

**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

BOB HEALEY FOR CONGRESS

ADDRESS (number and street)

PO BOX 999

Check if different
than previously
reported. (ACC)

EDISON

NJ

08818

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00793646

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

NJ

03

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
04 / 01 / 2023

through

M M / D D / Y Y Y Y
06 / 30 / 2023

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

GRAVINO, RONALD, , ,

Type or Print Name of Treasurer

Signature of Treasurer

GRAVINO, RONALD, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y
07 / 13 / 2023

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 2 / 19

Write or Type Committee Name
BOB HEALEY FOR CONGRESS

Report Covering the Period:

From:

M M / D D / Y Y Y Y
 04 / 01 / 2023

To:

M M / D D / Y Y Y Y
 06 / 30 / 2023

	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))....	2633.22	1749185.35
(b) Total Contribution Refunds (from Line 20(d))	0.00	10172.73
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	2633.22	1739012.62
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1250.42	4290260.08
(b) Total Offsets to Operating Expenditures (from Line 14)	474.00	41670.22
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	776.42	4248589.86
8. Cash on Hand at Close of Reporting Period (from Line 27)	57730.05	
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)	2760000.00	

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 05/2016)

Write or Type Committee Name

BOB HEALEY FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	2	3

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	3

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).....**

0.00

1525520.14

(ii) Unitemized.....

100.00

45642.73

(iii) TOTAL of contributions from individuals ▶

100.00

1571162.87

(b) Political Party Committees.....

0.00

5000.00

(c) Other Political Committees (such as PACs).....

2533.22

172997.48

(d) The Candidate.....

0.00

25.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

2633.22

1749185.35

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

81359.53

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

0.00

2760000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

2760000.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

474.00

41670.22

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

3107.22

4632215.10

DETAILED SUMMARY PAGE

FEC Form 3 (Revised 05/2016)

of Disbursements

PAGE 4 / 19

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1250.42	4290260.08
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	10172.73
(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	10172.73
21. OTHER DISBURSEMENTS	0.00	177400.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	1250.42	4477832.81

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	55873.25
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3107.22
25. SUBTOTAL (add Line 23 and Line 24).....	58980.47
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1250.42
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	57730.05

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 11a	☐ 11b	☒ 11c	☐ 11d
12	13a	13b	14
			15

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NAME OF COMMITTEE (In Full)
BOB HEALEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) HEALEY FOR NJ-03			Date of Receipt M M / D D / Y Y Y Y Y 04 / 15 / 2023	
Mailing Address PO BOX 30844			Transaction ID : SA11C.4262	
City BETHESDA	State MD	Zip Code 20824	Amount of Each Receipt this Period 416.11	
FEC ID number of contributing federal political committee. C C00775361		Memo Item 2022 TRANSFER FROM AFFILIATED COMMITTEE		
Name of Employer Occupation		Election Cycle-to-Date 416.11		
Receipt For: 2022 ☐ Primary ☐ General ☒ Other (specify) ▼ GENERAL DEBT		Election Cycle-to-Date 416.11		
B. Full Name (Last, First, Middle Initial) TAKE BACK THE HOUSE 2022			Date of Receipt M M / D D / Y Y Y Y Y 04 / 21 / 2023	
Mailing Address PO BOX 30844			Transaction ID : SA11C.4260	
City BETHESDA	State MD	Zip Code 20824-0844	Amount of Each Receipt this Period 2117.11	
FEC ID number of contributing federal political committee. C C00766782		Memo Item FINAL TRANSFER OF NET 2022 PROCEEDS: SEE MEMOS		
Name of Employer Occupation		Election Cycle-to-Date 2117.11		
Receipt For: 2022 ☐ Primary ☐ General ☒ Other (specify) ▼ GENERAL DEBT		Election Cycle-to-Date 2117.11		
C. Full Name (Last, First, Middle Initial) WANG, WALTER, , ,			Date of Receipt M M / D D / Y Y Y Y Y 04 / 21 / 2023	
Mailing Address 1421 STONE CANYON RD			Transaction ID : SA11C.4260.0	
City LOS ANGELES	State CA	Zip Code 90077	Amount of Each Receipt this Period 1880.00	
FEC ID number of contributing federal political committee. C		Memo Item CONTRIBUTION		
Name of Employer Occupation JM EAGLE PRESIDENT & CEO		Election Cycle-to-Date 1880.00		
Receipt For: 2022 ☐ Primary ☐ General ☒ Other (specify) ▼ GENERAL DEBT		Election Cycle-to-Date 1880.00		
SUBTOTAL of Receipts This Page (optional)..... ▶			2533.22	
TOTAL This Period (last page this line number only)..... ▶				

