

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

SCOTT GARRETT FOR CONGRESS

ADDRESS (number and street)

P.O. Box 905

Check if different than previously reported. (ACC)

Newton

NJ

07860

2. **FEC IDENTIFICATION NUMBER**

C C00386110

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

NJ

05

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 2014

through

M M /

D D /

Y Y Y Y 2014

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 Paul Kilgore

Signature of Treasurer Paul Kilgore

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y 2015

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

SCOTT GARRETT 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))....	3185.00	6138.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	4800.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	3185.00	1338.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	50241.66	66384.10
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	50241.66	66384.10
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1981421.90	
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

SCOTT GARRETT 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).....	2805.00	5405.00
(ii) Unitemized.....	380.00	633.00
(iii) TOTAL of contributions from individuals ▶	3185.00	6038.00
(b) Political Party Committees.....	0.00	100.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	3185.00	6138.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	2000.00	2000.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	1292.80	1292.80
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	6477.80	9430.80

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	50241.66	66384.10
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	4800.00
(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	4800.00
21. OTHER DISBURSEMENTS	0.00	250.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	50241.66	71434.10

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2025185.76
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	6477.80
25. SUBTOTAL (add Line 23 and Line 24).....	2031663.56
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	50241.66
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1981421.90

**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 16
	<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)
SCOTT GARRETT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. David Howell		Date of Receipt M M / D D / Y Y Y Y 12 / 05 / 2014	
Mailing Address 37 N. Pine Cir.		Transaction ID : A26F4E0E6784E4DC4AD7	
City Belleair	State FL	Zip Code 33756-1639	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1305.00	
Name of Employer Howell Insurance Advisors LLC	Occupation Life Insurance Agent		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1305.00		

Full Name (Last, First, Middle Initial) B. Scott Gilliam		Date of Receipt M M / D D / Y Y Y Y 12 / 03 / 2014	
Mailing Address 6299 Commanche Dr.		Transaction ID : ADB76CAA4ECEE4E49B89	
City West Chester	State OH	Zip Code 45069-1312	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Cincinnati Insurance	Occupation Government Relations		
Receipt For: 2016 <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) C. Kenyon Lang		Date of Receipt M M / D D / Y Y Y Y 12 / 18 / 2014	
Mailing Address 2500 Westchester Ave. Ste. 401		Transaction ID : A50CF96502A9248A482C	
City Purchase	State NY	Zip Code 10577-2569	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer KLang LLC	Occupation Financial Planner		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

SUBTOTAL of Receipts This Page (optional).....	2805.00
TOTAL This Period (last page this line number only).....	2805.00

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

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

FOR LINE NUMBER: PAGE 6 OF 16

(check only one)

<input 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)
SCOTT GARRETT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Scott Garrett Victory Committee		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2014	
Mailing Address 2470 Daniell's Bridge Rd. Ste. 121		Transaction ID : A162EB123BB9F4595BC1	
City Athens State GA Zip Code 30606	Amount of Each Receipt this Period 2000.00 Transfer of Net JFC Funds		
FEC ID number of contributing federal political committee. C C00487066	Name of Employer Occupation		
Receipt For: 2016 <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) B. Eric Wallach		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 31 / 2014	
Mailing Address 62 W. 62nd Street		Transaction ID : A3C965F96B56C462BA00	
City New York State NY Zip Code 10023-7000	Amount of Each Receipt this Period 2000.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Kasowitz Benson et al. Attorney		
Receipt For: 2016 <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.		Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount of Each Receipt this Period	
City State Zip Code	Name of Employer Occupation		
FEC ID number of contributing federal political committee. C	Election Cycle-to-Date		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Amount of Each Receipt this Period		

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 16
	<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)
SCOTT GARRETT FOR CONGRESS

Full Name (Last, First, Middle Initial) Bank of the Ozarks		Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address 1081 Parkway Blvd.		Transaction ID : A44A0F91F10094F5AA89
City Athens	State GA	Zip Code 30606-6171
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 308.06	
		Amount of Each Receipt this Period 166.70 Bank Interest

Full Name (Last, First, Middle Initial) State Farm Bank		Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address PO Box 2316		Transaction ID : AC5CF4BBC909B41DE8F4
City Bloomington	State IL	Zip Code 61702-2316
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 255.58	
		Amount of Each Receipt this Period 125.63 Bank Interest

Full Name (Last, First, Middle Initial) Certus Bank		Date of Receipt M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address 1252 Virgil Langford Road		Transaction ID : A8340AFD3203B45B29D3
City Bogart	State GA	Zip Code 30622-2545
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 413.02	
		Amount of Each Receipt this Period 223.52 Bank Interest

SUBTOTAL of Receipts This Page (optional).....	515.85
TOTAL This Period (last page this line number only).....	515.85

**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 8 OF 16	
	<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)
SCOTT GARRETT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Miss Gina Diorio		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2014
Mailing Address 435 E. Lancaster Ave., Apt 113		Amount of Each Disbursement this Period 1100.00 Transaction ID : BFB9A3390D20F49988F4
City Wayne	State PA	
Zip Code 19087-4222	Purpose of Disbursement Marketing Consulting	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:	

