State FL | Zip Code 33606- | |
| Purpose of Disbursement accounting services | | Category/ Type | Transaction ID : 40109.E4945 |
| 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) | | ACCOUNTING SERVICES |
| State: District: | | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 3119.45 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 119 OF 120 | |
| | <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) A. Robert Watkins & Company | | | Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2014 | |
| Mailing Address 610 S. Boulevard | | | Amount of Each Disbursement this Period 3000.00 | |
| City Tampa | State FL | Zip Code 33606- | Transaction ID : 40411.E4970 | |
| Purpose of Disbursement accounting services | | Category/ Type | ACCOUNTING SERVICES | |
| 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. Robert Watkins & Company | | | Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014 | |
| Mailing Address 610 S. Boulevard | | | Amount of Each Disbursement this Period 3000.00 | |
| City Tampa | State FL | Zip Code 33606- | Transaction ID : 40411.E5039 | |
| Purpose of Disbursement accounting services | | Category/ Type | ACCOUNTING SERVICES | |
| 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) C. | | | 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: | | | | |

| | |
|---|-----------|
| SUBTOTAL of Disbursements This Page (optional)..... | 6000.00 |
| TOTAL This Period (last page this line number only)..... | 171067.39 |

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|---|
| (Use separate schedule(s) for each numbered line) | PAGE 120 OF 120 |
| | 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 Mays Landing Country Club, Inc. | Nature of Debt (Purpose): catering |
| Mailing Address 1855 Cates Road | |
| City State Zip Code Mays Landing NJ 08330-3603 | |

| | | |
|--|---------------------------------------|---|
| Outstanding Balance Beginning This Period 3998.72 | Transaction ID : LS40109.E4950 | |
| Amount Incurred This Period 0.00 | Payment This Period 3998.72 | Outstanding Balance at Close of This Period 0.00 |

| | |
|--|---|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MAI & Associates, LLC | Nature of Debt (Purpose): labor consulting |
| Mailing Address 901 N. Monroe Street, #1306 | |
| City State Zip Code Arlington VA 22201- | |

| | | |
|--|---------------------------------------|---|
| Outstanding Balance Beginning This Period 5571.20 | Transaction ID : LS40109.E4949 | |
| Amount Incurred This Period 0.00 | Payment This Period 5571.20 | Outstanding Balance at Close of This Period 0.00 |

| | |
|--|---|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Jamie Montgomery Consulting | Nature of Debt (Purpose): fundraising consulting |
| Mailing Address 650 Myrtle Avenue | |
| City State Zip Code West Deptford NJ 08086- | |

| | | |
|--|---------------------------------------|---|
| Outstanding Balance Beginning This Period 8938.55 | Transaction ID : LS40109.E4946 | |
| Amount Incurred This Period 0.00 | Payment This Period 8938.55 | Outstanding Balance at Close of This Period 0.00 |

| | |
|--|------|
| 1) SUBTOTALS This Period This Page (optional) | 0.00 |
| 2) TOTALS This Period (last page this line number only) | 0.00 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... | 0.00 |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | 0.00 |