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 11a	☐ 11b	☒ 11c	☐ 11d	☐ 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
BOB HEALEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) COLBURN, RICHARD, W, , Mailing Address 555 SKOKIE BLVD STE 555 City NORTHBROOK State IL Zip Code 60062 FEC ID number of contributing federal political committee. C Name of Employer PAYROLL & INSURANCE GROUP INC Occupation EXECUTIVE Receipt For: 2022 ☐ Primary ☐ General ☒ Other (specify) GENERAL DEBT Election Cycle-to-Date 2282.50			Date of Receipt M M / D D / Y Y Y Y Y 04 / 21 / 2023 Transaction ID : SA11C.4260.1 Amount of Each Receipt this Period 2282.50 ☒ Memo Item CONTRIBUTION
B. Full Name (Last, First, Middle Initial) WINN, STEPHEN, T, , Mailing Address 4143 MAPLE AVE STE 400 City DALLAS State TX Zip Code 75219 FEC ID number of contributing federal political committee. C Name of Employer MIRASOL CAPITAL Occupation CEO Receipt For: 2022 ☐ Primary ☐ General ☒ Other (specify) GENERAL DEBT Election Cycle-to-Date 957.15			Date of Receipt M M / D D / Y Y Y Y Y 04 / 21 / 2023 Transaction ID : SA11C.4260.2 Amount of Each Receipt this Period 957.15 ☒ Memo Item CONTRIBUTION
C. Full Name (Last, First, Middle Initial) PURCELL, PHILIP, J, , Mailing Address 6300 SAGEWOOD DR City PARK CITY State UT Zip Code 84098 FEC ID number of contributing federal political committee. C Name of Employer CONTINENTAL INVESTORS Occupation EXECUTIVE Receipt For: 2022 ☐ Primary ☐ General ☒ Other (specify) GENERAL DEBT Election Cycle-to-Date 1682.14			Date of Receipt M M / D D / Y Y Y Y Y 04 / 21 / 2023 Transaction ID : SA11C.4260.3 Amount of Each Receipt this Period 1682.14 ☒ Memo Item CONTRIBUTION
SUBTOTAL of Receipts This Page (optional).....			0.00
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)

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NAME OF COMMITTEE (In Full)
BOB HEALEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CHANDI, NACHHATTAR, SINGH, ,
Mailing Address 42270 SPECTRUM ST

City State Zip Code
INDIO CA 92203

FEC ID number of contributing
federal political committee.

C

Name of Employer
CHANDI GROUP USA INC

Occupation
BUSINESS OWNER

Receipt For: 2022

☐ Primary ☐ General
☒ Other (specify) ▼

GENERAL DEBT

Election Cycle-to-Date ▼

696.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 21 2023

Transaction ID : SA11C.4260.4

Amount of Each Receipt this Period

696.00

☒ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MCINTYRE, WILLIAM, S, , IV
Mailing Address 4815 SHADYWOOD LN

City State Zip Code
DALLAS TX 75251

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACIG INSURANCE COMPANY

Occupation
EXECUTIVE CHAIRMAN

Receipt For: 2022

☐ Primary ☐ General
☒ Other (specify) ▼

GENERAL DEBT

Election Cycle-to-Date ▼

634.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 21 2023

Transaction ID : SA11C.4260.5

Amount of Each Receipt this Period

634.00

☒ Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
HEINZ, JENNIFER, K, ,
Mailing Address 4343 SIGMA RD
STE 500

City State Zip Code
DALLAS TX 75244

FEC ID number of contributing
federal political committee.

C

Name of Employer
RK STRATEGIC MGMT SOLUTIONS

Occupation
PRESIDENT

Receipt For: 2022

☐ Primary ☐ General
☒ Other (specify) ▼

GENERAL DEBT

Election Cycle-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 21 2023

Transaction ID : SA11C.4260.6

Amount of Each Receipt this Period

730.00

☒ Memo Item
CONTRIBUTION

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

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

0.00

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

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)
BOB HEALEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CORR, THOMAS, , ,

Mailing Address 3001 OCEAN DR
STE 203

City VERO BEACH State LA Zip Code 32963

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

Name of Employer GEORGE E WARREN LLC Occupation SCHEDULER/REFINED PRODUCTS TRADEF

Receipt For: 2022
☐ Primary ☐ General
☒ Other (specify) ▼ GENERAL DEBT

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 21 2023

Transaction ID : SA11C.4260.7

Amount of Each Receipt this Period

110.00

☒ Memo Item
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ROSENTHAL, ROBERT, M, ,

Mailing Address 4444 W RIVERSIDE DR
STE 330

City BURBANK State CA Zip Code 91505

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2022
☐ Primary ☐ General
☒ Other (specify) ▼ GENERAL DEBT