Full Name (Last, First, Middle Initial) B. Jewish Media Group		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2014
Mailing Address 1086 Teaneck Rd		Amount of Each Disbursement this Period 288.00 Transaction ID : BC6D690624F9C4D2C8A2
City Teaneck	State NJ	
Zip Code 07666-4854	Purpose of Disbursement Advertising Expense	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:	

Full Name (Last, First, Middle Initial) c. Ms. Katherine Bloodgood		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2014
Mailing Address 1 Hasta Way		Amount of Each Disbursement this Period 250.00 Transaction ID : B41EB547C5BD04CB392B
City Newton	State NJ	
Zip Code 07860-6137	Purpose of Disbursement Mileage/Tolls	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).....	1638.00
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 9 OF 16			
	<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)
SCOTT GARRETT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Chris Russell		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2014
Mailing Address 535 E. Luray Ave.		Amount of Each Disbursement this Period 278.00 Transaction ID : BD169CEF48283497B91E
City Alexandria	State VA	
Zip Code 22301-1605	Purpose of Disbursement Mileage/Tolls	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:	

Full Name (Last, First, Middle Initial) B. Mike Sinacore		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2014
Mailing Address 1701 Kilbourne PI NW Apt D		Amount of Each Disbursement this Period 793.20 Transaction ID : B40B5489EDE3B4BC1837
City Washington	State DC	
Zip Code 20010-2681	Purpose of Disbursement Mileage/Tolls	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:	

Full Name (Last, First, Middle Initial) c. The Oorbeek Group		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2014
Mailing Address 3140 W Ward Rd		Amount of Each Disbursement this Period 15363.20 Transaction ID : B2317006683CF4DE8817
City Dunkirk	State MD	
Zip Code 20754-3045	Purpose of Disbursement Fundraising Consulting	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).....	16434.40
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 10 OF 16			
	<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)
SCOTT GARRETT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Hon. Glenn R. Wenzel		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2014
Mailing Address 31 Bearfort Road		Amount of Each Disbursement this Period 1500.00 Transaction ID : B628F7EC51659419FA0B
City West Milford	State NJ	
Zip Code 07480-1401	Purpose of Disbursement Campaign Strategy Consulting	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:	

Full Name (Last, First, Middle Initial) B. Hon. Rob Pettet		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2014
Mailing Address 94 Tremont Terrace		Amount of Each Disbursement this Period 852.50 Transaction ID : B46DCA7A8CA74465BB5C
City Wanaque	State NJ	
Zip Code 07465-1113	Purpose of Disbursement Mileage	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:	

Full Name (Last, First, Middle Initial) c. Megan Foran		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2014
Mailing Address 449 E14th Street 11C		Amount of Each Disbursement this Period 6000.00 Transaction ID : B8ED8805F571C4FD39E8
City New York	State NY	
Zip Code 10009	Purpose of Disbursement Fundraising Consulting	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).....	8352.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 16			
	<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)
SCOTT GARRETT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. The Congressional Institute			Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2014
Mailing Address 1700 Diagonal Road #730			Amount of Each Disbursement this Period 1127.00 Transaction ID : B149E33764A3849DB8C0
City Alexandria	State VA	Zip Code 22314-2843	
Purpose of Disbursement Conference Fees		Category/ Type	
Candidate Name			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Wells Fargo			Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2014
Mailing Address 301 S College St			Amount of Each Disbursement this Period 19.72 Transaction ID : BCD40F24CCFE74638ABB
City Charlotte	State NC	Zip Code 28202-0901	
Purpose of Disbursement Bank Fees		Category/ Type	
Candidate Name			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Wells Fargo			Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2014
Mailing Address 301 S College St			Amount of Each Disbursement this Period 88.24 Transaction ID : B8ED7D9810CB345BFA75
City Charlotte	State NC	Zip Code 28202-0901	
Purpose of Disbursement Bank Fees		Category/ Type	
Candidate Name			
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional)	1234.96
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 12 OF 16			
	<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)
SCOTT GARRETT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Lorrie MacKenzie			Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2014	
Mailing Address 1816 Remington Circle			Amount of Each Disbursement this Period 500.00	
City Shawnee	State OK	Zip Code 74801-6502	Transaction ID : BD93C72F9EFF64DD1B93	
Purpose of Disbursement Research		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:				

Full Name (Last, First, Middle Initial) B. Direct Response Strategies			Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2014	
Mailing Address 4025 Ellicott St			Amount of Each Disbursement this Period 3690.92	
City Alexandria	State VA	Zip Code 22304-1011	Transaction ID : B9B1C6A611D494254A06	
Purpose of Disbursement Printing		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:				

Full Name (Last, First, Middle Initial) C. Professional Data Services, Inc.			Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2014	
Mailing Address 2470 Daniels Bridge Rd			Amount of Each Disbursement this Period 1750.00	
City Athens	State GA	Zip Code 30606-6187	Transaction ID : B87E8CB9C983F450EADB	
Purpose of Disbursement Compliance Consulting		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).....	5940.92
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 13 OF 16			
	<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)
SCOTT GARRETT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Hon. Scott Garrett		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2014
Mailing Address 100 Pond School Rd		Amount of Each Disbursement this Period 38.50 Transaction ID : B944649E470C641D99B6
City Sussex	State NJ	
Zip Code 07461-2623	Purpose of Disbursement Mileage	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:	

Full Name (Last, First, Middle Initial) B. Ms. Amy Smith		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2014
Mailing Address 1520 Woodbine Street		Amount of Each Disbursement this Period 3000.00 Transaction ID : BD50F5D254A684A96B53
City Alexandria	State VA	
Zip Code 22302-2739	Purpose of Disbursement Campaign Strategy Consulting	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:	

Full Name (Last, First, Middle Initial) c. Jeff Clauss		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2014
Mailing Address 117 Sparta Ave		Amount of Each Disbursement this Period 11000.00 Transaction ID : BCC3409EACEC24B548A0
City Sparta	State NJ	
Zip Code 07871-1773	Purpose of Disbursement Campaign Strategy Consulting	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).....	14038.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 16			
	<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)
SCOTT GARRETT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Andrew Shaw			Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2014
Mailing Address 2745 29th Street NW Apt. 311			Amount of Each Disbursement this Period 13.00 Transaction ID : B9F02BA0F8DBF4538A87
City Washington	State DC	Zip Code 20008-5520	
Purpose of Disbursement Travel Reimbursement		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:			

Full Name (Last, First, Middle Initial) B. Mrs. Pam Lazzaro			Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2014
Mailing Address 473 Ridge Road			Amount of Each Disbursement this Period 138.78 Transaction ID : B95B88F0226564B7CACC
City Newton	State NJ	Zip Code 07860-5227	
Purpose of Disbursement See Memo		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:			

Full Name (Last, First, Middle Initial) C. Mrs. Pam Lazzaro			Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2014
Mailing Address 473 Ridge Road			Amount of Each Disbursement this Period 73.50 Transaction ID : B0246677FF4AD46F892C [MEMO ITEM]
City Newton	State NJ	Zip Code 07860-5227	
Purpose of Disbursement Field Consulting		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).....	151.78
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 16			
	<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)
SCOTT GARRETT FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement										
A. Postmaster		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>04</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	12		04		2014
M M	/	D D	/	Y Y Y Y								
12		04		2014								
Mailing Address 39 Main St		Amount of Each Disbursement this Period										
City	State											
Newton	NJ	<table border="1"> <tr> <td colspan="5">65.28</td> </tr> </table>	65.28									
65.28												
Zip Code	07860-2023	Transaction ID : B1859326AAF204F98B72										
Purpose of Disbursement												
Postage		[MEMO ITEM]										
Candidate Name	Category/Type											
Office Sought:	Disbursement For:											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
B. Bank of America		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>04</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	12		04		2014
M M	/	D D	/	Y Y Y Y								
12		04		2014								
Mailing Address PO Box 15714		Amount of Each Disbursement this Period										
City	State											
Wilmington	DE	<table border="1"> <tr> <td colspan="5">1813.55</td> </tr> </table>	1813.55									
1813.55												
Zip Code	19886-5714	Transaction ID : B9AF1B5937A7242ACB45										
Purpose of Disbursement												
See Memo		[MEMO ITEM]										
Candidate Name	Category/Type											
Office Sought:	Disbursement For:											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
c. Longhorn Steakhouse		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>04</td> <td></td> <td>2014</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	12		04		2014
M M	/	D D	/	Y Y Y Y								
12		04		2014								
Mailing Address 160 Route 17 N		Amount of Each Disbursement this Period										
City	State											
Rochelle Park	NJ	<table border="1"> <tr> <td colspan="5">241.24</td> </tr> </table>	241.24									
241.24												
Zip Code	07662-4004	Transaction ID : B1CDF043E46694AC78FD										
Purpose of Disbursement												
Meeting Expense		[MEMO ITEM]										
Candidate Name	Category/Type											
Office Sought:	Disbursement For:											
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)											
State: District:												

SUBTOTAL of Disbursements This Page (optional).....	<table border="1"> <tr> <td colspan="5">1813.55</td> </tr> </table>	1813.55				
1813.55						
TOTAL This Period (last page this line number only).....	<table border="1"> <tr> <td colspan="5"></td> </tr> </table>					

**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 16 OF 16			
	<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)
SCOTT GARRETT FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Holiday Inn Express		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2014
Mailing Address 50 N Route 17 7652		Amount of Each Disbursement this Period 1177.52
City Paramus State NJ Zip Code 07652	Category/Type	
Purpose of Disbursement Lodging	Candidate Name	Transaction ID : B25783555A8734AFB845 [MEMO ITEM]
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.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Category/Type	
Purpose of Disbursement	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	Category/Type	
Purpose of Disbursement	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).....	0.00
TOTAL This Period (last page this line number only).....	49604.61