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 21 2023

Transaction ID : SA11C.4260.8

Amount of Each Receipt this Period

268.00

☒ Memo Item
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
WEEKLEY, RICHARD, W, ,

Mailing Address 1111 N POST OAK RD

City HOUSTON State TX Zip Code 77055

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

Name of Employer SELF EMPLOYED Occupation DEVELOPER

Receipt For: 2022
☐ Primary ☐ General
☒ Other (specify) ▼ GENERAL DEBT

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 21 2023

Transaction ID : SA11C.4260.9

Amount of Each Receipt this Period

406.07

☒ Memo Item
CONTRIBUTION

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

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

0.00

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)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d
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NAME OF COMMITTEE (In Full)
BOB HEALEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) FRIEDMAN, MARK, , ,			Date of Receipt M M / D D / Y Y Y Y Y 04 / 21 / 2023		
Mailing Address 11812 SAN VICENTE BLVD 4TH FL			Transaction ID : SA11C.4260.10		
City LOS ANGELES	State CA	Zip Code 90049	Amount of Each Receipt this Period 60.42		
FEC ID number of contributing federal political committee. C		Memo Item CONTRIBUTION			
Name of Employer LEVEL FOUR BUSINESS MGMT		Occupation OWNER		☒ Memo Item CONTRIBUTION	
Receipt For: 2022 ☐ Primary ☐ General ☒ Other (specify) ▼ GENERAL DEBT		Election Cycle-to-Date ▼ 60.42			
B. Full Name (Last, First, Middle Initial) BLAVATNIK, LEONARD, , ,			Date of Receipt M M / D D / Y Y Y Y Y 04 / 21 / 2023		
Mailing Address 40 W 57TH ST FL 28			Transaction ID : SA11C.4260.11		
City NEW YORK	State NY	Zip Code 10019	Amount of Each Receipt this Period 61.71		
FEC ID number of contributing federal political committee. C		☒ Memo Item CONTRIBUTION			
Name of Employer ACCESS INDUSTRIES		Occupation CHAIRMAN		☒ Memo Item CONTRIBUTION	
Receipt For: 2022 ☐ Primary ☐ General ☒ Other (specify) ▼ GENERAL DEBT		Election Cycle-to-Date ▼ 61.71			
C. Full Name (Last, First, Middle Initial) SCHARBAUER, DOUGLAS, , ,			Date of Receipt M M / D D / Y Y Y Y Y 04 / 21 / 2023		
Mailing Address PO BOX 2888			Transaction ID : SA11C.4260.12		
City MIDLAND	State TX	Zip Code 79702	Amount of Each Receipt this Period 61.71		
FEC ID number of contributing federal political committee. C		☒ Memo Item CONTRIBUTION			
Name of Employer SELF EMPLOYED		Occupation REAL ESTATE, OIL GAS		☒ Memo Item CONTRIBUTION	
Receipt For: 2022 ☐ Primary ☐ General ☒ Other (specify) ▼ GENERAL DEBT		Election Cycle-to-Date ▼ 61.71			
SUBTOTAL of Receipts This Page (optional).....			0.00		
TOTAL This Period (last page this line number only).....			2533.22		

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)

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☐ 12	☐ 13a	☐ 13b	☒ 14
			☐ 15

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NAME OF COMMITTEE (In Full)
BOB HEALEY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) **EMPLOYERS PREFERRED INSURANCE**

Mailing Address PO BOX 539003

City HENDERSON	State NV	Zip Code 89053
-------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2022

☐ Primary ☐ General
☒ Other (specify) ▼

GENERAL DEBT

Election Cycle-to-Date ▼

474.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 12 / 2023

Transaction ID : SA14.4205

Amount of Each Receipt this Period

474.00

☐ Memo Item
 INSURANCE 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

☐ Memo Item

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

☐ Memo Item

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

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

474.00

474.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

BOB HEALEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address PO BOX 1270

City
NEWARKState
NJZip Code
07101-1270Purpose of Disbursement
CREDIT CARD

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☐ General
☒ Other (specify)

GENERAL DEBT

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

45.00

Transaction ID : SB17.4194

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address PO BOX 1270

City
NEWARKState
NJZip Code
07101-1270Purpose of Disbursement
CREDIT CARD

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☐ General
☒ Other (specify)

GENERAL DEBT

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : SB17.4210

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DANLEY, ROBIN, , ,

Mailing Address PO BOX 999

City
EDISONState
NJZip Code
08818Purpose of Disbursement
COMPLIANCE CONSULTING

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☐ General
☒ Other (specify)

GENERAL DEBT

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

305.76

Transaction ID : SB17.4195

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

360.76

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 PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

BOB HEALEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. HOLZMAN VOGEL BARAN TORCHINSKY & JOSEFIK PLLC

Mailing Address 15405 JOHN MARSHALL HWY

City
HAYMARKETState
VAZip Code
20169Purpose of Disbursement
LEGAL FEES

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☐ General
☒ Other (specify)

GENERAL DEBT

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	5		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

600.00

Transaction ID : SB17.4209

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. INTUIT PAYROLL

Mailing Address 2632 MARINE WAY

City
MOUNTAIN VIEWState
CAZip Code
94034-1126Purpose of Disbursement
PAYROLL PROCESSING

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☐ General
☒ Other (specify)

GENERAL DEBT

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

60.50

Transaction ID : SB17.4193

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. INTUIT PAYROLL

Mailing Address 2632 MARINE WAY

City
MOUNTAIN VIEWState
CAZip Code
94034-1126Purpose of Disbursement
PAYROLL PROCESSING

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☐ General
☒ Other (specify)

GENERAL DEBT

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

68.75

Transaction ID : SB17.4202

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

729.25

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 PageFOR LINE NUMBER:
(check only one)

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20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

BOB HEALEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. INTUIT PAYROLL

Mailing Address 2632 MARINE WAY

Date of Disbursement

M M	D D	Y Y Y Y
06	05	2023

City
MOUNTAIN VIEWState
CAZip Code
94034-1126

FEC Identification Number

C

Purpose of Disbursement
PAYROLL PROCESSING

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

47.75

Transaction ID : SB17.4212

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☐ General
☒ Other (specify) ▼

GENERAL DEBT

State:

District:

Full Name (Last, First, Middle Initial)

B. TD BANK

Mailing Address 1398 HIGHWAY 9

Date of Disbursement

M M	D D	Y Y Y Y
06	20	2023

City
OLD BRIDGEState
NJZip Code
08857-2861

FEC Identification Number

C

Purpose of Disbursement
BANK FEES

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

26.93

Transaction ID : SB17.4213

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☐ General
☒ Other (specify) ▼

GENERAL DEBT

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	D D	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶

74.68

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

1164.69

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4119

BOB HEALEY FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

HEALEY, ROBERT JR, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
245 E MAIN ST

City

MOORESTOWN

State

NJ

ZIP Code

08057

☒ Personal Funds of the Candidate

Original Amount of Loan

60000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

60000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 12^M/ D 31^D

/ Y 2021 Y

M M

/ D D

/ Y NONE Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

60000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 15 OF 19

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4124

BOB HEALEY FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

HEALEY, ROBERT JR, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
245 E MAIN ST

City

MOORESTOWN

State

NJ

ZIP Code

08057

☒ Personal Funds of the Candidate

Original Amount of Loan

200000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

200000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 03^M/ D 30^D

/ Y

2022

Y

M M

/ D D

/ Y

NONE

Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

200000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4121

BOB HEALEY FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

HEALEY, ROBERT JR, , ,

Election: 2022

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
245 E MAIN ST

City

MOORESTOWN

State

NJ

ZIP Code

08057

☒ Personal Funds of the Candidate

Original Amount of Loan

1000000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 06 M

/ D 30 D

/ Y 2022 Y

M M

/ D D

/ Y NONE Y

0.00

% (apr)

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

1000000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 17 OF 19

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4122

BOB HEALEY FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

HEALEY, ROBERT JR, , ,

Election: 2022

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
245 E MAIN ST

City

MOORESTOWN

State

NJ

ZIP Code

08057

☒ Personal Funds of the Candidate

Original Amount of Loan

500000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10 M /

D 11 D /

Y 2022 Y

M M /

D D /

Y NONE Y

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

500000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4123

BOB HEALEY FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

HEALEY, ROBERT JR, , ,

Election: 2022

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
245 E MAIN ST

City

MOORESTOWN

State

NJ

ZIP Code

08057

☒ Personal Funds of the Candidate

Original Amount of Loan

500000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10^MD 17^D

Y 2022 Y

M M

D D

Y NONE Y

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

500000.00

TOTALS This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 19 OF 19

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4120

BOB HEALEY FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

HEALEY, ROBERT JR, , ,

Election: 2022

☐ Primary☒ General☐ Other (specify) ▼Mailing Address
245 E MAIN ST

City

MOORESTOWN

State

NJ

ZIP Code

08057

☒ Personal Funds of the Candidate

Original Amount of Loan

500000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10^M/ D 22^D

/ Y 2022 Y

M M

/ D D

/ Y NONE Y

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

500000.00

TOTALS This Period (last page in this line only).....▶

2760000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.